

OIL CONSERVATION DIVISION HEARING

THURSDAY, AUGUST 29, 2024

**EXHIBIT PACKET
SUBMITTED FOR**

FAE II OPERATING, LLC

**APPLICATION OF FAE II OPERATING, LLC
FOR STATUTORY UNITIZATION,
LEA COUNTY, NEW MEXICO.**

CASE NO. 24606

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

**APPLICATION OF FAE II OPERATING, LLC
FOR STATUTORY UNITIZATION OF THE PROPOSED
NORTH JAL UNIT FOR ENHANCED OIL RECOVERY
OPERATIONS, LEA COUNTY, NEW MEXICO**

CASE NO. 24606

HEARING EXHIBITS

Exhibit A	Self-Affirmed Statement of Joseph Kent	Bate Nos.
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**Note: All legal descriptions referenced throughout this application will pertain to the New Mexico Principal Meridian whether fully stated or not.*

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

APPLICATION OF FAE II OPERATING, LLC
FOR STATUTORY UNITIZATION OF THE PROPOSED
NORTH JAL UNIT FOR ENHANCED OIL RECOVERY
OPERATIONS, LEA COUNTY, NEW MEXICO

CASE NO. 24606

SELF-AFFIRMED STATEMENT
OF JOSEPH KENT

1. I am the Director of Land for Forty Acres Energy, LLC and FAE II Operating, LLC (collectively herein referred to as “FAE”) and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division (“Division”), and my credentials as an expert in petroleum land matters of record. A copy of my curriculum vitae is attached as **Exhibit A-1**.
2. I am familiar with the Application in this case and with the land matters pertaining to this Application. Copies of the application and proposed notice are attached as **Exhibit A-2**.
3. FAE’s application seeks an order granting the statutory unitization of the proposed enhanced oil recovery (secondary and tertiary) North Jal Unit (“Unit”), which comprises approximately 3,154.37 acres of federal, state, and fee lands located in Section 25 (S/2), Section 26 (E2SE), Section 35 (E2NE), Section 36 (ALL), of Township 24 South, Range 36 East, N.M.P.M. and Section 19 (E/2), Section 20 (SW/4, SWNW), Section 29 (W/2), Section 30 (NE/4, S/2), Section 31 (N2NW), of Township 24 South, Range 37 East, N.M.P.M. and Section 1 (All), of Township 25 South, Range 36 East, N.M.P.M., Lea County, New Mexico (“Unit Area”).

4. FAE currently operates approximately 700 oil and gas wells within Lea and Eddy Counties, New Mexico. There are currently approximately 42 wells producing from the Yates, Seven Rivers, and/or Queen Formations within the proposed Unit Area.
5. **Exhibit A-3** contains a plat of the proposed unit that identifies the ownership interests by tract and includes applicable lease numbers. FAE requests the pooling and statutory unitization of all non-committed mineral and working interests within the Yates, Seven Rivers, and/or Queen Formations within the proposed Unit Area.
6. **Exhibit A-4** is a well list of the Project that depicts the wells within the unit area and FAE requests that it be designated operator of the wells.
7. **Exhibit A-7** includes a copy of FAE' s Application for Authorization to Inject (Form C-108). I am generally familiar with the content provided in Form C-108.
8. FAE conducted a diligent, good-faith effort to identify the correct addresses of persons entitled to notice and has complied with the Division's notice requirements. At FAE' s direction, notice of the Division's hearing was provided to all affected parties, including the New Mexico State Land Office and Bureau of Land Management, at least 20 days prior to the hearing date. A sample of the hearing notice letter and the associated return receipts are attached as **Exhibit A-8**. Notice of the hearing was also published more than ten business days prior to the hearing date. The affidavit of publication is attached as **Exhibit D**.
9. In my opinion, FAE has made a good faith effort to obtain voluntary joinder of all working interest and non-cost-bearing owners. All working interest owners and non-cost-bearing interest owners that chose to ratify and approve of the Unit are shown on **Exhibit A-9**. These approvals include the Bureau of Land Management (“BLM”) and the State of New Mexico Commissioner of Public Lands (“SLO”).

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

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

I understand this Self-Affirmed Statement will be used as written testimony in the subject cases. I affirm that my testimony above is true and correct and 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.



Joseph Kent

Date 8/20/2024

Joseph W. Kent, CPL
Houston, TX

Exhibit A-1

Professional Experience

Director of Land, January 2023- Present

Forty Acres Energy, LLC, Houston, TX

- Leads all day-to-day land activities of approximately 1,000 wells across Lea and Eddy County, New Mexico
- Collaborates with multidisciplinary technical teams to plan, form, execute, and maintain proposed enhanced oil recovery units
- Drafts and negotiates oil and gas leases, PSA's, assignments, and various other oil and gas related agreements necessary for the growth and maintenance of Forty Acres acreage position

Team Lead- Western Anadarko Basin, July 2019 December

2023 Maverick Natural Resources LLC, Houston, TX

- Managed the development and operations of over 200,000 acres across East Texas, Permian-West Texas, Permian-New Mexico, Louisiana, Oklahoma, Arkansas, Florida, and California
- Led multidisciplinary teams of several brokers, attorneys, and analysts to build drilling campaigns and rig schedules for over 100 wells in East Texas, Texas Panhandle, New Mexico, and Oklahoma by researching title, organically leasing, and obtaining the orders from relevant governing agencies
- Successfully drafted, negotiated, and closed various contracts required for drilling campaigns including, but not limited to, farmouts, acreage swaps, PSAs, term assignments, and JOAs
- Held critical role as Land Representative on the Fourpoint Merger Integration Team that successfully integrated Fourpoint Energy's land information of over 500,000 acres and 2,000 wells into Maverick systems and processes

Senior Landman, Acquisitions & Divestitures, October 2016- June 2019

Equinor US (formerly "Statoil"), Houston, TX

- Collaborated with Business Development and multidisciplinary project teams to attend data rooms and evaluate projects all over the US Lower 48 and Canada
- Negotiated and drafted relevant contracts including PSA's, Assignments, Leases, and Confidentiality Agreements for the successful closing of several divestment transactions that totaled over \$600 million
- Led brokers and attorneys conducting due diligence effort in Equinor's acquisition of 60,000 net acres in Vernon Parish, Louisiana
- Regularly evaluated and screened industry competitor's acreage and financial data to determine strategic fit for potential acquisitions

Ex.A-1-4

- Member of the Oil & Gas Blockchain Consortium and AFE Balloting Project Team Member tasked with developing ways to implement blockchain technology in the well proposal process

Landman, Appalachia, January 2012-October 2016

Statoil US Onshore Properties Inc., Houston/Austin, TX

- Managed Equinor's land operations in Appalachia that included 40,000 net acres in Ohio and West Virginia targeting the Utica and Marcellus Shales
- Drafted, negotiated, conducted due diligence, and closed over 10 farmouts and lease exchanges with 3rd party competitors to high grade acreage positions and optimize assets totaling ~7,000 net acres and \$30 million benefit to Statoil
- Led a team of 10 brokers and attorneys to grow and maintain asset area and grow development inventory through negotiating and obtaining leases, and sustaining good relations with landowners
- Teamed up with internal geologists, engineers, economist, and procurement personnel to organize and advance an efficient and value driven field development plan and rig schedule
- Directly charged with completing all necessary work to obtain well permits, order abstracts and title opinions, and cure/clear mineral and surface title to stay ahead of drilling rig
- Appraised and screened hundreds of 3rd party well proposals and over \$100 million in AMI proposals across Pennsylvania, West Virginia, and Ohio in conjunction with our Joint Venture Partners Chesapeake, Anadarko, and Mitsui

Education

University of Oklahoma, Norman, OK

B.B.A., Energy Management

Minor in Finance

Graduated: December 2011

Texas A&M University-Kingsville, Kingsville, TX

Master of Business Administration

Focus: Energy Finance & Logistics

Graduated: December 2019

Summary of Qualifications & Skills

- Certified Professional Landman (CPL)
- Active member of the AAPL, HAPL, WHAPL
- Skilled in Microsoft Office Suite- Excel, Word, Powerpoint, Teams, Power BI, Spotfire, Wolfpak
- Proficient in Land Software: Quorum Land Suite, ArcGIS, and Enertia

Exhibit A-2

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

APPLICATION OF FAE II OPERATING, LLC
FOR STATUTORY UNITIZATION,
LEA COUNTY, NEW MEXICO.

CASE NO. _____

APPLICATION (RE-FILED)

FAE II Operating, LLC ("FAE" or "Applicant") submits its Application for Statutory Unitization pursuant to the Statutory Unitization Act, NMSA 1978, Sections 70-7-1 to - 21 (the "Act") and the rules of the Oil Conservation Division.

1. Applicant (OGRID No. 329326) is engaged in the business of producing and selling oil and gas as defined in the Act.

2. Applicant's address is 11757 Katy Freeway, Suite 725, Houston, Texas 77079, (832) 706-0041.

3. Applicant is a working interest owner in the proposed North Jal Unit (the "Unit Area"), which comprises 3,154.37 acres of the following federal, state, and fee lands located in Lea County, New Mexico:

Township 24 South, Range 36 East, N.M.P.M.

Section 25: S/2
Section 26: E2SE
Section 35: E2NE
Section 36: ALL

Township 24 South, Range 37 East, N.M.P.M.

Section 19: E/2
Section 20: SW/4, SWNW
Section 29: W/2
Section 30: NE/4, S/2
Section 31: N2NW

Township 25 South, Range 36 East, N.M.P.M.

Section 1: All

4. The "Unitized Formation" is defined as: "That interval underlying the Unit Area, the vertical limits of which extended from an upper limit described as the top of the Yates Formation to a lower limit at the base of the Queen Formation; the geologic markers having been previously found to occur at 2,879 feet and 3,691 feet, respectively, in Skelly Oil Company's Sherrill No. 7 well (later renamed the Langlie Jal Unit #017) API #30-025-11301, located 1,980 feet FSL and 1,930 feet FEL of Section 31, T-24-S, R-37-E, Lea County, New Mexico) as recorded on the Frontier Perforators, Inc., Gamma Ray-Neutron log run on September 1, 1957 and measured from a Kelly Bushing elevation of 3,241 feet above sea level".

5. The Yates-Seven Rivers-Queen reservoir underlying the Unit Area has been reasonably defined by development.

6. Applicant proposes to institute an enhanced oil recovery project (secondary and tertiary recovery) in the Unit Area.

7. The plan of unitization for the Unit Area is embodied in the Unit Agreement, which is attached as Exhibit A. The plan of unitization is fair, reasonable, and equitable, and the participation formula contained therein allocates the produced and saved hydrocarbons to the separately owned tracts in the Unit Area on a fair, reasonable, and equitable basis.

8. The operating plan for the Unit Area, establishing the manner in which the Unit Area will be supervised and managed, and costs allocated and paid, is contained in the Unit Operating Agreement, attached as Exhibit B.

9. The unitized management, operation, and further development of the Yates-Seven Rivers-Queen reservoir underlying the Unit Area is reasonably necessary to effectively conduct

secondary and tertiary recovery operations and to substantially increase the ultimate recovery of oil and gas from the reservoir.

10. The enhanced oil recovery project, as applied to the Yates-Seven Rivers-Queen reservoir underlying the Unit Area, is feasible, will prevent waste, will protect correlative rights, and will result, with reasonable probability, in the increased recovery of substantially more oil and gas from the Yates-Seven Rivers-Queen reservoir than would otherwise be recovered.

11. The estimated additional costs of conducting unitized operations will not exceed the estimated value of the additional oil and gas recovered thereby, plus a reasonable profit.

12. Unitization and approval of the enhanced oil recovery project will benefit the working interest owners and royalty owners in the Yates-Seven Rivers-Queen reservoir underlying the Unit Area.

13. Applicant has made a good faith effort to secure the voluntary unitization of interest owners in the Unit Area.

14. The Bureau of Land Management and New Mexico State Land Office are expected to issue preliminary approval of the unit agreement prior to the hearing.

15. Applicant requests that it be named operator of the Unit Area.

16. Approval of this application will prevent waste and protect correlative rights.

WHEREFORE, applicant requests that this application be set for hearing on July 11, 2024, after notice and hearing, the Division enter its order approving statutory unitization of the Unit Area and designating FAE as operator of the Unit Area.

Respectfully submitted,

PADILLA LAW FIRM, P.A.

/s/ Ernest L. Padilla

ERNEST L. PADILLA

P.O. Box 2523

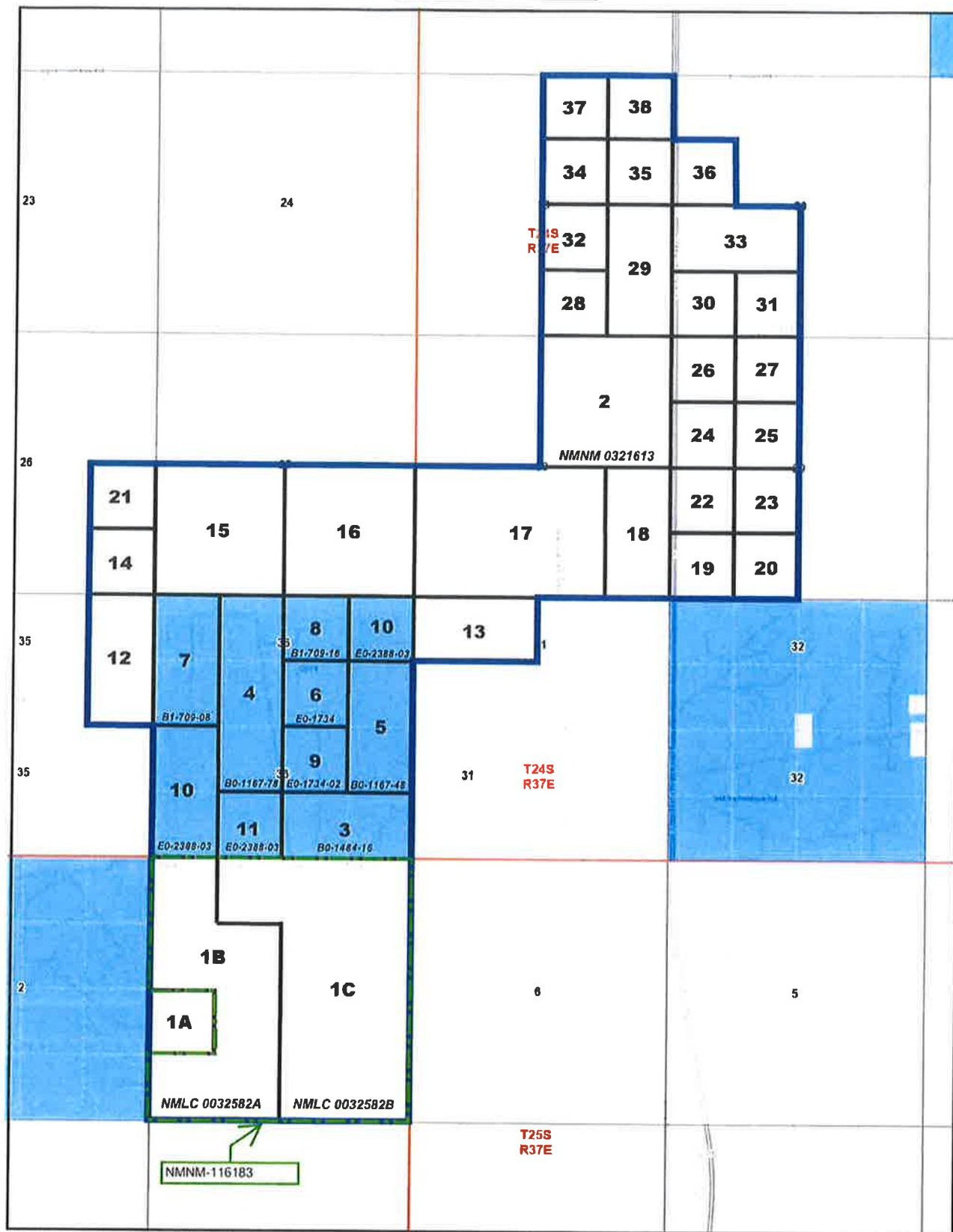
Santa Fe, NM 87504

Phone: (505) 988-7577

padillalawnm@outlook.com

Counsel for FAE II Operating, LLC

North Jal Unit



Acreage Totals

<input type="checkbox"/>	Federal	800.12 (25.37%)
<input checked="" type="checkbox"/>	State	640.00 (20.29%)
<input type="checkbox"/>	Fee	1,714.25 (54.35%)
Total:		3,154.37 acres

FAE II Operating LLC
 Proposed North Jal Unit
 Lea County, New Mexico
 New Mexico Principal Meridian

Legend

- Communitization Agreement
- Unit Outline

Ex.A-3-10

EXHIBIT 101
REVENUE BREAKDOWN OF THE UNIVERSITY OF TEXAS SYSTEMS
NORTH DALLAS
2023 (UNIVERSITY FINANCE)

Line	Description of Fund	Fund	Fund Object	FY23	Fund Dept	Item	Item Name	Fund No.	Fund Dept	Fund Item	Fund Group	Revenue	Revenue Percent	Revenue Percent	Working Revenue Percent
10	UNIVERSITY OF TEXAS SYSTEMS	500	511000	UNIVERSITY	UNIVERSITY OF TEXAS SYSTEMS	01	F&B LLC	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	80.0%	80.0%	100.0%	
						02	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						03	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						04	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						05	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
11	UNIVERSITY OF TEXAS SYSTEMS	500	511000	UNIVERSITY	UNIVERSITY OF TEXAS SYSTEMS	01	F&B LLC	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	80.0%	80.0%	100.0%	
						02	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						03	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						04	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						05	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						06	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						07	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						08	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						09	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						10	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						11	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
12	UNIVERSITY OF TEXAS SYSTEMS	500	511000	UNIVERSITY	UNIVERSITY OF TEXAS SYSTEMS	01	F&B LLC	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	80.0%	80.0%	100.0%	
						02	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						03	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						04	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						05	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						06	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						07	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						08	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						09	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						10	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	
						11	Champion Services	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	UNIVERSITY OF TEXAS SYSTEMS	50000	19.0%	19.0%	0.0%	

PRELIMINARY

A/C	TYPE	NOME	DATE	DESCRIPTION	ITEM	ITEM NAME	QUANTITY	UNIT	PRICE	TOTAL	TAX	DISC	DISC %	NET	GROSS	GROSS %	NET %	TAX %	TOTAL %
A	TOP OF TABLE BASE OF QUIN	ITEM	07/26/2024	ITEM 101100	101100	101100	1	EA	10.00	10.00	1.00			9.00	11.00	110.00%	90.00%	1.00%	101.00%
			07/26/2024	ITEM 101200	101200	101200	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 101300	101300	101300	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 101400	101400	101400	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 101500	101500	101500	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 101600	101600	101600	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 101700	101700	101700	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 101800	101800	101800	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 101900	101900	101900	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 102000	102000	102000	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 102100	102100	102100	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 102200	102200	102200	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 102300	102300	102300	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 102400	102400	102400	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			07/26/2024	ITEM 102500	102500	102500	1	EA	10.00	10.00	1.00				9.00	10.00	100.00%	9.00%	100.00%
			B	TOP OF TABLE BASE OF QUIN	ITEM	07/26/2024	ITEM 201100	201100	201100	1	EA	20.00	20.00	2.00			18.00	22.00	110.00%
07/26/2024	ITEM 201200	201200				201200	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 201300	201300				201300	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 201400	201400				201400	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 201500	201500				201500	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 201600	201600				201600	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 201700	201700				201700	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 201800	201800				201800	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 201900	201900				201900	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 202000	202000				202000	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 202100	202100				202100	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 202200	202200				202200	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 202300	202300				202300	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 202400	202400				202400	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%
07/26/2024	ITEM 202500	202500				202500	1	EA	20.00	20.00	2.00				18.00	20.00	100.00%	18.00%	100.00%

PRELIMINARY

Case No.	Case Name	Case Type	Case Status	Case Date	Case Amount	Case Fee	Case Tax	Case Total	Case Balance	Case Payment	Case Interest	Case Penalty	Case Total Due
1	STATE OF TEXAS	STATE OF TEXAS	STATE OF TEXAS	11/11/2023	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00
2	STATE OF TEXAS	STATE OF TEXAS	STATE OF TEXAS	11/11/2023	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00
3	STATE OF TEXAS	STATE OF TEXAS	STATE OF TEXAS	11/11/2023	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00
4	STATE OF TEXAS	STATE OF TEXAS	STATE OF TEXAS	11/11/2023	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00
5	STATE OF TEXAS	STATE OF TEXAS	STATE OF TEXAS	11/11/2023	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00
6	STATE OF TEXAS	STATE OF TEXAS	STATE OF TEXAS	11/11/2023	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00
7	STATE OF TEXAS	STATE OF TEXAS	STATE OF TEXAS	11/11/2023	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00
8	STATE OF TEXAS	STATE OF TEXAS	STATE OF TEXAS	11/11/2023	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00
9	STATE OF TEXAS	STATE OF TEXAS	STATE OF TEXAS	11/11/2023	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00
10	STATE OF TEXAS	STATE OF TEXAS	STATE OF TEXAS	11/11/2023	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00

PRELIMINARY

SL	TYPE	AMOUNT	DATE	STATUS	DESCRIPTION	ISSUE NO	ISSUE DATE	ISSUE TYPE	ISSUE STATUS	ISSUE VALUE	ISSUE PERCENT	ISSUE TYPE	ISSUE STATUS	ISSUE VALUE	ISSUE PERCENT
2	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	
3	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	
4	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	
5	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	
6	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	
7	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	
8	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	
9	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	
10	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	
11	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	
12	TYPE 1000	1000000	2024	1000000	TOP OF RATES TO BASE OF QUOTE	00	FAD 100	01/01/2024	1000000	100.00%	1000000	100.00%	1000000	100.00%	

PRELIMINARY

DCM	NAME	PERCENTAGE	DCM	NAME	PERCENTAGE
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LN	DESCRIPTION	DEBIT	CREDIT	BALANCE
39	AMERICAN		350000	350000
40	AMERICAN	350000		
41	AMERICAN		350000	350000
42	AMERICAN	350000		
43	AMERICAN		350000	350000
44	AMERICAN	350000		
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67	AMERICAN		350000	350000
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97	AMERICAN		350000	350000
98	AMERICAN	350000		
99	AMERICAN		350000	350000
100	AMERICAN	350000		

PRELIMINARY

CD	FUND	LINE	DESCRIPTION	AMOUNT	PERCENT	PERCENT	PERCENT
100	2000	000	Operating Expenses - General	4251	1.18%	0.00%	0.00%
			Operating Expenses - Information Systems	4252	1.19%	0.00%	0.00%
			Operating Expenses - Travel	4253	1.20%	0.00%	0.00%
			Operating Expenses - Utilities	4254	1.21%	0.00%	0.00%
			Operating Expenses - Other	4255	1.22%	0.00%	0.00%
			Operating Expenses - Depreciation	4256	1.23%	0.00%	0.00%
			Operating Expenses - Contingency	4257	1.24%	0.00%	0.00%
			Operating Expenses - Insurance	4258	1.25%	0.00%	0.00%
			Operating Expenses - Legal	4259	1.26%	0.00%	0.00%
			Operating Expenses - Audit	4260	1.27%	0.00%	0.00%
			Operating Expenses - Security	4261	1.28%	0.00%	0.00%
			Operating Expenses - Training	4262	1.29%	0.00%	0.00%
			Operating Expenses - Other	4263	1.30%	0.00%	0.00%
			Operating Expenses - Total	4264	1.31%	0.00%	0.00%
			Operating Expenses - Total	4265	1.32%	0.00%	0.00%

PRELIMINARY

Line	Description	Code	Amount	Balance	Commitment
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PRELIMINARY

LINE	DESCRIPTION	AMOUNT	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
40	STATE OF TEXAS	12,500	100%	12,500	100%	12,500	100%
41	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
42	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
43	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
44	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
45	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
46	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
47	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
48	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
49	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
50	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
51	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
52	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
53	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
54	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
55	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
56	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
57	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
58	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
59	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
60	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
61	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
62	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
63	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
64	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
65	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
66	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
67	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
68	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
69	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
70	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
71	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
72	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
73	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
74	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
75	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
76	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
77	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
78	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
79	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
80	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
81	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
82	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
83	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
84	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
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88	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
89	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
90	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
91	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
92	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
93	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
94	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
95	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
96	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
97	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
98	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
99	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%
100	GENERAL FUND	12,500	100%	12,500	100%	12,500	100%

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NO	NAME	AGE	ADDRESS	CITY	STATE	ZIP	PHONE	TELETYPE	TELEFAX
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LINE	DESCRIPTION	AMOUNT	DATE	AMOUNT	DATE
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Line	Description	Code	Amount	Balance
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ALBERTA	00610	0101000	0000
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ALBERTA	00680	0101000	0000
ALBERTA	00681	0101000	0000
ALBERTA	00682	0101000	0000
ALBERTA	00683	0101000	0000
ALBERTA	00684	0101000	0000
ALBERTA	00685	0101000	0000
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ALBERTA	00699	0101000	0000
ALBERTA	00700	0101000	0000

PRELIMINARY

CD	CD NAME	CD	CD TYPE	CD	CD TYPE	CD	CD TYPE	CD	CD TYPE	CD	CD TYPE	CD	CD TYPE	CD	CD TYPE	CD	CD TYPE	CD	CD TYPE	CD	CD TYPE		
44	TOP OF HATES TO BASE OF MAIN STAYS-01011	SWW	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011
44	TOP OF HATES TO BASE OF MAIN STAYS-01011	SWW	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011	44	TOP OF HATES TO BASE OF MAIN STAYS-01011

PRELIMINARY

LINE	DESCRIPTION	AMOUNT	DATE	DEBIT	CREDIT	BALANCE
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PRELIMINARY

LINE	DESCRIPTION	QTY	UNIT PRICE	TOTAL	AMOUNT	TAX	TOTAL TAX
18	2024-01-01 TO 2024-01-31	1.00	100.00	100.00	0.00	0.00	100.00
19	2024-02-01 TO 2024-02-28	1.00	100.00	100.00	0.00	0.00	100.00
20	2024-03-01 TO 2024-03-31	1.00	100.00	100.00	0.00	0.00	100.00
21	2024-04-01 TO 2024-04-30	1.00	100.00	100.00	0.00	0.00	100.00
22	2024-05-01 TO 2024-05-31	1.00	100.00	100.00	0.00	0.00	100.00
23	2024-06-01 TO 2024-06-30	1.00	100.00	100.00	0.00	0.00	100.00
24	2024-07-01 TO 2024-07-31	1.00	100.00	100.00	0.00	0.00	100.00
25	2024-08-01 TO 2024-08-31	1.00	100.00	100.00	0.00	0.00	100.00
26	2024-09-01 TO 2024-09-30	1.00	100.00	100.00	0.00	0.00	100.00
27	2024-10-01 TO 2024-10-31	1.00	100.00	100.00	0.00	0.00	100.00
28	2024-11-01 TO 2024-11-30	1.00	100.00	100.00	0.00	0.00	100.00
29	2024-12-01 TO 2024-12-31	1.00	100.00	100.00	0.00	0.00	100.00
30	TOTAL	30.00	100.00	3000.00	0.00	0.00	3000.00

PRELIMINARY

NO.	STATE	DESCRIPTION	DATE	ISSUES/NO.	STATUS	TOY OF YATES TO BANK OF QUEEN	NO.	NAME	ACCOUNT NO.	CITY	STATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE							
104	PA	PA STATE TREASURY	8/15/2024	12345	PAID	TOY OF YATES TO BANK OF QUEEN	104	PA STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024							
105	PA	PA STATE TREASURY	8/15/2024	12345	PAID	TOY OF YATES TO BANK OF QUEEN	105	STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345						
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345		
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345		
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345
106	PA	PA STATE TREASURY	8/15/2024	12345	PAID	TOY OF YATES TO BANK OF QUEEN	106	STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345						
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345		
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345		
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	
								STATE TREASURY		PA		12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345	8/15/2024	12345

FRAUDHUNT

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LINE	DATE	AMOUNT	DESCRIPTION	DEBIT	CREDIT	BALANCE
21	2024/07/31	100	STATE OF TEXAS			
22	2024/07/31	200	STATE OF TEXAS			
23	2024/07/31	300	STATE OF TEXAS			
24	2024/07/31	400	STATE OF TEXAS			
25	2024/07/31	500	STATE OF TEXAS			
26	2024/07/31	600	STATE OF TEXAS			
27	2024/07/31	700	STATE OF TEXAS			
28	2024/07/31	800	STATE OF TEXAS			
29	2024/07/31	900	STATE OF TEXAS			
30	2024/07/31	1000	STATE OF TEXAS			
31	2024/07/31	1100	STATE OF TEXAS			
32	2024/07/31	1200	STATE OF TEXAS			
33	2024/07/31	1300	STATE OF TEXAS			
34	2024/07/31	1400	STATE OF TEXAS			
35	2024/07/31	1500	STATE OF TEXAS			
36	2024/07/31	1600	STATE OF TEXAS			
37	2024/07/31	1700	STATE OF TEXAS			
38	2024/07/31	1800	STATE OF TEXAS			
39	2024/07/31	1900	STATE OF TEXAS			
40	2024/07/31	2000	STATE OF TEXAS			
41	2024/07/31	2100	STATE OF TEXAS			
42	2024/07/31	2200	STATE OF TEXAS			
43	2024/07/31	2300	STATE OF TEXAS			
44	2024/07/31	2400	STATE OF TEXAS			
45	2024/07/31	2500	STATE OF TEXAS			
46	2024/07/31	2600	STATE OF TEXAS			
47	2024/07/31	2700	STATE OF TEXAS			
48	2024/07/31	2800	STATE OF TEXAS			
49	2024/07/31	2900	STATE OF TEXAS			
50	2024/07/31	3000	STATE OF TEXAS			
51	2024/07/31	3100	STATE OF TEXAS			
52	2024/07/31	3200	STATE OF TEXAS			
53	2024/07/31	3300	STATE OF TEXAS			
54	2024/07/31	3400	STATE OF TEXAS			
55	2024/07/31	3500	STATE OF TEXAS			
56	2024/07/31	3600	STATE OF TEXAS			
57	2024/07/31	3700	STATE OF TEXAS			
58	2024/07/31	3800	STATE OF TEXAS			
59	2024/07/31	3900	STATE OF TEXAS			
60	2024/07/31	4000	STATE OF TEXAS			
61	2024/07/31	4100	STATE OF TEXAS			
62	2024/07/31	4200	STATE OF TEXAS			
63	2024/07/31	4300	STATE OF TEXAS			
64	2024/07/31	4400	STATE OF TEXAS			
65	2024/07/31	4500	STATE OF TEXAS			
66	2024/07/31	4600	STATE OF TEXAS			
67	2024/07/31	4700	STATE OF TEXAS			
68	2024/07/31	4800	STATE OF TEXAS			
69	2024/07/31	4900	STATE OF TEXAS			
70	2024/07/31	5000	STATE OF TEXAS			
71	2024/07/31	5100	STATE OF TEXAS			
72	2024/07/31	5200	STATE OF TEXAS			
73	2024/07/31	5300	STATE OF TEXAS			
74	2024/07/31	5400	STATE OF TEXAS			
75	2024/07/31	5500	STATE OF TEXAS			
76	2024/07/31	5600	STATE OF TEXAS			
77	2024/07/31	5700	STATE OF TEXAS			
78	2024/07/31	5800	STATE OF TEXAS			
79	2024/07/31	5900	STATE OF TEXAS			
80	2024/07/31	6000	STATE OF TEXAS			
81	2024/07/31	6100	STATE OF TEXAS			
82	2024/07/31	6200	STATE OF TEXAS			
83	2024/07/31	6300	STATE OF TEXAS			
84	2024/07/31	6400	STATE OF TEXAS			
85	2024/07/31	6500	STATE OF TEXAS			
86	2024/07/31	6600	STATE OF TEXAS			
87	2024/07/31	6700	STATE OF TEXAS			
88	2024/07/31	6800	STATE OF TEXAS			
89	2024/07/31	6900	STATE OF TEXAS			
90	2024/07/31	7000	STATE OF TEXAS			
91	2024/07/31	7100	STATE OF TEXAS			
92	2024/07/31	7200	STATE OF TEXAS			
93	2024/07/31	7300	STATE OF TEXAS			
94	2024/07/31	7400	STATE OF TEXAS			
95	2024/07/31	7500	STATE OF TEXAS			
96	2024/07/31	7600	STATE OF TEXAS			
97	2024/07/31	7700	STATE OF TEXAS			
98	2024/07/31	7800	STATE OF TEXAS			
99	2024/07/31	7900	STATE OF TEXAS			
100	2024/07/31	8000	STATE OF TEXAS			

PRELIMINARY

LINE	DESCRIPTION	AMOUNT	DATE	STATUS	REMARKS	DEBIT	CREDIT	BALANCE
18	STATE OF TEXAS							
19	STATE OF TEXAS							
20	STATE OF TEXAS							
21	STATE OF TEXAS							
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97	STATE OF TEXAS							
98	STATE OF TEXAS							
99	STATE OF TEXAS							
100	STATE OF TEXAS							

PRELIMINARY

LINE	DESCRIPTION	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE
11	STATE OF TEXAS						
12	STATE OF TEXAS						
13	STATE OF TEXAS						
14	STATE OF TEXAS						
15	STATE OF TEXAS						
16	STATE OF TEXAS						
17	STATE OF TEXAS						
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99	STATE OF TEXAS						
100	STATE OF TEXAS						

PRELIMINARY

LINE	DESCRIPTION	AMOUNT	DATE	DEBIT	CREDIT	BALANCE
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PRELIMINARY

OFFICE	STATE	FY 2024	FY 2023	% CHG	FY 2024	FY 2023	% CHG
M	M	Adm Serv	0	0			2.7%
		Adm Serv (Excl)	0	0			4.1%
		Adm Serv (Incl)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		Adm Serv (Total)	0	0			1.8%
		M	M	Adm Serv	0	0	
Adm Serv (Excl)	0			0			4.1%
Adm Serv (Incl)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%
Adm Serv (Total)	0			0			1.8%

PRELIMINARY

CD	CD NAME	CD TYPE	CD CLASS	CD STATUS	CD ID	CD TITLE	CD DESCRIPTION	CD BALANCE	CD DATE	CD PERCENT	CD VALUE	CD VALUE	CD VALUE
14	CD 1401-01	1401	CD CLASS	CD STATUS	1401	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1402-01	1402	CD CLASS	CD STATUS	1402	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1403-01	1403	CD CLASS	CD STATUS	1403	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1404-01	1404	CD CLASS	CD STATUS	1404	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1405-01	1405	CD CLASS	CD STATUS	1405	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1406-01	1406	CD CLASS	CD STATUS	1406	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1407-01	1407	CD CLASS	CD STATUS	1407	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1408-01	1408	CD CLASS	CD STATUS	1408	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1409-01	1409	CD CLASS	CD STATUS	1409	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1410-01	1410	CD CLASS	CD STATUS	1410	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1411-01	1411	CD CLASS	CD STATUS	1411	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1412-01	1412	CD CLASS	CD STATUS	1412	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1413-01	1413	CD CLASS	CD STATUS	1413	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1414-01	1414	CD CLASS	CD STATUS	1414	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1415-01	1415	CD CLASS	CD STATUS	1415	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1416-01	1416	CD CLASS	CD STATUS	1416	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1417-01	1417	CD CLASS	CD STATUS	1417	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1418-01	1418	CD CLASS	CD STATUS	1418	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1419-01	1419	CD CLASS	CD STATUS	1419	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1420-01	1420	CD CLASS	CD STATUS	1420	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1421-01	1421	CD CLASS	CD STATUS	1421	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1422-01	1422	CD CLASS	CD STATUS	1422	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1423-01	1423	CD CLASS	CD STATUS	1423	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1424-01	1424	CD CLASS	CD STATUS	1424	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1425-01	1425	CD CLASS	CD STATUS	1425	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1426-01	1426	CD CLASS	CD STATUS	1426	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1427-01	1427	CD CLASS	CD STATUS	1427	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1428-01	1428	CD CLASS	CD STATUS	1428	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1429-01	1429	CD CLASS	CD STATUS	1429	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00
14	CD 1430-01	1430	CD CLASS	CD STATUS	1430	TOP OF KATIE'S HOME AND WATER FUND	None	0	0	0.0%	0.00	0.00	0.00

PRELIMINARY

ASSET	FILE NO	EXPIRY DATE	STATUS	COUNTY	PROPERTY ADDRESS	APPLICANT	APPROVAL DATE	APPROVAL TYPE	APPROVAL VALUE	APPROVAL PERCENTAGE	APPROVAL DATE	APPROVAL PERCENTAGE
RES	17-000451	12/31/2023	S	MI	1701 WALKER BLDG OFF LINGUIE MATHEW ED	MEDICAL EQUIPMENT	3/31/20	7/31/19	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						MAINTENANCE	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS/RENOVATION	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20	100%
						RES	17-000452	12/31/2023	S	MI	1701 WALKER BLDG OFF LINGUIE MATHEW ED	MEDICAL EQUIPMENT
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
MAINTENANCE	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS/RENOVATION	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%
REPAIRS	3/31/20	3/31/20	18,700	100%	3/31/20							100%

PRELIMINARY

14	FY 2024	LINE NO	DESCRIPTION	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
01	F	0000	GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
02	F	0000	GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			GENERAL FUND	0	0	0	0	0	0
			03	F	0000	GENERAL FUND	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0
GENERAL FUND	0	0				0	0	0	0

PRELIMINARY

Exhibit "C"

SCHEDULE OF TRACT PARTICIPATION

Attached to and made a part of the Unit Agreement for the North Jal (Yates -Seven Rivers - Queen)
Unit
Lea County, New Mexico

Tract #	Acres	Tract Unit Interest
1A	40.00	0.0034%
1B	240.05	5.6251%
1C	360.07	7.6886%
2	160.00	7.2457%
3	80.00	1.8640%
4	120.00	3.9480%
5	80.00	1.5407%
6	40.00	1.2601%
7	80.00	1.5750%
8	40.00	1.3070%
9	40.00	0.9329%
10	120.00	3.4397%
11	40.00	1.2038%
12	80.00	1.5068%
13	78.09	3.2327%
14	40.00	0.5639%
15	160.00	4.6285%
16	160.00	6.2294%
17	236.16	11.4480%
18	80.00	2.5228%
19	40.00	1.6238%
20	40.00	1.6572%
21	40.00	0.7412%
22	40.00	1.2107%
23	40.00	1.4748%
24	40.00	1.2561%
25	40.00	1.6017%
26	40.00	1.4335%
27	40.00	1.6246%
28	40.00	0.9865%
29	80.00	4.0764%
30	40.00	1.5666%
31	40.00	1.5058%
32	40.00	0.6347%
33	80.00	3.7818%

34	40.00	0.7608%
35	40.00	2.0043%
36	40.00	1.8956%
37	40.00	1.1346%
38	40.00	1.2630%
Totals	3,154.37	100.0000%

Updated March 25, 2024

Exhibit A-4

Unitized Well List

WELL NAME & No.	API #	PERF TOP	PERF BASE	PRODUCING [POOL CODE] POOL; RESERVOIRS	LEASE TYPE	LEASE	STATUS
A UNIT 25 #001	3002521241	-	-	-	Private		P&A
ADELE SOWELL #001	3002525630	3402	3516	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		PGW
ADELE SOWELL #002	3002525755	3387	3498	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		PGW
C D WOOLWORTH #001	3002511285	3126	3795	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		P&A
C D WOOLWORTH #002	3002511286	3416	3580	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
C D WOOLWORTH #004	3002525464	3190	3662	[33820] JALMAT; TAN-YATES-7 RVRs (OIL), [37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		POW
C D WOOLWORTH #005	3002525790	3169	3708	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Private		POW
C D WOOLWORTH #006	3002528731	2912	3602	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Private		POW
C D WOOLWORTH #007	3002528798	3206	3636	[33820] JALMAT; TAN-YATES-7 RVRs (OIL), [37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		POW
C D WOOLWORTH #008	3002532862	3194	3700	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Private		POW
C D WOOLWORTH #009	3002532863	3175	3655	[33820] JALMAT; TAN-YATES-7 RVRs (OIL), [37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
C D WOOLWORTH #010	3002533881	3198	3658	[33820] JALMAT; TAN-YATES-7 RVRs (OIL), [37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		POW
C D WOOLWORTH #011	3002533882	3161	3608	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
C D WOOLWORTH #3	3002511287	2930	3300	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		P&A
CALLEY A #001	3002511175	2944	3635	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
CITIES THOMAS #001	3002525400	3446	3615	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
CITIES THOMAS #002	3002525512	3390	3593	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
CITIES THOMAS #003	3002525608	3408	3556	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		PGW
CITIES THOMAS #004	3002525756	3384	3663	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		POW
CITIES THOMAS #005	3002528626	3495	3586	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
CUSTER STATE #001	3002526501	2810	2900	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	State	E0-1734-0000	PGW
E J WELLS #004	3002509717	2789	3462	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Federal	NMLC-0032582-A / NMNM105462404	P&A
FLUOR HARRISON #001	3002525491	2939	3582	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		PGW
GULF EDDIE CORRIGAN #001	3002526086	3364	3502	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		PGW
GULF EDDIE CORRIGAN #002	3002526100	3389	3503	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		PGW
HARRISON #001	3002509654	2800	3430	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Private		POW
HARRISON #002	3002525825	2895	3578	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		PGW
HARRISON #1	3002526060	3413	3518	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
HARRISON #3	3002509655	2950	3554	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
HENRY HARRISON #001	3002526036	3390	3606	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		PGW
J J THOMAS #001	3002511165	3186	3600	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		P&A
JACK B 30 #001	3002511284	2833	3568	[33820] JALMAT; TAN-YATES-7 RVRs (OIL), [37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Federal	NMNM-0321613 / NMNM105418916	POW
JACK B 30 #002	3002525871	2952	3642	[79240] JALMAT; TAN-YATES-7 RVRs (GAS), [37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Federal	NMNM-0321613 / NMNM105418916	POW
JACK B 30 #003	3002535139	2924	3608	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Federal	NMNM-0321613 / NMNM105418916	POW
KIMMY #003	3002526437	3410	3511	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		POW
KIMMY #004	3002526638	3404	3505	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		POW
KIMMY K #001	3002526243	3407	3630	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		PGW
KIMMY K #002	3002526490	3400	3505	[96132] SWD; 7 RVRs-QUEEN	Private		SWD
KING HARRISON C #001	3002525629	2964	3757	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Federal	NMNM-007486 / NMNM105469851	PGW
KING HARRISON C #003	3002511168	2887	3694	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		PGW
KING HARRISON C #005	3002524071	2926	3577	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		PGW
LANGLIE A STATE #001	3002509710	3371	3525	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	State	80-1167-0048	P&A
LANGLIE A STATE #002Y	3002509714	2825	3525	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	State	80-1167-0048	P&A
LANGLIE A STATE #003	3002528067	2785	2877	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	State	80-1167-0048	PGW
MARTIN B #003	3002537959	2755	3338	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		PGW
MARTIN B #004	3002538883	2881	3636	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	Private		TA
MCKINNEY #001	3002509709	3148	3500	[96132] SWD; 7 RVRs-QUEEN	State	E0-2388-0003	SWD
POSSH #001	3002526760	2835	3619	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	State	80-1167-0078	P&A
POSSH #002	3002526965	3553	3627	[96117] SWD; QUEEN	State	80-1167-0078	SWD
POSSH #003	3002527044	2746	3578	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	State	80-1167-0078	P&A
POSSH #004	3002526536	3269	3600	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	State	81-0709-0016	POW
S W HARRISON #009	3002526436	10311	10330	[75760] CUSTER; DEVONIAN (GAS)	Private		P&A
SHELL STATE #1	3002522721	2730	3345	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	State	80-1167-0078	P&A
SHELL STATE #2	3002522913	2701	3378	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	State	80-1167-0078	P&A
STATE #001	3002509712	-	-	-	State	B1-0709-0008	P&A
STATE #002	3002536198	-	-	-	State	80-1167-0048	P&A
STATE A-36 #001Y	3002509715	2627	2942	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	State	B1-0709-0008	P&A
STATE A-36 #002	3002521872	2636	2870	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	State	B1-0709-0008	POW
STATE B #002	3002509713	2736	3021	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	State	80-1167-0078	P&A
STATE B COM #001	3002509716	9690	9847	[75760] CUSTER; DEVONIAN (GAS)	State	80-1167-0078	P&A
STATE KQ 36 #001	3002523818	2877	3030	[37240] LANGLEI MATTIX; 7 RVRs-QUEEN-GB	State	E0-8327-0001	P&A
STATE W #001	3002509707	2780	3524	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	State	80-1484-0005	P&A

STATUS	DESCRIPTION
PGW	Producing Gas Well
POW	Producing Oil Well
TA	Temporarily Abandoned
P&A	Plugged & Abandoned
WSW	Water Source Well
SWD	Salt Water Disposal
W/IW	Water Injection Well
GIW	Gas Injection Well

STATE W #002	3002509708	3006	3235	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	State	BO-1484-0005	P&A
STATE W #003	3002524740	2775	3366	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	State	BO-1484-0005	P&A
THOMAS #002	3002511164	2861	3680	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Private		P&A
THOMAS #1	3002511163	3025	3440	[79240] JALMAT; TAN-YATES-7 RVRs (GAS), [37240] LANGLE MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
THOMAS A #003	3002526139	3416	3637	[37240] LANGLE MATTIX; 7 RVRs-QUEEN-GB	Private		POW
THOMAS A #004	3002528464	3401	3624	[37240] LANGLE MATTIX; 7 RVRs-QUEEN-GB	Private		POW
VAN ZANDT #001	3002509656	2920	3597	[37240] LANGLE MATTIX; 7 RVRs-QUEEN-GB	Private		POW
VERNON #1	3002509711	2808	3505	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	State	EO-1734-0002	P&A
W H HARRISON A WN COM #002	3002511282	2931	3650	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		PGW
WATKINS #001	3002509698	2665	3475	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Private		P&A
WATKINS #002	3002509699	2682	2954	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Private		P&A
WATKINS #003	3002527946	2705	3076	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Private		POW
WELLS A #002	3002509720	2866	3104	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Federal	NMLC-0032582-A / NMNM105462404	PGW
WELLS A #007	3002523600	2832	3000	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Federal	NMLC-0032582-A / NMNM105462404	POW
WELLS A #008	3002523857	2849	3346	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Federal	NMLC-0032582-A / NMNM105462404	PGW
WELLS A #010	3002532938	2882	3119	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Federal	NMLC-0032582-A / NMNM105462404	P&A
WELLS A #1	3002509719	2887	3412	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Federal	NMLC-0032582-A / NMNM105462404	P&A
WELLS B 1 #001	3002509718	2790	3386	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Federal	NMLC-0032582-B / NMNM105315182	PGW
WELLS B 1 #002	3002521022	-	-	-	Federal	NMLC-0032582-B / NMNM105315182	P&A
WELLS B 1 #003	3002521460	2715	3288	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Federal	NMLC-0032582-B / NMNM105315182	PGW
WELLS B 1 #004	3002525532	2850	3043	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Federal	NMLC-0032582-B / NMNM105315182	P&A
WELLS B 1 #006	3002532345	2777	3050	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Federal	NMLC-0032582-B / NMNM105315182	P&A
WELLS B 1 #007	3002532756	2830	3041	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Federal	NMLC-0032582-B / NMNM105315182	P&A
WILLIAM H HARRISON A WN #2PI	3002526239	3393	3494	[37240] LANGLE MATTIX; 7 RVRs-QUEEN-GB	Private		P&A
WM H HARRISON D WN COM #001	3002511283	2927	3699	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		P&A
WM H HARRISON D WN COM #006	3002524669	2951	3259	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		P&A
WM H HARRISON D WN COM #007	3002527367	2971	3687	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		PGW
WOOLWORTH #001	3002509672	2580	2875	[79240] JALMAT; TAN-YATES-7 RVRs (GAS)	Private		PGW
WOOLWORTH #002	3002525876	2958	2988	[33820] JALMAT; TAN-YATES-7 RVRs (OIL)	Private		P&A
WOOLWORTH #1	3002509706	3420	3476	[37240] LANGLE MATTIX; 7 RVRs-QUEEN-GB	Private		P&A

Exhibit A-5

**UNIT AGREEMENT
FOR THE DEVELOPMENT AND OPERATION
OF THE
NORTH JAL (YATES-SEVEN RIVERS-QUEEN) UNIT
LEA COUNTY, NEW MEXICO**

NO. _____

Ex.A-5-59

UNIT AGREEMENT
FOR THE DEVELOPMENT AND OPERATION
OF THE
NORTH JAL (YATES-SEVEN RIVERS-QUEEN) UNIT
LEA COUNTY, NEW MEXICO

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20. DRAINAGE
21. LOSS OF TITLE
22. LEASES AND CONTRACTS CONFORMED AND EXTENDED
23. COVENANTS RUN WITH LAND
24. EFFECTIVE DATE AND TERM
25. RATE OF PROSPECTING, DEVELOPMENT & PRODUCTION
26. NON-DISCRIMINATION
27. APPEARANCES
28. NOTICES
29. NO WAIVER OF CERTAIN RIGHT
30. EQUIPMENT AND FACILITIES NOT FIXTURES ATTACHED TO REALTY
31. UNAVOIDABLE DELAY
32. NON-JOINDER AND SUBSEQUENT JOINDER
33. COUNTERPARTS
34. JOINDER IN DUAL CAPACITY
35. TAXES
36. NO PARTNERSHIP
37. PRODUCTION AS OF THE EFFECTIVE DATE
38. NO SHARING OF MARKET

EXHIBIT "A" MAP OF UNIT AREA

EXHIBIT "B" SCHEDULE OF OWNERSHIP

EXHIBIT "C" SCHEDULE OF TRACT PARTICIPATION

EXHIBIT "D" TYPE LOG

EXHIBIT "E" INITIAL PLAN OF DEVELOPMENT

UNIT AGREEMENT
FOR THE DEVELOPMENT AND OPERATION
OF THE
NORTH JAL (YATES-SEVEN RIVERS-QUEEN) UNIT
LEA COUNTY, NEW MEXICO

THIS AGREEMENT, entered into as of this _____ day of _____, 2023 by and between the parties subscribing, ratifying, or consenting hereto, and herein referred to as the "parties hereto,"

WITNESSETH:

WHEREAS, the parties hereto are the owners of working, royalty, or other oil and gas interests in the Unit Area subject to this Agreement; and,

WHEREAS, the Mineral Leasing Act of February 25, 1920, 41 Stat. 437, as amended, 30 U.S.C. Sec. 181, et seq., authorizes Federal lessees and their representatives to unite with each other, or jointly or separately with others, in collectively adopting and operating a cooperative or unit plan of development or operation of any oil or gas pool, field, or like area, or any part thereof for the purpose of more properly conserving the natural resources thereof whenever determined and certified by the Secretary of the Interior to be necessary or advisable in the public interest; and,

WHEREAS, the Commissioner of Public Lands of the State of New Mexico is authorized by an Act of the Legislature (Section 1, Chapter 88, Laws 1943, as amended by Section 1 of Chapter 176, Laws of 1961) (Chapter 19, Article 10, Section 45, New Mexico Statutes 1978 Annotated), to consent to and approve the development or operation of State lands under agreements made by lessees of State land jointly or severally with other lessees where such agreements provide for the unit operation or development of part of or all of any oil or gas pool, field or area; and,

WHEREAS, the Commissioner of Public Lands of the State of New Mexico is authorized by an Act of the Legislature (Section 1, Chapter 88, Laws 1943, as amended by Section 1, Chapter 162, Laws of 1951) (Chapter 19, Article 10, Section 47, New Mexico Statutes 1978 Annotated) to amend with the approval of lessee, evidenced by the lessee's execution of such agreement or otherwise, any oil and gas lease embracing State lands so that the length of the term of said lease may coincide with the term of such agreements for the unit operation and development of part or all of any oil or gas pool, field or area; and,

WHEREAS, the Oil Conservation Division of the State of New Mexico (hereinafter referred to as the "Division") is authorized by an Act of the Legislature (Chapter 72, Laws of 1935, as amended) (Chapter 70, Article 2, Section 2, et seq., New Mexico Statutes 1978 Annotated) to approve this Agreement and the conservation provisions hereof; and,

WHEREAS, the Oil Conservation Division of the Energy and Minerals Department of the State of New Mexico is authorized by law (Chapter 65, Article 3 and Article 14, N.M.S. 1953

Annotated) to approve this Agreement and the conservation provisions hereof; and,

WHEREAS, the parties hereto hold sufficient interest in the Unit Area covering the land hereinafter described to give reasonably effective control of operations therein; and,

WHEREAS, it is the purpose of the parties hereto to conserve natural resources, prevent waste, and secure other benefits obtainable through development and operation of the area subject to this Agreement under the terms, conditions, and limitations herein set forth;

NOW THEREFORE, in consideration of the premises and the promises herein contained, the parties hereto commit to this Agreement their respective interest in the below-defined Unit Area, and agree severally among themselves as follows:

SECTION 1. ENABLING ACT AND REGULATIONS. The Mineral Leasing Act of February 25, 1920, as amended, supra, and all valid pertinent regulations, including operating and unit plan regulations, heretofore issued thereunder or valid, pertinent, and reasonable regulations hereafter issued thereunder are accepted and made a part of this Agreement as to Federal lands, provided such regulations are not inconsistent with the terms of this Agreement; and as to non-Federal lands, the oil and gas operating regulations in effect as of the Effective Date hereof governing drilling and producing operations, not inconsistent with the terms hereof or the laws of the state in which the non-Federal land is located, are hereby accepted and made a part of this Agreement.

SECTION 2. UNIT AREA AND DEFINITIONS. For the purpose of this Agreement, the following terms and expressions as used herein shall mean:

- (a) "Unit Area" is defined as those lands described in Exhibit "B" and depicted on Exhibit "A" hereof, and such land is hereby designated and recognized as constituting the Unit Area, containing 3,154.37 acres, more or less, in Lea County, New Mexico.
- (b) "Land Commissioner" is defined as the Commissioner of Public Lands of the State of New Mexico.
- (c) "Division" is defined as the Oil Conservation Division of the Department of Energy and Minerals of the State of New Mexico.
- (d) "Authorized Officer" or "A.O." is any employee of the Bureau of Land Management ("BLM") who has been delegated the required authority to act on behalf of the BLM.
- (e) "Secretary" is defined as the Secretary of the Interior of the United States of America, or his duly authorized delegate.
- (f) "Department" is defined as the Department of the Interior of the United States of America.
- (g) "Proper BLM Office" is defined as the Bureau of Land Management office having jurisdiction over the federal lands included in the Unit Area.

- (h) "Unitized Formation" shall mean that interval underlying the Unit Area, the vertical limits of which extended from an upper limit described as the top of the Yates Formation to a lower limit at the base of the Queen Formation; the geologic markers having been previously found to occur at 2,879 feet and 3,691 feet, respectively, in Skelly Oil Company's Sherrill No. 7 well (later renamed the Langlie Jal Unit #017) API #30-025-11301, located 1,980 feet FSL and 1,930 feet FEL of Section 31, T-24-S, R-37-E, Lea County, New Mexico) as recorded on the Frontier Perforators, Inc., Gamma Ray-Neutron log run on September 1, 1957 and measured from a Kelly Bushing elevation of 3,241 feet above sea level. A type log is provided in Exhibit "D" attached hereto and incorporated herein.
- (i) "Unitized Substances" are all oil, gas, gaseous substances, sulphur contained in gas, condensate, distillate and all associated and constituent liquid or liquefiable hydrocarbons, other than outside substances, within and produced from the Unitized Formation.
- (j) "Tract" is each parcel of land described as such and given a Tract number in Exhibit "B".
- (k) "Tract Participation" is defined as the percentage of participation shown on Exhibit "C" for allocating Unitized Substances to a Tract under this agreement.
- (l) "Unit Participation" is the sum of the percentages obtained by multiplying the Working Interest of a Working Interest Owner in each Tract by the Tract Participation of such Tract.
- (m) "Working Interest" is the right to search for, produce and acquire Unitized Substances whether held as an incident of ownership of mineral fee simple title, under an oil and gas lease, operating agreement, or otherwise held, which interest is chargeable with and obligated to pay or bear, either in cash or out of production, or otherwise, all or a portion of the cost of drilling, developing and producing the Unitized Substances from the Unitized Formation and operations thereof hereunder; provided, however, that any royalty interest created out of a working interest subsequent to the execution of this Agreement by the owner of the working interest shall continue to be subject to such working interest burdens and obligations. Likewise, any royalty interest may be joined to the Unit by the Working Interest Owner if the instrument vesting that interest so allows for joinder of the same to the Unit.
- (n) "Working Interest Owner" is any party hereto owning a Working Interest, including a carried working interest owner, holding an interest in Unitized Substances by virtue of a lease, operating agreement, fee title or otherwise. The owner of oil and gas rights that are free of lease or other instrument creating a Working Interest in another shall be regarded as a Working Interest Owner to the extent of seven-eighths (7/8) of his interest in Unitized Substances, and as a Royalty Owner with respect to his remaining one-eighth (1/8) interest therein. Execution in both capacities as to this Agreement is unnecessary and by executing as a Working Interest Owner, the party is committing their Royalty Interest as if they joined as a Royalty Interest Owner.

- (o) "Royalty Interest" or "Royalty" is an interest other than a Working Interest in or right to receive a portion of the Unitized Substances or the proceeds thereof and includes the royalty interest reserved by the lessor or by an oil and gas lease and any overriding royalty interest, oil payment interest, net profit contracts, or any other payment or burden which does not carry with it the right to search for and produce unitized substances.
- (p) "Royalty Owner" is the owner of a Royalty Interest.
- (q) "Unit Operating Agreement" is the agreement entered into by and between the Unit Operator and the Working Interest Owners as provided in Section 9, infra, and shall be styled "Unit Operating Agreement, North Jal (Yates-Seven Rivers-Queen) Unit, Lea County, New Mexico".
- (r) "Oil and Gas Rights" is the right to explore, develop and operate lands within the Unit Area for the production of Unitized Substances, or to share in the production so obtained or the proceeds thereof.
- (s) "Outside Substances" is any substance obtained from any source other than the Unitized Formation and injected into the Unitized Formation.
- (t) "Unit Manager" is any person or corporation appointed by Working Interest Owners to perform the duties of Unit Operator until the selection and qualification of a successor Unit Operator as provided for in Section 7 hereof.
- (u) "Unit Operator" is the party designated by Working Interest Owners under the Unit Operating Agreement to conduct Unit Operations.
- (v) "Unit Operations" is any operation conducted pursuant to this Agreement and the Unit Operating Agreement.
- (w) "Unit Equipment" is all personal property, lease and well equipment, plants, and other facilities and equipment taken over or otherwise acquired for the joint account for use in Unit Operations.
- (x) "Unit Expense" is all cost, expense, or indebtedness incurred by Working Interest Owners or Unit Operator pursuant to this Agreement and the Unit Operating Agreement for or on account of Unit Operations.
- (y) "Effective Date" is the date determined in accordance with Section 24.

SECTION 3. EXHIBITS. The following exhibits are incorporated herein by reference: Exhibit "A" attached hereto is a map showing the Unit Area and the boundaries and identity of tracts and leases in said Unit Area to the extent known to the Unit Operator. Exhibit "B" attached hereto is a schedule showing, to the extent known to the Unit Operator, the acreage comprising each Tract, percentages and kind of ownership of oil and gas interests in all land in the Unit Area, and Tract

Participation of each Tract. However, nothing herein or in said schedule or map shall be construed as a representation by any party hereto as to the ownership of any interest other than such interest or interests as are shown in said map or schedule as owned by such party. The shapes and descriptions of the respective Tracts have been established by using the best information available. Each Working Interest Owner is responsible for supplying Unit Operator with accurate information relating to each Working Interest Owner's interest. If it subsequently appears that any Tract, because of diverse royalty or working interest ownership on the Effective Date hereof, should be divided into more than one Tract, or when any revision is requested by the A.O., or any correction of any error is needed, then the Unit Operator may correct the mistake by revising the exhibits to conform to the facts. The revision shall not include any reevaluation of engineering or geological interpretations used in determining Tract Participation. Each such revision of an exhibit made prior to thirty (30) days after the Effective Date shall be effective as of the Effective Date. Each other such revision of an exhibit shall be effective at 7:00 a.m. on the first day of the calendar month next following the filing for record of the revised exhibit or on such other date as may be determined by the Unit Operator and set forth in the revised exhibit. Copies of such revision shall be filed with the Land Commissioner, and not less than four copies shall be filed with the A.O. In any such revision, there shall be no retroactive allocation or adjustment of Unit Expense or of interests in the Unitized Substances produced, or proceeds thereof.

SECTION 4. EXPANSION. The above-described Unit Area may, with the approval of the A.O. and the Land Commissioner, when practicable, be expanded to include therein any additional Tract or Tracts regarded as reasonably necessary or advisable for the purposes of this Agreement provided, however, in such expansion there shall be no retroactive allocation or adjustment of Unit Expense or of interests in the Unitized Substances produced, or proceeds thereof. Pursuant to Subsection (b), the Working Interest Owners may agree upon an adjustment of investment by reason of the expansion. Such expansion shall be effectuated in the following manner:

(a) The Working Interest Owner or Owners of a Tract, or Tracts, desiring to bring such Tract, or Tracts, into this unit, shall file an application therefor with Unit Operator requesting such admission.

(b) Unit Operator shall circulate a notice of the proposed expansion to each Working Interest Owner in the Unit Area and in the Tract proposed to be included in the unit, setting out the basis for admission, the Tract Participation to be assigned to each Tract in the enlarged Unit Area, and other pertinent data. After negotiation (at Working Interest Owners' meeting or otherwise), if at least two Working Interest Owners having in the aggregate seventy-five percent (75%) of the Unit Participation then in effect have agreed to inclusion of such Tract or Tracts in the Unit Area, then Unit Operator shall:

1. After obtaining preliminary concurrence by the A.O. and Land Commissioner, prepare a notice of proposed expansion describing the contemplated changes in the boundaries of the Unit Area, the reason therefor, the basis for admission of the additional Tract or Tracts, the Tract Participation to be assigned thereto, and the proposed effective date thereof; and,

2. Deliver copies of said notice to the Land Commissioner, the A.O. at the proper

BLM Office, each Working Interest Owner, and to the last known address of each lessee and lessor whose interests are affected, advising such parties that thirty (30) days will be allowed for submission to the Unit Operator of any objection to such proposed expansion; and,

3. File, upon the expiration of said thirty (30) day period as set out in Section 4(2), immediately above, with the Land Commissioner and the A.O. the following: (a) evidence of mailing or delivering copies of said notice of expansion; (b) an application for approval of such expansion; (c) an instrument containing the appropriate joinders in compliance with the participation requirements of Section 14, and Section 34, infra; and, (d) a copy of all objections received along with the Unit Operator's response thereto.

The expansion shall, after due consideration of all pertinent information and approval by the Land Commissioner and the A.O., become effective as of the date prescribed in the notice thereof, preferably the first day of the month subsequent to the date of notice. The revised Tract Participation of the respective Tracts included within the Unit Area, prior to such enlargement, shall remain the same ratio one to another.

SECTION 5. UNITIZED LAND. All land committed to this Agreement, as to the Unitized Formation, shall constitute land referred to herein as "Unitized Land" or "Land subject to this Agreement". Nothing herein shall be construed to unitize, pool, or in any way affect the oil, gas, and other minerals contained in, or that may be produced from, any formation other than the Unitized Formation as defined in Section 2 (h) of this Agreement.

SECTION 6. UNIT OPERATOR. FAE II Operating, LLC, is hereby designated the Unit Operator, and by signing this instrument as Unit Operator, agrees and consents to accept the duties and obligations of Unit Operator for the operation, development, and production of Unitized Substances as herein provided. Whenever reference is made herein to the Unit Operator, such reference means the Unit Operator acting in that capacity and not as an owner of interests in Unitized Substances, when such interest are owned by it and the term "Working Interest Owner" when used herein shall include or refer to the Unit Operator as the owner of a Working Interest when such an interest is owned by it.

Unit Operator shall have a lien upon interests of Working Owners in the Unit Area to the extent provided in the Unit Operating Agreement.

SECTION 7. RESIGNATION OR REMOVAL OF UNIT OPERATOR. Unit Operator shall have the right to resign at any time, but such resignation shall not become effective so as to release Unit Operator from the duties and obligations of Unit Operator and terminate Unit Operator's rights as such for a period of six (6) months after written notice of intention to resign has been given by Unit Operator to all Working Interest Owners, the Land Commissioner, and the A.O., unless a new Unit Operator shall have taken over and assumed the duties and obligations of Unit Operator prior to the expiration of said period.

The Unit Operator shall, upon default or failure in the performance of its duties and obligations hereunder, be subject to removal by two (2) or more Working Interest Owners having

in the aggregate eighty percent (80%) or more of the Unit Participation then in effect exclusive of the Working Interest Owner who is the Unit Operator. Such removal shall be effective upon notice thereof to the Land Commissioner and the A.O.

In all such instances of effective resignation or removal, until a successor to Unit Operator is selected and approved as hereinafter provided, the Working Interest Owners shall be jointly responsible for the performance of the duties of the Unit Operator and shall, not later than thirty (30) days before such resignation or removal becomes effective, appoint a Unit Manager to represent them in any action to be taken hereunder.

The resignation or removal of Unit Operator under this Agreement shall not terminate its right, title or interest as the owner of a Working Interest or other interest in Unitized Substances, but upon the resignation or removal of Unit Operator becoming effective, such Unit Operator shall deliver possession of all wells, equipment, books and records, materials, appurtenances and any other assets used in connection with the Unit Operations to the new duly qualified successor Unit Operator or to the Unit Manager if no such new Unit Operator is elected. Nothing herein shall be construed as authorizing the removal of any material, equipment, or appurtenances needed for the preservation of any wells. Nothing herein contained shall be construed to relieve or discharge any Unit Operator or Unit Manager who resigns or is removed hereunder from any liability or duties accruing or performable by it prior to the effective date of such resignation or removal.

SECTION 8. SUCCESSOR UNIT OPERATOR. Whenever the Unit Operator shall tender its resignation as Unit Operator or shall be removed as hereinabove provided, the Working Interest Owners shall select a successor Unit Operator as herein provided. Such selection shall not become effective until (a) a Unit Operator so selected shall accept the duties and responsibilities of Unit Operator in writing, and (b) the selection shall have been approved by the Land Commissioner and the A.O. If no successor Unit Operator or Unit Manager is selected and qualified as herein provided, the Land Commissioner and/or the A.O., at their election, may declare this Agreement terminated.

In selecting a successor Unit Operator, the affirmative vote of three (3) or more Working Interest Owners having a total of sixty-five percent (65%), or more, of the total Unit Participation shall prevail; provided that if any one Working Interest Owner has a Unit Participation of more than thirty-five percent (35%), its negative vote or failure to vote shall not be regarded as sufficient against the selection of the successor Unit Operator unless supported by the vote of one or more other unaffiliated Working Interest Owners having a total Unit Participation of at least five percent (5%). If the Unit Operator who is removed votes only to succeed itself, or fails to vote, the successor Unit Operator may be selected by the affirmative vote of the owners of at least seventy-five percent (75%) of the Unit Participation remaining after excluding the Unit Participation of Unit Operator so removed.

SECTION 9. ACCOUNTING PROVISIONS AND UNIT OPERATING AGREEMENT. Costs and expenses incurred by Unit Operator in conducting Unit Operations hereunder shall be paid, apportioned among and borne by the Working Interest Owners in accordance with the Unit Operating Agreement. Such Unit Operating Agreement shall also provide the manner in which the Working Interest Owners shall be entitled to receive their respective proportionate and allocated

share of the benefits accruing hereto in conformity with their underlying operating agreements, leases or other contracts and such other rights and obligations as between Unit Operator and the Working Interest Owners as may be agreed upon by the Unit Operator and the Working Interest Owners; however, no such Unit Operating Agreement shall be deemed either to modify any of the terms and conditions of this Agreement or to relieve the Unit Operator of any right or obligation established under this Agreement, and in case of any inconsistency or conflict between this Agreement and the Unit Operating Agreement, this Agreement shall prevail. Copies of any Unit Operating Agreement executed pursuant to this Section shall be filed with the Land Commissioner and with the A.O. at the Proper BLM Office as required prior to approval of this Agreement.

SECTION 10. RIGHTS AND OBLIGATIONS OF UNIT OPERATOR. Except as otherwise specifically provided herein, the exclusive right, privilege and duty of exercising any and all rights of the parties hereto, including surface rights which are necessary or convenient for prospecting for, producing, storing, allocating and distributing the Unitized Substances are hereby delegated to and shall be exercised by the Unit Operator as herein provided. Upon request, acceptable evidence of title to said rights shall be deposited with said Unit Operator, and together with this Agreement, shall constitute and define the rights, privileges and obligations of Unit Operator. Nothing herein, however, shall be construed to transfer title to any land or to any lease or operating agreement, it being understood that under this Agreement, the Unit Operator, in its capacity as Unit Operator, shall exercise the rights of use and possession vested in the parties hereto only for the purposes herein specified.

SECTION 11. PLAN OF OPERATIONS. It is recognized and agreed by the parties hereto that all of the land subject to this Agreement is reasonably proved to be productive of Unitized Substances and that the object and purpose of this Agreement is to formulate and to put into effect an improved recovery project in order to effect additional recovery of Unitized Substances, prevent waste, and conserve natural resources. Unit Operator shall have the right to inject into the Unitized Formation any substances for enhanced recovery purposes, inclusive of CO₂, as needed or desired by Operator, which will not require an accounting to the Working Interest Owners, as to these substances so used or stored, in accordance with a plan of operation approved by the Working Interest Owners, the A.O., the Land Commissioner and the Division, including the right to drill and maintain injection wells on the Unitized Land and completed in the Unitized Formation, and to use abandoned wells. Subject to like approval, the Plan of Operation may be revised as conditions may warrant. An Initial Plan of Development is provided in Exhibit "E" attached hereto and incorporated herein.

The initial Plan of Operation shall be filed with the A.O., the Land Commissioner and the Division concurrently with the filing of the Unit Agreement for final approval. The initial plan of operations and all revisions thereof shall be as complete and adequate as the A.O., the Land Commissioner and the Division may determine to be necessary for timely operation consistent herewith. Upon approval of this Agreement and the initial plan by the A.O. and Commissioner, said plan, and all subsequently approved plans, shall constitute the operating obligations of the Unit Operator under this Agreement for the period specified therein. Thereafter, from time to time before the expiration of any existing plan, the Unit Operator shall submit for like approval a plan for an additional specified period of operations. Each Plan of Operation shall be subject to amendment upon the approval of said amended plan by the A.O. After such operations are

commenced, reasonable diligence shall be exercised by the Unit Operator in complying with the obligations of the approved Plan of Operation.

Notwithstanding anything contained herein to the contrary, should the Unit Operator fail to commence Unit Operations for the enhanced recovery of Unitized Substances from the Unit Area within eighteen (18) months after the effective date of this Agreement, or any extension thereof approved by the A.O., this Agreement shall terminate automatically as of the date of default.

SECTION 12. USE OF SURFACE AND USE OF WATER. The parties, to the extent of their rights and interests, hereby grant to Unit Operator the right to use as much of the surface, including the water thereunder, of the Unitized Land as may reasonably be necessary for Unit Operations.

Unit Operator's free use of water or brine or both for Unit Operations, shall not include any water from any well, lake, pond, or irrigation ditch of a surface owner, unless approval for such use is granted by the surface owner. The aforementioned notwithstanding, if any Working Interest Owner has the right to use any well, lake, pond, or irrigation ditch of a surface owner, either by virtue of its lease or other agreement, or as surface owner itself, said right shall be conferred upon the Unit Operator to use these water sources as necessary or convenient for operations hereunder. Additionally, to the extent that any Working Interest Owner has the right to inject water for disposal, in addition to the rights to inject water for recovery operations hereunder, said right of disposal shall be conferred upon the Unit Operator.

Unit Operator shall pay the surface owner for damages to growing crops, fences, improvements, and structures on the Unitized Land that result from Unit Operations, and such payments shall be considered as items of unit expense to be borne by all the Working Interest Owners of lands subject hereto.

SECTION 13. TRACT PARTICIPATION. In Exhibit "C", attached hereto, there are listed and numbered the various Tracts within the Unit Area, and set forth opposite each Tract are figures which represent the Tract Participation, during Unit Operations, if all Tracts in the Unit Area qualify as provided herein. The Tract Participation of each Tract as shown in Exhibit "C" was determined in accordance with the following formula:

$$\text{Tract Participation} = 10\% A + 90\% B$$

A = the amount of oil and gas produced from the Unitized Formation by the Tract from October 2022 through March 2023

B = the amount of Remaining Recoverable Oil In Place

In the event less than all Tracts are qualified on the Effective Date hereof, the Tract Participation shall be calculated on the basis of all such qualified Tracts rather than all Tracts in the Unit Area.

SECTION 14. TRACTS QUALIFIED FOR PARTICIPATION. On and after the Effective Date hereof, the Tracts within the Unit Area which shall be entitled to participation in the production of Unitized Substances shall be those Tracts more particularly described in Exhibit "B" that corner or have a common boundary (Tracts separated only by a public road or a railroad right-of-way shall be considered to have a common boundary), and that otherwise qualify as follows:

(a) Each Tract as to which Working Interest Owners owning one hundred percent (100%) of the Working Interest have become parties to this Agreement and as to which Royalty Owners owning seventy-five percent (75%) or more of the Royalty Interest have become parties to this Agreement.

(b) Each Tract as to which Working Interest Owners owning one hundred percent (100%) of the Working Interest have become parties to this Agreement, and as to which Royalty Owners owning less than seventy-five percent (75%) of the Royalty Interest have become parties to this Agreement, and as to which (1) the Working Interest Owner who operates the Tract and Working Interest Owners owning at least seventy-five percent (75%) of the remaining Working Interest in such Tract have joined in a request for the inclusion of such Tract, and as to which (2) Working Interest Owners owning at least seventy-five percent (75%) of the combined Unit Participation in all Tracts that meet the requirements of Section 14 (a) above have voted in favor of the inclusion of such tract.

(c) Each Tract as to which Working Interest Owners owning less than one hundred percent (100%) of the Working Interest have become parties to this Agreement, regardless of the percentage of Royalty Interest therein that is committed hereto; and as to which (1) the Working Interest Owner who operates the Tract and Working Interest Owner owning at least seventy-five percent (75%) of the remaining Working Interest in such Tract who have become parties to this Agreement have joined in a request for inclusion of such Tract, and have executed and delivered, or obligated themselves to execute and deliver an indemnity agreement indemnifying and agreeing to hold harmless the other owners of committed Working Interests, their successors and assigns, against all claims and demands that may be made by the owners of Working Interest in such Tract who are not parties to this Agreement, and which arise out of the inclusion of the Tract; and as to which (2) Working Interest Owners owning at least seventy-five percent (75%) of the Unit Participation in all Tracts that meet the requirements of Section 14 (a) and 14 (b) have voted in favor of the inclusion of such Tract and to accept the indemnity agreement. Upon the inclusion of such a Tract, the Tract Participation which would have been attributed to the non-subscribing owners of Working Interest in such Tract, had they become parties to this Agreement and the Unit Operating Agreement, shall be attributed to the Working Interest Owners in such Tract who have become parties to such agreements, and joined in the indemnity agreement, in proportion to their respective Working Interests in the Tract.

If on the Effective Date of this Agreement there is any Tract or Tracts which have not been effectively committed to or made subject to this Agreement by qualifying as above provided, then such Tract or Tracts shall not be entitled to participate hereunder. Unit Operator shall, when submitting this Agreement for final approval by the Land Commissioner and the A.O., file therewith a schedule of those tracts which have been committed and made subject to this

Agreement and are entitled to participate in Unitized Substances. Said schedule shall set forth opposite each such committed Tract the lease number or assignment number, the owner of record of the lease, and the percentage participation of such tract which shall be computed according to the participation formula set forth in Section 13 (Tract Participation) above. This schedule of participation shall be revised Exhibit "B" and upon approval thereof by the Land Commissioner and the A.O., shall become a part of this Agreement and shall govern the allocation of production of Unitized Substances until a new schedule is approved by the Land Commissioner and the A.O.

SECTION 15. ALLOCATION OF UNITIZED SUBSTANCES. All Unitized Substances produced and saved (less, save and except any part of such Unitized Substances used in conformity with good operating practices on unitized land for drilling, operating, camp and other production or development purposes and for injection or unavoidable loss in accordance with a Plan of Operation approved by the A.O. and the Land Commissioner) shall be apportioned among and allocated to the qualified Tracts in accordance with the respective Tract Participations effective hereunder during the respective periods such Unitized Substances were produced, as set forth in the schedule of participation in Exhibit "C". The amount of Unitized Substances so allocated to each Tract, and only that amount (regardless of whether it be more or less than the amount of the actual production of Unitized Substances from the well or wells, if any, on such Tract) shall, for all intents, uses, and purposes, be deemed to have been produced from such Tract.

The Unitized Substances allocated to each Tract shall be distributed among, or accounted for, to the parties entitled to share in the production from such Tract in the same manner, in the same proportions, and upon the same conditions, as they would have participated and shared in the production from such Tracts, or in the proceeds thereof, had this Agreement not been entered into; and with the same legal force and effect.

No Tract committed to this Agreement and qualified for participation, as above provided, shall be subsequently excluded from participation hereunder on account of depletion of Unitized Substances.

If the Working Interest and/or the Royalty Interest in any Tract are divided with respect to separate parcels or portions of such Tract and owned now or hereafter in severalty by different persons, the Tract Participation shall, in the absence of a recordable instrument executed by all owners in such Tract and furnished to Unit Operator fixing the divisions of ownership, be divided among such parcels or portions in proportion to the number of surface acres in each.

Any Working Interest Owner receiving in kind or separately disposing of all or any part of the Unitized Substances allocated to any Tract, or receiving the proceeds therefrom if the same is sold or purchased by Unit Operator, shall be responsible for the payment of all royalty, overriding royalty and production payments due thereon, and each such party shall hold each other Working Interest Owner harmless against all claims, demands and causes of action by owners of such royalty, overriding royalty and production payments, as well as any regulatory or environmental issues, claims, or causes of action by surface owners and regulatory bodies.

If, after the Effective Date of this Agreement, there is any Tract or Tracts that are subsequently committed hereto, as provided in Section 4 (Expansion) hereof, or any Tract or Tracts

within the Unit Area not committed hereto as of the Effective Date hereof but which are subsequently committed hereto under the provisions of Section 14 (Tracts Qualified for Participation) and Section 32 (Non-joinder and Subsequent Joinder); or, if any Tract is excluded from this Agreement as provided for in Section 21 (Loss of Title), the schedule of participation as shown in Exhibit "C" shall be revised by the Unit Operator; and the revised Exhibit "C", upon approval by the Land Commissioner and the A.O., shall govern the allocation of production on and after the effective date thereof until a revised schedule is approved as hereinabove provided.

SECTION 16. OUTSIDE SUBSTANCES. If gas obtained from formations not subject to this Agreement is introduced into the Unitized Formation for use in repressuring, stimulating of production, or increasing ultimate recovery which shall be in conformity with a Plan of Operation first approved by the Land Commissioner and the A.O., a like amount of gas with appropriate deduction for loss or depletion from any cause may be withdrawn from unit wells completed in the Unitized Formation, royalty free as to dry gas, but not royalty free as to the products extracted therefrom; provided, however, that such withdrawal shall be at such time as may be provided in the approved Plan of Operation or as otherwise may be consented to or prescribed by the Land Commissioner and the A.O. as conforming to good petroleum engineering practices and, further provided that such right of withdrawal shall terminate on the termination date of this Agreement.

SECTION 17. ROYALTY SETTLEMENT. The State of New Mexico and United States of America and all Royalty Owners who, under an existing contract, are entitled to take, in kind, a share of the substances produced from any Tract unitized hereunder, shall continue to be entitled to such right to take in kind their share of the Unitized Substances allocated to such Tract, and Unit Operator shall make deliveries of such Royalty share taken in kind in conformity with the applicable contracts, laws and regulations. Settlement for Royalty not taken in kind shall be made by Working Interest Owners responsible therefor under existing contracts, laws, and regulations on or before the last day of each month for Unitized Substances produced during the preceding calendar month (with the exception of first production pursuant to Federal and State laws and regulations) provided, however, that nothing contained herein shall operate to relieve the lessees of any land from their respective lease obligations for the payment of any Royalty due under the leases, except that such Royalty shall be computed on Unitized Substances as allocated to each Tract in accordance with the terms of this Agreement. With respect to Federal leases committed hereto, on which the royalty rate depends upon the daily average production per well, such average production shall be determined in accordance with the operating regulations pertaining to Federal leases as though the committed Tracts were included in a single consolidated lease.

If the amount of production or the proceeds thereof accruing to any Royalty Owner (except the United States of America) in a Tract depends upon the average production per well or the average pipeline runs per well from such Tract during any period of time, then such production shall be determined from and after the effective date hereof by dividing the quantity of Unitized Substances allocated hereunder to such Tract during such period of time by the number of wells located thereon which are capable of producing Unitized Substances as of the Effective Date hereof, provided that any Tract not having any well so capable of producing Unitized Substances on the Effective Date hereof shall be considered as having one such well for the purpose of this provision.

All Royalty due the State of New Mexico and the United States of America and the other Royalty Owners hereunder shall be computed and paid on the basis of all Unitized Substances allocated to the respective Tract or Tracts committed hereto, in lieu of actual production from such Tract or Tracts.

With the exception of Federal and State requirements to the contrary, Working Interest Owners may use, or consume, Unitized Substances for Unit Operations and no Royalty, overriding royalty, production, or other payments shall be payable on account of Unitized Substances used, lost, or consumed in Unit Operations, including those for injection or used gas.

Each Royalty Owner (other than the State of New Mexico and the United States of America) that executes this Agreement represents and warrants that it is the owner of a Royalty Interest in a Tract or Tracts within the Unit Area as its interest appears in Exhibit "B", attached hereto. If any Royalty Interest in a Tract or Tracts should be lost by title failure, or otherwise, in whole or in part, during the term of this Agreement, then the Royalty Interest of the party representing himself to be the owner thereof shall be reduced proportionately and the interest of all parties shall be adjusted accordingly.

SECTION 18. RENTAL SETTLEMENT. Rentals or minimum Royalties due on the leases committed hereto shall be paid by Working Interest Owners responsible therefor under existing contracts, laws, and regulations, provided that nothing contained herein shall operate to relieve the lessees of any land from their respective lease obligations for the payment of any rental or minimum Royalty in lieu thereof, due under their leases. Rental for lands of the State of New Mexico subject to this Agreement shall be paid at the rate specified in the respective leases from the State of New Mexico. Rental or minimum Royalty for lands of the United States of America subject to this Agreement shall be paid at the rate specified in the respective leases from the United States of America, unless such rental or minimum Royalty is waived, suspended, or reduced by law or by approval of the Secretary or his duly authorized representative.

SECTION 19. CONSERVATION. Operations hereunder and production of Unitized Substances shall be conducted to provide for the most economical and efficient recovery of said substances without waste, as defined by or pursuant to Federal and State laws and regulations.

SECTION 20. DRAINAGE. The Unit Operator shall take all reasonable and prudent measures to prevent drainage of Unitized Substances from unitized land by wells on land not subject to this Agreement.

The Unit Operator, upon a majority approval by the Working Interest Owners, the A.O., and the Land Commissioner, is hereby empowered to enter into a borderline agreement or agreements with working interest owners of adjoining lands not subject to this Agreement with respect to operation in the border area for the maximum economic recovery, conservation purposes and proper protection of the parties and interest affected.

SECTION 21. LOSS OF TITLE. In the event title to any Tract of unitized land shall fail and the true owner cannot be induced to join in this Agreement, such Tract shall be automatically regarded as not committed hereto, and there shall be such readjustment of future costs and benefits as may

be required on account of the loss of such title. In the event of a dispute as to title to any Royalty, Working Interest, or other interests subject thereto, payment or delivery on account thereof may be withheld without liability for interest until the dispute is finally settled; provided, that, as to State or Federal lands or leases, no payments of funds due the United States or the State of New Mexico shall be withheld, but such funds shall be deposited as directed by the A.O. or the Land Commissioner (as the case may be) to be held as unearned money pending final settlement of the title dispute, and then applied as earned or returned in accordance with such final settlement.

If the title or right of any party claiming the right to receive in kind all or any portion of the Unitized Substances allocated to a Tract is in dispute, Unit Operator at the direction of Working Interest Owners shall either:

(a) require that the party to whom such Unitized Substance are delivered or to whom the proceeds thereof are paid furnish security for the proper accounting therefor to the rightful owner if the title or right of such party fails in whole or in part; or,

(b) withhold and market the portion of Unitized Substances with respect to which title or right is in dispute, and impound the proceeds thereof until such time as the title or right thereto is established by a final judgement of a court of competent jurisdiction or otherwise to the satisfaction of Working Interest Owners, whereupon the proceeds so impounded shall be paid to the party rightfully entitled thereto.

Each Working Interest Owner shall indemnify, hold harmless, and defend all other Working Interest Owners against any and all claims by any party against the interest attributed to such Working Interest Owner on Exhibit "B".

Unit Operator as such is relieved from any responsibility for any defect or failure of any title hereunder.

SECTION 22. LEASES AND CONTRACTS CONFORMED AND EXTENDED. The terms, conditions, and provisions of all leases, subleases, and other contracts relating to exploration, drilling, development, or operation for oil or gas on lands committed to this Agreement are hereby expressly modified and amended to the extent necessary to make the same conform to the provisions hereof, but otherwise to remain in full force and effect, and the parties hereto hereby consent that the Secretary and the Land Commissioner, respectively, shall and by their approval hereof, or by the approval hereof by their duly authorized representatives, do hereby establish, alter, change or revoke the drilling, producing, rental, minimum Royalty, and Royalty requirements of Federal and State leases committed hereto and the regulations in respect thereto to conform said requirements to the provisions of this Agreement.

Without limiting the generality of the foregoing, all leases, subleases, and contracts are particularly modified in accordance with the following:

(a) The development and operation of lands subject to this Agreement under the terms hereof shall be deemed full performance of all obligations for development and operation with respect to each Tract subject to this Agreement, regardless of whether there is any

development of any Tract of the Unit Area, notwithstanding anything to the contrary in any lease, operating agreement, or other contract by and between the parties hereto, or their respective predecessors in interest, or any of them.

(b) Drilling, producing, or improved recovery operations performed hereunder shall be deemed to be performed upon and for the benefit of each Tract, and no lease shall be deemed to expire by reason of failure to drill or produce wells situated on the land therein embraced.

(c) Suspension of drilling or producing operations within the Unit Area pursuant to direction or consent of the Land Commissioner and the A.O., or their duly authorized representatives, shall be deemed to constitute such suspension pursuant to such direction or consent as to each Tract within the Unitized Area.

(d) Each lease, sublease, or contract relating to the exploration, drilling, development, or operation for oil and gas which by its terms might expire prior to the termination of this Agreement, is hereby extended beyond any such term so provided therein, so that it shall be continued in full force and effect for and during the term of this Agreement.

(e) Any lease embracing lands of the State of New Mexico which is made subject to this Agreement shall continue in force beyond the term provided therein as to the lands committed hereto until the termination hereof.

(f) Any lease embracing lands of the State of New Mexico having only a portion of its land committed hereto shall be segregated as to that portion committed and that not committed, and the terms of such lease shall apply separately to such segregated portions commencing as of the Effective Date hereof; provided, however, that notwithstanding any of the provisions of this Agreement to the contrary, such lease (including both segregated portions) shall continue in full force and effect beyond the term provided therein as to all lands embraced in such lease if oil or gas is, or has heretofore been discovered in paying quantities on some part of the lands embraced in such lease committed to this Agreement or, so long as a portion of the Unitized Substances produced from the Unit Area is, under the terms of this Agreement, allocated to the portion of the lands covered by such lease committed to this Agreement, or, at any time during the term hereof, as to any lease that is then valid and subsisting and upon which the lessee or the Unit Operator is then engaged in bona fide drilling, reworking, or improved recovery operations on any part of the lands embraced in such lease, then the same as to all lands embraced therein shall remain in full force and effect so long as such operations are diligently prosecuted, and if they result in the production of oil or gas, said lease shall continue in full force and effect as to all of the lands embraced therein, so long thereafter as oil or gas in paying quantities is being produced from any portion of said lands.

(g) The segregation of any Federal lease committed to this Agreement is governed by the following provision in the fourth paragraph of Section 17 (j) of the Mineral Leasing Act, as amended by the Act of September 2, 1960 (74 Stat. 781-784): "Any (Federal) lease heretofore or hereafter committed to any such (unit) plan embracing lands that are in part

within and in part outside of the area covered by any such plan shall be segregated into separate leases as to the lands committed and the lands not committed as of the effective date of unitization; provided, however, that any such lease as to the non-unitized portion shall continue in force and effect for the term thereof but for not less than two years from the date of such segregation and so long thereafter as oil or gas is produced in paying quantities."

SECTION 23. COVENANTS RUN WITH LAND. The covenants herein shall be construed to be covenants running with the land with respect to the interest of the parties hereto and their successors in interest until this Agreement terminates, and any grant, transfer, or conveyance of interest in land or leases subject hereto shall be and hereby is conditioned upon the assumption of all privileges and obligations hereunder by the grantee, transferee, or other successor in interest. No assignment or transfer of any Working Interest subject hereto shall be binding upon Unit Operator until the first day of the calendar month after Unit Operator is furnished with the original, or acceptable photo static, or certified copy of the recorded instrument or transfer; and no assignment or transfer of any Royalty Interest subject hereto shall be binding upon the Working Interest Owner responsible therefor until the first day of the calendar month after said Working Interest Owner is furnished with the original, or acceptable photo static, or certified copy of the recorded instrument or transfer.

SECTION 24. EFFECTIVE DATE AND TERM. This Agreement shall become binding upon each party who executes or ratifies it as of the date of execution or ratification by such party and shall become effective on the first day of the calendar month next following the approval of this Agreement by the A.O., the Land Commissioner and the Commission.

If this Agreement does not become effective on or before December 31, 2024, it shall ipso facto expire on said date (hereinafter call "Expiration Date") and thereafter be of no further force or effect, unless prior thereto, this Agreement has been executed or ratified by Working Interest Owners owning a combined Participation of at least seventy-five percent (75%); and at least seventy-five percent (75%) of such Working Interest Owners committed to this Agreement have decided to extend Expiration Date for a period not to exceed one (1) year (hereinafter called "Extended Expiration Date"). If Expiration Date is so extended and this Agreement does not become effective on or before the Extended Expiration Date, it shall ipso facto expire on Extended Expiration Date and thereafter be of no further force and effect.

Unit Operator shall within thirty (30) days after the Effective Date of this Agreement, file for record in the office of the County Clerk of Lea County, New Mexico, a certificate to the effect that this Agreement has become effective in accordance with its terms, therein identifying the Division's order approving statutory unitization and stating the Effective Date.

The terms of this Agreement shall be for and during the time that Unitized Substances are produced from the Unitized Formation(s) and for so long thereafter as drilling, reworking, or other operations (including improved recovery operations) are prosecuted thereon without cessation on the Unitized Area of more than sixty (60) consecutive days unless sooner terminated as herein provided.

This Agreement may be terminated with the approval of the Land Commissioner and the A.O. by Working Interest Owners owning eighty percent (80%) of the Unit Participation, then in effect, whenever such Working Interest Owners determine that Unit Operations are no longer profitable, or in the interest of conservation. Upon approval, such termination shall be effective as of the first day of the month after said Working Interest Owners' determination. Notice of any such termination shall be filed by Unit Operator in the office of the County Clerk of Lea County, New Mexico, within thirty (30) days of the effective date of termination.

Upon termination of this Agreement, the parties hereto shall be governed by the terms and provisions of the leases and contracts affecting the separate Tracts just as if this Agreement had never been entered into.

Notwithstanding any other provisions in the leases unitized under this Agreement, Royalty Owners hereby grant Working Interest Owners a period of six (6) months after termination of this Agreement in which to salvage, sell, distribute, or otherwise dispose of the personal property and facilities used in connection with Unit Operations.

SECTION 25. RATE OF PROSPECTING, DEVELOPMENT & PRODUCTION. All production and the disposal thereof shall be in conformity with allocations and quotas made or fixed by any duly authorized person or regulatory body under any Federal or State Statute. The A.O. is hereby vested with authority to alter or modify from time to time, in his discretion, the rate of prospecting and development and within the limits made or fixed by the Division to alter or modify the quantity and rate of production under this Agreement, such authority being hereby limited to alteration or modification in the public interest, the purpose thereof, and the public interest to be served thereby to be stated in the order of alteration or modification; provided, further, that no such alteration or modification shall be effective as to any land of the State of New Mexico as to the rate of prospecting and development in the absence of the specific written approval thereof by the Land Commissioner and as to any lands in the State of New Mexico or privately-owned lands subject to this Agreement or to the quantity and rate of production from such lands in the absence of specific written approval thereof by the Division.

Powers in this Section vested in the A.O. shall only be exercised after notice to Unit Operator and opportunity for hearing to be held not less than fifteen (15) days from notice, and thereafter subject to administrative appeal before becoming final.

SECTION 26. NON-DISCRIMINATION. Unit Operator, in connection with the performance of work under this Agreement relating to leases of the United States, agrees to comply with all of the provisions of Section 202 (1) to (7), inclusive of Executive Order 11246, (30 F.R. 12319), which are hereby incorporated by reference in this Agreement.

SECTION 27. APPEARANCES. Unit Operator shall have the right to appear for or on behalf of any interests affected hereby before the Land Commissioner, the Department, and the Division, and to appeal from any order issued under the rules and regulations of the Land Commissioner, the Department or the Division, or to apply for relief from any of said rules and regulations or in any proceedings relative to operations before the Land Commissioner, the Department or the Division, or any other legally constituted authority; provided, however, that any other interested

party shall also have the right at his or its own expense to be heard in any such proceeding.

SECTION 28. NOTICES. All notices, demands, objections, and/or statements required hereunder to be given or rendered to the parties hereto shall be deemed fully given if made in writing and personally delivered to the party or parties or sent by postpaid certified or registered mail, addressed to such party or parties at their last known address set forth in the Official Public Records of Lea County, New Mexico, or in connection with the signatures hereto or to the ratification or consent hereof or to such other address as any such party or parties may have furnished in writing to the party sending the notice, demand or statement.

SECTION 29. NO WAIVER OF CERTAIN RIGHT. Nothing contained in this Agreement shall be construed as a waiver, by any party hereto, of the right to assert any legal or constitutional right or defense as to the validity or invalidity of any law of the State wherein said Unitized Lands are located, or regulations issued thereunder in any way affecting such party, or as a waiver by any such party of any right beyond his or its authority to waive; provided, however, each party hereto covenants that it will not resort to any action to partition the unitized land or the Unit Equipment.

SECTION 30. EQUIPMENT AND FACILITIES NOT FIXTURES ATTACHED TO REALTY Each Working Interest Owner has heretofore placed and used on its Tract or Tracts committed to this Agreement various well and lease equipment, and other property, equipment, and facilities. It is also recognized that additional equipment and facilities may hereafter be placed and used upon the Unitized Land as now or hereafter constituted. Therefore, for all purposes of this Agreement, any such equipment shall be considered to be personal property and not fixtures attached to realty. Accordingly, said well and lease equipment, and personal property, is hereby severed from the mineral estates affected by this Agreement, and it is agreed that any such equipment and personal property shall be and remain personal property of the Working Interest Owners for all purposes.

SECTION 31. UNAVOIDABLE DELAY All obligations under this Agreement requiring the Unit Operator to commence or continue improved recovery operations or to operate on or produce Unitized Substances from any of the lands covered by this Agreement shall be suspended while, but only so long as, the Unit Operator, despite the exercise of due care and diligence, is prevented from complying with such obligations, in whole or in part, by strikes, acts of God, Federal, State or municipal law or agency, unavoidable accident, uncontrollable delays in transportation, inability to obtain necessary materials or equipment in open market, or other matters beyond the reasonable control of the Unit Operator whether similar to matters herein enumerated or not.

SECTION 32. NON-JOINDER AND SUBSEQUENT JOINDER. Joinder by any Royalty Owner, at any time, must be accompanied by appropriate joinder of the corresponding Working Interest Owner in order for the interest of such Royalty Owner to be regarded as effectively committed, including compulsory joinder of a Royalty Owner as allowed by the instrument creating the Working Interest Owner's interest. Joinder to this Agreement by a Working Interest Owner, at any time, must be accompanied by appropriate joinder to the Unit Operating Agreement in order for such interest to be regarded as effectively committed to this Agreement.

Any oil or gas interest in the Unitized Formations not committed hereto prior to submission of this Agreement to the Land Commissioner and the A.O. for final approval may thereafter be

committed hereto upon compliance with the applicable provisions of this Section and of Section 14 (Tracts Qualified for Participation) hereof, at any time up to the Effective Date hereof on the same basis of Tract Participation as provided in Section 13, by the owner or owners thereof subscribing, ratifying, or consenting in writing to this Agreement and, if the interest is a Working Interest, by the owner of such interest subscribing also to the Unit Operating Agreement.

It is understood and agreed, however, that from and after the Effective Date hereof, the right of subsequent joinder as provided in this Section shall be subject to such requirements or approvals and on such basis as may be agreed upon by Working Interest Owners owning not less than sixty-five percent (65%) of the Unit Participation then in effect, and approved by the Land Commissioner and the A.O. Such subsequent joinder by a proposed Working Interest Owner must be evidenced by his execution or ratification of this Agreement and the Unit Operating Agreement and, where State or Federal land is involved, such joinder must be approved by the Land Commissioner or the A.O. Such joinder by a proposed Royalty Owner must be evidenced by his execution, ratification or consent of this Agreement and must be consented to in writing by the Working Interest Owner responsible for the payment of any benefits that may accrue hereunder on behalf of such proposed Royalty Owner. Except as may be otherwise herein provided, subsequent joinder to this Agreement shall be effective as of the first day of the month following the filing with the Land Commissioner and A.O. of duly executed counterparts of any and all documents necessary to establish effective commitment of any Tract or interest to this Agreement, unless objection to such joinder by the Land Commissioner or the A.O., is duly made sixty (60) days after such filing.

SECTION 33. COUNTERPARTS. This Agreement may be executed in any number of counterparts, no one of which needs to be executed by all parties and may be ratified or consented to by separate instrument in writing, specifically referring hereto, and shall be binding upon all those parties who have executed such a counterpart, ratification, or consent hereto with the same force and effect as if all parties had signed the same document, and regardless of whether or not it is executed by all other parties owning or claiming an interest in the land within the described Unit Area. Furthermore, this Agreement shall extend to and be binding on the parties hereto, their successors, heirs, and assigns.

SECTION 34. JOINDER IN DUAL CAPACITY. Execution as herein provided by any party as either a Working Interest Owner or a Royalty Owner shall commit all interests owned or controlled by such party; provided, that if the party is the owner of a Working Interest, he must also execute the Unit Operating Agreement.

SECTION 35. TAXES. Each party hereto shall, for its own account, render and pay its share of any taxes levied against or measured by the amount or value of the Unitized Substances produced from the unitized land; provided, however, that if it is required, or if it be determined that the Unit Operator or the several Working Interest Owners must pay or advance said taxes for the account of the parties hereto, it is hereby expressly agreed that the parties so paying or advancing said taxes shall be reimbursed therefor by the parties hereto, including Royalty Owners, who may be responsible for the taxes on their respective allocated share of said Unitized Substances. No taxes shall be charged to the United States or to the State of New Mexico, nor to any lessor who has a contract with a lessee which requires his lessee to pay such taxes.

SECTION 36. NO PARTNERSHIP. The duties, obligations, and liabilities of the parties hereto are intended to be several and not joint or collective. This Agreement is not intended to create, and shall not be construed to create, an association or trust, or to impose a partnership duty, obligation, or liability with regard to any one or more of the parties hereto. Each party hereto shall be individually responsible for its own obligation as herein provided.

SECTION 37. PRODUCTION AS OF THE EFFECTIVE DATE. Unit Operator shall make a proper and timely gauge of all leases and other tanks within the Unit Area in order to ascertain the amount of merchantable oil above the pipeline connection, in such tanks as of 7:00 a.m., Central Standard Time, on the Effective Date hereof. All such oil which has been produced in accordance with established allowables shall be and remain the property of the Working Interest Owner entitled thereto, the same as if the unit had not been formed; and the responsible Working Interest Owner shall promptly remove said oil from the unitized land. Any such oil not so removed shall be sold by Unit Operator for the account of such Working Interest Owners, subject to the payment of all Royalty to Royalty Owners under the terms hereof. The oil that is in excess of the prior allowable of the wells from which it was produced shall be regarded as Unitized Substances produced after Effective Date hereof.

If, as of the Effective Date hereof, any Tract is overproduced with respect to the allowable of the wells on that Tract and the amount of over-production has been sold or otherwise disposed of, such over-production shall be regarded as a part of the Unitized Substances produced after the Effective Date hereof and shall be charged to such Tract as having been delivered to the parties entitled to Unitized Substances allocated to such Tract.

SECTION 38. NO SHARING OF MARKET. This Agreement is not intended to provide and shall not be construed to provide, directly or indirectly, for any cooperative refining, joint sale, or marketing of Unitized Substances.

[Signature pages follow.]

Executed as of the day and year first above written.

FAE II Operating, LLC

By: _____

Name: Huxley K. Song

Title: Chief Executive Officer

STATE OF TEXAS §

COUNTY OF HARRIS § §

The foregoing instrument was acknowledged before me this _____ day of _____ 2023, by Huxley K. Song, the Chief Executive Officer of FAE II Operating, LLC, a Delaware limited liability company, on behalf of said limited liability company.

Notary Public

My commission expires: _____
(Notarial Seal)

UNIT OPERATING AGREEMENT

NORTH JAL UNIT
Lea County, New Mexico

EFFECTIVE DATE

[] 1, 2023

Ex.A-6-84

**UNIT OPERATING AGREEMENT
NORTH JAL UNIT
Lea County, New Mexico**

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**UNIT OPERATING AGREEMENT
North Jal Unit, Lea County, New Mexico**

This Agreement, entered into as of the 1st day of _____, 2023, by the parties who have signed the original of this instrument, a counterpart thereof, or other instrument agreeing to be bound by the provisions hereof;

WITNESSETH:

WHEREAS, by order of the New Mexico Oil Conservation Commission, as entered in Case No. _____ dated _____, 2023, the parties hereto designated as Working Interest Owners are subject to, or have executed, as of the date hereof, an agreement entitled "Unit Agreement for the Development and Operation of the North Jal Unit, Lea County, New Mexico" herein referred to as "Unit Agreement", which, among other things, provides for a separate agreement to be entered into by Working Interest Owners to provide for the development and operation of the Unit Area as therein defined;

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein set forth, it is agreed as follows:

**Article 1
CONFIRMATION OF UNIT AGREEMENT**

1.1 Confirmation of Unit Agreement. The Unit Agreement is hereby confirmed and, by reference, made a part of this agreement. The definitions in the Unit Agreement are adopted for all purposes of this agreement. If there is any conflict between the Unit Agreement and this agreement, the Unit Agreement shall govern.

**Article 2
EXHIBITS**

2.1 Exhibits. The following exhibits are incorporated herein by reference:

2.1.1 Exhibits A and B of the Unit Agreement.

2.1.2 Exhibit C of the Unit Agreement. Exhibit C, attached hereto, is a schedule showing the total Unit Participation of each Working Interest Owner. Exhibit C, or a revision thereof, shall not be conclusive as to the information therein, except it may be used as showing the Unit Participations of the Working Interest Owners for purposes of this agreement until shown to be in error or is revised as herein authorized. The Unit Participation shall determine the percentage of voting interest and expenditures attributable to each Working Interest Owner.

2.1.3 Exhibit D. Exhibit D, attached hereto, is the Accounting Procedure applicable to Unit Operations. If there is any conflict between this agreement and Exhibit D, this agreement shall govern.

2.1.4 Exhibit E. Exhibit E, attached hereto, contains insurance provisions applicable to Unit Operations.

2.2 Revision of Exhibits. Whenever Exhibits A and B are revised, Exhibit C shall be revised accordingly and be effective as of the same date. Unit Operator shall also revise Exhibit C from time to time as required to conform to changes in ownership of which Unit Operator has been notified as provided in the Unit Agreement. A courtesy copy of the revised Exhibits shall be available only upon request, rather than with each subsequent revision.

Article 3 SUPERVISION OF OPERATIONS BY UNIT OPERATOR

3.1 Designation and Responsibilities of Unit Operator. FAE II Operating, LLC, shall be the Unit Operator of the Contract Area and shall conduct and direct, and have full control of all operations on the Contract Area as permitted and required by, and within the limits of this agreement. In its performance of services hereunder for the Non-Operators, Unit Operator shall be an independent contractor not subject to the control or direction of the Working Interest Owners except as to the type of operation to be undertaken in accordance with the election procedures contained in this agreement. Unit Operator shall not be deemed, or hold itself out as, the agent of the Working Interest Owners with authority to bind them to any obligation or liability assumed or incurred by Unit Operator as to any third party, except that Working Interest Owners hereby designate and appoint Unit Operator as their agent and attorney-in-fact for the sole purpose of executing, filing for approval by a governmental agency as required under applicable law or regulation. Unit Operator shall conduct its operations under this agreement as a reasonably prudent operator, in a good and workmanlike manner, with due diligence and dispatch, in accordance with good oilfield practice, and in compliance with applicable law and regulation, but in no event shall it have any liability as Unit Operator to the other parties for losses sustained or liabilities incurred except such as may result from gross negligence or willful misconduct.

3.2 Specific Authorities and Duties. The matters with respect to which the Working Interest Owners shall decide and take action shall include, but not be limited to, the following:

3.2.1 Method of Operation. The method of operation, including any type of pressure maintenance, secondary recovery, or other recovery program to be employed.

3.2.2 Drilling of Wells. The drilling of any well whether for production of Unitized Substances, for use as an injection well, or for other purposes.

3.2.3 Well Recompletions and Change of Status. The recompletion, abandonment, or change of status of any well, or the use of any well for injection or other purposes.

3.2.4 Expenditures. The making of any single expenditure in excess of Six Hundred Thousand and No/100 Dollars (\$600,000.00) not included in the Plan of Development shall require an additional AFE and vote of approval based on Section 4.3.2; provided that, approval by Working Interest Owners of the drilling, reworking, deepening, or plugging back of any well shall include approval of all necessary expenditures required therefor, and for completing, testing, and equipping the same, including necessary flow lines, separators, and lease tankage, or injection equipment.

3.2.5 Disposition of Unit Equipment. The selling or otherwise disposing of any major item of surplus Unit Equipment, if the current list price of new equipment similar thereto is Six Hundred Thousand and No/100 Dollars (\$600,000.00), or more.

3.2.6 Appearance Before a Court or Regulatory Agency. The designating of a Unit Operator to appear before any court or regulatory agency in matters pertaining to Unit Operations; provided that, such designation shall not prevent any Working Interest Owner from appearing in person or from designating another representative on its own behalf.

3.2.7 Audits. The auditing of the accounts of Unit Operator pertaining to Unit Operations hereunder; provided that, the audits shall:

(a) Not be conducted more than once each year except upon the resignation or removal of Unit Operator;

(b) Be made at the expense of all Working Interest Owners other than the Working Interest Owner designated as Unit Operator; and,

(c) Be made upon not less than thirty (30) days' written notice to Unit Operator.

3.2.8 Inventories. The taking of periodic inventories under the terms of Exhibit D.

3.2.9 Technical Services. The authorizing of charges to the joint account for services by consultants or Unit Operator's technical personnel not covered by the overhead charges provided by Exhibit D.

3.2.10 Assignments to Committees. The appointment of committees to study any problems in connection with Unit Operations.

3.2.11 The removal of Unit Operator and the selection of a successor.

3.2.12 The enlargement of the Unit Area.

3.2.13 The adjustment and readjustment of investments.

3.2.14 The termination of the Unit Agreement.

Article 4 MANNER OF EXERCISING SUPERVISION

4.1 Designation of Representatives. Each Working Interest Owner shall in writing inform Unit Operator of the names and addresses of the representative and alternate who are authorized to represent and bind such Working Interest Owner with respect to Unit Operations. The representative or alternate may be changed from time to time by written notice to Unit Operator.

4.2 Meetings. All meetings of Working Interest Owners shall be called by Unit Operator upon its own motion or at the request of one or more Working Interest Owners having a total Unit Participation of not less than ten percent (10%). No meeting shall be called on less than fourteen (14) days' advance written notice, with agenda for the meeting attached. Unit Operator shall determine and notify Working Interest Owners of the time and place for the meeting.

Working Interest Owners who attend the meeting shall not be prevented from amending items or other items presented in the agenda or from deciding the amended item or other items presented at the meeting. Working Interest Owners may attend any meeting by telephone, or other live-voice electronic means. The representative of Unit Operator shall be chairman of each meeting.

4.3 Voting Procedure. Working Interest Owners shall decide all matters coming before them as follows:

4.3.1 Voting Interest. Each Working Interest Owner shall have a voting interest equal to its Unit Participation.

4.3.2 Vote Required. Generally, unless otherwise provided herein or in the Unit Agreement, all matters shall be decided by an affirmative vote of seventy-five percent (75%) or more voting interest;

4.3.3 Vote at Meeting by Non-Attending Working Interest Owner. Any Working Interest Owner who is not represented at a meeting may vote by letter addressed to the representative of the Unit Operator if its vote is received prior to the vote on the item.

4.3.4 Poll Votes. Working Interest Owners may vote on and decide, by letter or any matter submitted in writing to Working Interest Owners, if no meeting is requested, as provided in Section 4.2, within seven (7) days after the proposal is sent to Working Interest Owners. Unit Operator will give prompt notice of the results of the voting to all Working Interest Owners.

4.3.5 Failure to Vote; Non-Responses. In the event that a Working Interest Owners fails to timely cast a vote hereunder, the Unit Operator shall serve as their proxy and vote in their place.

Article 5

INDIVIDUAL RIGHTS OF WORKING INTEREST OWNERS

5.1 Reservation of Rights. Working Interest Owners severally reserve to themselves all their rights, except as otherwise provided in this agreement and the Unit Agreement.

5.2 Specific Rights. Each Working Interest Owner shall have, among others, the following specific rights:

5.2.1 Access to Unit Area. Access to the Unit Area at all reasonable times to inspect Unit Operations, all wells, and the records and data pertaining thereto.

5.2.2 Reports. The right to receive from Unit Operator, upon written request, copies of all reports to any governmental agency, reports of crude oil runs and stocks, inventory reports, and all other information pertaining to Unit Operations. The cost of gathering, and furnishing information not

ordinarily furnished by Unit Operator to all Working Interest Owners shall be charged to the Working Interest Owner who requests the information.

5.2.3 Exception for Non-Participating Working Interest Owners. The aforementioned notwithstanding, any Working Interest Owner deemed a Non-Participating Working Interest Owner hereunder shall not be entitled to inspection, records, or any of the information pertaining to Unit Operations to which they are deemed non-participating.

**Article 6
UNIT OPERATOR**

6.1 Initial Unit Operator. FAE II Operating, LLC is hereby designated as Unit Operator.

6.2 Resignation or Removal. Operator may resign at any time by giving written notice thereof to Non-Operators. If Operator terminates its legal existence, except as described in Section 6.3, or no longer owns an interest in the Unit Area, Operator shall be deemed to resign without any action by Non-Operators except the selection of a successor. Operator may be removed only for good cause by the affirmative vote of two or more Non-Operators owning eighty percent (80%) interest based on Unit Participation as shown on Exhibit "C". Such vote shall not be deemed effective until a written notice has been delivered to the Operator by Non-Operator detailing the alleged default and Operator has failed to cure the default within thirty (30) days from its receipt of the notice or, if the default concerns an operation then being conducted, within forty-eight (48) hours of its receipt of the notice. For the purposes hereof, "good cause" shall mean not only gross negligence or willful misconduct but also material failure or inability to perform its obligations under this Agreement.

6.3 Selection of Successor. Upon the resignation or removal of a Unit Operator, a successor Unit Operator shall be selected by Working Interest Owners.

**Article 7
AUTHORITIES AND DUTIES OF UNIT OPERATOR**

7.1 Exclusive Right to Operate Unit. Subject to the provisions of this agreement, Unit Operator shall have the exclusive right to conduct, direct, and have full control of all operations, and be obligated to conduct Unit Operations.

7.2 Workmanlike Conduct. Unit Operator shall conduct Unit Operations in a good and workmanlike manner as would a prudent operator under the same or similar circumstances. Unit Operator shall freely consult with Working Interest Owners and keep them informed of all matters which Unit Operator, in the exercise of its best judgment, considers important. Unit Operator shall not be liable to Working Interest Owners for damages, unless such damages result from Unit Operator's gross negligence or willful misconduct.

7.3 Liens and Encumbrances. Unit Operator shall endeavor to keep the lands and leases in the Unit Area free from all liens and encumbrances occasioned by Unit Operations, except the lien of Unit Operator granted hereunder.

7.4 Employees. The number of employees used by Unit Operator in conducting Unit Operations, their selection, hours of labor, and compensation shall be determined by Unit Operator. Such employees shall be the employees of Unit Operator.

7.5 Records. Unit Operator shall keep correct books, accounts, and records of Unit Operations.

7.6 Reports to Working Interest Owners. Unit Operator shall submit a Plan of Development annually to the Working Interest Owners, the Bureau of Land Management, and the New Mexico State Land Office conforming with BLM regulations regarding the same.

7.7 Reports to Governmental Authorities. Unit Operator shall make all reports to governmental authorities that it has the duty to make as Unit Operator.

Nothing herein contained shall grant or be construed to grant Operator the right or authority to waive or release any rights, privileges or obligations which Non-Operators may have under federal or state laws or under rules, or regulations or orders promulgated under such laws in reference to oil and gas operations, including the location, operation, or production of wells, on tracts offsetting or adjacent to the Unit Area.

With respect to operations hereunder, Non-Operators agree to release Operator from any and all losses, damages, injuries, claims and causes of action arising out of, incident to or resulting directly or indirectly from Operator's interpretations or application of rules, regulations, or orders of any federal, state or local governmental or regulatory agency with competent jurisdiction over the Unit or predecessor or successor agencies to the extent such interpretation or application was made in good faith and does not constitute gross negligence. Each Non-Operator further agrees to reimburse Operator for such Non-Operator share of production or any refund, fine, levy or other governmental sanction that Operator may be required to pay as a result of such an incorrect interpretation or application, together with interest and penalties thereon owing by Operator as a result of such incorrect interpretation or application.

7.8 Engineering and Geological Information. Unit Operator shall furnish to a Working Interest Owner, upon written request, a copy of the log and other engineering and geological data pertaining to wells drilled for Unit Operations, except that any Non-Participating Working Interest Owners shall not be entitled to said data regarding the Unit Operations to which they are deemed non-participating.

7.9 Expenditures. Unit Operator is authorized to make single expenditures not in excess of Six Hundred Thousand and No/100 Dollars (\$600,000.00) without prior approval of Working Interest Owners. If an emergency occurs, Unit Operator may immediately make or incur such expenditures as in its opinion are required to deal with the emergency. Unit Operator shall report to Working Interest Owners, as promptly as possible, the nature of the emergency and the action taken.

7.10 Wells Drilled by Unit Operator. All new drill wells or existing wells deepened by Unit Operator shall be at the usual rates prevailing in the area. Unit Operator may employ its own tools and equipment, but the charge therefor shall not exceed the prevailing rate in the area, and the work shall be performed by Unit Operator under the same terms and conditions as are usual in the area in contracts of independent contractors doing work of a similar nature.

7.11 Taking in Kind. If, pursuant to the Unit Agreement, Operator is purchasing or selling more than its share of Unitized Substances pursuant to the Unit Agreement, any such sale by Operator shall be in a manner commercially reasonable under the circumstances but Operator shall have no duty to share any existing market or to obtain a price equal to that received under any existing market. The sale or delivery by Operator of a non-taking party's share of oil under the terms of any existing contract of Operator shall not give the non-taking party any interest in or make the non-taking party a party to said contract. No purchase shall be made by Operator without first giving the non-taking party at least ten (10) days written notice of such intended purchase and the price to be paid or the pricing basis to be used.

Article 8 TAXES

8.1 Ad Valorem Taxes. Unit Operator shall make and file all necessary ad valorem tax renditions and returns with the proper taxing authorities covering all real and personal property of each Working Interest Owner used or held by Unit Operator in Unit Operations. Unit Operator shall settle assessments arising therefrom. All such ad valorem taxes shall be paid by Unit Operator and charged to the joint account; provided that, if the interest of a Working Interest Owner is subject to a separately assessed overriding royalty interest, production payment, or other interest in excess of a one eighth (1/8) royalty, such Working Interest Owner shall be given credit for the reduction in taxes paid resulting therefrom.

8.2 Other Taxes. Each Working Interest Owner shall pay or cause to be paid all production, severance, gathering, and other taxes imposed upon or in respect of the production or handling of its share of Unitized Substances.

Article 9 INSURANCE

9.1 Insurance. Unit Operator, with respect to Unit Operations, shall do the following:

9.1.1 Comply with the Workmen's Compensation Law of the State of New Mexico.

9.1.2 Carry Employer's Liability and other insurance required by the laws of the State of New Mexico.

9.1.3 Carry other insurance as set forth in Exhibit E.

Article 10 ADJUSTMENT OF INVESTMENTS

10.1 Personal Property Taken Over. Upon the Effective Date hereof, Working Interest Owners shall deliver to Unit Operator the following:

10.1.1 Wells and Casing. All wells completed in the Unitized Formation, together with the casing therein.

10.1.2 Well and Lease Equipment. The tubing in each such well, the wellhead connections thereon, and all other lease and operating equipment that is used in this operation of such wells which Working Interest Owners determine necessary or desirable for conducting Unit Operations.

10.1.3 Records. A copy of all production and well records that pertain to such wells.

10.2 Inventory and Evaluation of Personal Property. Working Interest Owners shall at Unit Expense inventory and evaluate in accordance with the provisions of Exhibit D the personal property taken over.

10.3 Investment Adjustment. Upon approval by Working Interest Owners of the inventory and evaluation, each Working Interest Owner shall be credited with the value of its interest in all personal property taken over under Section 10.1.2, and shall be charged with an amount equal to that obtained by multiplying the total value of all personal property taken over under Section 10.1.2 by such Working Interest Owner's Unit Participation. If the charge against any Working Interest Owner is greater than the amount credited to such Working Interest Owner, the resulting net charge shall be an item of Unit Expense chargeable against such Working Interest Owner. If the credit to any Working Interest Owner is greater than the amount charged against such Working Interest Owner, the resulting net credit shall be paid to such Working Interest Owner by Unit Operator out of funds received by it in settlement of the net charges described above.

10.4 General Facilities. The acquisition of warehouses, warehouse stock, lease houses, camps, facility systems, and office buildings necessary for Unit Operations shall be by negotiation by the owners thereof and Unit Operator, subject to the approval of Working Interest Owners.

10.5 Ownership of Personal Property and Facilities. Each Working Interest Owner, individually, shall by virtue hereof own an undivided interest, equal to its Unit Participation, in all personal property and facilities taken over or otherwise acquired by Unit Operator pursuant to this agreement.

Article 11 UNIT EXPENSE

11.1 Basis of Charge to Working Interest Owners. Unit Operator initially shall pay all Unit Expenses for Unit Operations that do not otherwise require Working Interest Owner approval pursuant to Article 3 and all approved Unit Operations (hereinafter "Ordinary Unit Expenses"). Each Working Interest Owner shall reimburse Unit Operator for its share of Ordinary Unit Expenses. Each Working Interest Owner's share of Ordinary Unit Expenses shall be allocated in proportion to its Unit Participation at the time such Ordinary Unit Expense is incurred. All charges, credits, and accounting for Ordinary Unit Expenses shall be in accordance with Exhibit D.

11.2 Pre-Unit Expenses. Within sixty (60) days from the Effective Date of this Agreement, Unit Operator shall bill all Working Interest Owners their proportionate share of all expenses benefiting the Working Interest Owners incurred prior to the Effective Date. These expenses include, but are not limited to, title work, attorneys fees and filing fees associated with unitization. Additionally, Pre-Unit Expenses will include capital workovers and lease operating expenses associated with unitized wells, from [REDACTED] to the Effective Date. Any Pre-Unit Expenses billed to Working Interest Owners will be

before payout and will be the delta of expenses incurred by Unit Operator prior to the Effective Date and revenues received from wells within the Unitized Formation, if any.

11.3 Budgets. Before, or as soon as practical after the Effective Date hereof, Unit Operator shall prepare a budget of estimated Unit Expense for the remainder of the calendar year, and, on or before the first day of each November thereafter, shall prepare such a budget for anticipated Ordinary Unit Expenses anticipated for the ensuing calendar year. Annual budgets, based upon the Plan of Development, shall be estimates only, and shall be adjusted or corrected by Working Interest Owners and Unit Operator whenever an adjustment or correction is proper. A copy of each budget and adjusted budget shall promptly be furnished to each Working Interest Owner.

11.4 Advance Billings. Unit Operator shall have the right, without prejudice to its other rights or remedies, to require Working Interest Owners to advance their respective shares of estimated Ordinary Unit Expenses by submitting to each Working Interest Owner, on or before the fifteenth (15th) day of any month, an itemized estimate thereof for the succeeding month, together with an invoice for such Working Interest Owner's share thereof. Within thirty (30) days thereafter, each Working Interest Owner shall pay to Unit Operator its respective share of such estimate. Adjustments between estimated and actual Ordinary Unit Expenses shall be made by Unit Operator at the close of each calendar month, and the accounts of Working Interest Owners shall be adjusted accordingly. If a Working Interest Owner fails to advance its respective share of estimated Ordinary Unit Expenses as provided in this Section 11.3, such Working Interest Owner's share of any such advanced billings shall be treated as an item of Unpaid Ordinary Unit Expenses pursuant to Section 11.4.

11.5 Unpaid Ordinary Unit Expenses. If any Working Interest Owner fails or is unable to pay (i) its share of Ordinary Unit Expenses within sixty (60) days after rendition of a statement therefore by Unit Operator, or (ii) its share of advanced billings in accordance with Section 11.3, the unpaid balance shall be paid to Unit Operator by the non-defaulting Working Interest Owners (or by Unit Operator as applicable under Section 11.3) as if it were Ordinary Unit Expenses in the proportion that the Unit Participation of each such non-defaulting Working Interest Owner bears to the total Unit Participation of all such non-defaulting Working Interest Owners. Such unpaid amount shall bear interest at the prime rate set by Chase Bank for the same period plus five percent (5%) per annum or the maximum contract rate permitted by applicable usury laws, whichever is the lesser. Working Interest Owners (or Unit Operator, as applicable) so paying the same shall be reimbursed therefor, together with interest thereon, when the amount so carried and the interest thereon are collected from the defaulting Working Interest Owner's share of the sale of Unitized Substances.

During the time that any Working Interest Owner fails to pay its share of Ordinary Unit Expenses, the Unit Operator shall be entitled to collect and receive from the purchaser of production, the proceeds from such defaulting Working Interest Owner's share of the sale of Unitized Substances. All credits to any such defaulting Working Interest Owner on account of the sale or disposal of Unit Equipment, or otherwise, shall also be applied against the unpaid share of Ordinary Unit Expenses charged against such defaulting Working Interest Owner until such Working Interest Owner's share of Ordinary Unit Expenses are paid in full, together with any interest accrued thereon.

Notwithstanding the foregoing, Unit Operator shall have the option, but not the obligation, to elect to carry or otherwise finance any defaulting Working Interest Owner(s) in lieu of having all non-defaulting Working Interest Owners participate in the carrying or otherwise financing any defaulting Working Interest Owner(s). Unit Operator upon such election shall be entitled to recovery of the money

advanced on behalf of a defaulting Working Interest Owner, plus any additional administrative charges and interest as provided herein, plus three hundred percent (300%) of any such money advanced, administrative charges, and interest as provided herein, attributable to the defaulting Working Interest Owner.

11.6 Commingling of Funds. No funds received by Unit Operator under this agreement need to be segregated or maintained by it as a separate fund, but may be commingled with its own funds.

Operator shall hold for the account of the Non-Operators any funds of the Non-Operators advanced or paid to the Operator, either for the conduct of operations hereunder or as a result of the sale of production from the Unit Area, and such funds shall remain the funds of the Non-Operators on whose account they are advanced or paid until used for their intended purpose or otherwise delivered to the Non-Operators or applied toward the payment of debts as provided herein. Nothing in this Agreement shall be construed to establish a fiduciary relationship between Operator and Non-Operators for any purpose other than to account for Non-Operator funds as herein specifically provided. Nothing in this Agreement shall require the maintenance by Operator of separate accounts for the funds of Non-Operators unless the parties otherwise specifically agree.

11.7 Liens and Security Interests. Each party grants to the other parties hereto a lien upon any interest it now owns or hereafter acquires in Oil and Gas Leases and Oil and Gas Interests in the Unit Area, and a security interest and/or purchase money security interest in any interest it now owns or hereafter acquires in the personal property and fixtures on or used or obtained for use in connection therewith, to secure performance of all of its obligations under this agreement including but not limited to payment of expense, interest and fees, the proper disbursement of all monies paid hereunder, the assignment or relinquishment of interest in Oil and Gas Leases as required hereunder, and the proper performance of operations hereunder.

Such lien and security interest granted by each party hereto shall include such party's leasehold interests, working interests, operating rights, and royalty and overriding royalty interests in the Contract Area now owned or hereafter acquired and in lands pooled or unitized therewith or otherwise becoming subject to this Agreement, the Oil and Gas when extracted therefrom and equipment situated thereon or used or obtained for use in connection therewith (including, without limitation, all wells, tools, and tubular goods), and accounts (including, without limitation, accounts arising from gas imbalances or from the sale of Oil and/or Gas at the wellhead), contract rights, inventory and general intangibles relating thereto or arising therefrom, and all proceeds and products of the foregoing.

To perfect the lien and security agreement provided herein, each party hereto shall execute and acknowledge the recording supplement and/or any financing statement prepared and submitted by any party hereto in conjunction herewith or at any time following execution hereof, and Operator is authorized to file this Agreement or the recording supplement executed herewith as a lien or mortgage in the applicable real estate records and as a financing statement with the proper officer under the Uniform Commercial Code in the state in which the Unit Area is situated and such other states as Operator shall deem appropriate to perfect the security interest granted hereunder. Any party may file this agreement, the recording supplement executed herewith, or such other documents as it deems necessary as a lien or mortgage in the applicable real estate records and/or a financing statement with the proper officer under the Uniform Commercial Code.

Each party represents and warrants to the other parties hereto that the lien and security interest granted by such party to the other parties shall be a first and prior lien, and each party hereby agrees to maintain the priority of said lien and security interest against all persons acquiring an interest in Oil and Gas Leases and Interests covered by this Agreement by, through or under such party. All parties acquiring an interest in Oil and Gas Leases and Oil and Gas Interests covered by this Agreement, whether by assignment, merger, mortgage, operation of law, or otherwise, shall be deemed to have taken subject to the lien and security interest granted by this Article 11.5 as to all obligations attributable to such interest hereunder whether or not such obligations arise before or after such interest in acquired.

To the extent that parties have a security interest under the Uniform Commercial Code of the state in which the Unit Area is situated, they shall be entitled to exercise the rights and remedies of a secured party under the Code. The bringing of a suit and the obtaining of judgment by a party for the secured indebtedness shall not be deemed an election of remedies or otherwise affect the lien rights or security interest as security for the payment thereof. In addition, upon default by any party in the payment of its share of expenses, interests or fees, or upon the improper use of funds by the Operator, the other parties shall have the right, without prejudice to other rights or remedies, to collect from the purchaser the proceeds from the sale of such defaulting party's share of Oil and Gas until the amount owed by such party, plus interest as provided in "Exhibit D", has been received, and shall have the right to offset the amount owed against the proceeds from the sale of such defaulting party's share of Oil and Gas. All purchasers of production may rely on a notification of default from the non-defaulting party or parties stating the amount due as a result of the default, and all parties waive any recourse available against purchasers for releasing production proceeds as provided in this paragraph.

If any party fails to pay its share of cost within sixty (60) days after rendition of a statement therefor by Operator, the non-defaulting parties, including Operator, shall, upon request by Operator, pay the unpaid amount in the proportion that the interest of each such party bears to the interest of all such parties. The amount paid by each party so paying its share of the unpaid amount shall be secured by the liens and security rights described herein, and each paying party may independently pursue any remedy available hereunder or otherwise.

If any party does not perform all of its obligations hereunder, and the failure to perform subjects such party to foreclosure or execution proceedings pursuant to the provisions of this Agreement, to the extent allowed by governing law, the defaulting party waives any available right of redemption from and after the date of judgment, any required valuation or appraisal of the mortgaged or secured property prior to sale, any available right to stay execution or to require a marshaling of assets and any required bond in the event a receiver is appointed. In addition, to the extent permitted by applicable law, each party hereby grants to the other parties a power of sale as to any property that is subject to the lien and security rights granted hereunder, such power to be exercised in the manner provided by applicable law or otherwise in a commercially reasonable manner and upon reasonable notice. Each party agrees that the other parties shall be entitled to utilize the provisions of Oil and Gas lien law or other lien law of any state in which the Unit Area is situated to enforce the obligations of each party hereunder. Without limiting the generality of the foregoing, to the extent permitted by applicable law, Non-Operators agree that Operator may invoke or utilize the mechanics' or materialmen's lien law of the state in which the Unit Area is situated in order to secure the payment to Operator of any sum due hereunder for services performed or materials supplied by Operator.

11.8 Uncommitted Royalty. Should an owner of a Royalty Interest in any Tract fail to become a party to the Unit Agreement, and, as a result thereof, the actual Royalty Interest payments with

respect to such Tract are more or less than the Royalty Interest payments computed on the basis of the Unitized Substances that are allocated to such Tract under the Unit Agreement, the difference shall be borne by or inure to the benefit of Working Interest Owners, in proportion to their respective Unit Participations; however, the difference to be borne by or inure to the benefit of Working Interest Owners shall not exceed an amount computed on the basis of one eighth (1/8) of the difference between the Unitized Substances allocated to the Tract and the Unitized Substances produced from the Tract. Such adjustments shall be made by charges and credits to the joint account.

11.9 Non-Participating Working Interest Owners. Upon entry of an order of the New Mexico Oil Conservation Division, this Agreement, as authorized by Article 7, Statutory Unitization Act, §70-7-1. Et seq., N.M.S.A., governs the relationship of all Working Interest Owners in lands included in the Unit Area. Any Working Interest Owner that does not join in, pay their proportionate share of pre-unitization expenses, and ratify this Agreement (“Non-Participating Working Interest Owner”) shall: (a) have no voting rights as to Unit Operations; (b) be deemed non-participating in all Unit operations conducted in accordance with this Agreement; and, (c) shall not be entitled to notice of, or to attend meetings of the Working Interest Owners. The ownership interest, and development obligations of each Non-Participating Working Interest Owner shall be allocated, at the option of the Unit Operator, exclusively to the Unit Operator, or, otherwise, if the Unit Operator declines such option, proportionately to the Working Interest Owners executing, or ratifying this Agreement. Likewise, costs incurred on behalf of such Non-Participating Working Interest Owners may be recouped by Unit Operator, again exclusively, or by those Working Interest Owners, again proportionately, depending on the Unit Operator’s above election, from the participation share of proceeds from the sale of oil and gas attributable to the ownership of the Non-Participating Working Interest Owners, and such recoupment shall include the actual costs incurred plus two hundred percent (200%) of such costs.

Article 12 NON-UNITIZED FORMATIONS

12.1 Right to Operate. Any Working Interest Owner that now has or hereafter acquires the right to drill for and produce oil, gas, or other minerals, from other than the Unitized Formation, shall have the right to do so notwithstanding this agreement or the Unit Agreement. In exercising the right, however, the Working Interest Owner shall exercise reasonable precaution to prevent reasonable interference with Unit Operations. No Working Interest Owner shall produce Unitized Substances through any well drilled or operated by it. If any Working Interest Owner drills any well into or through the Unitized Formation, the Unitized Formation shall be protected in a manner satisfactory to Working Interest Owners so that the production of Unitized Substances will not adversely be affected.

Article 13 TITLES

13.1 Warranty and Indemnity. Each Working Interest Owner represents and warrants that it is the owner of the respective working interests set forth opposite its name in Exhibit C, and hereby agrees to indemnify and hold harmless the other Working Interest Owners from any loss due to failure, in whole or in part, of its title to any such interest, except failure of title arising out of Unit Operations; provided that, such indemnity shall be limited to an amount equal to the net value that has been received from the sale or receipt of Unitized Substances attributed to the interest as to which title failed. Each failure of title will be deemed to be effective, insofar as this agreement is concerned, as of the first day of the calendar month in which such failure is finally determined, and there shall be no retroactive

adjustment of Unit Expenses, or retroactive allocation of Unitized Substances or the proceeds therefrom, as a result of title failure.

13.2 Failure Because of Unit Operations. The failure of title to any Working Interest in any Tract by reason of Unit Operations, including non-production from such Tract, shall not change the Unit Participation of the Working Interest Owner whose title failed in relation to the Unit Participations of the other Working Interest Owners at the time of the title failure.

Article 14

LIABILITY, CLAIMS, AND SUITS

14.1 Individual Liability. The liability of the parties shall be several, not joint or collective. Each party shall be responsible only for its obligations, and shall be liable only for its proportionate share of the costs of developing and operating the Unit Area. Accordingly, the liens granted among the parties in Article 11.5 are given to secure only the debts of each severally, and no party shall have any liability to third parties hereunder to satisfy the default of any other party in the payment of any expense or obligation hereunder. It is not the intention of the parties to create, nor shall this Agreement be construed as creating, a mining or other partnership, joint venture, agency relationship or association, or to render the parties liable as parties, co-venturers, or principles.

In their relations with each other under the Agreement, the parties shall not be considered fiduciaries or to have established a confidential relationship but rather shall be free to act on an arm's-length basis in accordance with their own respective self-interest, subject, however, to the obligation of the parties to act in good faith in their dealings with each other with respect to activities hereunder.

14.2 Settlements. Unit Operator, on behalf of the Working Interest Owners, may settle any single damage claim or suit involving Unit Operations but not involving an expenditure in excess of Six-Hundred Thousand and No/100 Dollars (\$600,000.00) provided the payment is in complete settlement of such claim or suit. If the amount required for settlement exceeds the above specified amount, Working Interest Owners shall assume and take over the further handling of the claim or suit unless such authority is expressly delegated to Unit Operator. All costs and expense of handling, settling, or otherwise discharging such claim or suit shall be an item of Unit Expenses. If a claim is made against any Working Interest Owner or if any Working Interest Owner is sued on account of any matter arising from Unit Operations and over which such Working Interest Owner individually has no control because of the rights given Working Interest Owners and Unit Operator by this agreement and the Unit Agreement, the Working Interest Owner shall immediately notify the Unit Operator, and the claim or suit shall be treated as any other claim or suit involving Unit Operations.

Article 15

INTERNAL REVENUE PROVISION

15.1 Internal Revenue Provision. Each Working Interest Owner hereby elects that it and the operations covered by this agreement be excluded from the application of Subchapter K of Chapter I of Subtitle A of the Internal Revenue Code of 2017, or such portion thereof as the Secretary of the Treasury of the United States or his delegate shall permit by election to be excluded therefrom. Unit Operator is hereby authorized and directed to execute on behalf of each Working Interest Owner such additional or further evidence of the election as may be required by regulations issued under said Subchapter K. Should the regulations require each party to execute such further evidence, each Working Interest Owner

agrees to execute or join in the execution thereof. The election hereby made and the other provisions of this paragraph shall apply in like manner to applicable state laws, regulations, and rulings now in effect or hereafter enacted that have an effect similar to the federal provisions referred to herein.

Article 16 NOTICES

16.1 Notices. All notices and responses authorized or required between the parties by any of the provisions of this Agreement, unless otherwise specifically provided, shall be in writing and delivered in person or by United States mail, courier service, or facsimile, each of which may also be delivered by attachment to electronic mail ("Email Notice"), postage or charges prepaid, if applicable, and addressed to such parties at the same address as Unit Operator provided hearing notice for Case No. [REDACTED], unless specified otherwise by receiving party. All telephone or oral notices permitted by this Agreement shall be confirmed immediately thereafter by written notice. Notices given under any provision hereof shall be deemed delivered only when received by the party to whom such notice is directed, and the time for such party to deliver any notice in response thereto shall run from the date the originating notice is received. "Receipt" for purposes of this Agreement with respect to written notice delivered hereunder shall be actual delivery of the notice to the address of the party to be notified specified in accordance with this Agreement, or to the facsimile machine or email address of such party. When response is required within forty-eight (48) hours, such response shall be given orally or by telephone, or other facsimile or email address within such period. Each party shall have the right to change its address at any time, and from time to time, by giving written notice thereof to all other parties. If a party is not available to receive notice orally or by telephone when a party attempts to deliver a notice required to be delivered within forty-eight (48) hours, the notice may be delivered in writing by any other method specified herein and shall be deemed delivered in the same manner provided above for any responsive notice. An Email Notice shall be deemed delivered when affirmatively acknowledged by the receiving party or when read receipt is generated by the receiving party's email carrier, if such read receipt was requested by the delivering party.

Article 17 WITHDRAWAL OF WORKING INTEREST OWNER

17.1 Withdrawal. A Working Interest Owner may withdraw from this agreement by transferring, without warranty of title, either express or implied, at the Unit Operator's option, to the Unit Operator, or to the other Working Interest Owners who do not desire to withdraw, all its Oil and Gas Rights together with its interest in all Unit Equipment and in all wells used in Unit Operation. Such transfer shall not relieve said Working Interest Owner from obligation or liability incurred prior to the date of the delivery of the transfer, which delivery may be made to Unit Operator as Agent for the transferees should the Unit Operator elect to share in such transfer. The interest transferred shall be owned by the Unit Operator or, if Unit Operator elects to share in said transfer, to the transferees in proportion to their respective Unit Participations. The Unit Operator, or transferees, in proportion to the respective interests so acquired, shall pay transferor, for its, interest in Unit Equipment, the fair salvage value thereof as estimated and fixed by Working Interest Owners. After the date of delivery of the transfer, the withdrawing Working Interest Owner shall be relieved from all further obligations and

liability hereunder and under the Unit Agreement, and the rights of such Working Interest Owner hereunder and under the Unit Agreement shall cease insofar as they existed by virtue of the interest transferred.

Article 18
ABANDONMENT OF WELLS

18.1 Rights of Former Owners. If Working Interest Owners decide to abandon permanently any well within the Unit Area prior to termination of the Unit Agreement, Unit Operator shall give written notice thereof to the Working Interest Owners of the Tract on which the well is located, and they shall have the option for a period of thirty (30) days after the sending of such notice to notify Unit Operator in writing of their election to take over and own the well. Within ten (10) days after the Working Interest Owners of the Tract have notified Unit Operator of their election to take over the well, they shall pay Unit Operator, for credit to the joint account, the amount estimated by Working Interest Owners to be the net salvage value of the casing and equipment in and on the well. The Working Interest Owners of the Tract, by taking over the well, agree to seal off effectively and protect the Unitized Formation, and upon abandonment to plug the well in compliance with applicable laws and regulations.

18.2 Plugging. If the Working Interest Owners of a Tract do not elect to take over a well located thereon which is proposed for abandonment, Unit Operator shall plug and abandon the well as a Ordinary Unit Expense in compliance with applicable laws and regulations.

Article 19
EFFECTIVE DATE AND TERM

19.1 Effective Date. This agreement shall become effective on the date and at the time that the Unit Agreement becomes effective.

19.2 Term. This agreement shall continue in effect so long as the Unit Agreement remains in effect, and thereafter until (a) all unit wells have been abandoned and plugged or turned over to Working Interest Owners in accordance with Article 20; (b) all Unit Equipment and real property acquired for the joint account have been disposed of by Unit Operator in accordance with instructions of Working Interest Owners; and, (c) there has been a final accounting.

Article 20
ABANDONMENT OF OPERATIONS

20.1 Termination. Upon termination of the Unit Agreement, the following will occur:

20.1.1 Oil and Gas Rights. Oil and Gas Rights in and to each separate Tract shall no longer be affected by this agreement, and thereafter the parties shall be governed by the terms and provisions of the leases, contracts, and other instruments affecting the separate Tracts.

20.1.2 Right to Operate. Working Interest Owners of any Tract that desire to take over and continue to operate wells located thereon may do so by paying Unit Operator, for credit to the joint account, the net salvage value of the casing and equipment in and on the wells taken over, as estimated by Working Interest Owners, and by agreeing to plug properly each well at such time as it is abandoned.

20.1.3 Salvaging Wells. Unit Operator shall salvage as much of the casing and equipment in or on wells not taken over by Working Interest Owners of separate Tracts as can economically and reasonably be salvaged, and shall cause the wells to be plugged and abandoned properly.

20.1.4 Cost of Salvaging. Working Interest Owners shall share the cost of salvaging, liquidation or other distribution of assets and properties used in Unit Operation in proportion to their respective Unit Participations.

20.1.5 Cost of Plugging & Abandoning Wells and Restoring the Surface. Working Interest Owners shall share in the cost of plugging and abandoning all wells (assuming they were not otherwise taken over by Working Interest Owners of separate Tracts), and restoring the surface in accordance with applicable state regulations, in proportion to their respective Unit Participations.

**Article 21
EXECUTION**

21.1 Original Counterpart, or Other Instrument. A party may become a party to this agreement by signing the original of this instrument, a counterpart thereof, or other instrument agreeing to be bound by the provisions hereof. The signing of any such instrument shall have the same effect as if all the parties had signed the same instrument.

**Article 22
SEVERABILITY**

22.1 Severability. For the purposes of assuming or rejecting this Agreement as an executory contract pursuant to federal bankruptcy laws, this Agreement shall not be severable, but rather must be assumed or rejected in its entirety, and the failure of any party to this Agreement to comply with all of its financial obligations provided herein shall be a material default.

**Article 23
SUCCESSORS AND ASSIGNS**

23.1 Successors and Assigns. The provisions hereof shall be covenants running with lands, leases, and interests covered hereby, and shall be binding upon and inure to the benefit of the respective heirs, devisees, legal representatives, successors, and assigns of the parties hereto.

**Article 24
PREFERENTIAL RIGHT/RIGHT OF FIRST REFUSAL**

24.1 Preferential Right/Right of First Refusal. Following the execution of this Agreement, if any Working Interest Owner receives a bona fide offer to purchase working interest subject to this Agreement exceeding twenty-five percent (25.00%) of the unit's overall working interest Unit Operator shall have the right to purchase the same, at the same price and on substantially the same terms and conditions as offered by a bona fide third-party purchaser. The Working Interest Owner shall provide Unit Operator, by writing, notice of any such offer within ten (10) days of receipt. Moreover, Unit Operator shall retain this right for thirty (30) days, after the receipt of written notice of said third party

offer by the Working Interest Owner, to exercise this right to purchase any interest, at the same price and on substantially the same terms and conditions as offered by the bona fide third-party purchaser.

IN WITNESS WHEREOF, the parties hereto have executed this agreement on the dates opposite their respective signatures.

UNIT OPERATOR:

FAE II Operating, LLC

By: _____

Name: Huxley K. Song

Title: Chief Executive Officer

STATE OF TEXAS §
 §
COUNTY OF HARRIS §

The foregoing instrument was acknowledged before me this ____ day of _____, 2022, by Huxley K. Song, Chief Executive Officer, on behalf of FAE II Operating, LLC.

Notary Public

My commission expires: _____.
(Notarial Seal)

WORKING INTEREST OWNER:

FAE II Operating, LLC

By: _____

Name: Huxley K. Song

Title: Chief Executive Officer

STATE OF TEXAS §

§

COUNTY OF HARRIS §

The foregoing instrument was acknowledged before me this ____ day of _____, 2022, by Huxley K. Song, Chief Executive Officer, on behalf of FAE II Operating, LLC.

Notary Public

My commission expires: _____.
(Notarial Seal)

Exhibit A-7

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

APPLICATION OF FAE II OPERATING, LLC FOR
APPROVAL OF AN ENHANCED OIL RECOVERY
PROJECT AND TO QUALIFY THE PROJECT FOR
THE RECOVERED OIL TAX RATE,
LEA COUNTY, NEW MEXICO.

CASE NO. _____

APPLICATION (RE-FILED)

FAE II Operating, LLC ("FAE" or "Applicant") applies for an order approving an enhanced oil recovery project and qualifying the project for the recovered oil tax rate. In support of this application, applicant states the following.

1. Applicant (OGRID No. 329326) is engaged in the business of producing and selling oil and gas.
2. Applicant's address is 11757 Katy Freeway, Suite 725, Houston, Texas 77079, (832) 706-0041.
3. Applicant is a working interest owner in the proposed North Jal Unit (the "Unit Area"), which comprises 3,154.37 acres of the following federal, state, and fee lands located in Lea County, New Mexico:

Township 24 South, Range 36 East, N.M.P.M.

Section 25: S/2
Section 26: E2SE
Section 35: E2NE
Section 36: ALL

Township 24 South, Range 37 East, N.M.P.M.

Section 19: E/2
Section 20: SW/4, SWNW
Section 29: W/2
Section 30: NE/4, S/2
Section 31: N2NW

Township 25 South, Range 36 East, N.M.P.M.

Section 1: All

4. The unitized interval is the Yates – Seven Rivers – Queen formations, as further described in the unitization application filed concurrently with this application.

5. Applicant will be the operator of the Unit Area.

6. Applicant proposes to institute an enhanced oil recovery project (secondary and tertiary recovery) in the Unit Area through the injection of water and gas (natural gas and/or carbon dioxide).

7. Applicant proposes to initially inject water into the Yates – Seven Rivers – Queen formations through the following wells:

Existing Langlie Mattix; Seven Rivers – Queen Wells to be Converted to Injection	
API NUMBER: 30-025-25608 Well: CITIES THOMAS #3 Location: 24S-37E Sec 19 Footages:660 FEL 2310 FNL	API NUMBER: 30-025-25755 Well: ADELE SOWELL #2 Location: 24S-37E Sec 19 Footages:660 FEL 1650 FSL
API NUMBER: 30-025-25630 Well: ADELE SOWELL #1 Location: 24S-37E Sec 19 Footages:990 FEL 330 FSL	API NUMBER: 30-025-26437 Well: KIMMY #3 Location: 24S-37E Sec 29 Footages:330 FWL 1650 FSL
API NUMBER: 30-025-33881 Well: C D WOOLWORTH #10 Location: 24S-37E Sec 30 Footages:2630 FEL 1400 FSL	

Proposed New Drill Injection Wells	
Well: FLUOR HARRISON #2 Location: 24S-37E Sec 20 Footages:1158 FSL 1136 FWL	Well: KIMMY #5 Location: 24S-37E Sec 29 Footages:201 FNL 1120 FWL
Well: KIMMY #6 Location: 24S-37E Sec 29 Footages:1085 FSL 1299 FWL	Well: JACK B 30 #5 Location: 24S-37E Sec 30 Footages:1030 FNL 1416 FEL
Well: JACK B 30 #6 Location: 24S-37E Sec 30 Footages:1348 FNL 250 FEL	Well: JACK B 30 #7 Location: 24S-37E Sec 30 Footages:2320 FNL 248 FEL
Well: JACK B 30 #8 Location: 24S-37E Sec 30 Footages:2523 FNL 1340 FEL	Well: C D WOOLWORTH #12 Location: 24S-37E Sec 30 Footages:1461 FSL 1210 FEL
Well: C D WOOLWORTH #13 Location: 24S-37E Sec 30 Footages:1323 FSL 1212 FWL	Well: C D WOOLWORTH #14 Location: 24S-37E Sec 30 Footages:109 FSL 1249 FWL

8. Additional injection wells will also be drilled on an ongoing basis. The injection wells within the Unit Area are anticipated to be a combination of existing well conversions and new drills. Applicant seeks authorization to add injection wells to the project administratively, including wells that are converted and wells that will be used for the injection of gas.

9. Applicant requests that the enhanced oil recovery project for the Unit Area be qualified for the recovered oil tax rate, pursuant to the Enhanced Oil Recovery Act, NMSA 1978, Sections 7-29A-1 to -5, and New Mexico Oil Conservation Division ("Division") regulations.

Project data includes:

- (a) Number of initial producing wells: 27
- (b) Number of initial injection wells: 1
- (c) Number of injection wells at full development: 16
- (d) Capital costs of initial additional facilities: \$1,275,000
- (e) Estimated total initial project cost: \$17,341,000

- (f) Estimated value of incremental production (PV10): \$17,847,930
- (g) Estimated injection commencement date: April 2025
- (h) Type of injected fluid: Produced water
- (i) Anticipated injection volumes: 600-1500 BWPD/injector (pressure dependent - using a 0.25 psi/ft gradient, max injection pressure would be 850-925 psi for 3400-3700' perf depths)

10. The Form C-108 for the existing Langlie Mattix; Seven Rivers – Queen wells to be converted to injectors or newly drilled is attached as Exhibit A.

11. Approval of this project will prevent waste and protect correlative rights.

WHEREFORE, applicant requests that this application be set for hearing on July 11, 2024, after notice and hearing, the Division enter its order approving the application, and qualifying the enhanced oil recovery project as an Enhanced Oil Recovery Project subject to the recovered oil tax rate.

Respectfully submitted,

PADILLA LAW FIRM, P.A.

/s/ Ernest L. Padilla

ERNEST L. PADILLA

P.O. Box 2523

Santa Fe, NM 87504

Phone: (505) 988-7577

padillalawnm@outlook.com

Counsel for FAE II Operating, LLC

Exhibit A-8

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

**APPLICATION OF FAE II OPERATING, LLC
TO CONVERT PRODUCTIN WELLS AND/OR
DRILL NEW INJECTION WELLS FOR
WATERFLOOD OPERATIONS,
LEA COUNTY, NEW MEXICO**

CASE NO. 24605

**APPLICATION OF FAE II OPERATING LLC
FOR STATUTORY UNITIZATION,
LEA COUNTY, NEW MEXICO.**

CASE NO. 24606

**AFFIDAVIT OF JOSEPH KENT REGARDING
NOTICE TO UNIT INTEREST OWNERS
IN SUPPORT OF CASE NOS. 24605 AND 24606**

I JOSEPH KENT as Landman for FAE II Operating, LLC ("FAE"), hereby swear as follows:

1. FAE's proposed unitization was proposed to each of the working interest owners in the proposed Unit and FAE made a good faith effort to secure the voluntary unitization of interest owners in the Unit Area. FAE identified 348 interest owners in the Unit; and has secured the voluntary agreement of 81.73% or four (4) working interest owners.

2. FAE sent letters by certified mail providing each of the interest owners within the Unitized Formation, with notice of the Application for Statutory Unitization, in this case and the Division hearing on October 5, 2023. A copy of an example notice letter is attached hereto as FAE Exhibit A-8 of Case No. 24606 and Exhibit A-3 of Case No. 24605.

3. Also included in FAE Exhibit A-8 of the Case No. 24606 and Exhibit A-3 of Case No. 24606 is certified mail tracking information from USPS showing the tracking status for each of the hearing notice letters.

Ex.A-8-112

4. In addition to the notice letters, FAE undertook additional good faith efforts to locate and contact each of the uncommitted working interest owners in the Unit. First, FAE started with the last known address of record corresponding to the interest owned with the Unit. From there, FAE also conducted a diligent search of public records in Lea County, including phone directories and computer databases to locate each of the parties owning an interest within the proposed Unit. FAE also has a contracted brokerage company to conduct research to identify and locate mineral owners within the Unit.

5. Notice was also sent by email to those parties for which an email address was located.

6. FAE has maintained detailed records of follow-up emails and phone calls to every working interest owner.

7. Notice was also provided by mail to the Bureau of Land Management and the New Mexico State Land Office.

8. Next, notice was provided by the Oil Conservation Division in compliance with Division Rules.

9. Finally, included in FAE Exhibit A-9 of the Case No. 24606 and Exhibit A-4 of Case No. 24605 is an Affidavit of Publication reflecting that FAE caused notice of the July 11, 2024 hearing on this application to be published at least ten (10) days, to each of the owners in the Unitized Formation, in advance of hearing in the newspaper of general circulation in Lea County.

10. FAE Exhibit A-1 through A-9 of the Case No. 24606 and Exhibit A-1 through A-4 of Case No. 24605 were either prepared by me or compiled under my direction and supervision.

FURTHER AFFIANT SAYETH NOT.

Joseph Kent

JOSEPH KENT

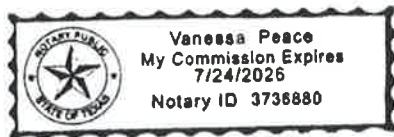
STATE OF TEXAS)
)**ss**
COUNTY OF HARRIS)

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority on this 16
day of August, 2024, by Joseph Kent.

Vanessa Peace

Notary Public in and for the State of Texas

My Commission Expires:
7-24-2026



PADILLA LAW FIRM, P.A.
STREET ADDRESS
 1512 S. ST. FRANCIS DRIVE
 SANTA FE, NM 87505

TELEPHONE
505-988-7577

MAILING ADDRESS
 P.O. BOX 2523
 SANTA FE, NEW MEXICO 87504-2523

FACSIMILE
505-988-7592

EMAIL ADDRESS
padillalawnm@outlook.com

June 5, 2024

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

TO: ALL INTEREST OWNERS

Re: NMOCD Case Number #24605 In the Matter of the Re-filed Application of FAE II Operating, LLC, for Enhanced Oil Recovery Project and to qualify the project for the recovered oil tax rate in Lea County, New Mexico.

NMOCD Case Number #24606 In the Matter of the Re-filed Application of FAE II Operating, LLC, for Statutory Unitization in Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The exhibits to the application, which include the Unit Agreement and Unit Operating Agreement, are available at the following website link <https://rb.gy/gx0sj> or at <https://www.emnrd.nm.gov/ocd/ocd-data/ocd-imaging/> under the case numbers.

The hearing is set for July 11, 2024 beginning at 8:15 a.m. The hearing will be conducted in a hybrid fashion, both in-person at 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 in the electronic hearing, see the instructions posted on the docket for the hearing date: <https://www.emnrd.nm.gov/ocd/hearing-info/>.

You are not required to attend this hearing, but as an owner of an interest or offset operator that may be affected, you may appear and present testimony. Failure to appear at the time and become a party of record will preclude you from challenging these applications at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 19.15.4.13.B. This statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system <https://wwwapps.emnrd.state.nm.gov/ocd/ocdpermitting>.

If you have questions about this matter, please contact the Forty Acres Land Team at (832) 819- 4699 or info@faenergyus.com.

Very truly yours,

/s/ Ernest L. Padilla
ERNEST L. PADILLA

ELP:jbg

cc: FAE II Operating, LLC

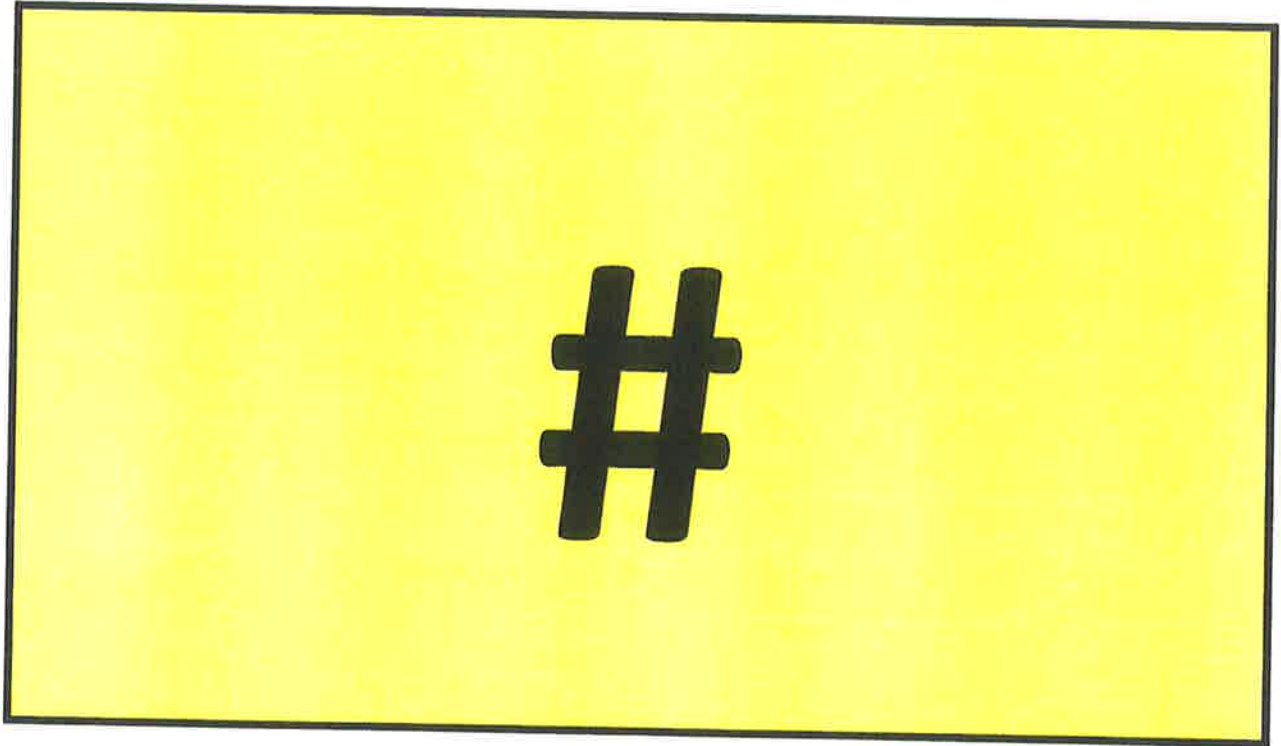
Ex.A-8-115


NJU Hearing Notice Mailing

June 6, 2024

Returned Green Cards

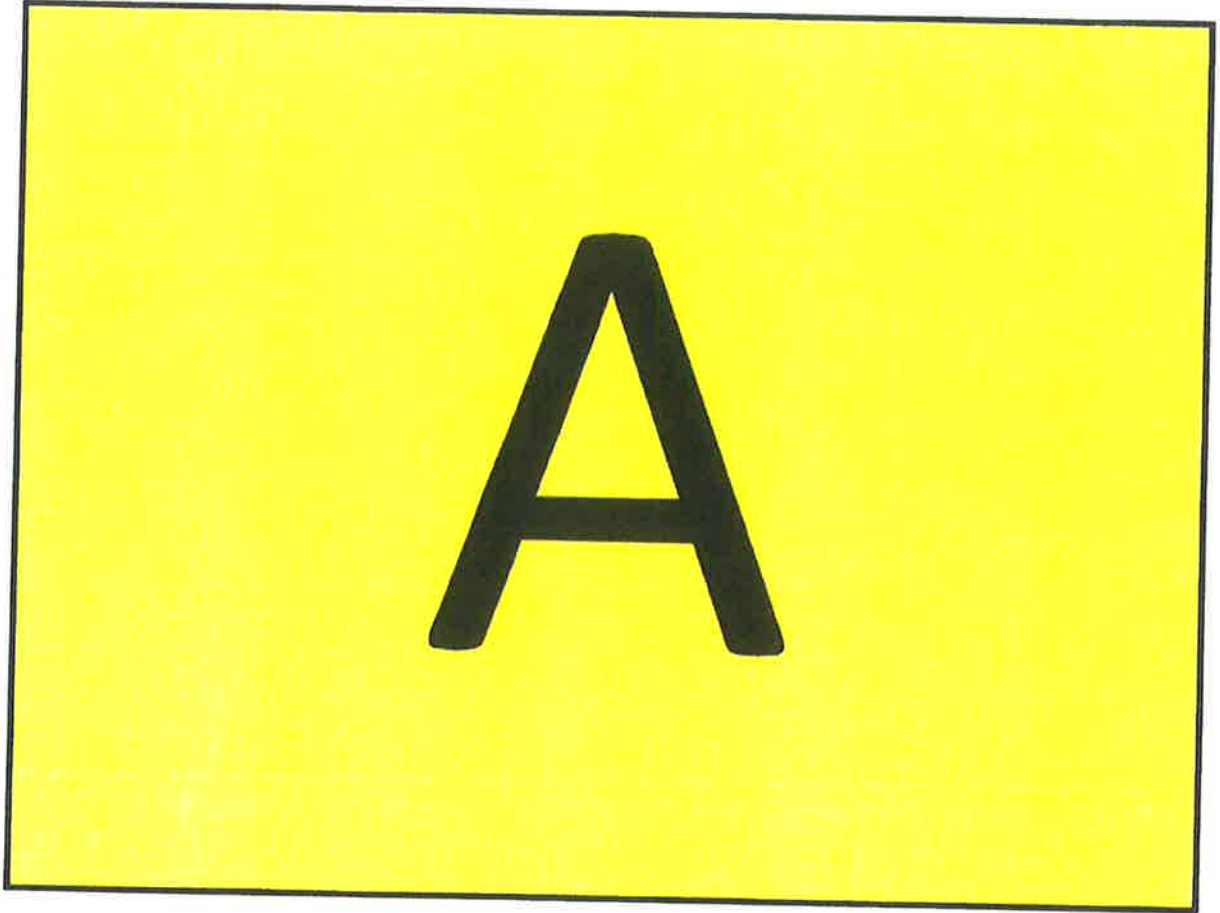
Royalty Interest Owners



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>J.A. Nicholson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">180 Petroleum Inc PO Box 1797 Manchaca, TX 78652</p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>James A. Nicholson</i> <i>6/11/24</i></p>																
<p style="text-align: center;">  9590 9402 8851 4005 3071 02 </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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7058 95</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 (RM)</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 (RM)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (RM)																	

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

Domestic Return Receipt



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:

Albert C. Jones
4424 Kingston
Amarillo, TX 79109



9590 9402 8851 4005 3067 47

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7077 90

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Harum Jones

B. Received by (Printed Name) C. Date of Delivery
6-10

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:

Alvin Carlton Metler
2024 E. Fifth Street
Tyler, TX 75701



9590 9402 8851 4005 3067 61

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7077 76

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Andres Metler

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

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:

Alvin Luskey
4433 Dunwick
Fort Worth, TX 76109



9590 9402 8851 4005 3067 78

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7077 69

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

COMPLETE THIS SECTION ON DELIVERY


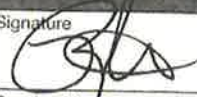
A. Signature Agent
 Addressee
Alvin Luskey

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery


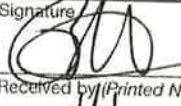
Ex.A-8-120

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Amarillo National Bank, Successor Trustee of the Sally Birdsong Skaggs Revocable Trust dtd 12/30/2005 401 S. Taylor Street Amarillo, TX 79101</p> <p style="text-align: center;"> 9590 9402 8851 4005 3067 85</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7077 52</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Farris</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>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Registered Delivery (\$500)</p>
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
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Amarillo National Bank, Trustee of the Lolisa Horton Revocable Living Trust Agreement 401 S. Taylor Street Amarillo, TX 79101</p> <p style="text-align: center;"> 9590 9402 8851 4005 3067 92</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7077 45</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Registered Delivery (\$500)</p>
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Amarillo National Bank, Trustee of The Sally Ingerton Grantor Trust 401 S. Taylor Street Amarillo, TX 79101</p> <p style="text-align: center;"> 9590 9402 8851 4005 3068 08</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7077 38</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Registered Delivery (\$500)</p>
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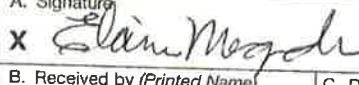
Ex.A-8-121

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>National Bank, Trustee of the Susan Grantor Trust dtd 3/16/1984 401 S. Taylor Street Amarillo, TX 79101</p>  <p>9590 9402 8851 4005 3068 15</p> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7077 21</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X </p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery ee</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>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> </table> <p>Mail Restricted Delivery \$500</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"/> 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													


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


<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Amy C. Davenport PO Box 10422 Midland, TX 79702</p>  <p>9590 9402 8851 4005 3068 22</p> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7077 14</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <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> </table> <p>Mail Restricted Delivery \$00</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"/> 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													


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

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Andector Exploration Company P.O. Box 11250 Midland, TX 79702</p>  <p>9590 9402 8851 4005 3068 39</p> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7077 07</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X </p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 6.11.2024</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>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> </table> <p>Mail Restricted Delivery \$00</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"/> 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													

Ex.A-8-122

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>Andries Metler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Andries Metler</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>	
1. Article Addressed to: Andries Emmons Metler 2024 E. Fifth Street Tyler, TX 75701		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)	
 9590 9402 8851 4005 3068 53 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7076 84		PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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>Ann Hollandsworth</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Ann Hollandsworth</i> 6/18/24</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>	
1. Article Addressed to: Ann Hubbard Hollandsworth 2617 Arrowhead Dr, Abilene, TX 79606 Longview, TX 75606		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)	
 9590 9402 8851 4005 3068 77 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7076 60		PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

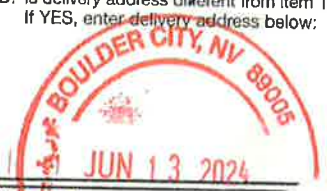
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Ida F Grotie</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Ida Grotie</i> 6-11-24</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>	
1. Article Addressed to: Anna N. (Burgess) Thomas, deceased, Ida Grotie, successor 402 Roosevelt Rd Clarksburg, WV 26301		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)	
 9590 9402 8851 4005 3068 84 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7076 53		PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

Ex.A-8-123


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>1. Article Addressed to:</p> <p style="text-align: center;">Apache Corporation 2000 Post Oak Blvd, Ste. 100 Houston, TX 77056</p>	<p>B. Received by (Printed Name) <i>[Signature]</i></p>	<p>C. Date of Delivery <i>6/11/05</i></p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3069 07</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7076 39</p>	<p>Mail Restricted Delivery (00)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

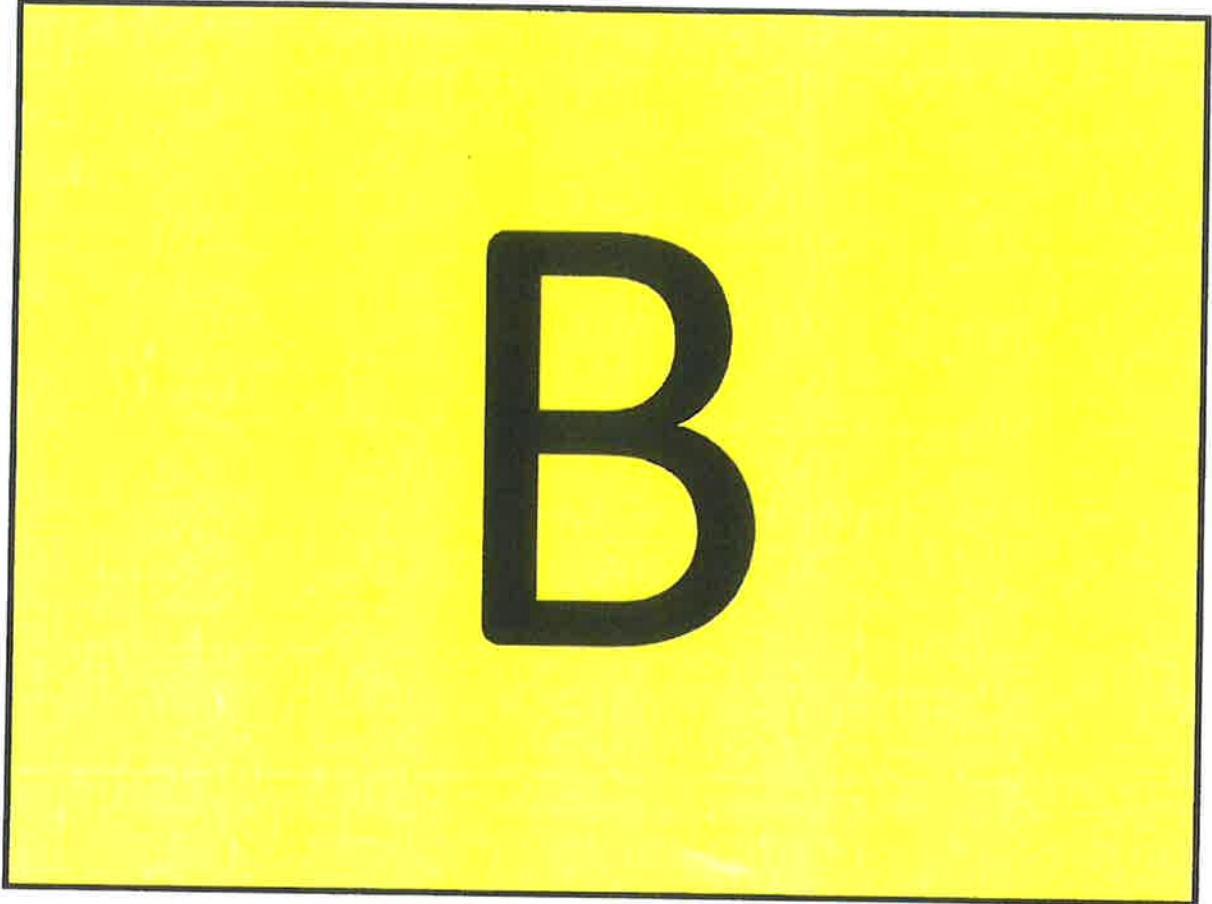
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Arete Mineral Holdings, LLC 3334 W. Main Street #235 Norman, OK 73072 <i>724 East Center Road</i> <i>Goldsby OK 73073</i></p>	<p>B. Received by (Printed Name) <i>[Signature]</i></p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3069 14</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7076 22</p>	<p>Mail Restricted Delivery (00)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


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>1. Article Addressed to:</p> <p style="text-align: center;">Athena Cargill 1312 Marita Dr Boulder City, NV 89005</p>	<p>B. Received by (Printed Name) <i>Athena Cargill</i></p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3069 21</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7075 78</p>	<p>Mail Restricted Delivery (00)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		




Ex.A-8-124

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Hayden Jordan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Acoma Energy, LLC 4411 98th St Lubbock, TX 79424</p>	B. Received by (Printed Name) <i>Hayden Jordan</i>	C. Date of Delivery <i>6/11/24</i>
 9590 9402 8851 4005 3067 23	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 0131 7078 13	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		



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>1. Article Addressed to:</p> <p style="text-align: center;">Barry Antweil 12610 Stillwood Park Cypress, TX 77433</p>	<p>B. Received by (Printed Name) C. Date of Delivery Barry Antweil 8/21/24</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;"> 9590 9402 8851 4005 3069 38</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7075 85</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> </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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													

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>1. Article Addressed to:</p> <p style="text-align: center;">Benjamin Scott Cowan 2325 E FM 20 Lockhart, TX 78644</p>	<p>B. Received by (Printed Name) C. Date of Delivery Benjamin Scott Cowan 8/21/24</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;"> 9590 9402 8851 4005 3069 52</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7076 08</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> </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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													

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<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>1. Article Addressed to:</p> <p style="text-align: center;">Bernard Kemper Kever 124 Furr Rd Kerrville, TX 78028</p>	<p>B. Received by (Printed Name) C. Date of Delivery Bernard Kemper Kever 8/21/24</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;"> 9590 9402 8851 4005 3069 69</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7076 15</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> </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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													


Ex.A-8-127


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>Steele</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>1. Article Addressed to: Bernard Kemper Keever & Robert H. Mayse 124 Furr Rd Kerrville, TX 78028</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7075 61</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (0)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


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>Luskey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) <i>Bernie Luskey</i></p>	<p>C. Date of Delivery <i>6/18/24</i></p>
<p>1. Article Addressed to: Bernice S. Luskey, Trustee of the Luskey Living Trust M2 38 Little Comfort Rd. Savannah, GA 31411</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7075 54</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (0)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>Diana Puente</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) <i>Diana Puente</i></p>	<p>C. Date of Delivery</p>
<p>1. Article Addressed to: Black Stone Minerals Co LP 1001 Fannin, Ste 2020 Houston, TX 77062</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7056 97</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (0)</p>	

Ex.A-8-128

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>Michael Phipps</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael Phipps</i></p> <p>C. Date of Delivery <i>6/11/24</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 style="text-align: center;">Bob Phipps PO Box 3172 West Somerset, KY 75243</p>	
 9590 9402 8851 4005 3064 64	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7056 73</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">BOKF, NA, Agent for The Oklahoma Medical Research Foundation PO Box 3499 Tulsa, OK 74101</p>	
 9590 9402 8851 4005 3064 88	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7056 59</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	


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>Kameron M</i></p> <p>C. Date of Delivery <i>6.10.24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Bonnie R Whiteman 3945 Genevieve St San Bernardino, CA 92405</p>	
 9590 9402 8851 4005 3064 95	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7056 117</p>	


Ex.A-8-129


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>2, and 3.</p> <ul style="list-style-type: none"> Print your name and address on the reverse so 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 6.10.24</p>
<p>1. Article Addressed to: Bradley Carson Miles, life tenant; Melanie Marie Miles Hirschfeld & Matthew Carson Cottingham Miles, Remaindermen 111 Sheraton Dr San Antonio, TX 78209</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>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</p> <p>5590 9402 8851 4005 3065 01</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7056 35</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <ul style="list-style-type: none"> Print your name and address on the reverse so 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 6/10/24</p>
<p>1. Article Addressed to: Breck Minerals LP PO Box 911 Breckenridge, TX 76424</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>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</p> <p>9590 9402 8851 4005 3065 18</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7056 28</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

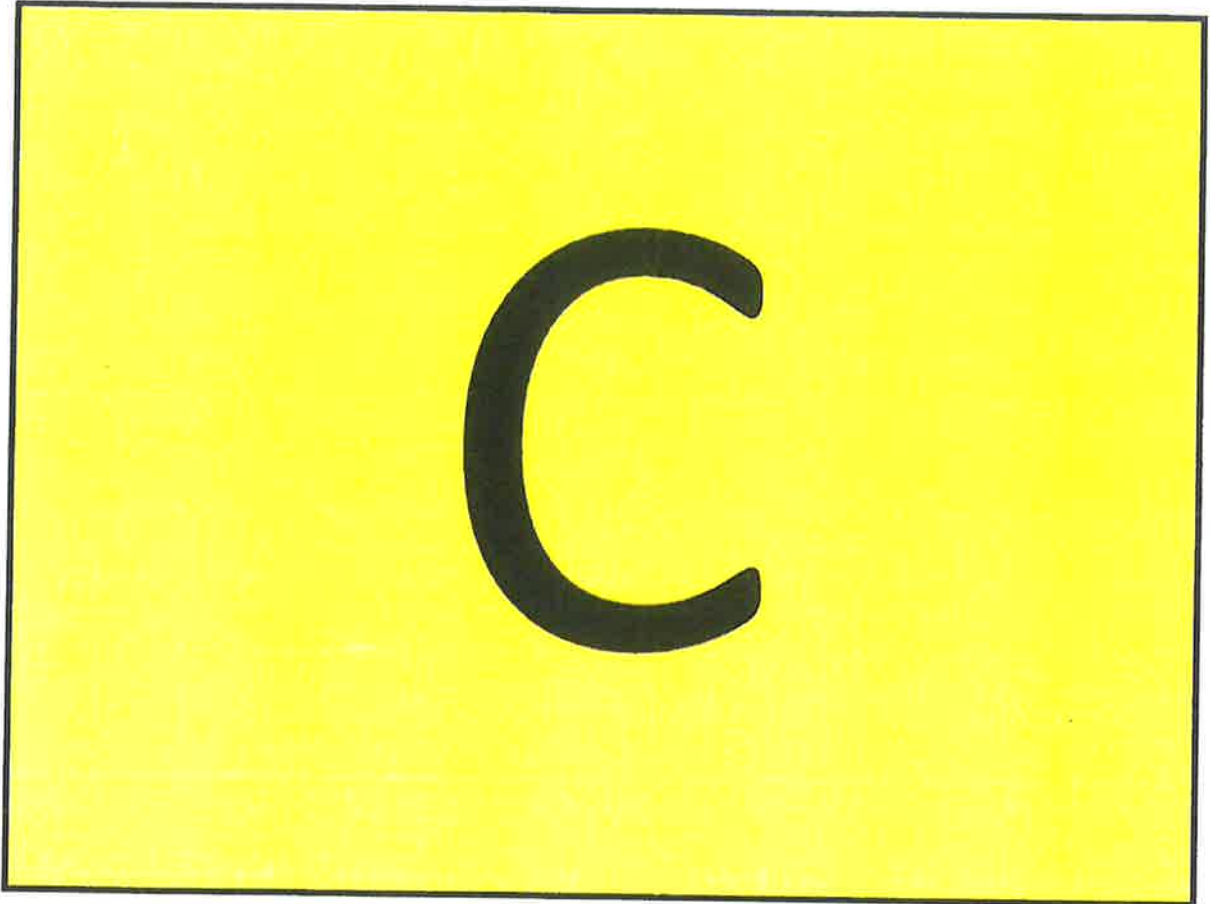
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <ul style="list-style-type: none"> Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) M. Townsend C. Date of Delivery 6/11/24</p>
<p>1. Article Addressed to: BRP, LLC c/o NRP (Operating), LLC Attn: Natural Resources Partners, LP Chris Butler 5260 Irwin Road</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>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>R Duran</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 6-10-24</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes</p> <p style="text-align: center;">BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE 620 EAST GREEN STREET CARLSBAD, NM 88220-6292</p> <p>3. Service type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>I Mail <input type="checkbox"/> I Mail Restricted Delivery (500)</p>
1. Article Addressed to: Bureau of Land Management, New Mexico State Office 301 Dinosaur Trail Santa Fe, NM 87508	
 9590 9402 8851 4005 3065 32	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7056 04	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Return Receipt	


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>Janet Healey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 6/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Mail <input type="checkbox"/> Mail Restricted Delivery (00)</p>
1. Article Addressed to: Burke Healey Trust PO Box 100 Davis, OK 73030	
 9590 9402 8851 4005 3065 49	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 98	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	


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>Isaac Villalobos</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 6-11</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>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Mail <input type="checkbox"/> Mail Restricted Delivery</p>
1. Article Addressed to: Burlington Resources Oil and Gas Co 600 W Illinois Midland, TX 79701	
 9590 9402 8851 4005 3065 56	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 A1	


Ex.A-8-131



Ex.A-8-132

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 <i>James Coleman</i></p> <p>B. Received by (Printed Name) <i>James Coleman</i></p> <p>C. Date of Delivery <i>10-10</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Cameo Cherie Stancliff 1412 Esther Dr Boulder City, NV 89005</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>9590 9402 8851 4005 3065 70</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</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 67</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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 <i>Camilla H. Latady</i></p> <p>B. Received by (Printed Name) <i>Camilla H. Latady</i></p> <p>C. Date of Delivery <i>6/21/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Camilla H Latady 365 Azalea St Fairhope, AL 36663</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>9590 9402 8851 4005 3065 87</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</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 50</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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 <i>Sophie Gloff</i></p> <p>B. Received by (Printed Name) <i>Sophie Gloff</i></p> <p>C. Date of Delivery <i>10/11/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Carl B. and Florence E. Foundation 777 Taylor Street, PH P1A Fort Worth, TX 76102</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>9590 9402 8851 4005 3065 94</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 43</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

Ex.A-8-133

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Carl David Ganz, Jr. Family, LLC P.O. Box 65 Farmingdale, NY 11735</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3066 00</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>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery 	<ul style="list-style-type: none"> <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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7055 36</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Carla Beren Trust 3713 Edgestone Dr Plano, TX 75093</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3066 17</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>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery 	<ul style="list-style-type: none"> <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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7055 29</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">CATOICO LLC c/o Vista Mineral Management 8620 N New Braunfels, Ste 425 San Antonio, TX 78217</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3066 55</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery 	<ul style="list-style-type: none"> <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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7052 39</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-134

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"/> Charlotte Lange <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Charlotte Jean Bedford Lange, Trustee of The Alann P. Bedford Trust 1235 Kingston Ave. Alexandria, VA 22302	B. Received by (Printed Name) Charlotte LANGE	C. Date of Delivery 6-17-24
	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) 9590 9402 8851 4005 3070 10	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

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"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Chevron USA, Inc. 1111 Bagby Street, Attn: Land Dept. Houston, TX 77002	B. Received by (Printed Name) Anthony Allegre	C. Date of Delivery 6-11-24
	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) 9590 9402 8851 4005 3070 27	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

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"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Children's Medical Center of Dallas 1935 Medical District Drive Dallas, TX 75235	B. Received by (Printed Name) SHEAR HALE	C. Date of Delivery 6/10/2024
	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) 9590 9402 8851 4005 3070 34	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		


Ex.A-8-135

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>1. Article Addressed to: Citation Oil & Gas Corp. 14077 Cutten Road Houston, TX 77069</p>		<p>B. Received by (Printed Name) RECEIVED</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3070 41</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>MAILROOM CITATION OIL AND GAS</p>	
<p>3. Service Type</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"/> 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>4. Article Number (Transfer from service label) 9589 0710 5270 0131 7051 61</p>		<p>5. Mail Restricted Delivery (00)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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>1. Article Addressed to: Clift Family Mineral Interests, LLC 330 NW 13th Street Oklahoma City, OK 73103</p>		<p>B. Received by (Printed Name) Liz Mana</p> <p>C. Date of Delivery 6-10-24</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3070 58</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>3. Service Type</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"/> 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>4. Article Number (Transfer from service label) 9589 0710 5270 0131 7051 54</p>		<p>5. Mail Restricted Delivery (500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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>1. Article Addressed to: Coates Energy Interests Ltd 7373 Broadway, Ste 406 San Antonio, TX 78209</p>		<p>B. Received by (Printed Name) Patricia Weibosa</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3070 65</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>3. Service Type</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"/> 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>4. Article Number (Transfer from service label) 9589 0710 5270 0131 7051 47</p>		<p>5. Mail Restricted Delivery (500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

Ex.A-8-136


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Coates Energy Trust 7373 Broadway, Ste 406 San Antonio, TX 78209</p>	<p>B. Received by (Printed Name) <i>PATRICIA WEIDERS</i></p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3070 72</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>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"/> Mail Restricted Delivery (00)</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">ConocoPhillips Company 600 W Illinois Midland, TX 79701</p>	<p>B. Received by (Printed Name) <i>Isaac Villalobos</i></p>	<p>C. Date of Delivery <i>4-11</i></p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3070 89</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>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"/> Mail Restricted Delivery (500)</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Corinne Hightower Trust 527 Country Lane San Antonio, TX 78209</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3070 96</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>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"/> Mail Restricted Delivery (00)</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

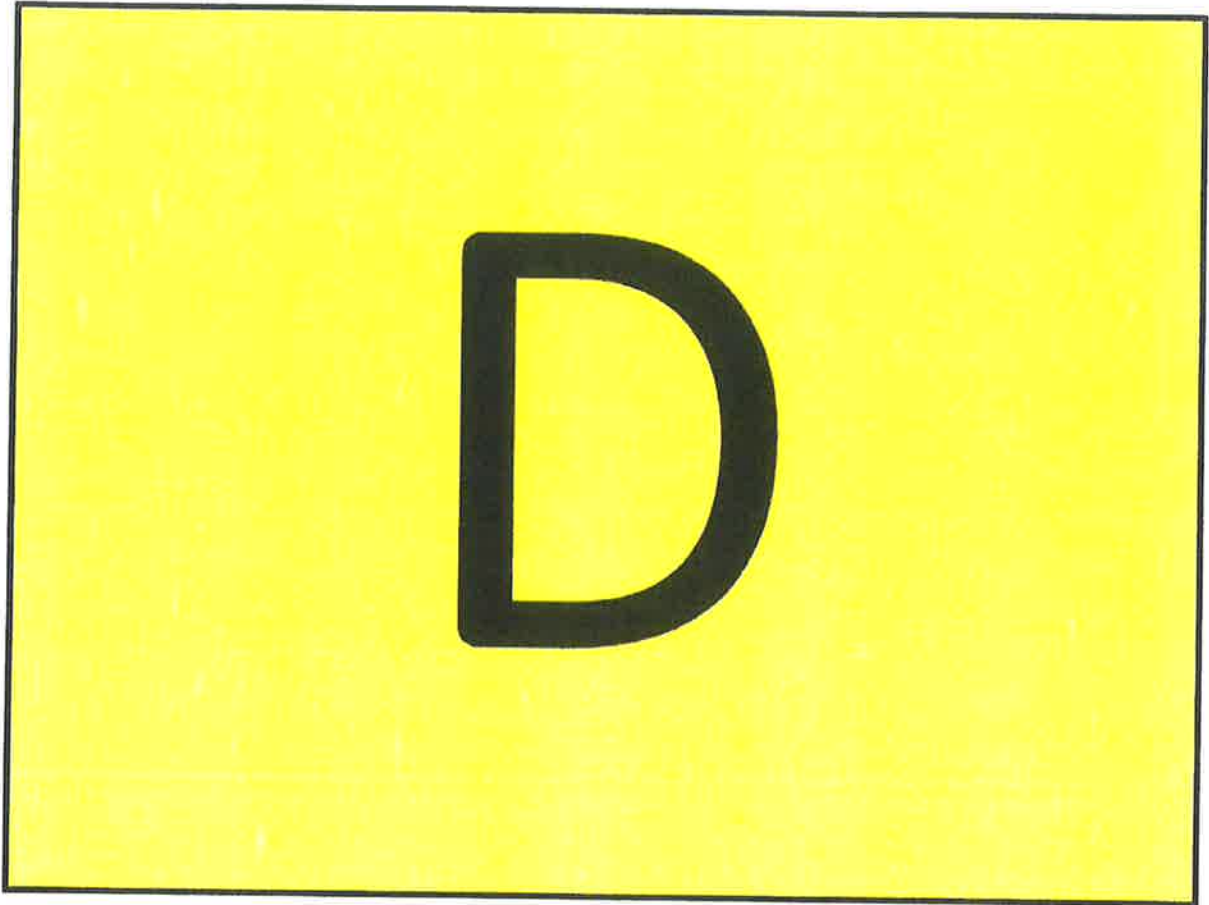
Ex.A-8-137


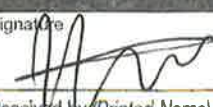
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) D. Hollard</p> <p>C. Date of Delivery 6-10-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Corrigan Southern Land & Cattle 8117 Preston Rd, Ste 610 Dallas, TX 75225</p>	
 9590 9402 8851 4005 3066 93	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7051 09</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail Restricted Delivery (00)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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) Cynthia Leigh Yeager</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Cynthia Leigh Yeager 6125 Luther Lane, Ste 385 Dallas, TX 75225</p>	
 9590 9402 8851 4005 3067 09	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7050 93</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail Restricted Delivery (00)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt


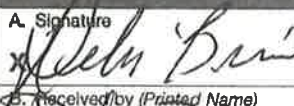
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Charles M Latady</p> <p>C. Date of Delivery 6/28/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Charles M Latady 1118 Del Norte Cir Pascagoula, MS 39581</p>	
 9590 9402 8851 4005 3066 79	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7051 09</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail</p>

Ex.A-8-138



<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Dana Caserta 2220 Skinner Rd Arrington, TN 37014</p>  <p style="text-align: center;">9590 9402 8851 4005 3067 16</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7050 86</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (500)</p>
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Darian Kedy Doornbos, Trustee of The Charles F. Doornbos Revocable Trust u/a/d August 1, 1990 PO Box 639 Bartlesville, OK 74005</p>  <p style="text-align: center;">9590 9402 7561 2098 2382 21</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7050 79</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Deb. Brim</i> C. Date of Delivery <i>6-17-24</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>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (500)</p>
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Darleen J Alston George Hill PO Box 140953 Gainesville, FL 32614</p>  <p style="text-align: center;">9590 9402 7561 2098 2382 38</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7050 62</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Darleen George Hill</i> C. Date of Delivery <i>6/14/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (500)</p>
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Ex.A-8-140


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: David Arthur Clift 1 Ledgebrook Winfield, KS 67156</p>	<p>B. Received by (Printed Name) David Clift</p>	<p>C. Date of Delivery 8/21</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7050</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>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</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: David Higgs 11 Rivermist Ln Savannah, GA 31410</p>	<p>B. Received by (Printed Name) David Higgs</p>	<p>C. Date of Delivery 06/11/24</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7050</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>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</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>1. Article Addressed to: David Luskey Estate 2501 Museum Way, Apt 1016 Ft Worth, TX 76107</p>	<p>B. Received by (Printed Name) [Signature]</p>	<p>C. Date of Delivery 6-9</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>		


Ex.A-8-141


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"/> Adult Signature <input type="checkbox"/> Agent <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Addresssee <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
1. Article Addressed to: David Scott Yeager 6125 Luther Lane, Ste 385 Dallas, TX 75225		B. Received by (Printed Name) C. Date of Delivery [Signature] <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 7561 2098 2383 06		3. Service Type <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 0131 7054 99		<input type="checkbox"/> Mail Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	


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"/> Adult Signature <input type="checkbox"/> Agent <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Addresssee <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
1. Article Addressed to: Debra Kay Primera PO Box 28504 Austin, TX 78755		B. Received by (Printed Name) C. Date of Delivery [Signature] <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 7561 2098 2383 20		3. Service Type <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 0131 7054 75		<input type="checkbox"/> Mail Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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"/> Adult Signature <input type="checkbox"/> Agent <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Addresssee <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
1. Article Addressed to: Debra Purser Wyse 1713 Atlantica St Cedar Park, TX 78613		B. Received by (Printed Name) C. Date of Delivery [Signature] <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 7561 2098 2383 37		3. Service Type <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 0131 7054 68		<input type="checkbox"/> Mail Restricted Delivery	

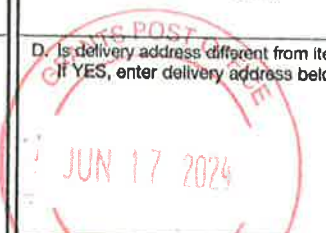
Ex.A-8-142

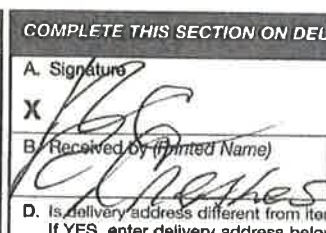
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>DeMario Jones</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 6-12</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">DeMario Jones 134 Sheffield Dr Cedar Hill, TX 75104</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;"> 9590 9402 7561 2098 2383 44</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"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (500)															
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7054 51</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														

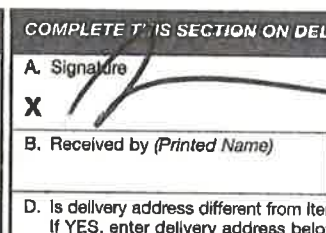
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Donald Shepherd</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 6-12</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">Donald Shepherd 3137 Del Rancho Dr Del City, OK 73115</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;"><i>6-12</i></p>														
<p style="text-align: center;"> 9590 9402 7561 2098 2383 68</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"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (500)															
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7054 37</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														

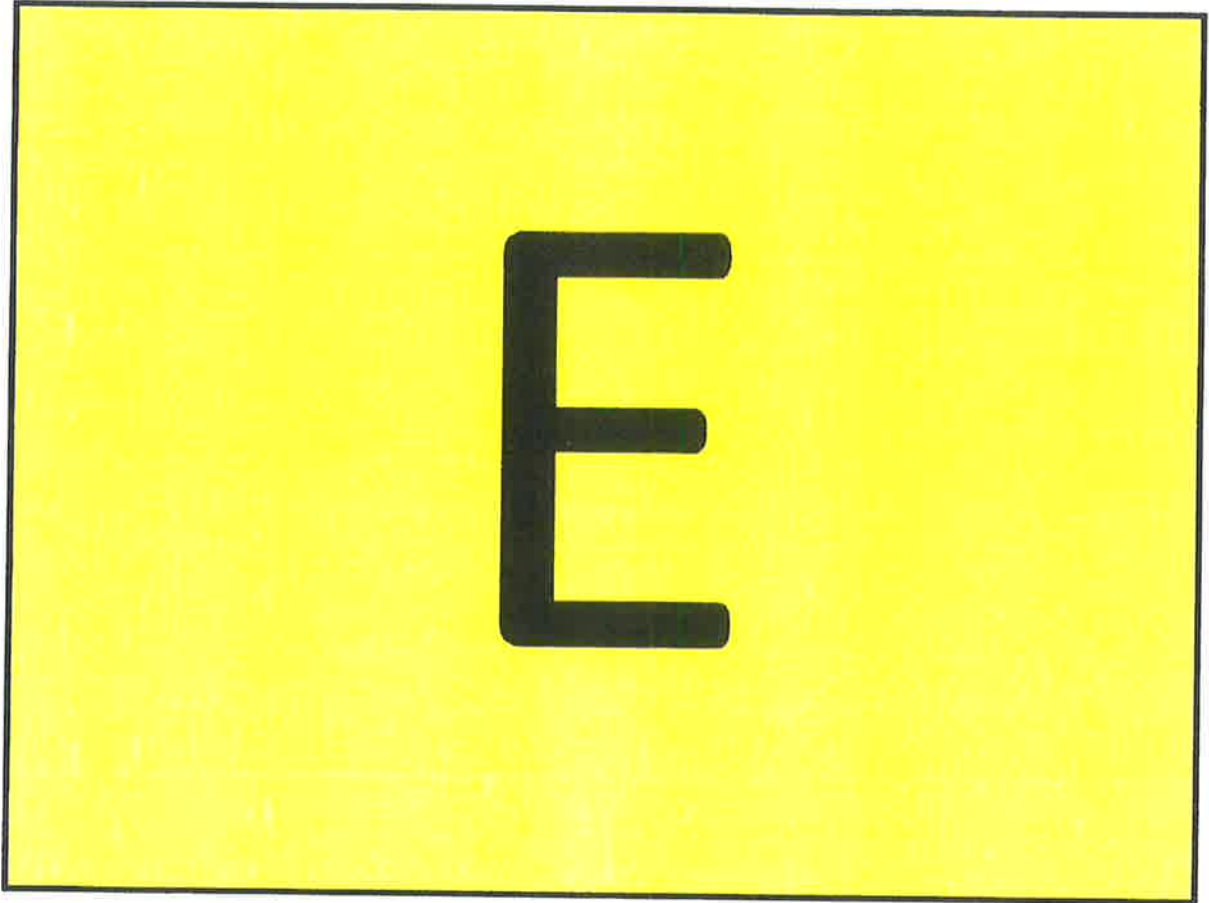
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>BROCK NA</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BROCK NA</i></p> <p>C. Date of Delivery 6-11</p>						
<p>1. Article Addressed to:</p> <p style="text-align: center;">Dorchester Minerals LP 3838 Oak Lawn Ave, Ste 300 Dallas, TX 75219</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;"></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> </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"/> 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						



Ex.A-8-143

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>Doris C Burress Living Trust 1317 Estancia Ave Grants, NM 87020</p>		
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7561 2098 2383 82</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>4. Mail</p> <p>1 Mail Restricted Delivery (300)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		



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>Dorothy A. Fleck 240 Greenwich Street New York, NY 10286</p>		
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7561 2098 2383 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>4. Mail</p> <p>1 Mail Restricted Delivery (\$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		

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>Dr. Amanda Jones, DVM 1377 Alexander Road Moody, TX 76657</p>		
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7561 2098 2383 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>4. Mail</p> <p>1 Mail Restricted Delivery (\$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		





<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">E G Energy, LLC PO Box 6244 Leawood, KS 66206</p>  <p style="text-align: center;">9590 9402 7561 2098 2384 29</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7053 76</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) EMMEILITA</p> <p>C. Date of Delivery 6/13/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery (Mail Restricted Delivery 500)</p>
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt


<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Eleanor Ann ODonnell 139 Beede Way Antioch, CA 94509</p>  <p style="text-align: center;">9590 9402 7561 2098 2384 43</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7053 52</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MICHAEL HOSKINS</p> <p>C. Date of Delivery 8/22/24</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 style="text-align: center;">214 W. 9th St Antioch CA 94509</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery (Mail Restricted Delivery 500)</p>
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Ellen Guinan, Trustee of the Elisabeth B. Butler Separate Property Declaration Trust dated 4/18/1990 4 Sparrow Hill Lane Laguna Hills, CA 92653</p>  <p style="text-align: center;">9590 9402 7561 2098 2384 67</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7053 34</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 6/11/24</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>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery (Mail Restricted Delivery 500)</p>
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Ex.A-8-146


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)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Elmer Petrilla 3124 Center St Odessa, TX 79762</p>	
 9590 9402 7561 2098 2384 81	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7053 14</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</p> <p><input type="checkbox"/> First Class Mail <input type="checkbox"/> First Class Mail Restricted Delivery (\$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

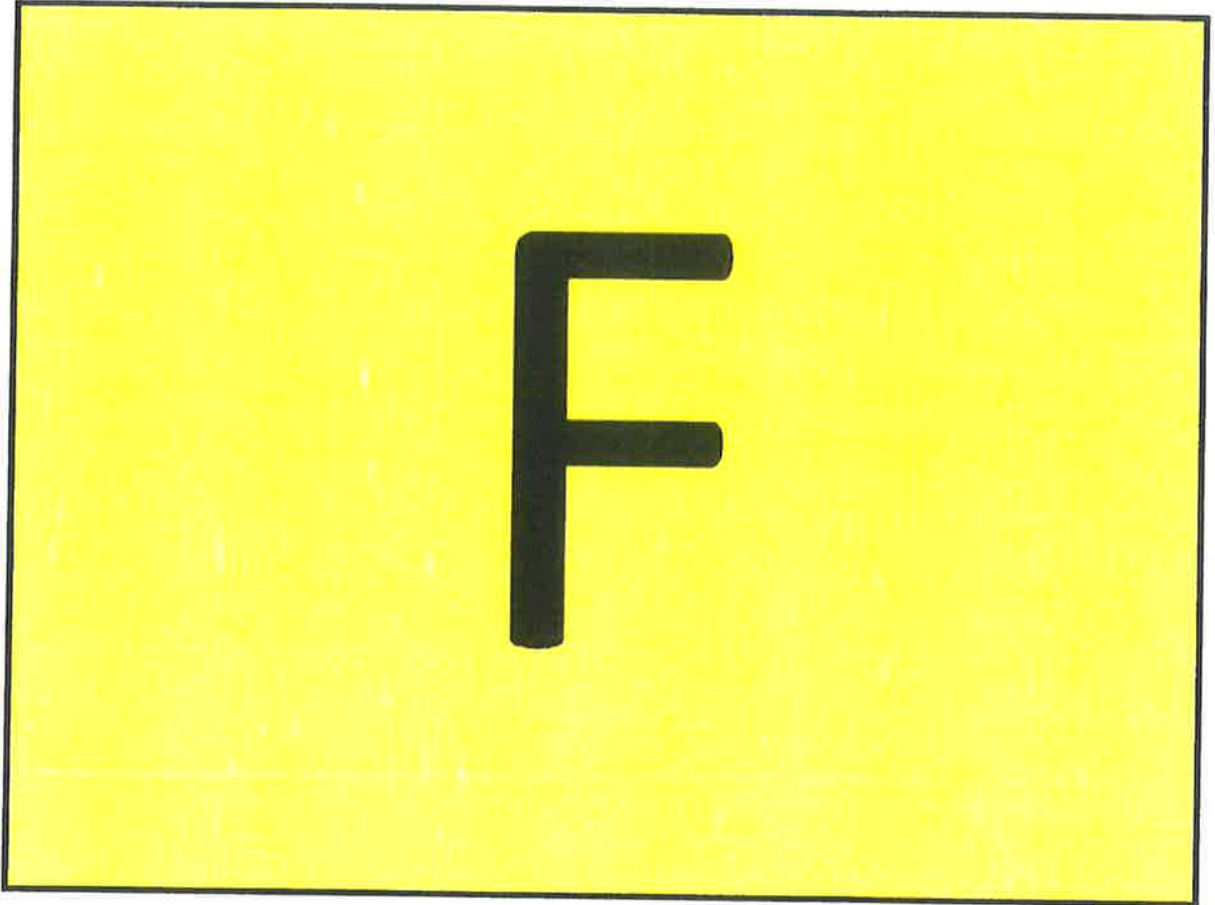
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Estate of George Goss Yeager, deceased P. O. Box 53567 Midland, TX 79710</p>	
 9590 9402 7561 2098 2385 04	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7052 91</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</p> <p><input type="checkbox"/> First Class Mail <input type="checkbox"/> First Class Mail Restricted Delivery (\$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>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;">Everett Coon, Jr 1528 Slocum Street Dallas, TX 75207</p>	
 9590 9402 7561 2098 2385 11	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7052 84</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</p> <p><input type="checkbox"/> First Class Mail <input type="checkbox"/> First Class Mail Restricted Delivery (\$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

Ex.A-8-147

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>LG</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: Everett G. Gray & Linda C. Gifford, Co-Trustees of the Linda Gray Gifford Trust f/b/o The Children 10600 W Country Rd 143 1/2 Midland, TX 79703</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>
 9590 9402 7561 2098 2385 28	<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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7052 77</p>	<p>Mail Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Chris Colter</i></p> <p>C. Date of Delivery <i>6/10/24</i></p>
<p>1. Article Addressed to: Excalibur Energy Company PO Drawer 25045 Albuquerque, NM 87125</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>
 9590 9402 7561 2098 2385 35	<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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7059 01</p>	<p>Mail Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	



Ex.A-8-149


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Fasken Foundation PO Box 2024 Midland, TX 79702</p>	<p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p>	<p>C. Date of Delivery</p> <p><i>6/12/24</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7561 2098 2385 42</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>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"/> Mail Restricted Delivery</p>	<p>Barcode: 9590 9402 7561 2098 2385 42</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Cervy Neelion</i></p>	
<p>1. Article Addressed to:</p> <p>FDH Company LP PO 51 De Kalb, MS 39328</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7058 71</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>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"/> Mail Restricted Delivery</p>	<p>Barcode: 9590 9402 7561 2098 2385 59</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Fredericksburg Royalty Ltd PO Box 1481 San Antonio, TX 78295</p>	<p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p>	<p>C. Date of Delivery</p> <p><i>6-12-24</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7058 64</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>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"/> Mail Restricted Delivery</p>	<p>Barcode: 9590 9402 7561 2098 2385 66</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

Ex.A-8-150



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) G Huffhines</p> <p>C. Date of Delivery 6-10-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Garry Huffhines 622 NW 8th St Dimmit, TX 79027</p>		
 9590 9402 7561 2098 2385 73		
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7058 40</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"/> Registered Mail Restricted Delivery (500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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) G.W. CLIFT</p> <p>C. Date of Delivery 6/14/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Gary Worrall Clift 1724 Fairchild Ave Manhattan, KS 66502</p>		
 9590 9402 8851 4005 3160 98		
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7058 33</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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) FRANCES WOODARD</p> <p>C. Date of Delivery 6/12/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>George M Obrien PO Box 1743 Midland, TX 79702</p>		
 9590 9402 8851 4005 3161 00		
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

Ex.A-8-152

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:
 George R Jones
 PO Box 427
 Round Top, TX 78954



9590 9402 8851 4005 3161 35

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7057 96

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *George R Jones* C. Date of Delivery *6/18/24*

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Restricted Delivery

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

Domestic Return Receipt

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:
 Guy Noel Hyde
 658 Bluebonnet St
 Stephenville, TX 76401



9590 9402 8851 4005 3161 73

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7057 58

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *Guy Noel Hyde* C. Date of Delivery *6/18/24*

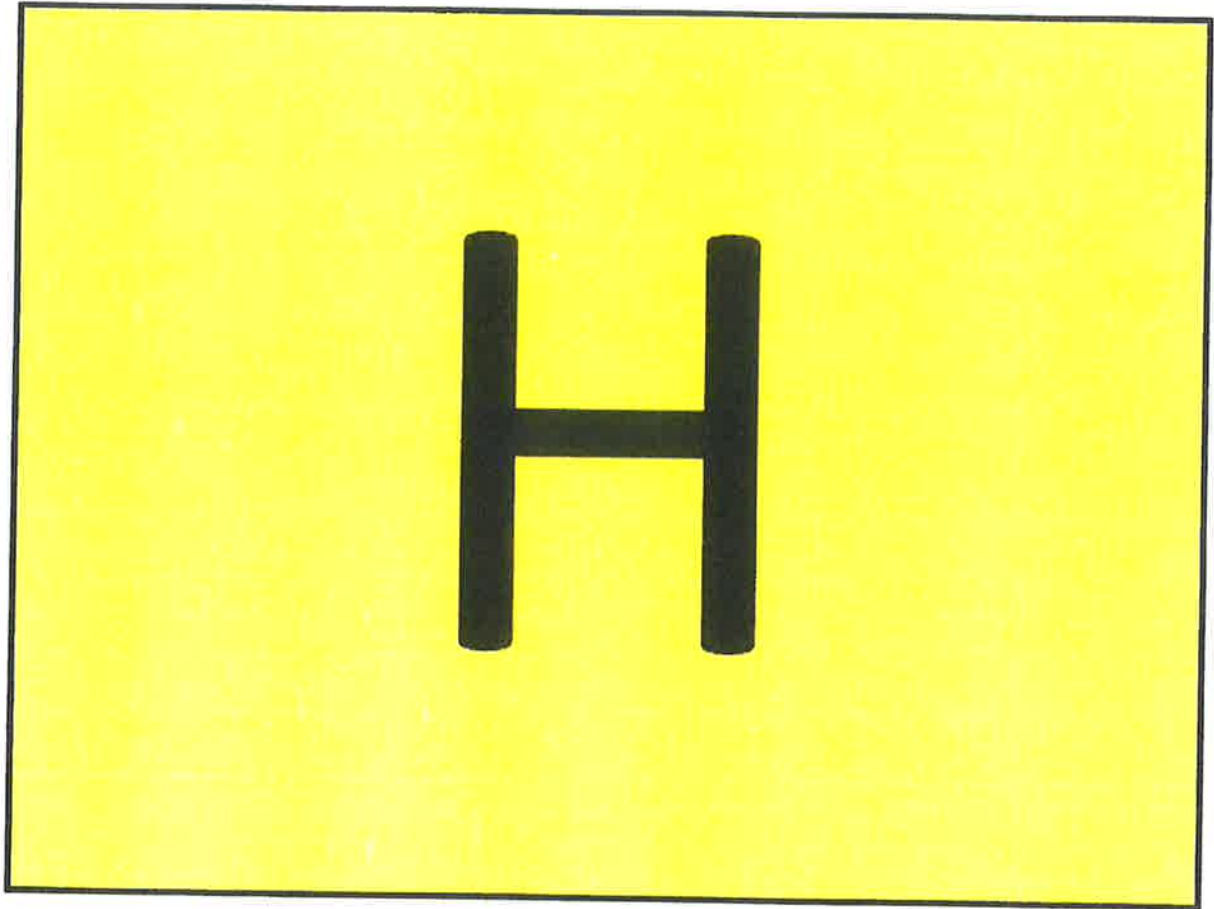
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Mail Restricted Delivery

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

Domestic Return Receipt



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>*Monica Queen</i></p>	
1. Article Addressed to: Harlow Royalties Ltd 320 Westcott Houston, TX 77007	<p>B. Received by (Printed Name)</p> <p><i>Monica Queen</i></p>	<p>C. Date of Delivery</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3161 80	<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>	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7057 41	<p>1 Mail</p> <p>1 Mail Restricted Delivery (500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>*Steve Hays</i></p>	
1. Article Addressed to: Harvey Hill, LLC P.O. Box 5520 Jacksonville, FL 32247	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3161 97	<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>	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7057 34	<p>1 Mail</p> <p>1 Mail Restricted Delivery (500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>*Hans Beck</i></p>	
1. Article Addressed to: HDB, LLC 664 Fattig Creek Road Roundup, MT 59072	<p>B. Received by (Printed Name)</p> <p><i>Henry</i></p>	<p>C. Date of Delivery</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3162 03	<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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

Ex.A-8-155

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>1. Article Addressed to: Headington Royalty Inc. 1501 N. Hardin Blvd., Ste 100 McKinney, TX 75071</p>	<p>B. Received by (Printed Name) <i>Rebecca Reil</i></p>	<p>C. Date of Delivery 6/11/24</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3162 10</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>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</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>1. Article Addressed to: Healey LP PO Box 2120 Ardmore, OK 73402</p>	<p>B. Received by (Printed Name) <i>Colt Healey</i></p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3162 27</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>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</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>1. Article Addressed to: Helen L Bedford Family Trust, Farmers National Company, Agent PO Box 3480 Omaha, NE 68103</p>	<p>B. Received by (Printed Name) <i>J Winnicki</i></p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3162 34</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>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</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

Ex.A-8-156

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Henry D Bedford, Sr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">Henry D Bedford, Sr 664 Fattig Creek Road Roundup, MT 59072</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Henry</i></p>														
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3162 41</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>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (500)														

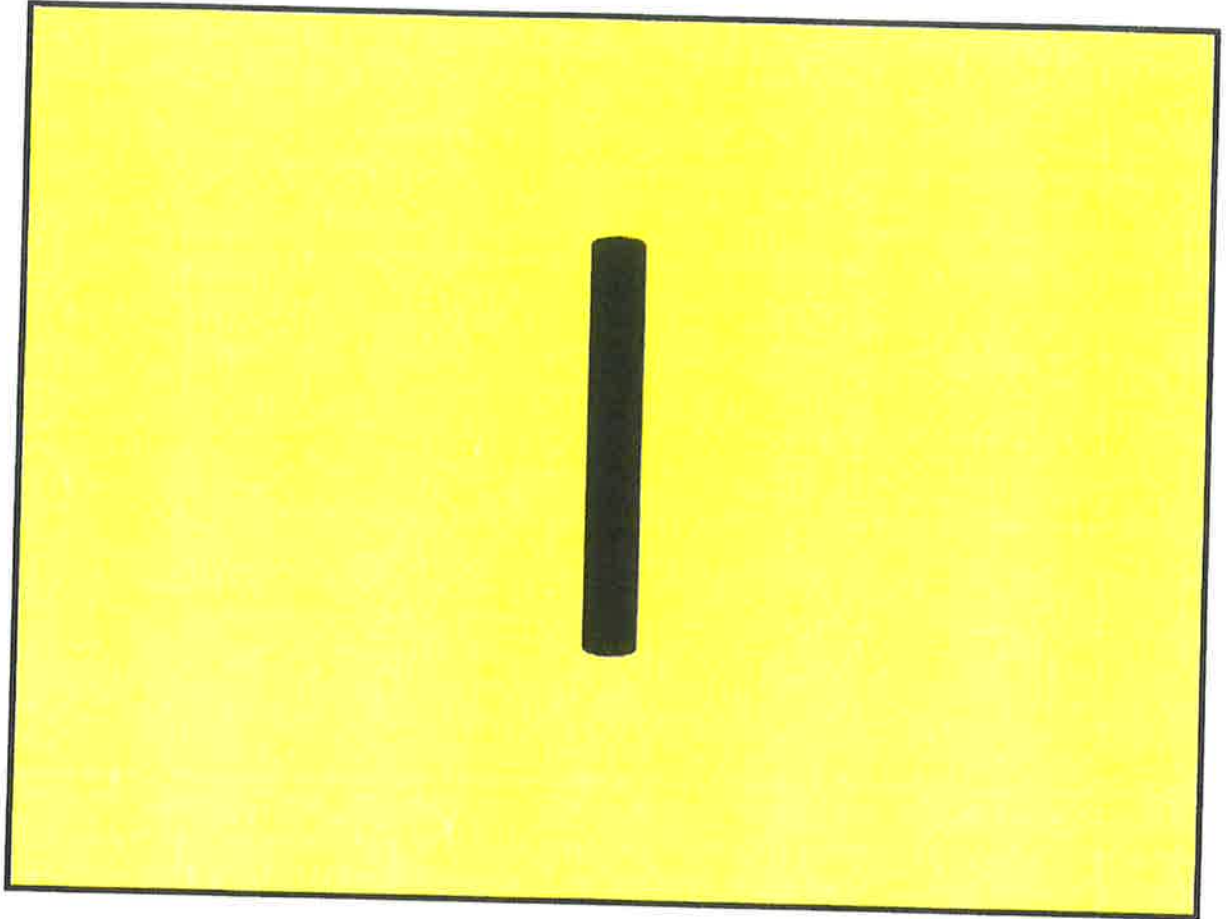
July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">Henry H. Harrison, Jr., Trustee of the Henry H. Harrison, Jr. Testamentary Trust 1120 Wilma Tyler, TX 75701</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>														
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3162 58</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>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (500)														


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


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">Howard Payne University f/b/o McArther Academy of Freedom PO Box 840350 Dallas, TX 75284</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>														
<p>2. Article Number</p> <p style="text-align: center;">9589 0710 5270 0131 7085 82</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; color: red;">JUN 10 2024</p>														
	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (500)														


Ex.A-8-157



Ex.A-8-158

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>Ida L Grotie</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ida Grotie</i></p> <p>C. Date of Delivery <i>6-11-24</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 style="text-align: center;">Ida L Grotie 402 Roosevelt Rd Clarksburg, WV 26301</p>		
 9590 9402 8851 4005 3172 00		
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7085 68</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"/> Mail Restricted Delivery (00)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		

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>Charles Simonson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Charles Simonson</i></p> <p>C. Date of Delivery <i>6/13/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Innerarity Family Minerals, LLC P O Box 313 Midland, TX 79702</p>		
 9590 9402 8851 4005 3172 17		
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7085 51</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"/> Mail Restricted Delivery (00)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		

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>Mark R Antweil</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mark R Antweil</i></p> <p>C. Date of Delivery <i>6/13/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Internal Revenue Service FAO Mark R Antweil 210 E Post Rd White Plains, NY 10601</p>		
 9590 9402 8851 4005 3172 24		
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7085 44</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"/> Mail Restricted Delivery (00)</p>	

Ex.A-8-159





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>1. Article Addressed to:</p> <p>J. Cleo Thompson & James Cleo Thompson, Jr., L.P. 325 N St Paul, Ste 4300 Dallas, TX 75201</p>	<p>B. Received by (Printed Name) <i>[Signature]</i></p>	<p>C. Date of Delivery 6-11</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7085 20</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	

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>1. Article Addressed to:</p> <p>J. Paul & Sidonia Wingert, LLC 5214 Chaversham Ln Peachtree Corners, GA 30092</p>	<p>B. Received by (Printed Name) <i>[Signature]</i></p>	<p>C. Date of Delivery 6-10-24</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7085 06</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	

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>1. Article Addressed to:</p> <p>Jack Vance Cowan 4725 Green Bluff Dr Schertz, TX 78154</p>	<p>B. Received by (Printed Name) SUSAN COWAN</p>	<p>C. Date of Delivery 6-10-25</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7084 90</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	

Ex.A-8-161

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jackie La Verne Pate PO Box 501 Denver City, TX 79323</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>9590 9402 8851 4005 3172 86</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7084 83</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jal Public Library Fund P.O. Box 178 Jal, NM 88252</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;">PO Box 178 Jal NM 88252</p>
 <p>9590 9402 8851 4005 3172 93</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7084 76</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">James Huffhines 708 Lynne Lane Burleson, TX 76028</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>9590 9402 8851 4005 3173 23</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7084 45</p>	

Ex.A-8-162

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: James Robert Pruett 530 West Hunters Court Way Mustang, OK 73064	B. Received by (Printed Name) <i>James Pruett</i>	C. Date of Delivery 6-10-24
	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 0131 7084 38	3. Service Type <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery 	
	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Jeanette Singleton Cloyd 6 Pinewood Circle Houston, TX 77024	B. Received by (Printed Name) <i>Jean P. Cloyd</i>	C. Date of Delivery 6/11/24
	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 0131 7083 84	3. Service Type <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery 	
	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Jeanie Larell Martin 1713 Waterton Cir Whitehouse, TX 75791	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7083 77	3. Service Type <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery 	
	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		


Ex.A-8-163


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)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jessica Lynn Whitley 23401 Interstate 35 Unit 1 Kyle, TX 78640</p>	<p>3. Service Type</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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> 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="text-align: center;">9590 9402 8851 4005 3174 22</p>	<p>3. Service Type</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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>


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)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jimmie Eden, Jr. Trust PO Box 17 Stillwater, OK 74076</p>	<p>3. Service Type</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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> 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="text-align: center;">9589 0710 5270 0131 7083 46</p>	<p>3. Service Type</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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Joan Miller Ganz & John William Lyttle, Jr., Co-Trustees of The Ida Miller Estate P.O. Box 65 Farmingdale, NY 11735</p>	<p>3. Service Type</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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> 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="text-align: center;">9590 9402 8851 4005 3071 19</p>	<p>3. Service Type</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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

Ex.A-8-164

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Joe Paul Allen</u> C. Date of Delivery <u>6/18/24</u></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Joe Paul Allen 1400 Rosner Hills Rd Jefferson City, MO 65109</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;"> 9590 9402 8851 4005 3071 33</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7080 49</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail®</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>Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>John B. Mayse</u> C. Date of Delivery <u>JUN 10 2024</u></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">John B. Mayse PO Box O Pleasanton, TX 78064</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;"> 9590 9402 8851 4005 3071 40</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7080 32</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail®</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>Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>1. Article Addressed to:</p> <p style="text-align: center;">John Douglas Hinchey, in Trust 10058 S Shadow Hill Sr Lone Tree, CO 80124</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;"> 9590 9402 8851 4005 3071 57</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7080 25</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail®</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>Mail Restricted Delivery</p>

Ex.A-8-165

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>1. Article Addressed to:</p> <p style="text-align: center;">John F. Special P. O. Box 369 Stillwater, OK 74076</p>	<p>B. Received by (Printed Name) <i>[Signature]</i></p>	<p>C. Date of Delivery JUN 13 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3071 71</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>3. Service Type</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"/> Mail Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

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>1. Article Addressed to:</p> <p style="text-align: center;">John Scharbauer Estate Trust PO Box 194 Midland, TX 79702</p>	<p>B. Received by (Printed Name) DORRA STEEN</p>	<p>C. Date of Delivery 6/12/24</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7080 01</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>3. Service Type</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"/> Mail Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		



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>1. Article Addressed to:</p> <p style="text-align: center;">Joseph L Daws 5031 Hilsboro Pike, #326 Nashville, TN 37215</p>	<p>B. Received by (Printed Name) DAVID TERPUL</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3071 88</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>3. Service Type</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"/> Mail Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Joseph M. Clift, Trustee on behalf of Gilbert Burke Clift, Jr. 322 W 57th St, Apt 37M New York, NY 10019</p>	<p>B. Received by (Printed Name)</p> <p><i>Joseph M. Clift</i></p>	<p>C. Date of Delivery</p> <p><i>6/20/24</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3072 18</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>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"/> Signature Confirmation Restricted Delivery</p>	<p>all Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

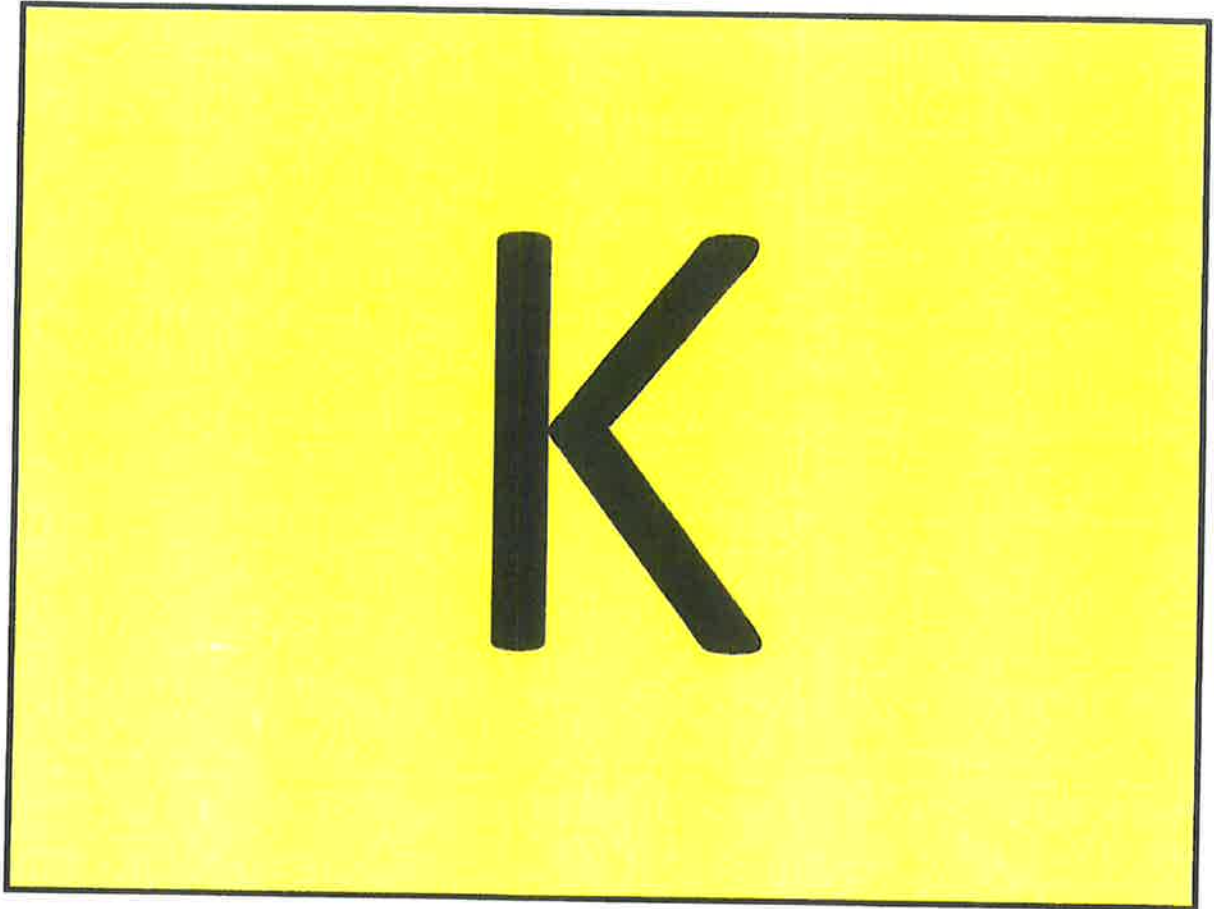
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Judy Lynn Whitley Blackwell 10834 Grand Teton Dr Corpus Christi, TX 78410</p>	<p>B. Received by (Printed Name)</p> <p><i>Judy Blackwell</i></p>	<p>C. Date of Delivery</p> <p><i>6-12-24</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3072 25</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>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</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Restricted</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Restricted</p>	<p>Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Judy Martin 1249 St Hwy 19 Chickasha, OK 73018</p>	<p>B. Received by (Printed Name)</p> <p><i>Judy Martin</i></p>	<p>C. Date of Delivery</p> <p><i>6-12-24</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3072 32</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</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"/> Signature Confirmation Restricted Delivery</p>	<p>Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

Ex.A-8-167

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p>													
<p>1. Article Addressed to:</p> <p style="text-align: center;">Julia Ann Verschoyle Banks 2125 Belmont Vurlinton, NC 27215</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;">  9590 9402 8851 4005 3072 49 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0131 7079 36</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> </table> <p style="font-size: 0.8em;">I Mail I Mail Restricted Delivery 500)</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"/> 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														

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



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>J Korakowski</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>F Korakowski</i> <i>6-10-24</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 <i>24</i></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">K and K Minerals, LLC 621 N Robinson Ste 100 Oklahoma City, OK 73102</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3072 56</p>	<p>Mail Restricted Delivery</p> <p>9589 0710 5270 0131 7079 29</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		
		Domestic Return Receipt

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>Ron Finkel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>RON FINKEL</i> <i>6-12-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Karen Finkel 32158 Beachlake Ln Westlake Village, CA 91361</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3072 70</p>	<p>Mail Restricted Delivery (\$500)</p> <p>9589 0710 5270 0131 7079 05</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		
		Domestic Return Receipt

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 Y Barnes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Karen Y Barnes</i> <i>6/17/24</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 style="text-align: center;">Karen Y Barnes 328 Mustang Alley Sylvia, NC 28779</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3072 87</p>	<p>Mail Restricted Delivery (300)</p> <p>9589 0710 5270 0131 7078 99</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		
		Domestic Return Receipt

Ex.A-8-170



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:
 K and K Minerals, LLC
 621 N Robinson Ste 100
 Oklahoma City, OK 73102



9590 9402 8851 4005 3072 56

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7079 29

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *J Korakowski* Agent
 Addressee

B. Received by (Printed Name) *F Korakowski* C. Date of Delivery *6-10*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No *24*

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Signature Confirmation Restricted Delivery
 - Mail Restricted Delivery

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:
 Karen Finkel
 32158 Beachlake Ln
 Westlake Village, CA 91361



9590 9402 8851 4005 3072 70

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7079 05

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ron Finkel* Agent
 Addressee

B. Received by (Printed Name) *RON FINKEL* C. Date of Delivery *6-12-24*

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Signature Confirmation Restricted Delivery
 - Mail Restricted Delivery

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:
 Karen Y Barnes
 328 Mustang Alley
 Sylvania, NC 28779



9590 9402 8851 4005 3072 87

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7078 99

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Karen Y Barnes* Agent
 Addressee


B. Received by (Printed Name) *Karen Y Barnes* C. Date of Delivery *6/17/24*


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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Signature Confirmation Restricted Delivery
 - Mail Restricted Delivery

Ex.A-8-172

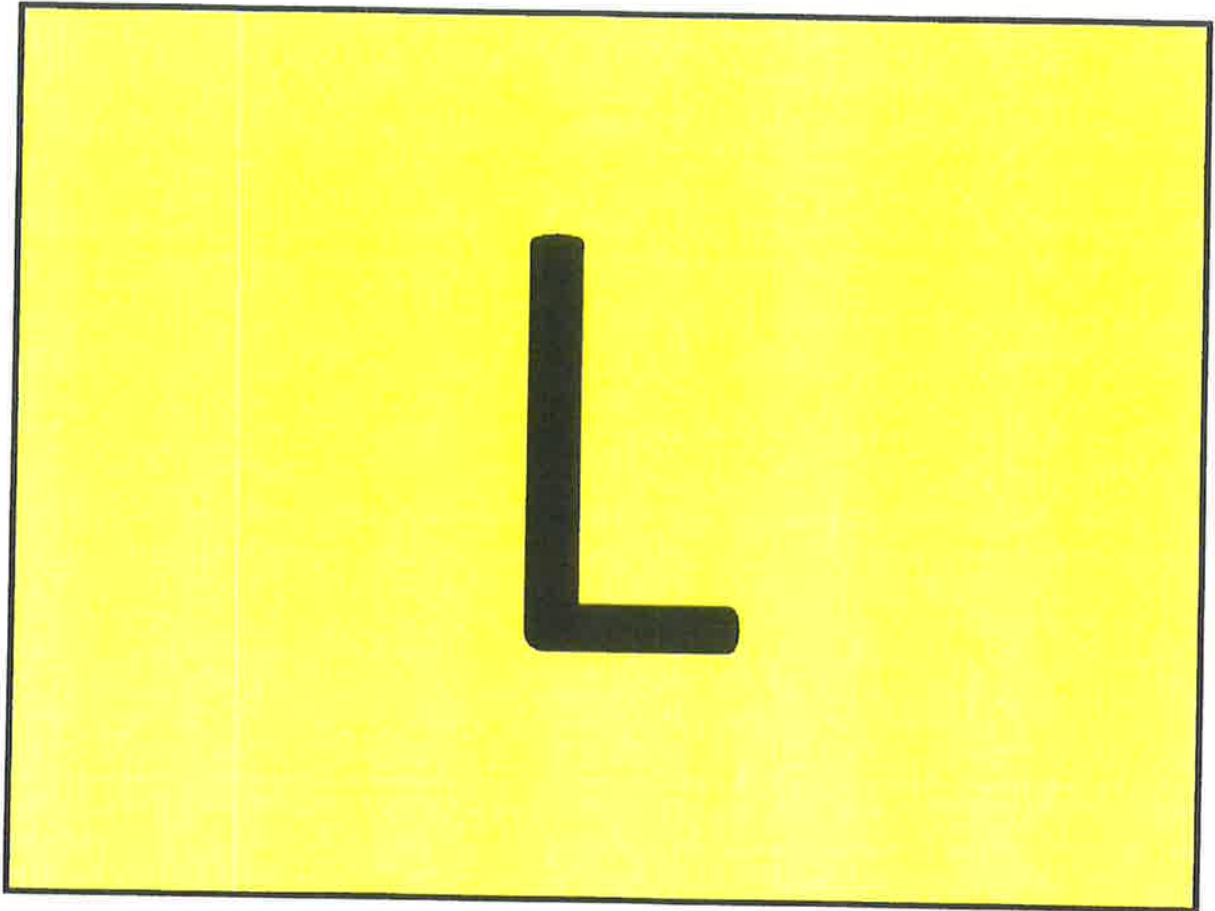
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Phil Ruiz</p> <p>C. Date of Delivery 6/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Karlann Witt 7602 Basil Cove Austin, TX 78750</p>		
 9590 9402 8851 4005 3072 94		
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7078 82</p>	<p>3. Service Type</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"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

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) Larry Webb</p> <p>C. Date of Delivery 6-13-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ken Perkins Oil & Gas PO Box 1015 Simonton, TX 77476</p>		
 9590 9402 8851 4005 3073 24		
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7078 51</p>	<p>3. Service Type</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"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

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) M. Mashburn</p> <p>C. Date of Delivery 6/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Kimbell Royalty Holdings, LLC 777 Taylor St, Ste 810 Fort Worth, TX 76102</p>		
 9590 9402 8851 4005 3073 31		
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</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"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

Ex.A-8-173

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X <i>KM</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Kimberly D Motzny 1195 Dresden Way San Jose, CA 95129</p>	<p>B. Received by (Printed Name) <i>KM</i> C. Date of Delivery <i>6/11/2024</i></p>												
<div style="text-align: center;">  9590 9402 8851 4005 3073 48 </div>	<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>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0131 7078 37</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> </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"/> 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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													



Ex.A-8-175

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 ANN M STEPHENSON 6-10-24</p>
<p>1. Article Addressed to: Lasca, Inc. PO Box 470425 Fort Worth, TX 76147</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7082 78</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</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>1 Mail <input type="checkbox"/> Mail Restricted Delivery (500)</p>

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


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 Lisa WCRM 6-22-24</p>
<p>1. Article Addressed to: Laura Kay Hinchey PO Box 53567 Midland, TX 79710</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7082 61</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</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>Mail <input type="checkbox"/> Mail Restricted Delivery (30)</p>


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

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 Beth Woodberry 6/11/24</p>
<p>1. Article Addressed to: Lean Dog LP No. 1 P.O.Box 25203 Dallas, TX 75225</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7082 54</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</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>Mail <input type="checkbox"/> Mail Restricted Delivery</p>

Ex.A-8-176

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>Cindy Bloch</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cindy C. Bloch</i></p> <p>C. Date of Delivery <i>6/10/24</i></p>
<p>1. Article Addressed to: Lee Daws Bloch 1214 Ross Ave Baton Rouge, LA 70808</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> 9590 9402 8851 4005 3074 30</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7082 47</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</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><input type="checkbox"/> Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>Gary Bond</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Gary Bond</i></p> <p>C. Date of Delivery <i>6/11/24</i></p>
<p>1. Article Addressed to: Legat LLC 6114 W. Canterbury Drive Stillwater, OK 74074</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> 9590 9402 8851 4005 3074 47</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7082 30</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</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><input type="checkbox"/> Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>Claymond</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Claymond</i></p> <p>C. Date of Delivery <i>6/10/24</i></p>
<p>1. Article Addressed to: Lexington Oil Company P. O. Box 237 Gonzales, TX 78629</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> 9590 9402 8851 4005 3074 54</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7082 37</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</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><input type="checkbox"/> Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-177

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:
 Lisa A Melson
 4823 Lomina
 Lakewood, CA 90713

2. Article Number (Transfer from service label)
 9590 9402 8851 4005 3074 61

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Lisa A Melson

C. Date of Delivery
 8/22/24

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

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:
 Lisa K Winstone
 473 N Old Hwy 81
 Ninnekah, OK 73067

2. Article Number (Transfer from service label)
 9590 9402 8851 4005 3074 78

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Lisa K. Winstone

C. Date of Delivery
 6-17-24

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

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:
 Little Bit Scharbauer, Ltd
 PO Box 366
 Seminole, TX 79360

2. Article Number (Transfer from service label)
 9590 9402 8851 4005 3074 85

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Brandi J. Scharbauer

C. Date of Delivery
 8/21/24

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

Ex.A-8-178

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:
 Llyod D Martin
 2771 County Street 2860
 Chickasha, OK 73018



9590 9402 8851 4005 3074 92

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7081 86

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lloyd D. Martin* Agent Addressee

B. Received by (Printed Name) *Lloyd Martin* C. Date of Delivery *6-12-24*

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Mail Restricted Delivery

Domestic Return Receipt

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:
 Lomoco, Inc
 PO Box 6007
 Tyler, TX 75711



9590 9402 8851 4005 3075 08

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7081 79

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *DORADO P...* Agent Addressee

B. Received by (Printed Name) *DORADO P...* C. Date of Delivery *6/12/24*

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Mail Restricted Delivery

Domestic Return Receipt

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:
 Louise Petrilla
 6317 24th St
 Lubbock, TX 79407



9590 9402 8851 4005 3174 77

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7081 48

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Louise Petrilla* Agent Addressee

B. Received by (Printed Name) *Louise Petrilla* C. Date of Delivery *6-10-24*

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Mail Restricted Delivery


Ex.A-8-179


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 JAMISON McILWAIN 6/10/24</p>
<p>1. Article Addressed to: LSEAE, LLC N Loraine St Suite 1450 Midland, TX 78701</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>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3174 84 9589 0710 5270 0131 7081 31</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"/> Mail <input type="checkbox"/> Mail Restricted Delivery (30)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


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 Lucinda Johnson</p>
<p>1. Article Addressed to: Lucinda Kay Lechner Johnson PO Box 13098 Arlington, TX 76094</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>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3174 91 9589 0710 5270 0131 7081 24</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"/> Mail <input type="checkbox"/> Mail Restricted Delivery (30)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 BARRY LUSKEY 6/18/24</p>
<p>1. Article Addressed to: Luskey Living Trust, Barry Luskey 38 Little Comfort Rd. Savannah, GA 31411</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>2. Article Number (Transfer from service label) 9590 9402 7561 2098 2495 93</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"/> Mail <input type="checkbox"/> Mail Restricted Delivery (30)</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>

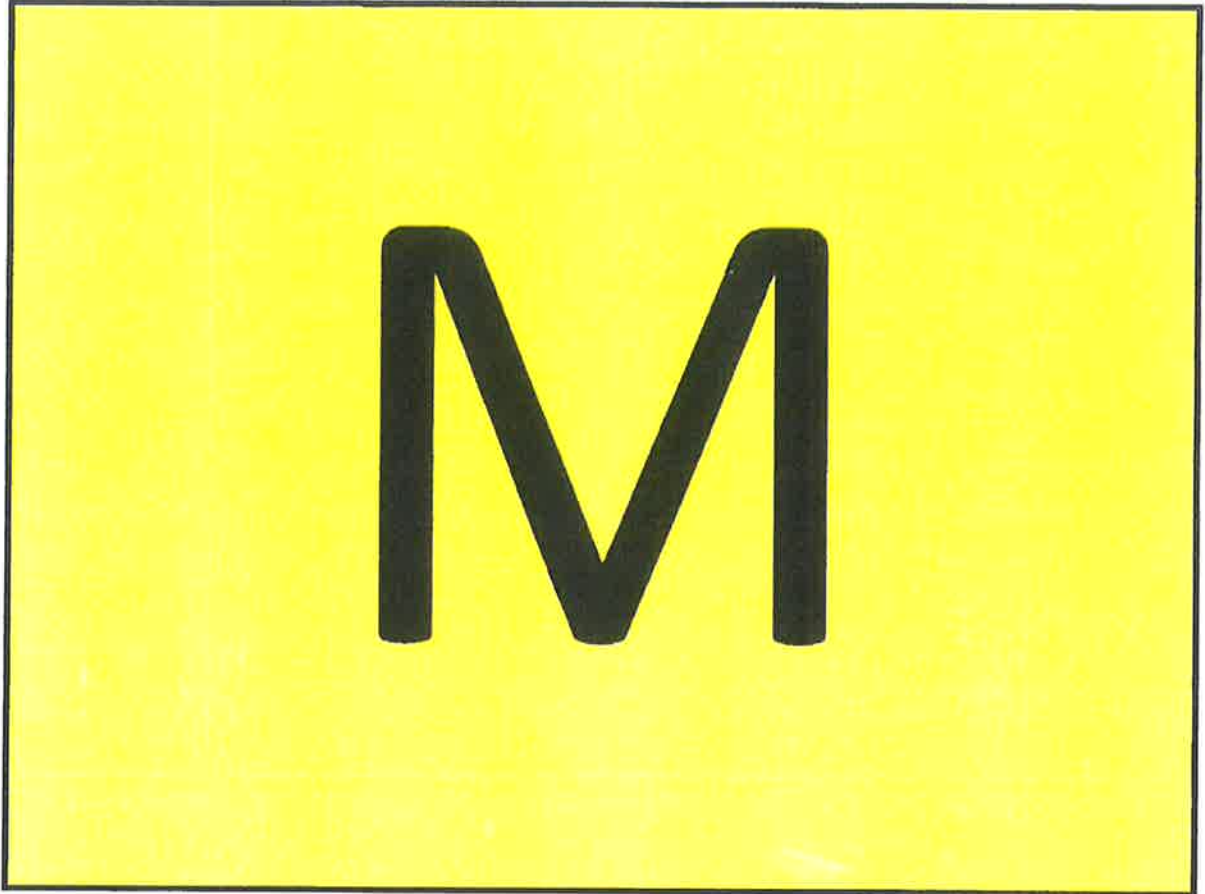
Ex.A-8-180

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>Sophie Gloff</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Sophie Gloff</i></p> <p>C. Date of Delivery <i>6/11/24</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 style="text-align: center;">Lyeth Oil Trust 777 Taylor St, Penthouse 1, Ste A Fort Worth, TX 76102</p>														
 9590 9402 8851 4005 3051 08														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7080 94</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> </table> <p>Mail <input type="checkbox"/> Mail Restricted Delivery (00)</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"/> 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														
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>														

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>Lynne Renae Deaton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lynne Renae Deaton</i></p> <p>C. Date of Delivery <i>6/10/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>													
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lynne Renae Deaton PO Box 97 Chico, TX 76431</p>														
 9590 9402 8851 4005 3051 15														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7080 87</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> </table> <p>Mail <input type="checkbox"/> Mail Restricted Delivery (00)</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"/> 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														
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>														

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>Haren Murphy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Haren Murphy</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 style="text-align: center;">Lynx Production Company 4849 Greenville Avenue, Suite 1255 Dallas, TX 75206</p>														
 9590 9402 8851 4005 3051 22														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7080 94</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> </table> <p>Mail <input type="checkbox"/> Mail Restricted Delivery (00)</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"/> 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														
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>														

Ex.A-8-181



Ex.A-8-182

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:

Maecenas Minerals, LLP
 3838 Oak Lawn Ave, Ste 300
 Dallas, TX 75219



9590 9402 8851 4005 3051 39

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7069 08

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *BROOSTA*

- Agent
- Addressee

B. Received by (Printed Name)

BROOSTA

C. Date of Delivery

6/12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

1 Mail
1 Mail Restricted Delivery 500)

Domestic Return Receipt

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:

MarJam Energy LLC
 10440 N Central Expressway, Ste 1010
 Dallas, TX 75231



9590 9402 8851 4005 3051 91

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7068 47

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Cantu*

- Agent
- Addressee

B. Received by (Printed Name)

M. Cantu

C. Date of Delivery

6-11-24

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

1 Mail
1 Mail Restricted Delivery 500)

Domestic Return Receipt

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:

Mark Antweil
 4450 Oak Park Lane, #101842
 Fort Worth, TX 76185



9590 9402 8851 4005 3052 07

2. Article Number (Transfer from service label)

9589 0710 5270 0131 706A 30

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Antweil*

- Agent
- Addressee

B. Received by (Printed Name)

M. Antweil

C. Date of Delivery

6/10/24

D. Is delivery address different from item 1? Yes


If YES, enter delivery address below: No

3. Service Type


- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

1 Mail
1 Mail Restricted Delivery 500)

Ex.A-8-183

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) Mark Caldwell</p> <p>C. Date of Delivery 6/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Mark Caldwell & Bonnie Caldwell 3512 A Shell Ave Midland, TX 79707</p>	
 9590 9402 8851 4005 3052 14	<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"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7068 23</p>	<p>Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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)</p> <p>C. Date of Delivery 6/18</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: Marsha Lee Cliff Scott 3710 Whipporwhill Lane Enid, OK 73703</p>	
 9590 9402 8851 4005 3052 21	<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"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7068 16</p>	<p>Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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)</p> <p>C. Date of Delivery 6/10</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: Mary M. Hodge 12131 Lueders Lane Dallas, TX 75230</p>	
 9590 9402 8851 4005 3052 69	<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"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7068 16</p>	<p>Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-184

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.

Matthew Carson Cottingham Miles
111 Sheraton Dr
San Antonio, TX 78209

9590 9402 8851 4005 3052 76

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7067 62

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  Agent
 Addressee

B. Received by (Printed Name) Date of Delivery
6-70-24

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Restricted Delivery

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:
Melanie Marie Mites Hirschfeld & Matthew Carson Cottingham Miles, Remaindermen of The Bradley Carson Miles Life Estate
8815 Towana Trail
Austin, TX 78736

9590 9402 8851 4005 3052 83

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7067 55

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
M Miles Hirschfeld 4/8/24

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Restricted Delivery

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:
Metrocare Services
1717 Main St 25th floor
Dallas, TX 75201

9590 9402 8851 4005 3052 83

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Hirschfeld 6/1/24

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery

Ex.A-8-185

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) LISA CHIVIAN</p> <p>C. Date of Delivery 6-12-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Patrick Edward Corrigan Family Partnership, LLLP PO Box 643726 Vero Beach, FL 32964</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3054 74</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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) LISA WCRM</p> <p>C. Date of Delivery 6-12-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Patsy Elaine Hinchey PO Box 53567 Midland, TX 79710</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3054 81</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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) Lisa WCRM</p> <p>C. Date of Delivery 6-14-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Patsy Hinchey Family, LP, c/o Catoico PO Box 53567 Midland, TX 79710</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3055 04</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-186

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:

Paula Jo Allen Carrera
1419 Lawson Palm Ct
Apopka, FL 32712

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7064 41

COMPLETE THIS SECTION ON DELIVERY

A. Signature
*Paula Carrera Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Paula Carrera 6/24/24

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

3. Service Type

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

APOPKA FL 32712 JUN 24 2024

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

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:

Penny L. Grantham Roth
21 Oak Lane
Springfield, IL 62717

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7064 34

COMPLETE THIS SECTION ON DELIVERY

A. Signature
*Penny Roth 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

3. Service Type

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

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

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.

Article Addressed to:

Petro-Crown Resources, LP
PO BOX 9289
Wichita Falls, TX 76308

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7064 27

COMPLETE THIS SECTION ON DELIVERY

A. Signature
*Brenda Grayson Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Brenda Grayson 6-10-24

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

3. Service Type

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

JUN 10 2024

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

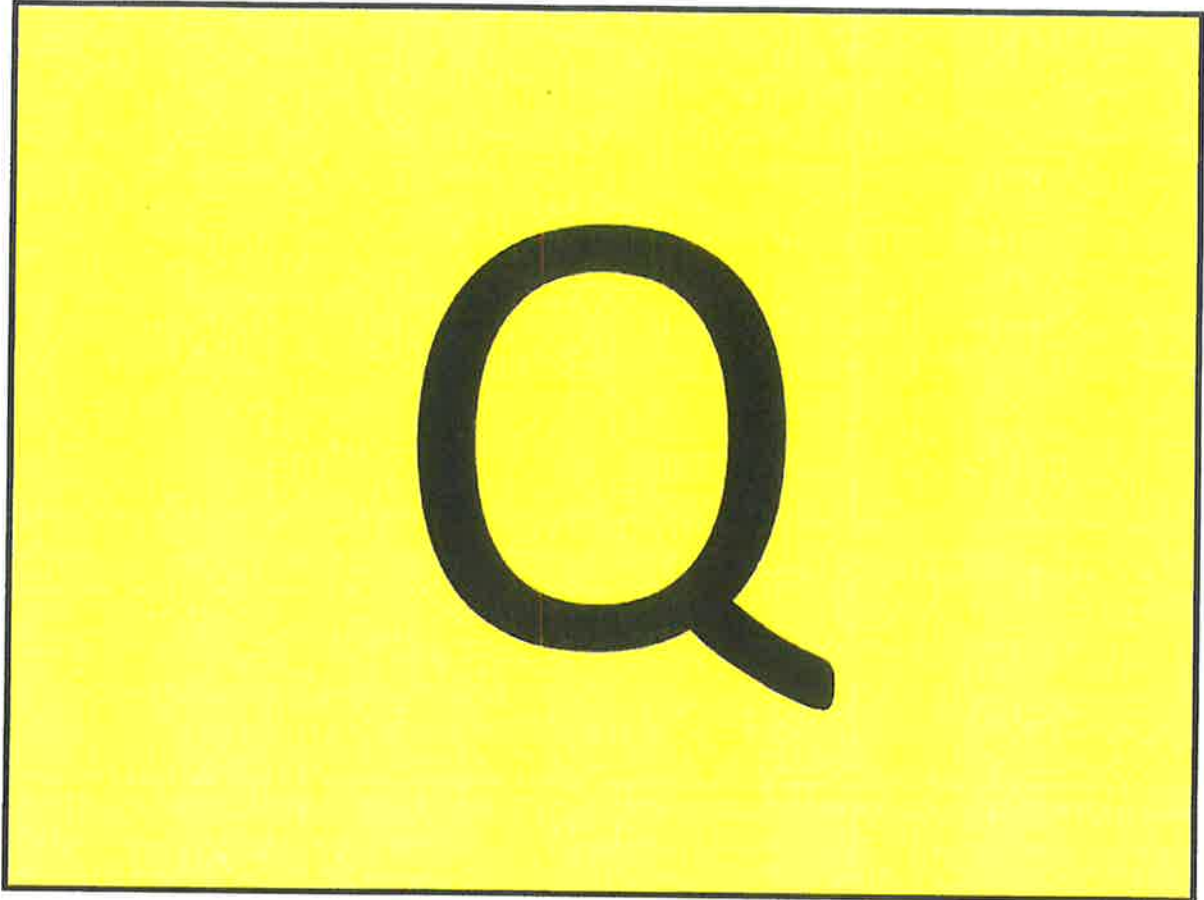
Ex.A-8-187

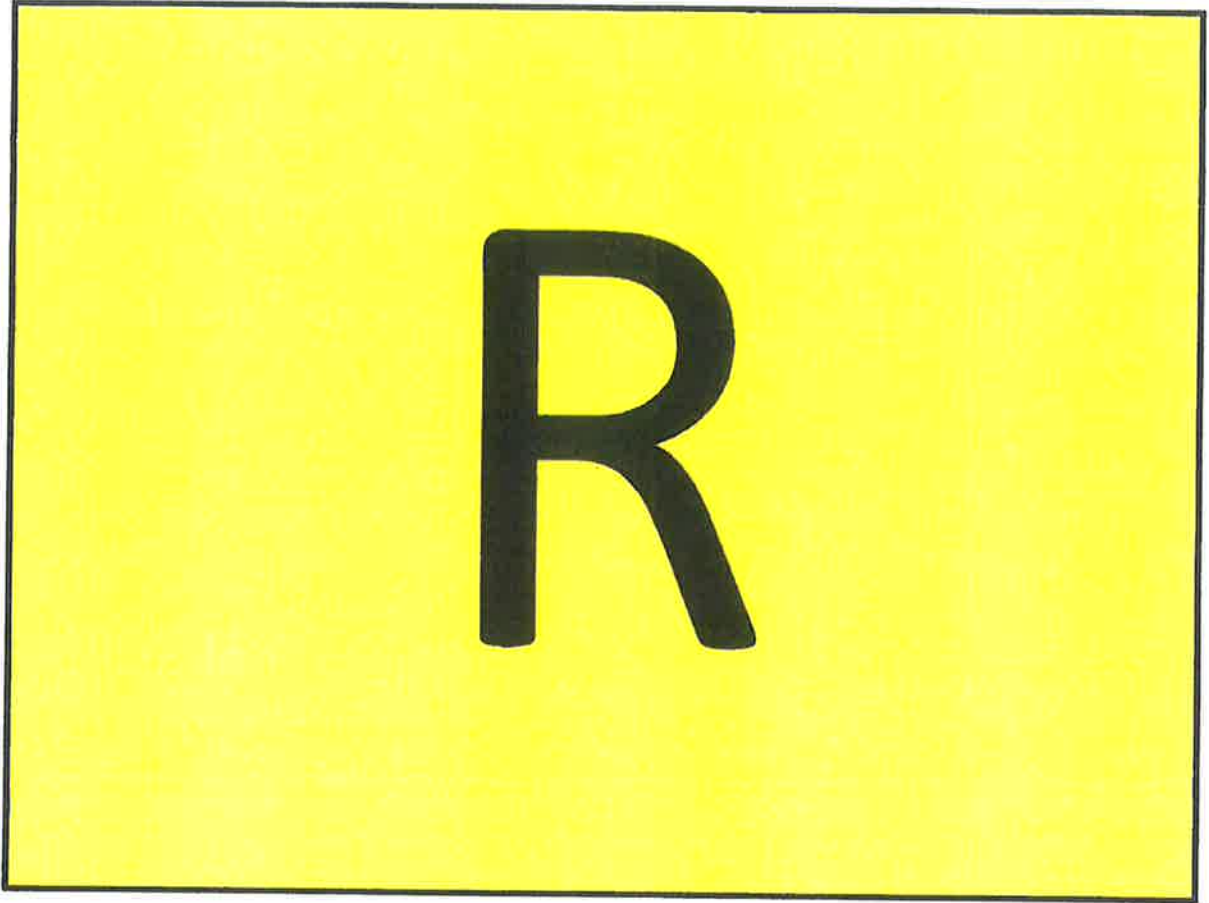
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: Philip Lyle Williams and Cheryl Williams, as Co-Trustees of the Philip Lyle Williams and Cheryl Ann Williams 2016 Revocable Trust, u/t/a 6/1/2016, as Amended 1157 Mountain Canary Dr. South Lake Tahoe, CA 96150	B. Received by (Printed Name) <i>C. Williams</i>	C. Date of Delivery <i>8-10-24</i>
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7064 10	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Professional Investment and Trust Company PO Drawer 1599 Lovington, NM 88260	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 97	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Purnell Morrow Company PO Box 823560 Dallas, TX 75382	B. Received by (Printed Name) <i>Eli Morrow</i>	C. Date of Delivery
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 10	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	

Ex.A-8-188







SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete item Print your name so that we can Attach this card or on the front 	Signature <input checked="" type="checkbox"/> <i>Lewan P. Hufhines</i> Printed Name Lewan P. Hufhines	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee C. Date of Delivery 6/12/24	If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Article Addressed to: Ray Hufhines 20039 Santa Rosa Dr Springdale, AR 72764			
 9590 9402 8851 4005 3056 03		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	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 59		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	


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. 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Rfort Mineral Properties, LLC 9716 Admiral Emerson Ave NE Albuquerque, NM 87111		B. Received by (Printed Name) C. Date of Delivery	D. Is delivery address different from item 1? If YES, enter delivery address below:
 9590 9402 8851 4005 3056 10		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	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 42		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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. 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Ricky D Raindl PO Box 142454 Irving, TX 75014		B. Received by (Printed Name) Ricky D Raindl C. Date of Delivery 6-11-24	D. Is delivery address different from item 1? If YES, enter delivery address below:
 9590 9402 8851 4005 3050 92		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	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 11		<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	


Ex.A-8-191


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert Denney</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>BRENDA DENNEY 6-5-2</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 style="text-align: center;">Robert Denney 1207 Ponderosa Dr Hobbs, NM 88242</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (\$500)</p>
 9590 9402 8851 4005 3056 58 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7062 98	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert Howe Mayse</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Robert Howe Mayse 1635 Paradise Ranch Rd Fredericksburg, TX 78624</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p>
 9590 9402 8851 4005 3056 65 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7062 81	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert M. Davenport, Jr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Robert M. Davenport, Jr 104 S Pecos Midland, TX 79701</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p>
 9590 9402 8851 4005 3056 72 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7062 74	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

Ex.A-8-192

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>Mitch Raindl</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mitch Raindl</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Robert Mitchell Raindl PO Box 853 Tahoka, TX 79373</p>	
 9590 9402 8851 4005 3056 89	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7062 67</p>	<p>1 Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert N Jones</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Robert N Jones 1351 NE Carlaby Way, Apt 131 Hillsboro, OR 97124</p>	
 9590 9402 8851 4005 3056 96	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7062 50</p>	<p>1 Mail Restricted Delivery (0)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert P and Jeannine H Byron</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Robert P and Jeannine H Byron</i> 6-12-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Robert P and Jeannine H Byron PO Box 1562 Roswell, NM 88202</p>	
 9590 9402 8851 4005 3057 02	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7062 43</p>	<p>1 Mail Restricted Delivery (0)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

Ex.A-8-193

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>Robertson Foley</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Karen Foley 8/10/24</i></p>
<p>1. Article Addressed to:</p> <p>Robertson B Foley 13121 Killenwood Dr Wichita, KS 67230</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3060 06</p> <p>9589 0710 5270 0131 7062 36</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>

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

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>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Robin Leslie Yeager 6125 Luther Ln., Suite 385 Dallas, TX 75225</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3060 13</p> <p>9589 0710 5270 0131 7062 29</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Mail Restricted Delivery (500)</p>

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

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>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Robin Leslie Yeager, in Trust 6125 Luther Ln., Suite 385 Dallas, TX 75225</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3060 20</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>


Ex.A-8-194


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to: Ronald M Harrison, Trustee of the Ronald M. Harrison Testamentary Trust 739 Parkway Blvd. Coppell, TX 75019</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7061 44</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to: Roxanne Rasher 6038 S Ferdinand St Tacoma, WA 98409</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7061 68</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to: Roxanne Zillner 17704 Juniper St Hesperia, CA 92345</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7061 68</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>

Ex.A-8-195

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X S. Baggo</i></p> <p>B. Received by (Printed Name) <i>Sherry Ann Baggo</i></p> <p>C. Date of Delivery <i>6/10/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Roy G Barton, Jr 1919 N Turner St Hobbs, NM 88240</p>	
 9590 9402 8851 4005 3060 82	<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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (500)</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7061 51</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 <i>X Randy Geiselman</i></p> <p>B. Received by (Printed Name) <i>Randy Geiselman</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>RSG Properties, Ltd 2700 Racquet Club Dr Midland, TX 79705</p>	
 9590 9402 8851 4005 3060 99	<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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (00)</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7061 44</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 <i>X Russell King Jones</i></p> <p>B. Received by (Printed Name) <i>R. Jones</i></p> <p>C. Date of Delivery <i>6/10/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Russell King Jones 3404 Alicia Ct Midland, TX 79707</p>	
 9590 9402 8851 4005 3061 05	<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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7061 37</p>	

Ex.A-8-196

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) <input type="checkbox"/> C. Date of Delivery <i>10/17/24</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>Milagro Resources, LP 415 West Wall Ave., Ste. 1118 Midland, TX 79701</p>	<p>3. Service Type</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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3053 06</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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) <input type="checkbox"/> C. Date of Delivery <i>10-10-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Miller West, LTD PO Box 400 Benavides, TX 78341</p>	<p>3. Service Type</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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3053 13</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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) <input type="checkbox"/> C. Date of Delivery <i>10/17/24</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>MNA Enterprises LTD Co 106 W Alabama St Hobbs, NM 88242</p>	<p>3. Service Type</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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3053 37</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-197

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:
 Mobil Producing TX & NM, Inc
 22777 Springwoods Village Pkwy
 Spring, TX 77389



9590 9402 8851 4005 3053 44

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7066 94

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:
 Montgomery Petroleum
 1020 E Levee St, Ste 130
 Dallas, TX 75207



9590 9402 8851 4005 3053 75

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7066 63

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:
 Morgan Richardson Hubbard, Jr.
 PO Box 1961
 Abilene, TX 79604



9590 9402 8851 4005 3053 82

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7066 56

Released to Imaging: 8/23/2024 1:56:19 PM

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery





Ex.A-8-198

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>1. Article Addressed to:</p> <p style="text-align: center;">Morgan Tyler Edwards 219 Treasure Way San Antonio, TX 78209</p>	<p>B. Received by (Printed Name) C. Date of Delivery Morgan Tyler Edwards JUN 1 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3053 99</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>49 Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>1. Article Addressed to:</p> <p style="text-align: center;">Mountain Lion Oil & Gas, LLC 7941 Katy Freeway #117 Houston, TX 77024</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3054 05</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>32 Mail Restricted Delivery (0)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	




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>Nancy Warren Bentley</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Nancy Warren Bentley 248 Texas Drive Hideaway, TX 75711</p>	
 9590 9402 8851 4005 3050 16	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7066 01</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"/> Certified 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"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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>Shirley Francis</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">National Lease Co. 100 French St Unit 115A Wilmington, DE 19801</p>	
 9590 9402 8851 4005 3050 30	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7065 88</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"/> Certified 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"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

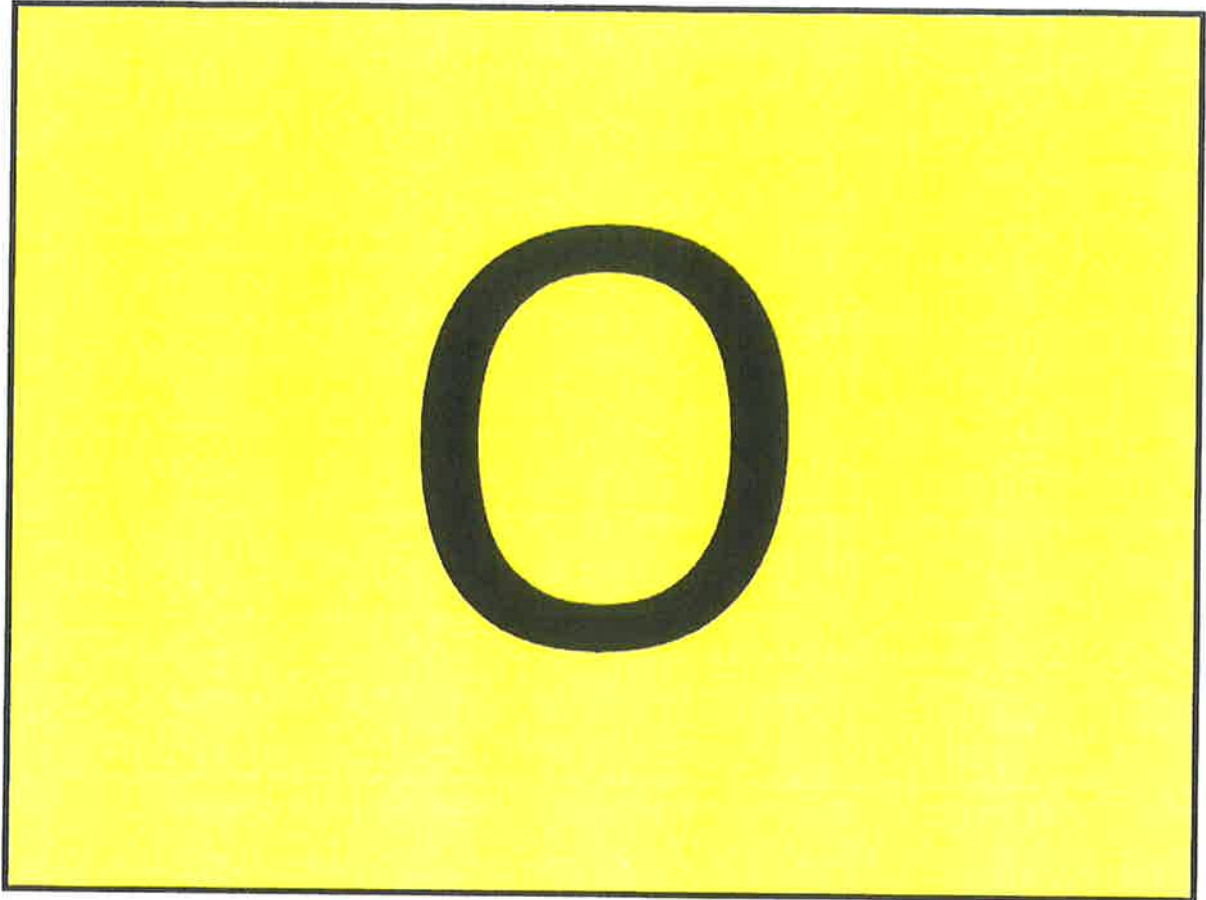
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Nelson A. Fleck</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Nelson A. Fleck 240 Greenwich Street New York, NY 10286</p>	
 9590 9402 8851 4005 3050 47	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7065 88</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"/> Certified 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"/> Signature Confirmation Restricted Delivery</p>

Ex.A-8-201

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87501</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>												
<div style="text-align: center;">  9590 9402 8851 4005 3050 54 </div>	<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>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">9589 0710 5270 0131 7065 64</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> </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"/> 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													

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

Domestic Return Receipt



Ex.A-8-203

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.

Article Addressed to:

OBO INC
PO Box 22577
Hiataeh, FL 33002

9590 9402 8851 4005 3050 78

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7065 40

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

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

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

Domestic Return Receipt

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:

Onez Norman Rooney Testamentary Trust
PO Box 18757
Oklahoma City, OK 73154

9590 9402 8851 4005 3054 36

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7065 26

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

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

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

Domestic Return Receipt

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.

Article Addressed to:

Otis L. Jones & Lita U. Jones, Co-Trustees of the Jones Revocable Trust u/a/d October 4, 1993
44101 NW Wollen Road
Banks, OR 97106

9590 9402 8851 4005 3054 43

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY


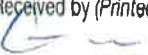

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Darren Jones 6-0-24

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

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


Ex.A-8-204

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<p>■ Complete items 1, 2, and 3.</p> <p>· Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to:</p> <p style="text-align: center;">OXY USA WTP LP 5 Greenway Plaza Suite 110 Houston, TX 77046</p>	<p>B. Received by (Printed Name) </p>	<p>C. Date of Delivery 6/8/24</p>												
<p style="text-align: center;"> 9590 9402 8851 4005 3054 67</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7064 96</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> </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"/> 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														


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



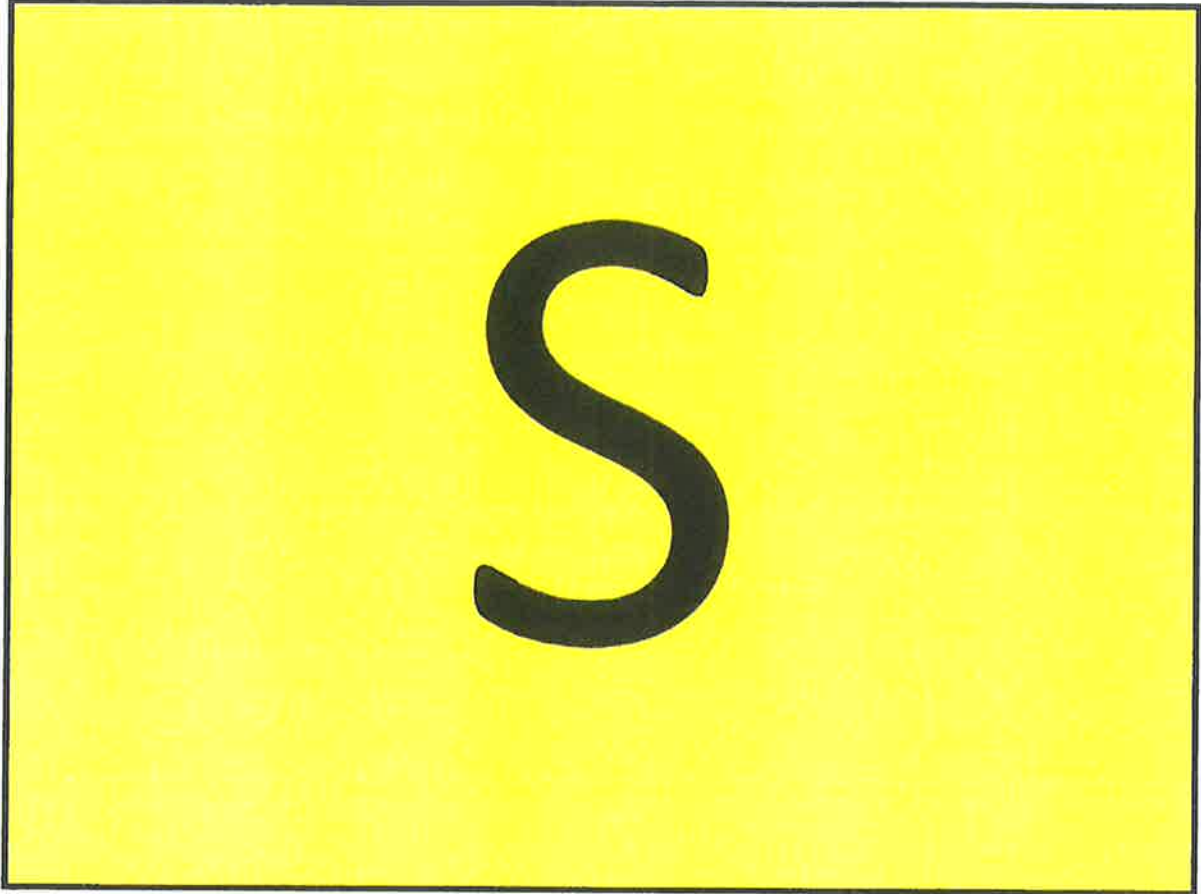
Ex.A-8-206

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>1. Article Addressed to: Russell T. Rudy Energy, LLC 320 Westcott Houston, TX 77007</p>	<p>B. Received by (Printed Name) Monica Guerrero</p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3061 12</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>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</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

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>1. Article Addressed to: Ruth Burney Pennebaker 98 San Jacinto Blvd Austin, TX 78701</p>	<p>B. Received by (Printed Name) Ruth Burney Pennebaker</p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7061 20</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>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</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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



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:

Sally Blaine Barnes
226 Valmar St
Kernah, TX 77565



9590 9402 8851 4005 3061 36

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7061 06

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

Schmidt Trust
Michael W Elley & James C Williams,
Successor Trustees
117 Ripple Creek St
Shavano Park, TX 78231



9590 9402 8851 4005 3061 50

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7060 83

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

Sevenways Venture Capital, Ltd
6125 Luther Ln., Suite 385
Dallas, TX 75225



9590 9402 8851 4005 3061 67

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery


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


3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™

Ex.A-8-209

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>Andrew Schmidt</i> C. Date of Delivery <i>6/10/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">SH Permian Minerals, LLC P. O. Box 470426 Fort Worth, TX 76147</p>	
 <p>9590 9402 8851 4005 3061 74</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7060 69</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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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;">Shelley M Cohn 3514 E Oregon Ave Phoenix, AZ 85018</p>	
 <p>9590 9402 8851 4005 3061 98</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7060 45</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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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;">Shelley Luskey Trust 4409 Balcones Dr Austin, TX 78731</p>	
 <p>9590 9402 8851 4005 3062 04</p> <p>2. Article Number (Transfer from service label)</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"/> Signature Confirmation Restricted Delivery</p>

Ex.A-8-210

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:

Sherry-Nevada Oil Royalty Co
1919 N Turner St
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *S. Baggoo* Agent
 Addressee

B. Received by (Printed Name) *Sherry Ann Baggoo* C. Date of Delivery *06/10/24*

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



9590 9402 8851 4005 3062 11

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7060 21

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

Domestic Return Receipt

3. Service Type

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

Mail Restricted Delivery (\$500)

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:

Shirley G Whitley Mims
3613 Brushwood Ln
Corpus Christi, TX 78415

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Shirley Mims* Agent
 Addressee

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

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



9590 9402 8851 4005 3062 28

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7060 14

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

Domestic Return Receipt

3. Service Type

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

Mail Restricted Delivery (\$500)

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:

Southern Cross Royalty, LP
PO Box 100
Davis, OK 73030

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Janet Healy* Agent
 Addressee

B. Received by (Printed Name) *Janet Healy* C. Date of Delivery *06/10/24*

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



9590 9402 8851 4005 3062 59

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7059 87

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


Domestic Return Receipt

3. Service Type

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

Mail Restricted Delivery (\$500)

Ex.A-8-211

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Special Exploration, LLC PO Box 369 Stillwater, OK 74076	B. Received by (Printed Name) <i>DONTSEY</i>	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3062 66	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Speyside Resources, LLC PO Box 10458 Midland, TX 79702	B. Received by (Printed Name) <i>6/12/24 [Signature]</i>	C. Date of Delivery <i>6/12/24</i>
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3062 73	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: Stephen E. Dyer & Ludean E. Cantrell, Co-Trustees of the Ludean E. Cantrell Living Trust u/a/d May 20, 1991 PO Box 546 Ardmore, OK 73402	B. Received by (Printed Name) <i>STEPHEN DYER</i>	C. Date of Delivery <i>6/21/24</i>
PS Form 3811, July 2020 PSN 7530-02-000-9053	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

Ex.A-8-212

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:
 Stovall Fam Trust, Francis Stoval, Trustee
 420 Ocean View
 Port Aransas, TX 78373

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7059 32

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kim Miller

B. Received by (Printed Name)
 Kim Miller

C. Date of Delivery
 6-21-24

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

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

POST ARANSAS TX 78373
 JUN 21 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:
 Sue Richardson
 3338 FM 2952
 Bridgeport, TX 76426

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7059 25

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Barbara Kay

B. Received by (Printed Name)
 Barbara Kay

C. Date of Delivery

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

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

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:
 Susan Elizabeth Bowen
 PO Box 584
 Verdugo City, CA 91046

2. Article Number (Transfer from service label)
 9590 9402 8851 4005 3063 27

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
BEN BINAGE

B. Received by (Printed Name)
 BEN BINAGE

C. Date of Delivery

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

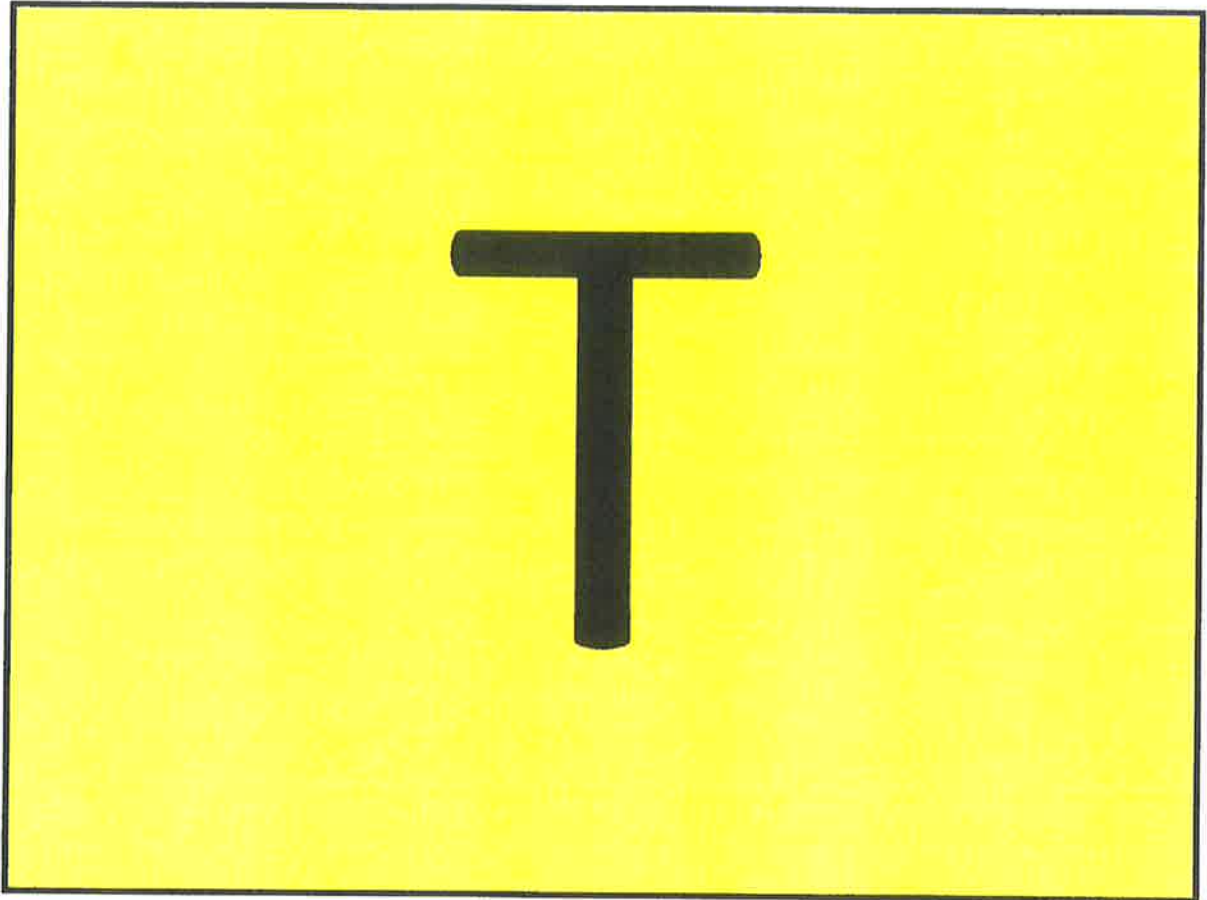
Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

VERDUGO CA
 JUN 17 2024


Ex.A-8-213

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"/> Au. <input type="checkbox"/> Au.</p> <p>B. Received by (Printed Name) C. Date of D</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">SWMF Properties, Inc. PO Box 840738 Dallas, TX 75284</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; color: red; font-weight: bold;">JUN 10 2024</p>
<p style="text-align: center;">9590</p> <p>2. Article Num</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <small>nation ry</small></p>
<p>PS Form 3871, July 2020 PSN 7530-02-000-9033 Domestic Return Receipt</p>	


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>Article Addressed to:</p> <p style="text-align: center;">Sylvia Jean Lechner Stanberry 3362 Fores Ln, Apt 305 Dallas, TX 75234</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;">9509 402 8851 4005 3057 26</p> <p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PSN 7530-02-000-9053 Receipt</p>	




Ex.A-8-215

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>Shary Morris</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Taryn N. Morris PO Box 7019 Abilene, TX 79608</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: right; color: red;">MAR 4 11 AM</p>
<p style="text-align: center;"> 9590 9402 8851 4005 3057 40</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0352 70</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation 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

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>Shary Morris</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Texas Bank and Trust, Successor Trustee of the Dr. and Mrs. J. E. Watkins Scholarship Trust P.O. Box 2749 Longview, TX 75606</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;"> 9590 9402 8851 4005 3057 57</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0352 87</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation 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

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>Brett Croft</i> C. Date of Delivery <i>6/8/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Tharp Minerals LP 3766 Bee Caves Road, Suite 1, #128, Westlake Hills, TX 78746</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;"> 9590 9402 8851 4005 3057 64</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0353 91</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>


Ex.A-8-216


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: The Cumberland Rest Inc 1600 Texas St Fort Worth, TX 76102	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3057 71	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: The H and S Drilling Co. PO Box 701620 Tulsa, OK 74170	B. Received by (Printed Name) ROBERT SNOW	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3057 88	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: The McDaniel Company 12900 Preston Rd., #415 Dallas, TX 75230	B. Received by (Printed Name)	C. Date of Delivery 6/12/24
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3057 95	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		


Ex.A-8-217


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 <i>M. ...</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: The Principia Corporation (Missouri Corp.) PO Box 1588 Tulsa, OK 74101	B. Received by (Printed Name)	C. Date of Delivery
 9590 9402 8851 4005 3058 01	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 0389 0500 20	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"/> Certified 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"/> Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

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 <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Theodore August Swenson, Jr 187 N. Bay Dr. Bullard, TX 74016	B. Received by (Printed Name)	C. Date of Delivery <i>6/17/24</i>
 9590 9402 8851 4005 3058 01	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 9589	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"/> Certified 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"/> Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Thomas R Bina 12424 Wilshire Blvd, Ste 1150 Los Angeles, CA 90025	B. Received by (Printed Name)	C. Date of Delivery <i>06/10/24</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

Ex.A-8-218

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>Stamm, Jeffrey</i></p> <p>C. Date of Delivery <i>Aug 11 2024</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Tierra Media Resources LP PO Box 9758 Midland, TX 79708</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;"> 9590 9402 8851 4005 3058 32</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0500 51</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Tommy L Fort 4914 Royal Oak Ct San Angelo, TX 76904</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;"> 9590 9402 8851 4005 3058 56</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0500 75</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

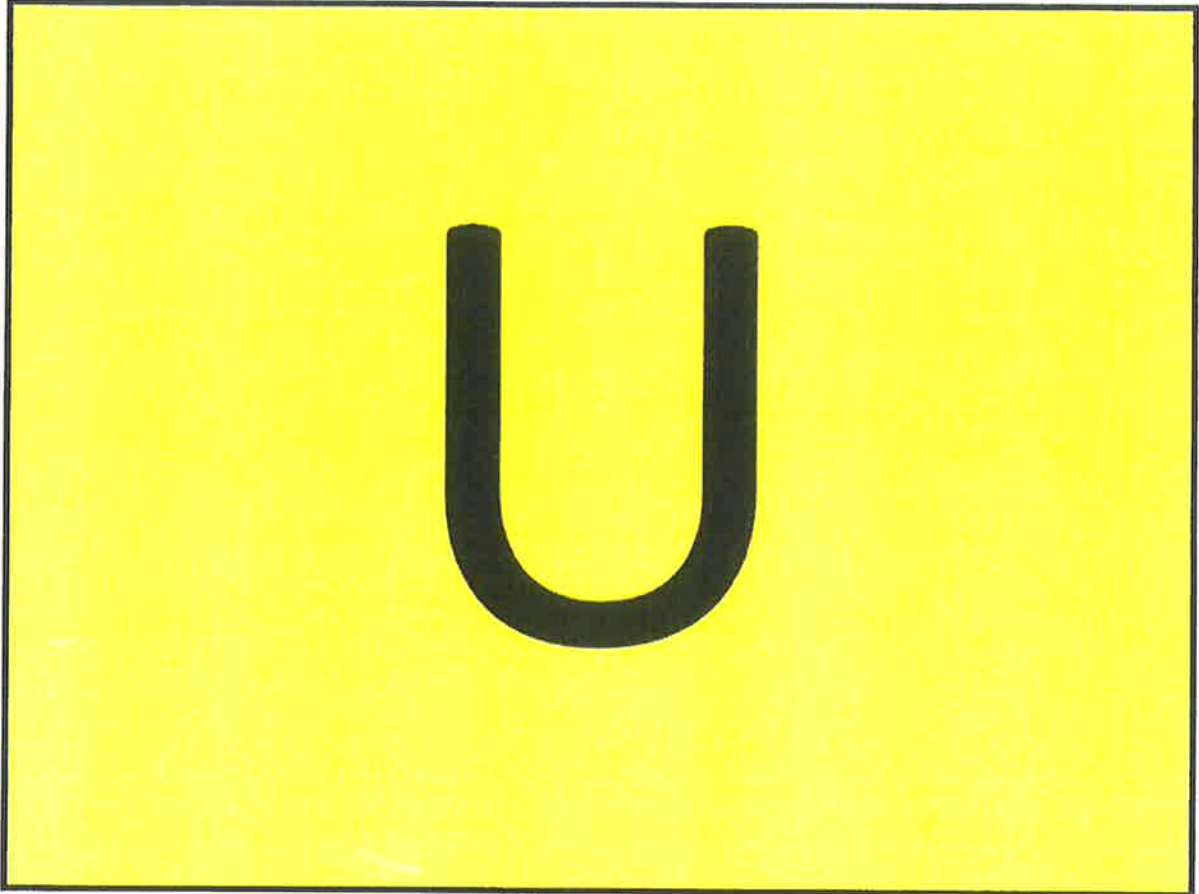
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>8/15/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">TREK Resources Inc 1020 E Levee St, Ste 130 Dallas, TX 75207</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>

Ex.A-8-219

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Jose C. Ayala</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Tritex Production Company 2882 Sandhill Rd, #117 Menlo Park, CA 94025	B. Received by (Printed Name) <i>Jose C. Ayala</i>	C. Date of Delivery <i>6-12-2024</i>
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3058 70 9589 0710 5270 0389 0500 99	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	

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

Domestic Return Receipt



Ex.A-8-221



Ex.A-8-222

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:

Vink Family Trust, David E & Margaret F Vink,
Trustees
10 Andorra Trace
Hot Springs Village, AR 71909



9590 9402 8851 4005 3058 87

2. Article Number (Transfer from service label)

9589071052700389050105

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ben Weaver*

- Agent
- Addressee

B. Received by (Printed Name)

Ben Weaver


C. Date of Delivery


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


3. Service Type

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>MW</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>W P & Bulah Luse Foundation PO Box 840738 Dallas, TX 75284</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="color: red; font-weight: bold;">JUN 14 2024</p>
<p></p> <p>9590 9402 8851 4005 3059 00</p> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0501 29</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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>Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Casey K. Blaine</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Casey K. Blaine 6/13/24</p>
<p>1. Article Addressed to:</p> <p>Wentz Production LLC PO Box 834 Davis, OK 73030</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></p> <p>9590 9402 8851 4005 3059 17</p> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0501 36</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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>Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Wentz Rocket LLC 6350 W Reno Oklahoma City, OK 73127</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></p> <p>9590 9402 8851 4005 3059 24</p> <p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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>Restricted Delivery</p>

Ex.A-8-225

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>MURA Block</i> C. Date of Delivery: <i>6/12</i></p>
<p>1. Article Addressed to:</p> <p>White Rock Royalty Partners No. 1 427 S Boston Avenue, Suite 711 Tulsa, OK 74103</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3059 31</p> <p>9589 0710 5270 0389 0501 50</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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>CATHY DANNON</i> C. Date of Delivery: <i>6/20/24</i></p>
<p>1. Article Addressed to:</p> <p>Will Downing 2607 Hodges St Midland, TX 79705</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3059 62</p> <p>9589 0710 5270 0389 0501 81</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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>W.A. Lechner</i> C. Date of Delivery: <i>6-10-24</i></p>
<p>1. Article Addressed to:</p> <p>William A. Lechner 225 Rockford Rd Waco, TX 76172</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>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>William B. Watson, Agent o/b/o Archbishop: New York PO Box 470425 Fort Worth, TX 76147</p>	<p>B. Received by (Printed Name) ANN M STIEVENS C. Date of Delivery 6-10-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0502 11</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>William E & Edna D Kreps Memorial Trust, Bank of America, N.A., Trustee PO 830308 Dallas, TX 75283</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>JUN 10 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0502 28</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>Williams Revocable Living Trust 824 Thomas Crossing Dr Burleson, TX 76028</p>	<p>B. Received by (Printed Name) Hinde Lauterbach C. Date of Delivery 5-11-24</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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0502 59</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

Ex.A-8-227

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Windom Royalties LLC PO Box 660082 Dallas, TX 78645</p>	<p>B. Received by (Printed Name) C. Date of Delivery DAVIN WINDOM 6/10/24</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3063 72</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

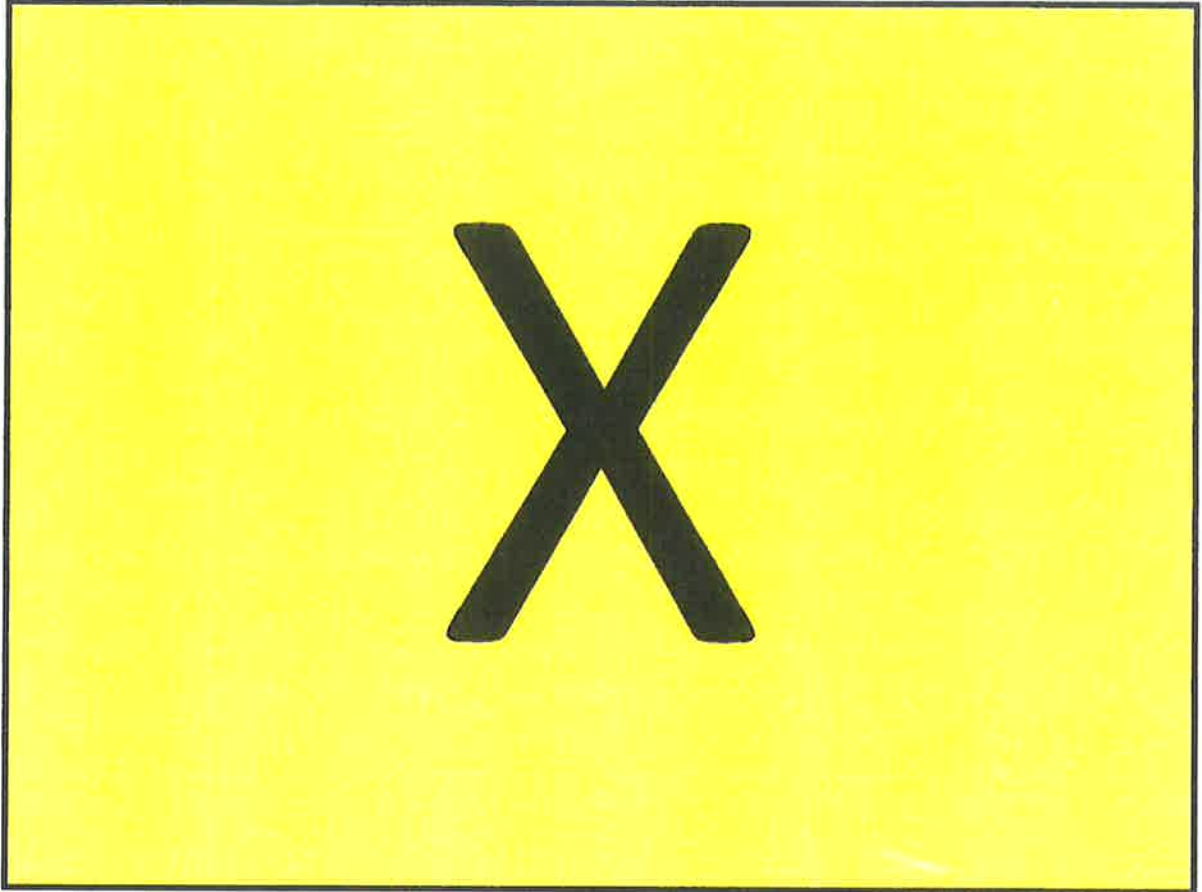


9590 9402 8851 4005 3063 72

9589 0710 5270 0389 0502 66

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

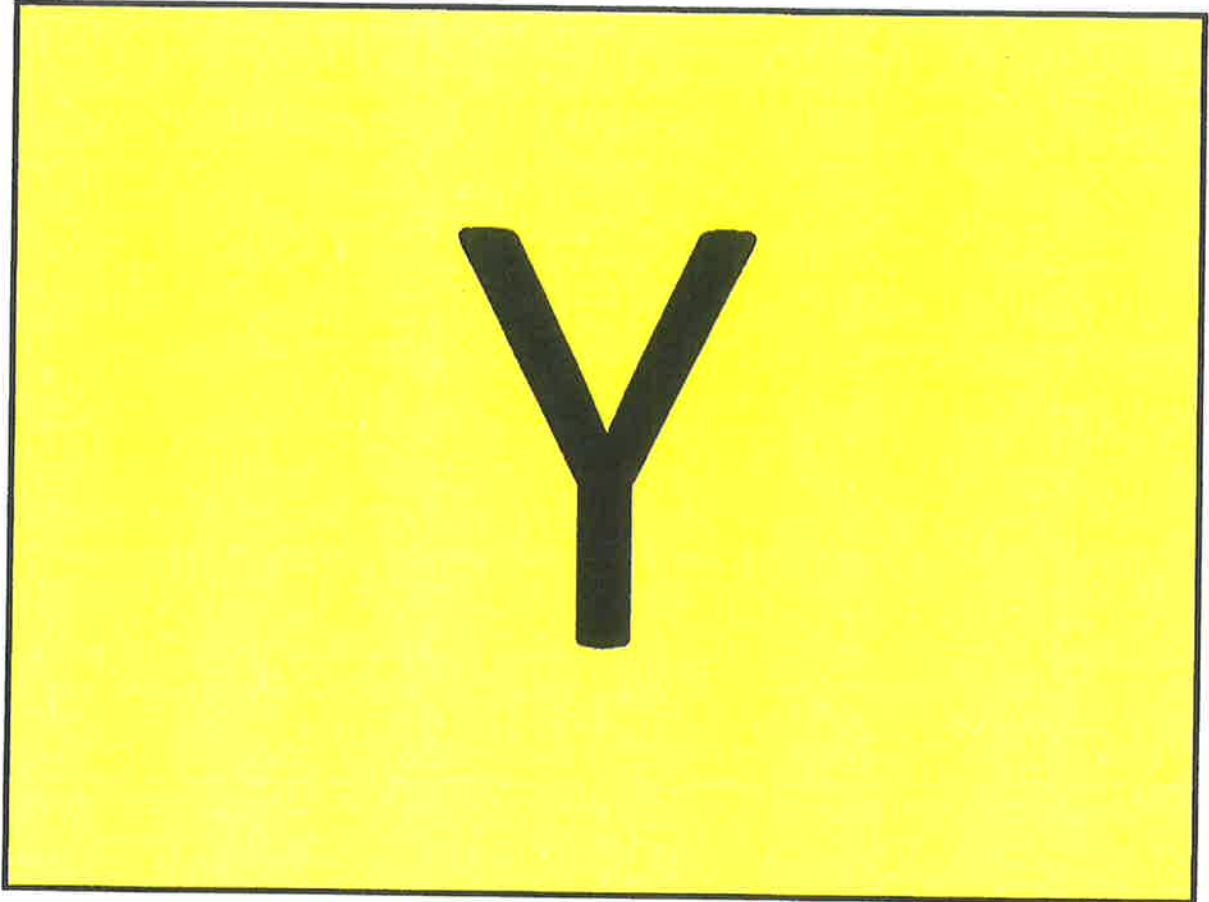
Domestic Return Receipt




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>															
<p>1. Article Addressed to:</p> <p style="text-align: center;">XTO Holdings, LLC 22777 Springwoods Village Pkwy Spring, TX 77389</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;">  9590 9402 8851 4005 3063 89 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0389 0502 73</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table> <p style="margin-left: 20px;"><input type="checkbox"/> Restricted Delivery</p>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> 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																

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


Domestic Return Receipt



Ex.A-8-231

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>1. Article Addressed to:</p> <p style="text-align: center;">Yeager Resources, Ltd P. O. Box 53567 Midland, TX 79710</p>	<p>B. Received by (Printed Name) Lisa CRM</p> <p>C. Date of Delivery 6-12-24</p>														
 9590 9402 8851 4005 3063 96	<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>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0502 80</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </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"/> Restricted Delivery	<input type="checkbox"/> Insured Mail	
<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															
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>															



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ZPZ Delaware I, LLC 2000 Post Oak Blvd, Ste. 100 Houston, TX 77056	B. Received by (Printed Name) <i>M.S.</i>	C. Date of Delivery <i>8/10</i>
 9590 9402 8851 4005 3064 02	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 carrier) 9589 0710 5270 0389 0502 97	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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

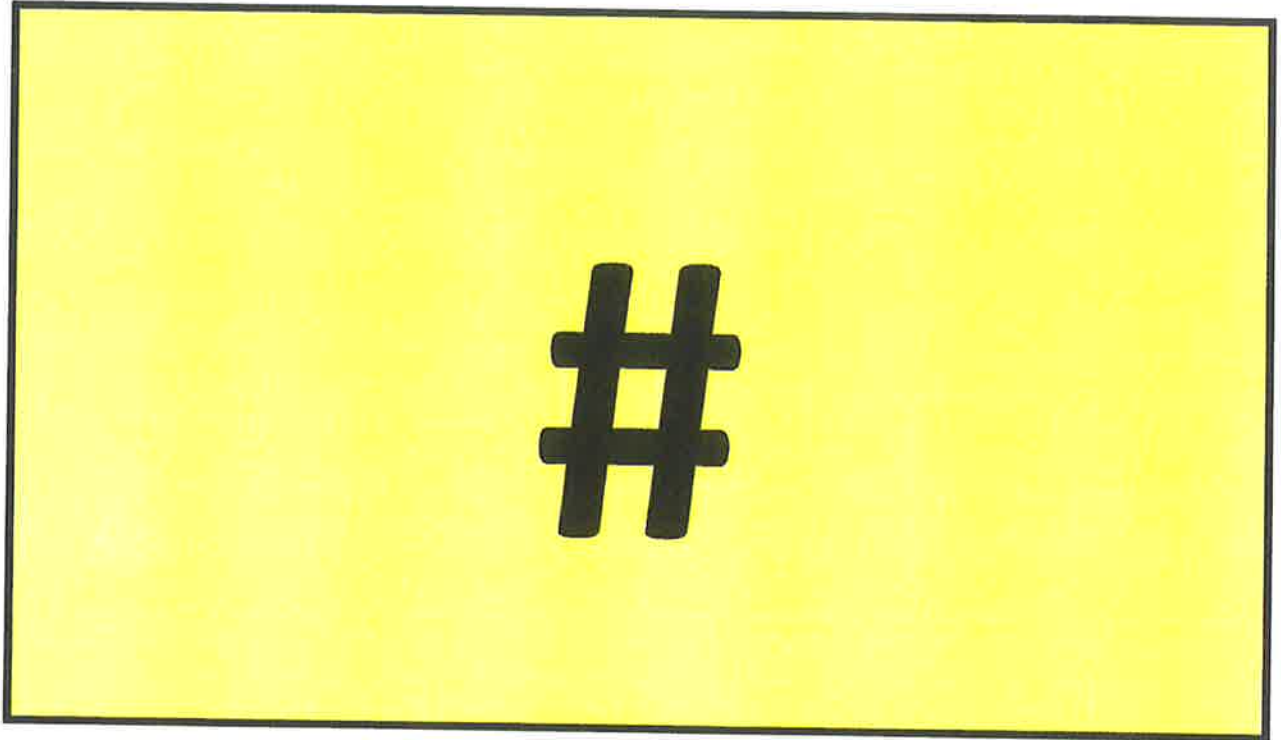
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt


NJU Hearing Notice Mailing

June 6, 2024

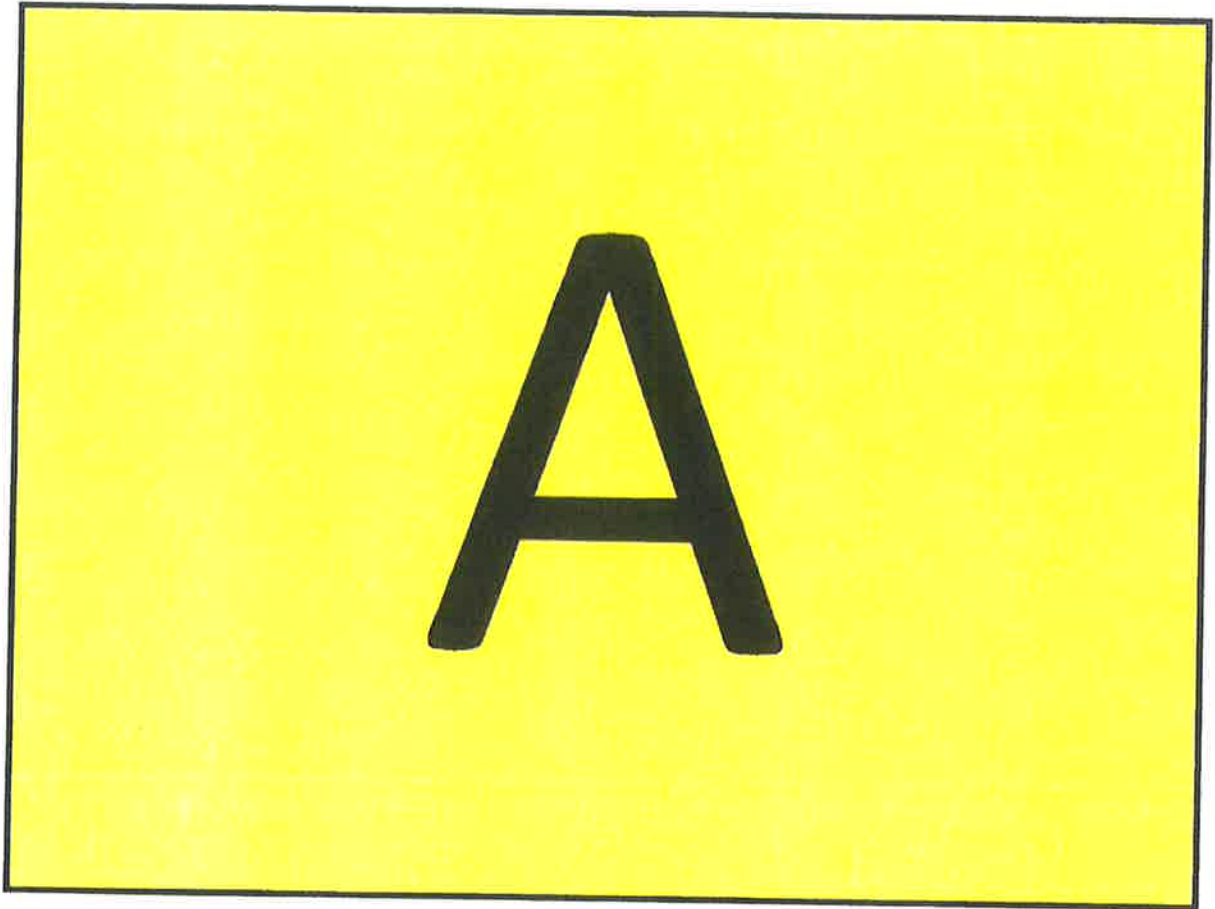
Returned Green Cards


Royalty Interest Owners





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>J.A. Nicholson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">180 Petroleum Inc PO Box 1797 Manchaca, TX 78652</p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>James A. Nicholson</i> <i>6/11/24</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;">  9590 9402 8851 4005 3071 02 <small>2 Article Number (Transfer from service label)</small> 9589 0710 5270 0131 7058 95 </div>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> </table> <p><input type="checkbox"/> Mail Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery												

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




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)</p> <p>C. Date of Delivery 8-10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Albert C. Jones 4424 Kingston Amarillo, TX 79109</p>	
 9590 9402 8851 4005 3067 47	<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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7077 90</p>	<p>Mail Restricted Delivery (0)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	


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) Andries Metler</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Alvin Carlton Metler 2024 E. Fifth Street Tyler, TX 75701</p>	
 9590 9402 8851 4005 3067 61	<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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7077 76</p>	<p>Mail Restricted Delivery (0)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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<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)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Alvin Luskey 4433 Dunwick Fort Worth, TX 76109</p>	
 9590 9402 8851 4005 3067 78	<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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7077 69</p>	<p>Mail Restricted Delivery (300)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

Ex.A-8-239

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>
<p>1. Article Addressed to:</p> <p>Amarillo National Bank, Successor Trustee of the Sally Birdsong Skaggs Revocable Trust dtd 12/30/2005 401 S. Taylor Street Amarillo, TX 79101</p>	<p>B. Received by (Printed Name) <u>FARRIS</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3067 85</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</p> <p>J Mail J Mail Restricted Delivery (\$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>
<p>1. Article Addressed to:</p> <p>Amarillo National Bank, Trustee of the Lolisa Horton Revocable Living Trust Agreement 401 S. Taylor Street Amarillo, TX 79101</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3067 92</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</p> <p>ed Mail ed Mail Restricted Delivery (\$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>
<p>1. Article Addressed to:</p> <p>Amarillo National Bank, Trustee of The Sally Ingerton Grantor Trust 401 S. Taylor Street Amarillo, TX 79101</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3068 08</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</p> <p>Mail Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-240

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></p> <p>B. Received by (Printed Name) Delivery <i>[Signature]</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>	
1. Article Addressed to: National Bank, Trustee of the Susan Grantor Trust dtd 3/16/1984 401 S. Taylor Street Amarillo, TX 79101		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"/> Registered Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3068 15 9589 0710 5270 0131 7077 21		3. Service Type (cont.) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Amy C. Davenport PO Box 10422 Midland, TX 79702		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"/> 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) 9590 9402 8851 4005 3068 22 9589 0710 5270 0131 7077 14		3. Service Type (cont.) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>[Signature]</i> 6.11.2024</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>	
1. Article Addressed to: Andector Exploration Company P.O. Box 11250 Midland, TX 79702		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"/> 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) 9590 9402 8851 4005 3068 39 9589 0710 5270 0131 7077 07		3. Service Type (cont.) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

Ex.A-8-241


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Andries Metler</i></p> <p>B. Received by (Printed Name) <i>Andries Metler</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Andries Emmons Metler 2024 E. Fifth Street Tyler, TX 75701</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3068 53</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"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Ann Hollandsworth</i></p> <p>B. Received by (Printed Name) <i>Ann Hollandsworth</i></p> <p>C. Date of Delivery <i>6/18/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Ann Hubbard Hollandsworth 2617 Arrowhead Dr, Abilene, TX 79606 Longview, TX 75606</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3068 77</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"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Ida F Grotie</i></p> <p>B. Received by (Printed Name) <i>Ida Grothe</i></p> <p>C. Date of Delivery <i>6-11-24</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>Anna N. (Burgess) Thomas, deceased, Ida Grotie, successor 402 Roosevelt Rd Clarksburg, WV 26301</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3068 84</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"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-242


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<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;">Apache Corporation 2000 Post Oak Blvd, Ste. 100 Houston, TX 77056</p>	
 9590 9402 8851 4005 3069 07	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7076 39</p>	<p>Mail Restricted Delivery (0)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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;">Arete Mineral Holdings, LLC 3334 W. Main Street #235 Norman, OK 73072</p> <p style="text-align: center;"><i>724 East Center Road Goldsby OK 73073</i></p>	
 9590 9402 8851 4005 3069 14	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7076 22</p>	<p>Mail Restricted Delivery (0)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

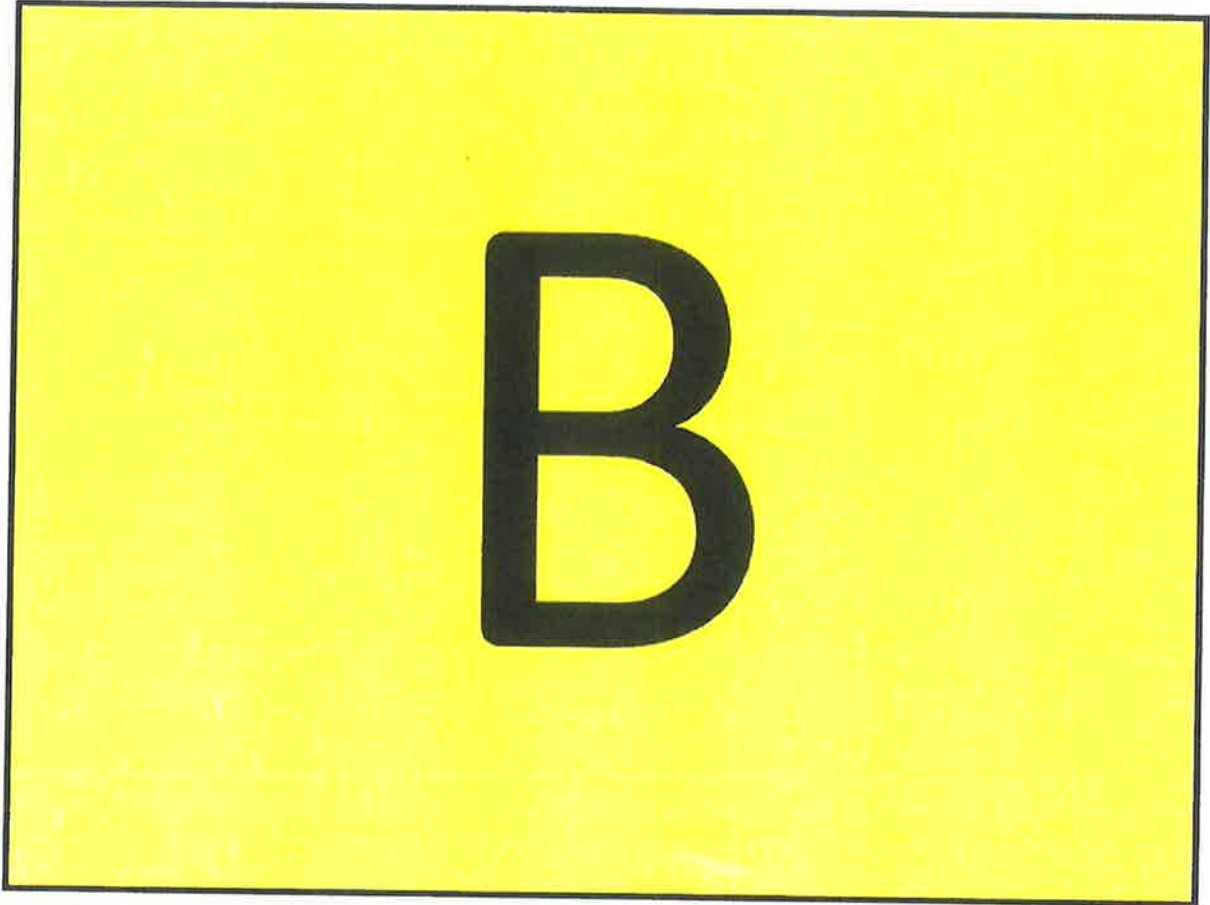
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <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;">Athena Cargill 1312 Marita Dr Boulder City, NV 89005</p>	
 9590 9402 8851 4005 3069 21	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7075 78</p>	<p>Mail Restricted Delivery (0)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	



Ex.A-8-243

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Hayden Jordan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee													
1. Article Addressed to: <p style="text-align: center;">Acoma Energy, LLC 4411 98th St Lubbock, TX 79424</p>	B. Received by (Printed Name) <i>Hayden Jordan</i>	C. Date of Delivery <i>6/11/24</i>												
<div style="text-align: center;">  9590 9402 8851 4005 3067 23 </div>	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 0131 7078 13	3. Service Type <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> </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"/> 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														
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt												

Ex.A-8-244



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:

Barry Antweil
12610 Stillwood Park
Cypress, TX 77433



9590 9402 8851 4005 3069 38

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7075 85

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Barry Antweil* C. Date of Delivery *8/22/24*

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

3. Service Type

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

Domestic Return Receipt

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:

Benjamin Scott Cowan
2325 E FM 20
Lockhart, TX 78644



9590 9402 8851 4005 3069 52

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7076 08

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Myep...* C. Date of Delivery *8/22/24*

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

3. Service Type

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

Domestic Return Receipt

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:

Bernard Kemper Kever
124 Furr Rd
Kerrville, TX 78028



9590 9402 8851 4005 3069 69

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7076 15

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

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

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

3. Service Type

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

Ex.A-8-246

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:
 Bernard Kemper Keever & Robert H. Mayse
 124 Furr Rd
 Kerrville, TX 78028

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7075 61

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



9590 9402 8851 4005 3069 76

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Steeves 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

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
 Mail
 Mail Restricted Delivery (0)

Domestic Return Receipt

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:
 Bernice S. Luskey, Trustee of the Luskey Living Trust M2
 38 Little Comfort Rd.
 Savannah, GA 31411

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7075 54

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



9590 9402 8851 4005 3069 83

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Luskey Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
Bernice Luskey *6/18/24*

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

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
 Mail
 Mail Restricted Delivery (0)

Domestic Return Receipt

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:
 Black Stone Minerals Co LP
 1001 Fannin, Ste 2020
 Houston, TX 77062

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7056 97

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



9590 9402 8851 4005 3064 40

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Diana Puente Agent
 Addressee


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


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


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
 Mail
 Mail Restricted Delivery (0)

Domestic Return Receipt

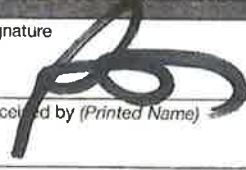
Ex.A-8-247

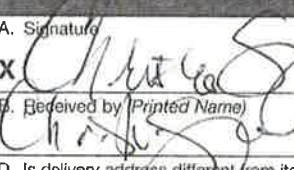
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Michael Phipps</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael Phipps</i></p> <p>C. Date of Delivery <i>6/11/24</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 style="text-align: center;">Bob Phipps PO Box 3172 West Somerset, KY 75243</p>	
 9590 9402 8851 4005 3064 64	<p>3. Service Type</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"/> Mail Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> 9589 0710 5270 0131 7056 73	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

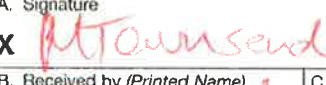
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">BOKF, NA, Agent for The Oklahoma Medical Research Foundation PO Box 3499 Tulsa, OK 74101</p>	
 9590 9402 8851 4005 3064 88	<p>3. Service Type</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"/> Mail Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> 9589 0710 5270 0131 7056 59	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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>Kameron M</i></p> <p>C. Date of Delivery <i>6.10.24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Bonnie R Whiteman 3945 Genevieve St San Bernardino, CA 92405</p>	
 9590 9402 8851 4005 3064 95	<p>3. Service Type</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"/> Mail Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> 9589 0710 5270 0131 7056 59	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

Ex.A-8-248

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Bradley Carson Miles, life tenant; Melanie Marie Miles Hirschfeld & Matthew Carson Cottingham Miles, Remaindermen 111 Sheraton Dr San Antonio, TX 78209</p>	<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 6.10.19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>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</p>	<p>3. Service Type</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>9589 0710 5270 0131 7056 35</p>	<p>35</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Breck Minerals LP PO Box 911 Breckenridge, TX 76424</p>	<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 6/10/19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>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</p>	<p>3. Service Type</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>9589 0710 5270 0131 7056 28</p>	<p>28</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>BRP, LLC c/o NRP (Operating), LLC Attn: Natural Resources Partners, LP Chris Butler 5260 Irwin Road</p>	<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery M. Townsend 6/10/19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>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</p>	<p>3. Service Type</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>9589 0710 5270 0131 7056 28</p>	<p>28</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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:
 Bureau of Land Management, New Mexico State Office
 301 Dinosaur Trail
 Santa Fe, NM 87508



9590 9402 8851 4005 3065 32

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7056 04

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *R Duran* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 6-10-24

D. Is delivery address different from item 1? Yes

BUREAU OF LAND MANAGEMENT
 CARLSBAD FIELD OFFICE
 620 EAST GREEN STREET
 CARLSBAD, NM 88220-6292

3. Service type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Mail
 Mail Restricted Delivery (500)

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:
 Burke Healey Trust
 PO Box 100
 Davis, OK 73030



9590 9402 8851 4005 3065 49

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7055 98

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Janet Healey* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Janet Healey 6/10/24

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Mail
 Mail Restricted Delivery (00)

Domestic Return Receipt

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:
 Burlington Resources Oil and Gas Co
 600 W Illinois
 Midland, TX 79701



9590 9402 8851 4005 3065 56

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7055 A1

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

COMPLETE THIS SECTION ON DELIVERY

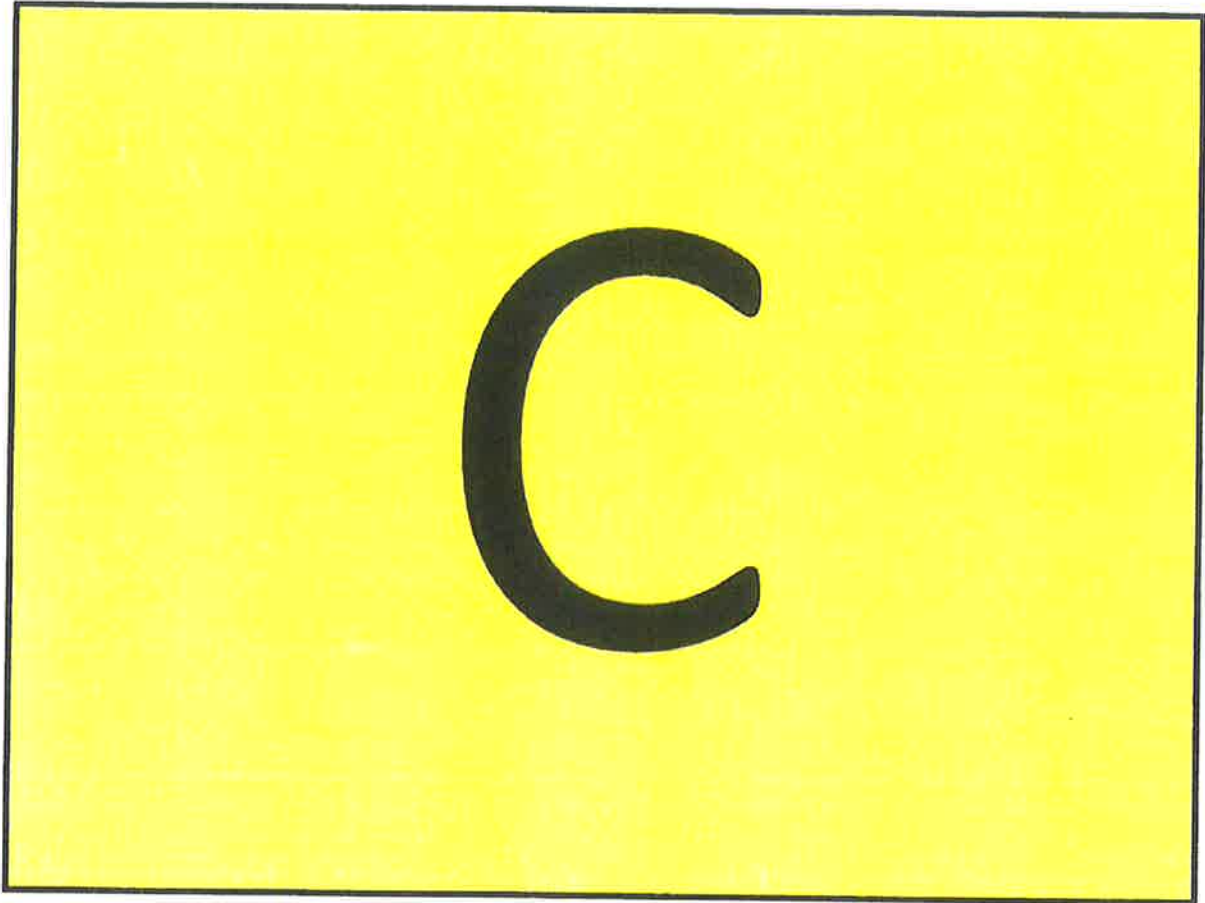
A. Signature
 X *Isaac Villalobos* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Isaac Villalobos 6-11

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Mail
 Mail Restricted Delivery

Ex.A-8-250



Ex.A-8-251

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) Cameo Coleman</p> <p>C. Date of Delivery 10-10</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Cameo Cherie Stancliff 1412 Esther Dr Boulder City, NV 89005</p>	<p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 67</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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) Camilla H. Latady</p> <p>C. Date of Delivery 6/21/24</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Camilla H Latady 365 Azalea St Fairhope, AL 3663</p>	<p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 50</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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) Sophie Giloff</p> <p>C. Date of Delivery 6/11/24</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Carl B. and Florence E. Foundation 777 Taylor Street, PH P1A Fort Worth, TX 76102</p>	<p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 43</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"/> 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>

Ex.A-8-252

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>												
<p>1. Article Addressed to: Carl David Ganz, Jr. Family, LLC P.O. Box 65 Farmingdale, NY 11735</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>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3066 00</p> <p>9589 0710 5270 0131 7055 36</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> </table> <p>Mail Restricted Delivery (0)</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"/> 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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>												
<p>1. Article Addressed to: Carla Beren Trust 3713 Edgestone Dr Plano, TX 75093</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>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3066 17</p> <p>9589 0710 5270 0131 7055 29</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> </table> <p>Mail Restricted Delivery (500)</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"/> 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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>												
<p>1. Article Addressed to: CATOICO LLC c/o Vista Mineral Management 8620 N New Braunfels, Ste 425 San Antonio, TX 78217</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>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3066 55</p> <p>9589 0710 5270 0131 7052 39</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> </table> <p>Mail Restricted Delivery (500)</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"/> 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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													


Ex.A-8-253

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>Charlotte Lange</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Charlotte Jean Bedford Lange, Trustee of The Alann P. Bedford Trust 1235 Kingston Ave. Alexandria, VA 22302</p>	<p>B. Received by (Printed Name) <i>Charlotte Lange</i></p>	<p>C. Date of Delivery <i>6-17-24</i></p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3070 10</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>3. Service Type</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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>Anthony Alley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Chevron USA, Inc. 1111 Bagby Street, Attn: Land Dept. Houston, TX 77002</p>	<p>B. Received by (Printed Name) <i>Anthony Alley</i></p>	<p>C. Date of Delivery <i>6-11-24</i></p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3070 27</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>Sheela HALE</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Children's Medical Center of Dallas 1935 Medical District Drive Dallas, TX 75235</p>	<p>B. Received by (Printed Name) <i>SHEELA HALE</i></p>	<p>C. Date of Delivery <i>6/10/2024</i></p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3070 34</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


Ex.A-8-254

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Citation Oil & Gas Corp. 14077 Cutten Road Houston, TX 77069</p> <p style="text-align: center;"> 9590 9402 8851 4005 3070 41</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7051 61</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) RECEIVED</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;">MAILROOM CITATION OIL AND GAS</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Clift Family Mineral Interests, LLC 330 NW 13th Street Oklahoma City, OK 73103</p> <p style="text-align: center;"> 9590 9402 8851 4005 3070 58</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7051 54</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> X <i>Liz Mann</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Liz Mann</i></p> <p>C. Date of Delivery <i>6-10-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (500)</p>
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Coates Energy Interests Ltd 7373 Broadway, Ste 406 San Antonio, TX 78209</p> <p style="text-align: center;"> 9590 9402 8851 4005 3070 65</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7051 47</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Patricia Weibosa</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>
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Ex.A-8-255

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Coates Energy Trust 7373 Broadway, Ste 406 San Antonio, TX 78209</p> <div style="text-align: center;">  9590 9402 8851 4005 3070 72 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7051 30</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> </p> <p>B. Received by (Printed Name) C. Date of Delivery  4-11</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>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</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"/> Mail Restricted Delivery (00)</p>
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt


<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">ConocoPhillips Company 600 W Illinois Midland, TX 79701</p> <div style="text-align: center;">  9590 9402 8851 4005 3070 89 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7051 23</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> </p> <p>B. Received by (Printed Name) C. Date of Delivery  4-11</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>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</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"/> Mail Restricted Delivery (00)</p>
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Corinne Hightower Trust 527 Country Lane San Antonio, TX 78209</p> <div style="text-align: center;">  9590 9402 8851 4005 3070 96 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7051 16</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> </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>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</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"/> Mail Restricted Delivery (00)</p>
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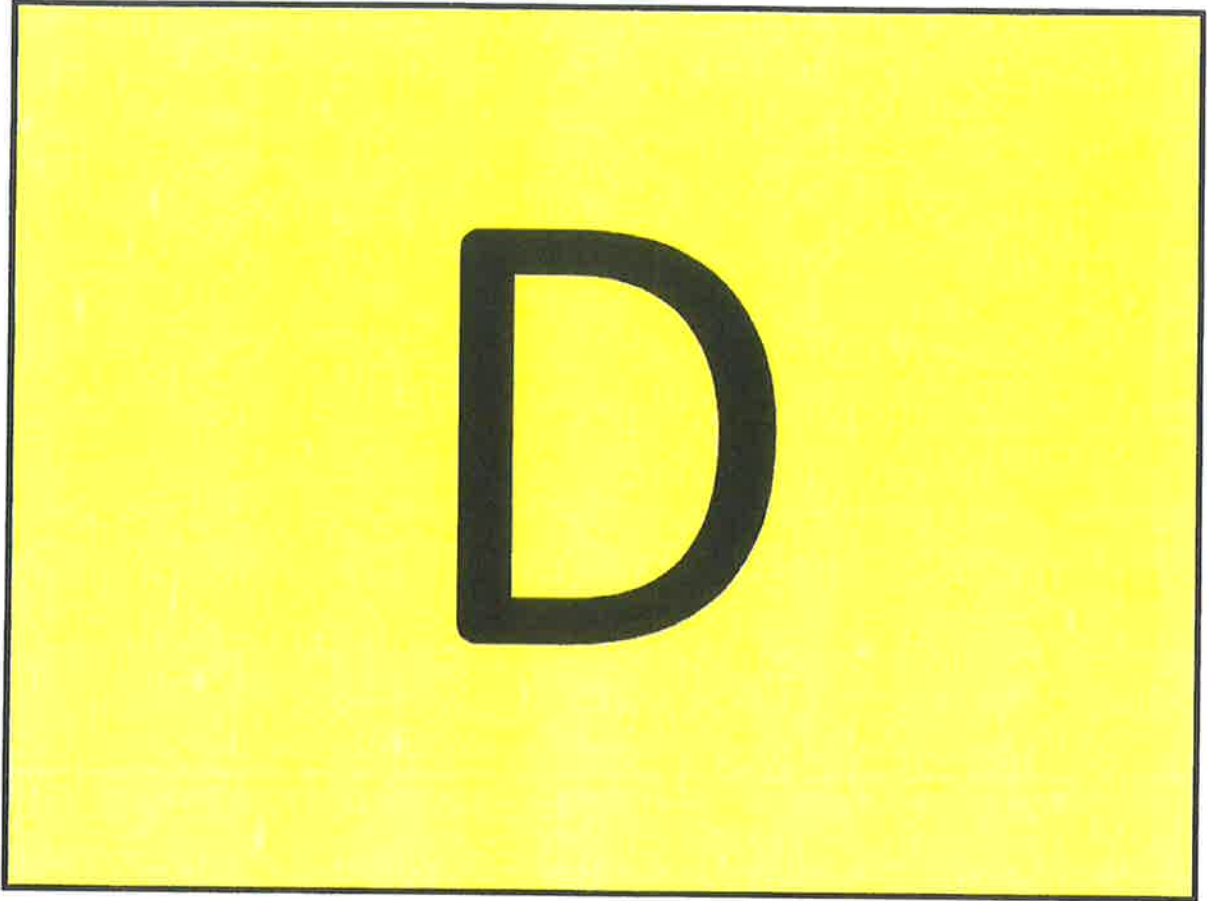
Ex.A-8-256


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>D. Holland</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D. HOLLAND</i> C. Date of Delivery <i>6-10-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Corrigan Southern Land & Cattle 8117 Preston Rd, Ste 610 Dallas, TX 75225</p>													
 9590 9402 8851 4005 3066 93													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7051 09</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> </table> <p>Mail Restricted Delivery (09)</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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													


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>Lucy S. Pate</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lucy S. Pate</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Cynthia Leigh Yeager 6125 Luther Lane, Ste 385 Dallas, TX 75225</p>													
 9590 9402 8851 4005 3067 09													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7050 93</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> </table> <p>Mail Restricted Delivery (00)</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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													


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<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>Charles M Latady</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>6/28/24</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 style="text-align: center;">Charles M Latady 1118 Del Norte Cir Pascagoula, MS 39581</p>													
 9590 9402 8851 4005 3066 79													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7050 93</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> </table> <p>Mail</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"/> 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													

Ex.A-8-257



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Dana Caserta 2220 Skinner Rd Arrington, TN 37014</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;"> 9590 9402 8851 4005 3067 16</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7050 86</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 style="text-align: center;">Darian Kedy Doornbos, Trustee of The Charles F. Doornbos Revocable Trust u/a/d August 1, 1990 PO Box 639 Bartlesville, OK 74005</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;"> 9590 9402 7561 2098 2382 21</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7050 79</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Darleen J Alston George Hill PO Box 140953 Gainesville, FL 32614</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;"> 9590 9402 7561 2098 2382 38</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7050 62</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


Ex.A-8-259

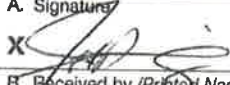
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: David Arthur Clift 1 Ledgebrook Winfield, KS 67156</p>	<p>B. Received by (Printed Name) David Clift</p>	<p>C. Date of Delivery 8/24</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7050 48</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>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"/> Mail Restricted Delivery (M)</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


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<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"/> Adult Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: David Higgs 11 Rivermist Ln Savannah, GA 31410</p>	<p>B. Received by (Printed Name) David Higgs</p>	<p>C. Date of Delivery 06/11/24</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7050 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>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"/> Mail Restricted Delivery (M)</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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<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>1. Article Addressed to: David Luskey Estate 2501 Museum Way, Apt 1016 Ft Worth, TX 76107</p>	<p>B. Received by (Printed Name) [Signature]</p>	<p>C. Date of Delivery 6-9</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>		


Ex.A-8-260


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>	
<p>1. Article Addressed to:</p> <p>David Scott Yeager 6125 Luther Lane, Ste 385 Dallas, TX 75225</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7054</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>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"/> Mail Restricted Delivery</p>		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


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<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>X </p>	
<p>1. Article Addressed to:</p> <p>Debra Kay Primera PO Box 28504 Austin, TX 78755</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Debra Kay Primera 6/14/2024</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7054</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>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"/> Mail Restricted Delivery</p>		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<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>X </p>	
<p>1. Article Addressed to:</p> <p>Debra Purser Wyse 1713 Atlantica St Cedar Park, TX 78613</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Debra Purser Wyse 6/10/24</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7054</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>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"/> Mail Restricted Delivery</p>		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


Ex.A-8-261


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>DeMario Jones</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 6-12</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">DeMario Jones 134 Sheffield Dr Cedar Hill, TX 75104</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;"> 9590 9402 7561 2098 2383 44</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7054 51</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>


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<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>Donald Shepherd</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 6-12</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Donald Shepherd 3137 Del Rancho Dr Del City, OK 73115</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;"> 9590 9402 7561 2098 2383 68</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7054 37</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

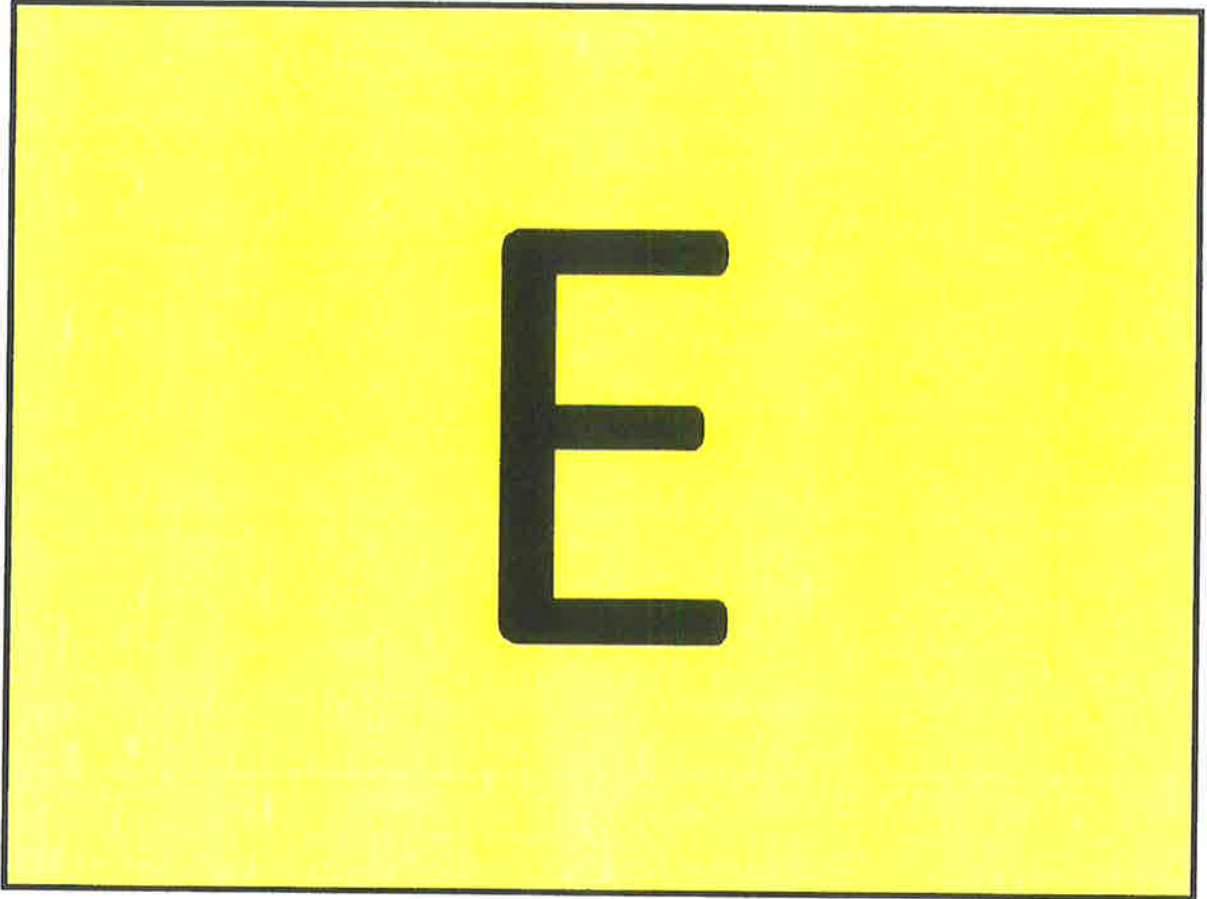
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>BROCK NA</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BROCK NA</i></p> <p>C. Date of Delivery 6-11</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Dorchester Minerals LP 3838 Oak Lawn Ave, Ste 300 Dallas, TX 75219</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;"></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®</p>

Ex.A-8-262

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>Doris C Burress Living Trust 1317 Estancia Ave Grants, NM 87020</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>	
 9590 9402 7561 2098 2383 82	<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"/> Registered Mail Restricted Delivery (\$50)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7054 13</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	

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>Dorothy A. Fleck 240 Greenwich Street New York, NY 10286</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>	
 9590 9402 7561 2098 2383 99	<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"/> Registered Mail Restricted Delivery (\$50)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7054 06</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	

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>Dr. Amanda Jones, DVM 1377 Alexander Road Moody, TX 76657</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>	
		



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">E G Energy, LLC PO Box 6244 Leawood, KS 66206</p>	<p>B. Received by (Printed Name) EMMEILITA</p> <p>C. Date of Delivery 6/13/24</p>	
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7053 76</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	



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>1. Article Addressed to:</p> <p style="text-align: center;">Eleanor Ann ODonnell 139 Beede Way Antioch, CA 94509</p>	<p>B. Received by (Printed Name) MICHAEL HORVATH</p> <p>C. Date of Delivery JUN 23 2024</p>	
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7053 52</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>214 W. 9th St Antioch CA 94509</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	



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>1. Article Addressed to:</p> <p style="text-align: center;">Ellen Guinan, Trustee of the Elisabeth B. Butler Separate Property Declaration Trust dated 4/18/1990 4 Sparrow Hill Lane Laguna Hills, CA 92653</p>	<p>B. Received by (Printed Name) [Signature]</p> <p>C. Date of Delivery 6/11/24</p>	
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7053 52</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	



Ex.A-8-265

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Elmer Petrilla 3124 Center St Odessa, TX 79762</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7053 14</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	



9590 9402 7561 2098 2384 81

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Estate of George Goss Yeager, deceased P. O. Box 53567 Midland, TX 79710</p>	<p>B. Received by (Printed Name)</p> <p>Lisa CRM</p>	<p>C. Date of Delivery</p> <p>6-12-24</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7052 91</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	



9590 9402 7561 2098 2385 04

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


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>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Everett Coon, Jr 1528 Slocum Street Dallas, TX 75207</p>	<p>B. Received by (Printed Name)</p> <p>Renee Hesse</p>	<p>C. Date of Delivery</p> <p>6/14/24</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7052 84</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	




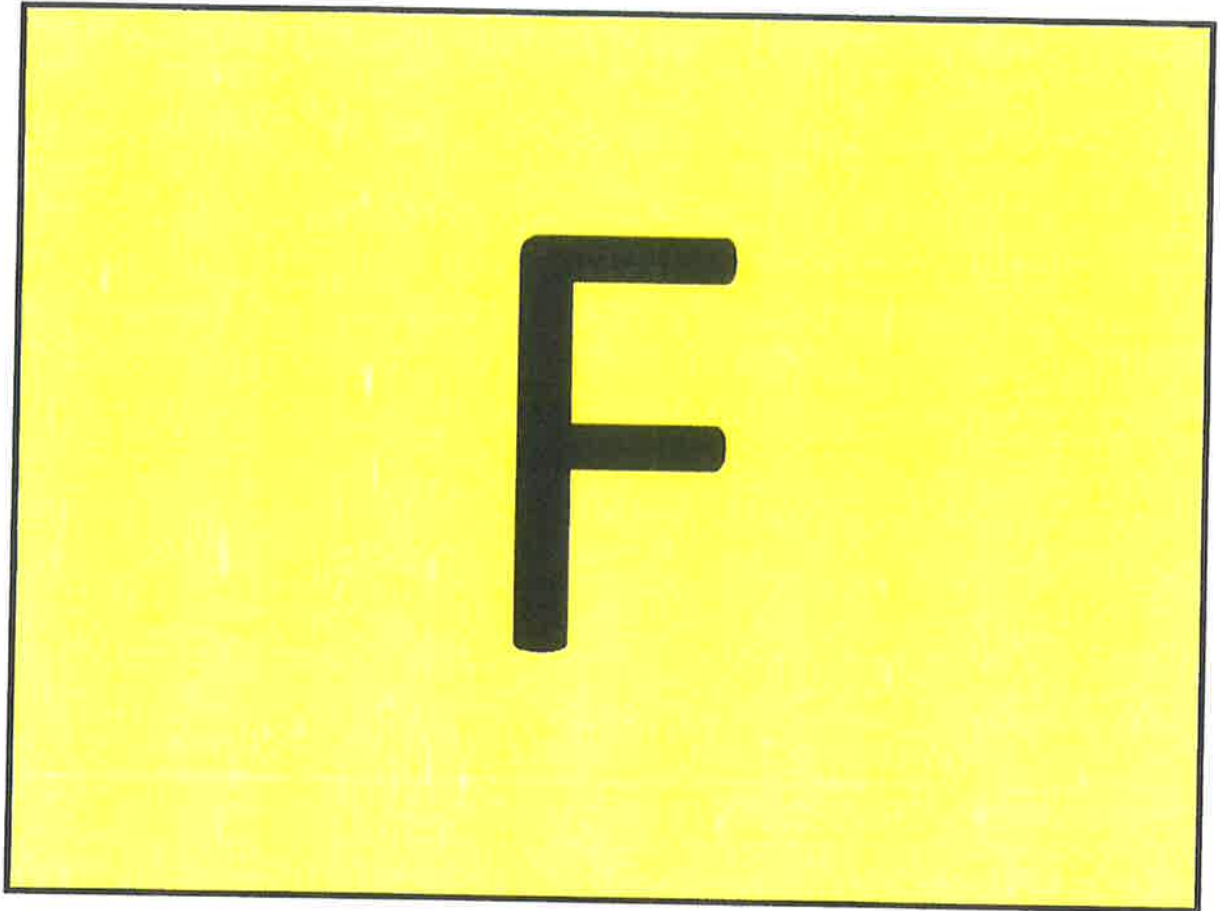
9590 9402 7561 2098 2385 11

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


Ex.A-8-266


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"/> LG <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: Everett G. Gray & Linda C. Gifford, Co-Trustees of the Linda Gray Gifford Trust f/b/o The Children 10600 W Country Rd 143 1/2 Midland, TX 79703</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>
 9590 9402 7561 2098 2385 28	<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"/> 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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7052 77</p>	<p>Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery [Signature] 6/10/24</p>
<p>1. Article Addressed to: Excalibur Energy Company PO Drawer 25045 Albuquerque, NM 87125</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>
 9590 9402 7561 2098 2385 35	<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"/> 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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7059 01</p>	<p>Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



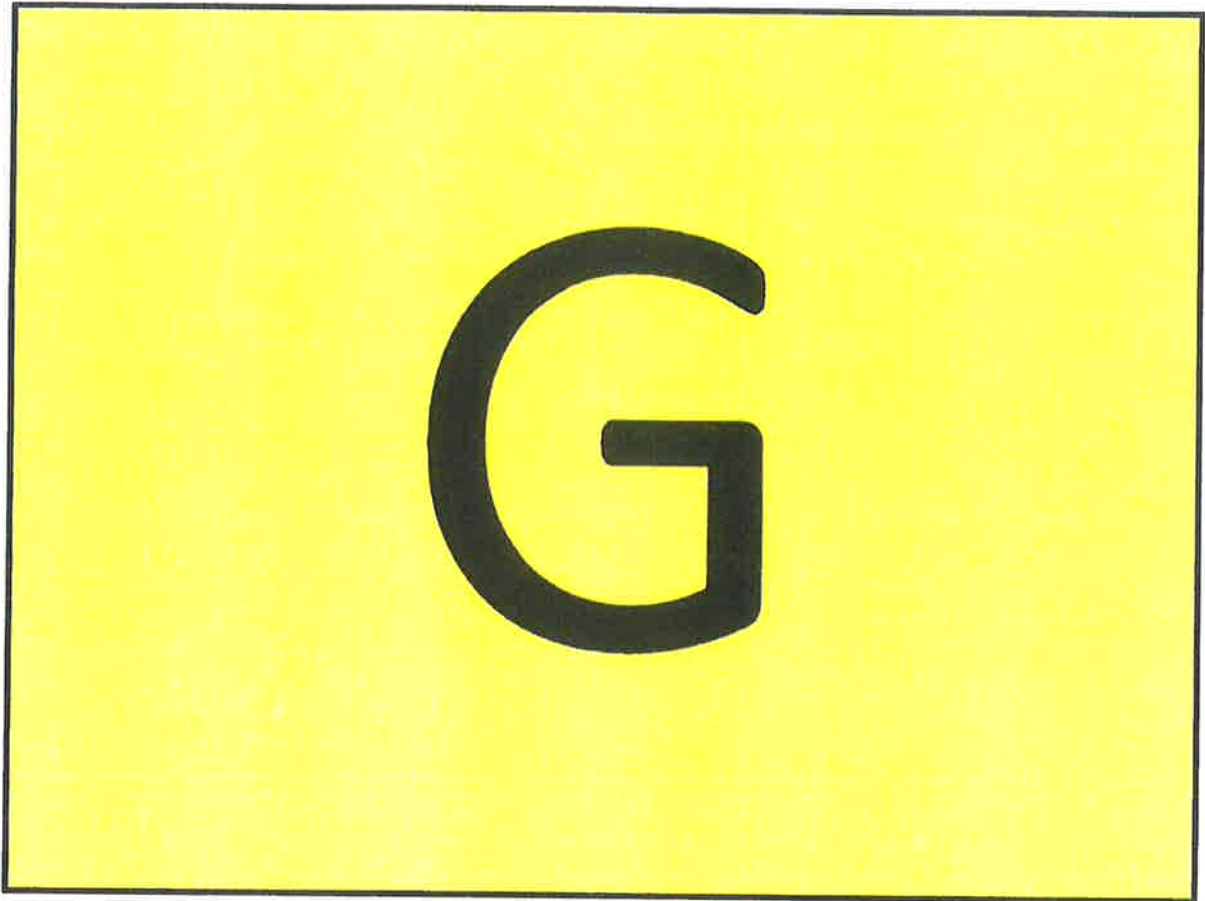
Ex.A-8-268

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>1. Article Addressed to:</p> <p>Fasken Foundation PO Box 2024 Midland, TX 79702</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>9590 9402 7561 2098 2385 42</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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7058 71</p>	<p><input type="checkbox"/> all Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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>1. Article Addressed to:</p> <p>FDH Company LP PO 51 De Kalb, MS 39328</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>9590 9402 7561 2098 2385 59</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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7058 88</p>	<p><input type="checkbox"/> all Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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>1. Article Addressed to:</p> <p>Fredericksburg Royalty Ltd PO Box 1481 San Antonio, TX 78295</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>9590 9402 7561 2098 2385 66</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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7058 64</p>	<p><input type="checkbox"/> all Restricted Delivery</p>												

Ex.A-8-269



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) G. Huffhines</p> <p>C. Date of Delivery 6-10-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Garry Huffhines 622 NW 8th St Dimmit, TX 79027</p>		<p>3. Service Type</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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7561 2098 2385 73</p>		<p>40 Mail Restricted Delivery (500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) G.W. CLIFT</p> <p>C. Date of Delivery 6/19/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Gary Worrall Clift 1724 Fairchild Ave Manhattan, KS 66502</p>		<p>3. Service Type</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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3160 98</p>		<p>33 d Mail Restricted Delivery (500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) FRANCES WOODARD</p> <p>C. Date of Delivery 6/12/24</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>George M Obrien PO Box 1743 Midland, TX 79702</p>		<p>3. Service Type</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"/> 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>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3161 00</p>		<p>Priority Mail Express® (500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

Ex.A-8-271

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	
1. Article Addressed to: George R Jones PO Box 427 Round Top, TX 78954	B. Received by (Printed Name) George R Jones	C. Date of Delivery 6/11/24
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3161 35 9589 0710 5270 0131 7057 96	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	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"/> 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 Restricted Delivery	


Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Guy Noel Hyde 658 Bluebonnet St Stephenville, TX 76401	B. Received by (Printed Name) Guy Noel Hyde	C. Date of Delivery 6/18/24
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3161 73 9589 0710 5270 0131 7057 58	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	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"/> 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 Restricted Delivery	


Domestic Return Receipt

Ex.A-8-272



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 <i>*Monica Grew</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Monica Grew</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Harlow Royalties Ltd 320 Westcott Houston, TX 77007</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;"> 9590 9402 8851 4005 3161 80</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7057 41</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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 <i>*[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Henry</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Harvey Hill, LLC P.O. Box 5520 Jacksonville, FL 32247</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;"> 9590 9402 8851 4005 3161 97</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7057 34</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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 <i>*[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Henry</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">HDB, LLC 664 Fattig Creek Road Roundup, MT 59072</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;"> 9590 9402 8851 4005 3162 03</p> <p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (500)</p>


Ex.A-8-274


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>Headington Royalty Inc. 1501 N. Hardin Blvd., Ste 100 McKinney, TX 75071</p>	<p>B. Received by (Printed Name) <i>Rebecca Reil</i> C. Date of Delivery <i>6/11/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3162 10</p> <p>9589 0710 5270 0131 7057 10</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"/> Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>Healey LP PO Box 2120 Armore, OK 73402</p>	<p>B. Received by (Printed Name) <i>Colt Healey</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3162 27</p> <p>9589 0710 5270 0131 7086 12</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"/> Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>Helen L Bedford Family Trust, Farmers National Company, Agent PO Box 3480 Omaha, NE 68103</p>	<p>B. Received by (Printed Name) <i>J Winnicki</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3162 34</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"/> Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

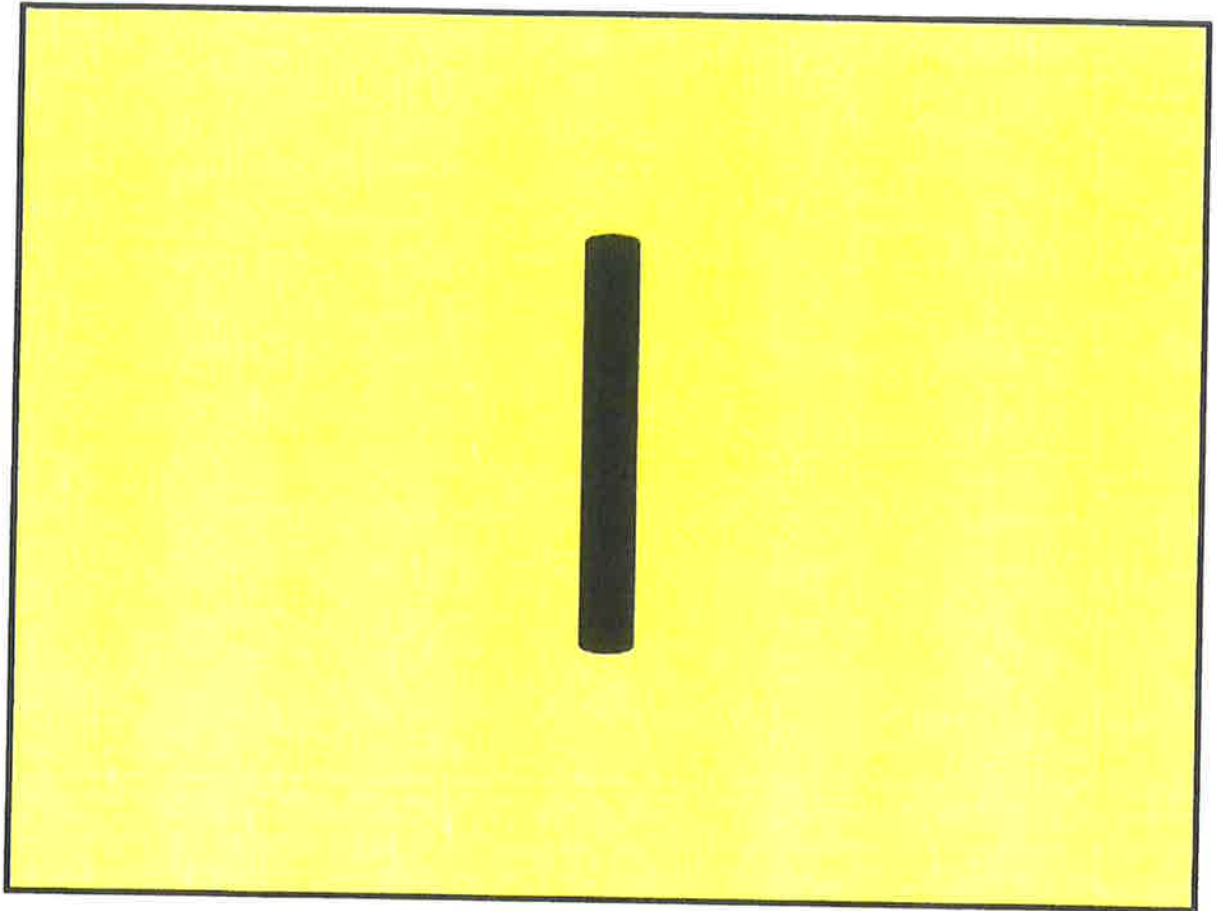
Ex.A-8-275


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) Henry</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Henry D Bedford, Sr 664 Fattig Creek Road Roundup, MT 59072</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>9590 9402 8851 4005 3162 41</p> <p>Article Number (Transfer from service label)</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"/> Registered Mail Restricted Delivery (500)</p>
<p>July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Henry H. Harrison, Jr., Trustee of the Henry H. Harrison, Jr. Testamentary Trust 1120 Wilma Tyler, TX 75701</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>9590 9402 8851 4005 3162 58</p> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7085 82</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"/> Registered Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Howard Payne University f/b/o McArther Academy of Freedom PO Box 840350 Dallas, TX 75284</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; color: red;">JUN 10 2024</p>
 <p>9590</p> <p>2. Article Number</p> <p>9589 [</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>

Ex.A-8-276



<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Ida L Grotie 402 Roosevelt Rd Clarksburg, WV 26301</p> <div style="text-align: center;">  9590 9402 8851 4005 3172 00 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7085 68</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> <i>Ida L Grotie</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Ida Grotie</i> <i>6-11-24</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>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>
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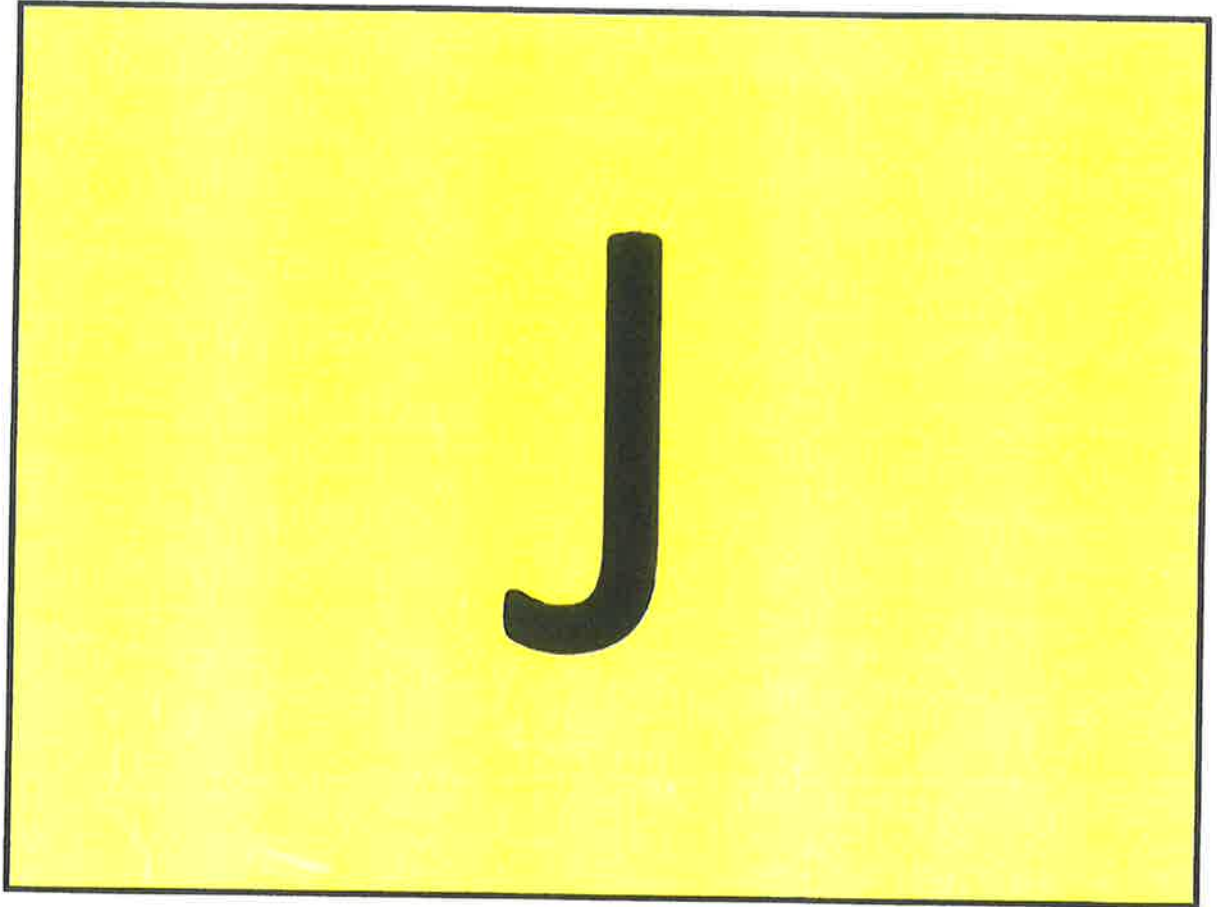
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Innerarity Family Minerals, LLC P O Box 313 Midland, TX 79702</p> <div style="text-align: center;">  9590 9402 8851 4005 3172 17 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7085 51</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> <i>Charles Simonson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Charles Simonson</i> <i>6/13/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Internal Revenue Service FAO Mark R Antweil 210 E Post Rd White Plains, NY 10601</p> <div style="text-align: center;">  9590 9402 8851 4005 3172 24 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7085 44</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> <i>Mark R Antweil</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>
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Ex.A-8-278



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6-11</u></p>
<p>1. Article Addressed to: J. Cleo Thompson & James Cleo Thompson, Jr., L.P. 325 N St Paul, Ste 4300 Dallas, TX 75201</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>2. Article Number (Transfer from service label) <u>9590 9402 8851 4005 3172 48</u></p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>Polly Tabaling 6/12/24</u></p>
<p>1. Article Addressed to: J. Paul & Sidonia Wingert, LLC 5214 Chaversham Ln Peachtree Corners, GA 30092</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>2. Article Number (Transfer from service label) <u>9590 9402 8851 4005 3172 62</u></p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery, Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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 <u>SUSAN COWAN 6-10-25</u></p>
<p>1. Article Addressed to: Jack Vance Cowan 4725 Green Bluff Dr Schertz, TX 78154</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>2. Article Number (Transfer from service label) <u>9590 9402 8851 4005 3172 79</u></p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

Ex.A-8-280

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Silver Melancon</i> <i>6-10-24</i></p>
<p>1. Article Addressed to:</p> <p>Jackie La Verne Pate PO Box 501 Denver City, TX 79323</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><i>[Signature]</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3172 86</p> <p>9589 0710 5270 0131 7084 83</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>1 Mail Restricted Delivery (500)</p>

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Silver Melancon</i></p>
<p>1. Article Addressed to:</p> <p>Jal Public Library Fund P.O. Box 178 Jal, NM 88252</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><i>PO Box 178 Jal NM 88252</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3172 93</p> <p>9589 0710 5270 0131 7084 76</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>1 Mail Restricted Delivery (500)</p>


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


Domestic Return Receipt


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>James Huffhines</i> <i>6-10-24</i></p>
<p>1. Article Addressed to:</p> <p>James Huffhines 708 Lynne Lane Burlason, TX 76028</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3173 23</p> <p>9589 0710 5270 0131 7084 45</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>1 Mail Restricted Delivery (500)</p>

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

Ex.A-8-281

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>James Robert Pruett</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>James Robert Pruett</i> <i>6-10-24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">James Robert Pruett 530 West Hunters Court Way Mustang, OK 73064</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;"></p> <p style="text-align: center;">9590 9402 8851 4005 3173 30</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7084 38</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 <i>Jeanette Cloyd</i> <i>6/17/24</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Jeanette Cloyd</i> <i>6/17/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jeanette Singleton Cloyd 6 Pinewood Circle Houston, TX 77024</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;"></p> <p style="text-align: center;">9590 9402 8851 4005 3173 85</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7083 84</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 <input checked="" type="checkbox"/> <i>Jeanie Larell Martin</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jeanie Larell Martin 1713 Waterton Cir Whitehouse, TX 75791</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;"></p> <p style="text-align: center;">9590 9402 8851 4005 3173 92</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7083 77</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-282


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Jessica Lynn Whitley 23401 Interstate 35 Unit 1 Kyle, TX 78640</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"/> Registered Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3174 22</p>	<p>9589 0710 5270 0131 7083 46</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


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>Jimmie Eden, Jr. Trust PO Box 17 Stilwater, OK 74076</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"/> 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>9590 9402 8851 4005 3174 46</p>	<p>9589 0710 5270 0131 7083 22</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>Joan Miller Ganz & John William Lyttle, Jr., Co-Trustees of The Ida Miller Estate P.O. Box 65 Farmingdale, NY 11735</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"/> 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>9590 9402 8851 4005 3071 19</p>	<p>9589 0710 5270 0131 7080 63</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


Ex.A-8-283


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>J Paul Allen 6/18/24</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Joe Paul Allen 1400 Rosner Hills Rd Jefferson City, MO 65109</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;"> 9590 9402 8851 4005 3071 33</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7080 49</p>	<p>Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>John Mayse JUN 10 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">John B. Mayse PO Box O Pleasanton, TX 78064</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;"> 9590 9402 8851 4005 3071 40</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7080 32</p>	<p>Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>1. Article Addressed to:</p> <p style="text-align: center;">John Douglas Hinchey, in Trust 10058 S Shadow Hill Sr Lone Tree, CO 80124</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;"> 9590 9402 8851 4005 3071 57</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7080 25</p>	<p>ed Mail Restricted Delivery</p>


Ex.A-8-284


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>1. Article Addressed to:</p> <p style="text-align: center;">John F. Special P. O. Box 369 Stillwater, OK 74076</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: right; color: red;">JUN 10 2024</p>												
<p style="text-align: center;">  9590 9402 8851 4005 3071 71</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7080 01</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> </table> <p style="text-align: center;"> <input type="checkbox"/> Mail Restricted Delivery <small>101</small> </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"/> 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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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>1. Article Addressed to:</p> <p style="text-align: center;">John Scharbauer Estate Trust PO Box 194 Midland, TX 79702</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;">  9590 9402 8851 4005 3071 88</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7079 98</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> </table> <p style="text-align: center;"> <input type="checkbox"/> Mail Restricted Delivery <small>301</small> </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"/> 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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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>1. Article Addressed to:</p> <p style="text-align: center;">Joseph L Daws 5031 Hillsboro Pike, #326 Nashville, TN 37215</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>


Ex.A-8-285

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Joseph M. Clift</i> 6/27/22</p>
<p>1. Article Addressed to:</p> <p>Joseph M. Clift, Trustee on behalf of Gilbert Burke Clift, Jr. 322 W 57th St, Apt 37M New York, NY 10019</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>9590 9402 8851 4005 3072 18</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7079 67</p>	<p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

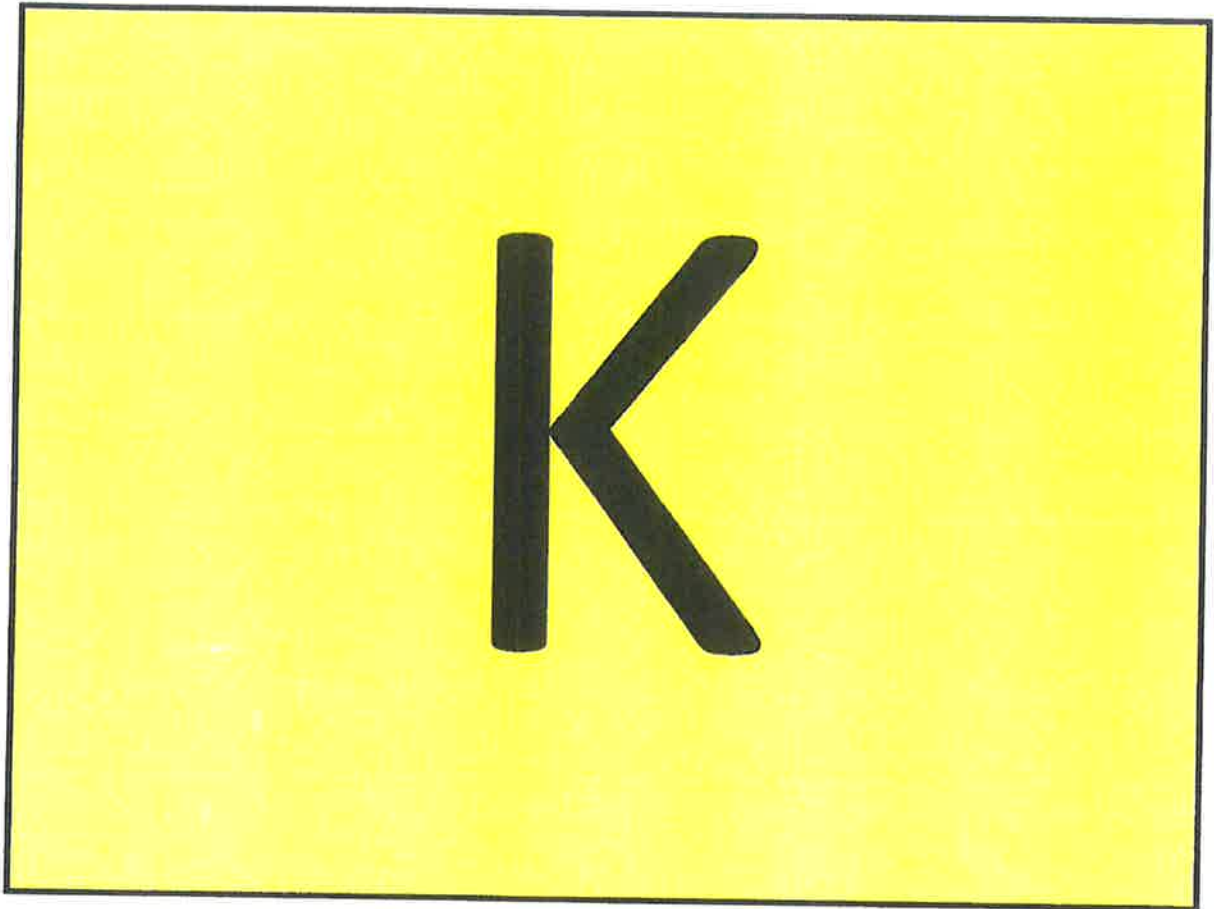
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Judy Lynn Whitley Blackwell</i> 6-1-22</p>
<p>1. Article Addressed to:</p> <p>Judy Lynn Whitley Blackwell 10834 Grand Teton Dr Corpus Christi, TX 78410</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>9590 9402 8851 4005 3072 25</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7079 50</p>	<p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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><i>Judy Martin</i></p>
<p>1. Article Addressed to:</p> <p>Judy Martin 1249 St Hwy 19 Chickasha, OK 73018</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>9590 9402 8851 4005 3072 32</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7079 43</p>	<p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>

Ex.A-8-286

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>1. Article Addressed to:</p> <p style="text-align: center;">Julia Ann Verschoyle Banks 2125 Belmont Vurlinton, NC 27215</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<div style="text-align: center;">  9590 9402 8851 4005 3072 49 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0131 7079 36</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> </table> <p style="font-size: 0.8em;">I Mail I Mail Restricted Delivery 300)</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"/> 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													

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>J Korakowski</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: K and K Minerals, LLC 621 N Robinson Ste 100 Oklahoma City, OK 73102	B. Received by (Printed Name) <i>F Korakowski</i>	C. Date of Delivery <i>6-10-24</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3072 56	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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
	<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	
	<input type="checkbox"/> Mail Restricted Delivery (500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Ron Finkel</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Karen Finkel 32158 Beachlake Ln Westlake Village, CA 91361	B. Received by (Printed Name) <i>RON FINKEL</i>	C. Date of Delivery <i>6-12-24</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3072 70	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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
	<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	
	<input type="checkbox"/> Mail Restricted Delivery (500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Karen Y Barnes</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Karen Y Barnes 328 Mustang Alley Sylvia, NC 28779	B. Received by (Printed Name) <i>Karen Y Barnes</i>	C. Date of Delivery <i>6/17/24</i>
	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) 9590 9402 8851 4005 3072 87	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"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
	<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	
	<input type="checkbox"/> Mail Restricted Delivery (300)	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

Ex.A-8-289

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:
 Karlan Witt
 7602 Basil Cove
 Austin, TX 78750



9590 9402 8851 4005 3072 94

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7078 82

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
 Phil Ruiz 6/10/24

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 Ken Perkins Oil & Gas
 PO Box 1015
 Simonton, TX 77476



9590 9402 8851 4005 3073 24

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7078 51

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
 Larry Webb 6-13-24

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 Kimbell Royalty Holdings, LLC
 777 Taylor St, Ste 810
 Fort Worth, TX 76102



9590 9402 8851 4005 3073 31

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY


A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 m. mashburn 6/10/24

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Ex.A-8-290

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	
1. Article Addressed to: Kimberly D Motzny 1195 Dresden Way San Jose, CA 95129	B. Received by (Printed Name) <i>KM</i>	C. Date of Delivery 6/11/2024
 9590 9402 8851 4005 3073 48	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 0131 7078 37	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"/> Mail Restricted Delivery (300) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		



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>X <i>Ann M Steinfeld</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lasca, Inc. PO Box 470425 Fort Worth, TX 76147</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Ann M Steinfeld 6-10-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3074 09</p> <p>9589 0710 5270 0131 7082 78</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>1 Mail 1 Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>X <i>Lisa CRM</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Laura Kay Hinchey PO Box 53567 Midland, TX 79710</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Lisa CRM 6-22-24</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3074 16</p> <p>9589 0710 5270 0131 7082 61</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>1 Mail 1 Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>X <i>Leah Woodberry</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lean Dog LP No. 1 P.O.Box 25203 Dallas, TX 75225</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Leah Woodberry 6/11/24</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3074 23</p> <p>9589 0710 5270 0131 7082 54</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>1 Mail 1 Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-293

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>Cindy C Bloch</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Lee Daws Bloch 1214 Ross Ave Baton Rouge, LA 70808</p>		<p>B. Received by (Printed Name) <i>Cindy C. Bloch</i> C. Date of Delivery <i>6/10/2024</i></p>	
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3074 30</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>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</p>		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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>Gary Bond</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Legat LLC 6114 W. Canterbury Drive Stillwater, OK 74074</p>		<p>B. Received by (Printed Name) <i>Gary Bond</i> C. Date of Delivery <i>6/11/24</i></p>	
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3074 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>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</p>		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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>Claymond</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Lexington Oil Company P. O. Box 237 Gonzales, TX 78629</p>		<p>B. Received by (Printed Name) <i>Claymond</i> C. Date of Delivery <i>6/10/24</i></p>	
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3074 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>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</p>		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

Ex.A-8-294

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lisa A Melson 4823 Lomina Lakewood, CA 90713</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3074 61</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"/> Registered Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lisa K Winstone 473 N Old Hwy 81 Ninnekah, OK 73067</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3074 78</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"/> Registered Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Little Bit Scharbauer, Ltd PO Box 366 Seminole, TX 79360</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3074 85</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"/> Registered Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

Ex.A-8-295

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:
 Llyod D Martin
 2771 County Street 2860
 Chickasha, OK 73018



9590 9402 8851 4005 3074 92

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7081 86

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Llyod D. Martin* Agent Addressee

B. Received by (Printed Name) *Llyod Martin* C. Date of Delivery *6-12-24*

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:
 Lomoco, Inc
 PO Box 6007
 Tyler, TX 75711



9590 9402 8851 4005 3075 08

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7081 79

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Doraco Pina* Agent Addressee

B. Received by (Printed Name) *Doraco Pina* C. Date of Delivery *6/12/24*

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:
 Louise Petrilla
 6317 24th St
 Lubbock, TX 79407



9590 9402 8851 4005 3174 77

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7081 48

Released to Imaging: 8/23/2024 1:56:19 PM

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Louise Petrilla* Agent Addressee

B. Received by (Printed Name) *Louise Petrilla* C. Date of Delivery *6-10-24*

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Ex.A-8-296

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:
 LSEAE, LLC
 N Loraine St Suite 1450
 Midland, TX 78701

2. Article Number (Transfer from service label)
 9590 9402 8851 4005 3174 84

9589 0710 5270 0131 7081 31

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 JAMISON McILWAIN 6/10/24

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

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:
 Lucinda Kay Lechner Johnson
 PO Box 13098
 Arlington, TX 76094

2. Article Number (Transfer from service label)
 9590 9402 8851 4005 3174 91

9589 0710 5270 0131 7081 24

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Lucinda Johnson JUN 11 2024

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

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:
 Luskey Living Trust, Barry Luskey
 38 Little Comfort Rd.
 Savannah, GA 31411

2. Article Number (Transfer from service label)
 9590 9402 7561 2098 2495 93

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee


B. Received by (Printed Name) C. Date of Delivery
 BARRY LUSKEY 6/18/24


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


3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

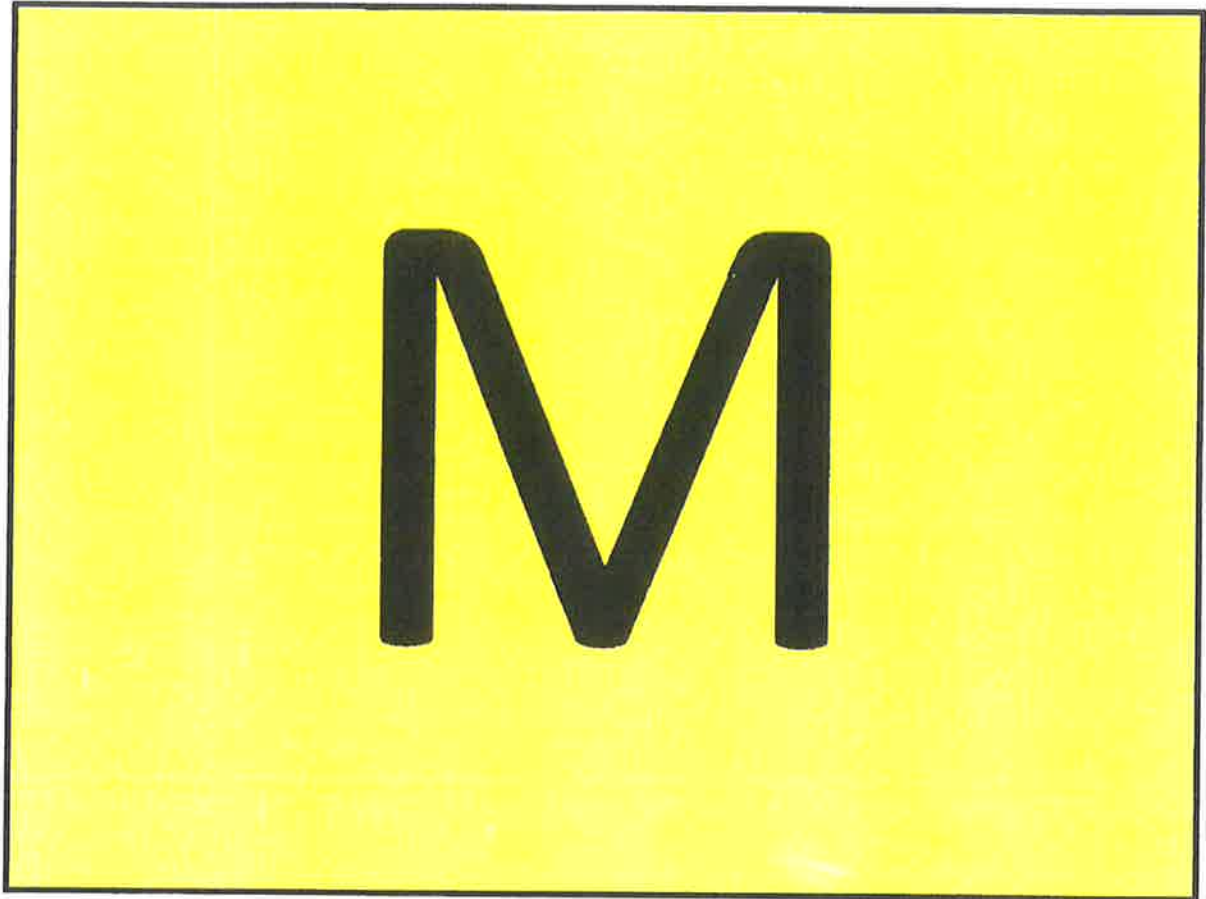
Ex.A-8-297

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) Sophie Gloff</p> <p>C. Date of Delivery 8/11/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lyeth Oil Trust 777 Taylor St, Penthouse 1, Ste A Fort Worth, TX 76102</p>		
 9590 9402 8851 4005 3051 08		
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7080 94</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		

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) Lynne Renae Deaton</p> <p>C. Date of Delivery 6/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lynne Renae Deaton PO Box 97 Chico, TX 76431</p>		
 9590 9402 8851 4005 3051 15		
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7080 87</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</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		

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) Karen Murphy</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;">Lynx Production Company 4849 Greenville Avenue, Suite 1255 Dallas, TX 75206</p>		
 9590 9402 8851 4005 3051 22		
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7080 70</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</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		

Ex.A-8-298



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:

Maecenas Minerals, LLP
3838 Oak Lawn Ave, Ste 300
Dallas, TX 75219



9590 9402 8851 4005 3051 39

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7069 08

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *BROOSTA* Agent Addressee

B. Received by (Printed Name) *BROOSTA* C. Date of Delivery *6/12*

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 Signature Confirmation Restricted Delivery


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

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:

MarJam Energy LLC
10440 N Central Expressway, Ste 1010
Dallas, TX 75231



9590 9402 8851 4005 3051 91

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7068 47

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *M. Cantu* Agent Addressee

B. Received by (Printed Name) *M. CANTU* C. Date of Delivery *6-11-24*

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 Signature Confirmation Restricted Delivery

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

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:

Mark Antweil
4450 Oak Park Lane, #101842
Fort Worth, TX 76185



9590 9402 8851 4005 3052 07

2. Article Number (Transfer from service label)
9589 0710 5270 0131 706A 30

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *M. Antweil* Agent Addressee


B. Received by (Printed Name) *M. ANTWEIL* C. Date of Delivery *6/10/24*


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 Signature Confirmation Restricted Delivery

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


Ex.A-8-300

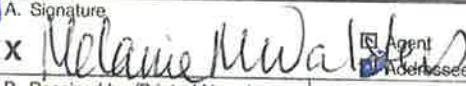
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Mark Caldwell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mark Caldwell</i> C. Date of Delivery <i>6/10/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mark Caldwell & Bonnie Caldwell 3512 A Shell Ave Midland, TX 79707</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;"> 9590 9402 8851 4005 3052 14</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"/> Certified 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</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7068 23</p>	<p>Mail Restricted Delivery .00</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

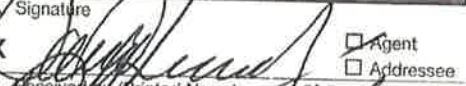
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>6/11/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Marsha Lee Clift Scott 3710 Whipperwill Lane Enid, OK 73703</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;"> 9590 9402 8851 4005 3052 21</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"/> Certified 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</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7068 16</p>	<p>Mail Restricted Delivery .00</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>7/06/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mary M. Hodge 12131 Lueders Lane Dallas, TX 75230</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;"> 9590 9402 8851 4005 3052 69</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified 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</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7068 16</p>	<p>Mail Restricted Delivery .00</p>

Ex.A-8-301

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Print your name and address on the reverse so 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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 6-70-24</p>
<p>Matthew Carson Cottingham Miles 111 Sheraton Dr San Antonio, TX 78209</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>9590 9402 8851 4005 3052 76</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</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7067 62</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Print your name and address on the reverse so 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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 6/18/24</p>
<p>1. Article Addressed to: Melanie Marie Miles Hirschfeld & Matthew Carson Cottingham Miles, Remaindermen of The Bradley Carson Miles Life Estate 8815 Towana Trail Austin, TX 78736</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>9590 9402 8851 4005 3052 83</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</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7067 55</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Print your name and address on the reverse so 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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 6/18/24</p>
<p>1. Article Addressed to: Metrocare Services 1717 Main St 25th floor Dallas, TX 75201</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>9590 9402 8851 4005 3052 83</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery</p>

Ex.A-8-302

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:
 Patrick Edward Corrigan Family Partnership,
 LLLP
 PO Box 643726
 Vero Beach, FL 32964



9590 9402 8851 4005 3054 74

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7064 89

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Yes No
 LISA CHIVIAN

C. Date of Delivery

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:
 Patsy Elaine Hinchey
 PO Box 53567
 Midland, TX 79710



9590 9402 8851 4005 3054 81

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7064 72

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Yes No
 LISA WCRM

C. Date of Delivery
 6-12-24

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:
 Patsy Hinchey Family, LP, c/o Catoico
 PO Box 53567
 Midland, TX 79710



9590 9402 8851 4005 3055 04

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7064 89

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Yes No
 LISA WCRM

C. Date of Delivery
 6-14-24

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Ex.A-8-303

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:

Paula Jo Allen Carrera
1419 Lawson Palm Ct
Apopka, FL 32712



9590 9402 8851 4005 3055 11

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7064 41

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Paula Carrera Agent Addressee

B. Received by (Printed Name) *Paula Carrera* C. Date of Delivery *6/24/24*

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 Signature Confirmation Restricted Delivery (\$500)

APOPKA FL
JUL 24 2024

Domestic Return Receipt

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:

Penny L. Grantham Roth
21 Oak Lane
Springfield, IL 62717



9590 9402 8851 4005 3055 28

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7064 34

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Penny Roth 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:

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 (\$500)

Domestic Return Receipt

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.

Article Addressed to:

Petro-Crown Resources, LP
PO BOX 9289
Wichita Falls, TX 76308



9590 9402 8851 4005 3055 35

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7064 27

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Brenda Grayson Agent Addressee

B. Received by (Printed Name) *Brenda Grayson* C. Date of Delivery *6-10-24*

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 Signature Confirmation Restricted Delivery (\$500)

WICHITA FALLS TX
JUN 10 2024

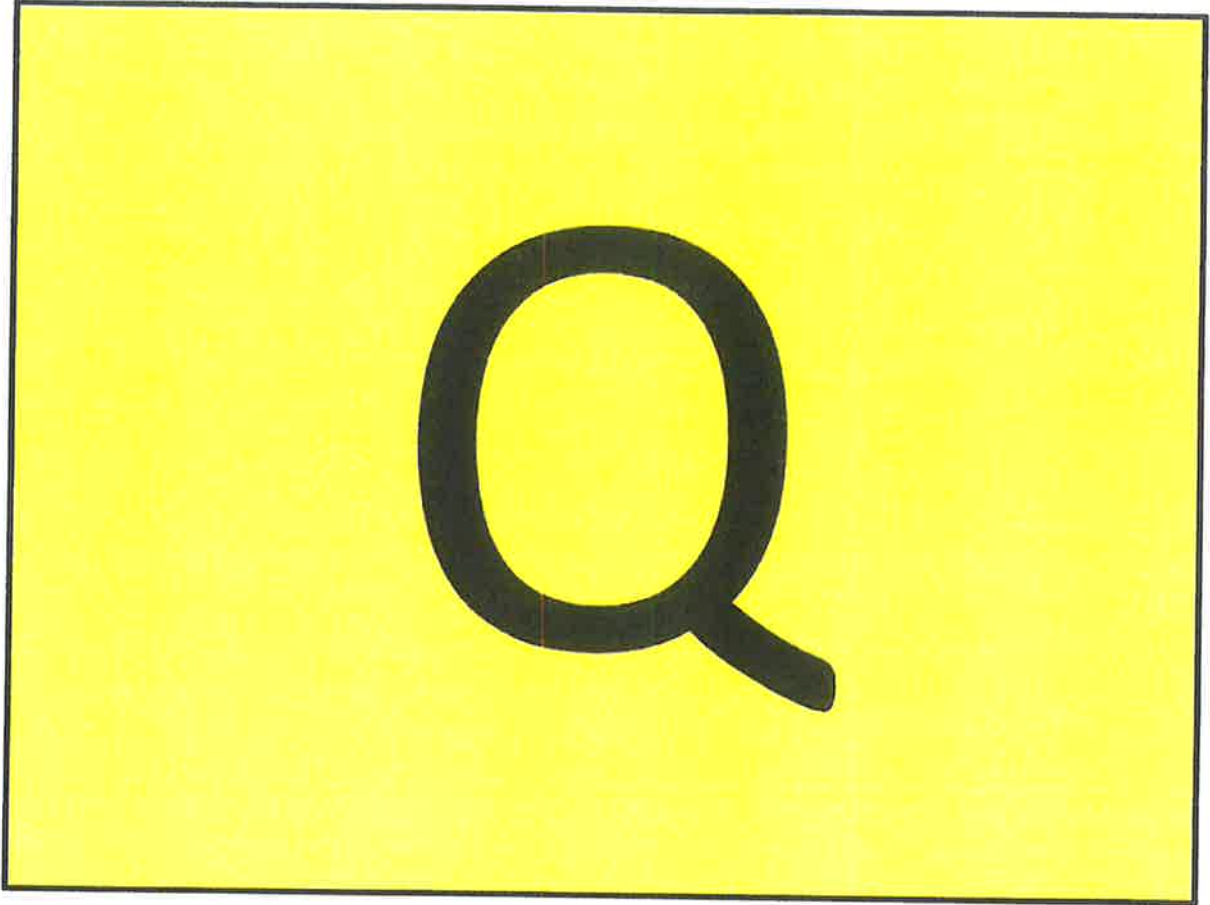
Ex.A-8-304

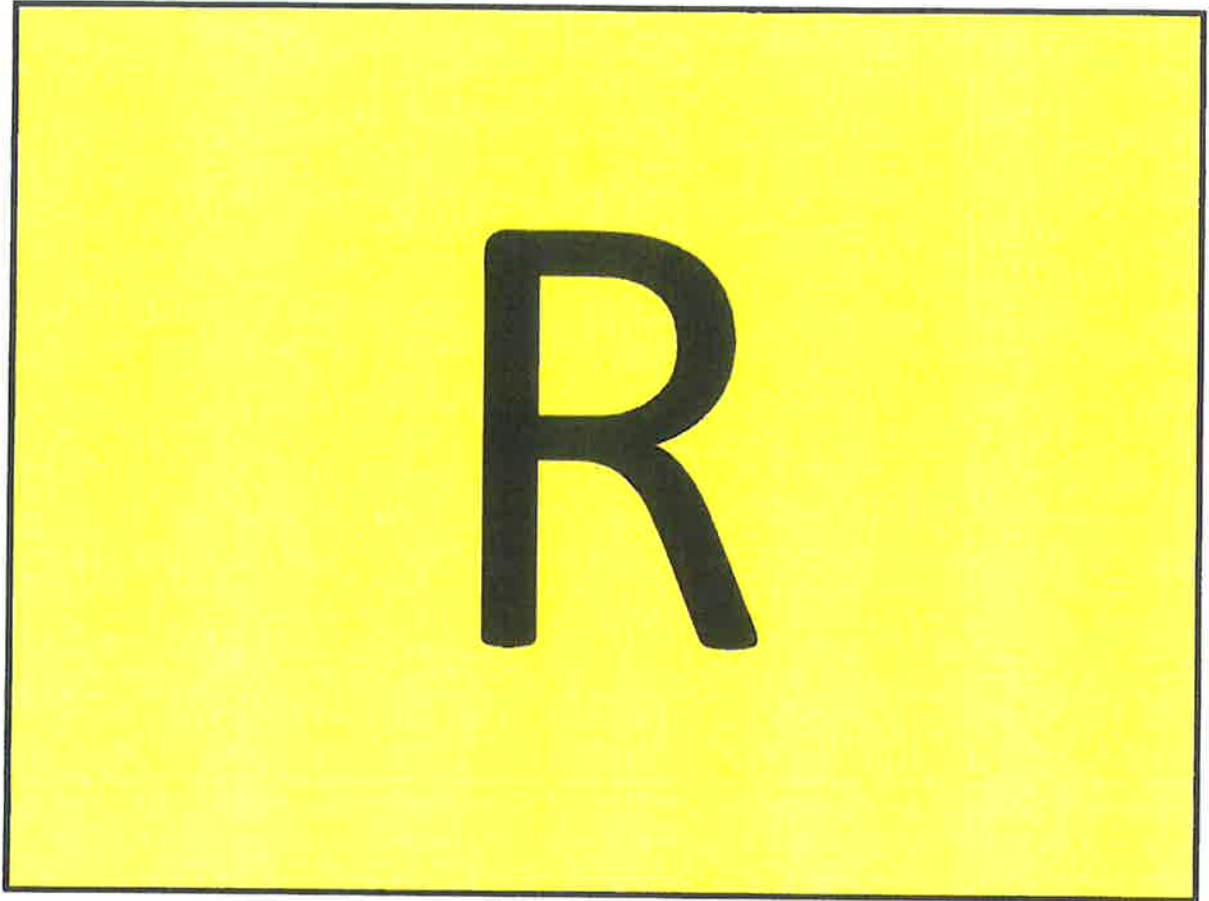
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p>	
<p>1. Article Addressed to:</p> <p>Philip Lyle Williams and Cheryl Williams, as Co-Trustees of the Philip Lyle Williams and Cheryl Ann Williams 2016 Revocable Trust, u/t/a 6/1/2016, as Amended 1157 Mountain Canary Dr. South Lake Tahoe, CA 96150</p>	<p>B. Received by (Printed Name) <i>C. Williams</i></p>	<p>C. Date of Delivery <i>6-10-24</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7064 10</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"/> Signature Confirmation Restricted Delivery, <input type="checkbox"/> Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		


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>1. Article Addressed to:</p> <p>Professional Investment and Trust Company PO Drawer 1599 Lovington, NM 88260</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7063 97</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"/> Signature Confirmation Restricted Delivery, <input type="checkbox"/> Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		


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>1. Article Addressed to:</p> <p>Purnell Morrow Company PO Box 823560 Dallas, TX 75382</p>	<p>B. Received by (Printed Name) <i>Ellen Morrow</i></p>	<p>C. Date of Delivery</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7013 00</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"/> Signature Confirmation Restricted Delivery, <input type="checkbox"/> Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>		

Ex.A-8-305






SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete item <input checked="" type="checkbox"/> Print your name so that we can <input checked="" type="checkbox"/> Attach this card or on the front	Signature <input checked="" type="checkbox"/> X <i>Lewan P. Hufhines</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	C. Date of Delivery 6/12/24
Printed Name Lewan P. Hufhines	1. Article Addressed to: Ray Hufhines 20039 Santa Rosa Dr Springdale, AR 72764	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"/> 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
 9590 9402 8851 4005 3056 03		2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 59	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	1. Article Addressed to: Rfort Mineral Properties, LLC 9716 Admiral Emerson Ave NE Albuquerque, NM 87111	A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery (blank)
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"/> 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	
 9590 9402 8851 4005 3056 10		2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 42	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	1. Article Addressed to: Ricky D Raindl PO Box 142454 Irving, TX 75014	A. Signature <input checked="" type="checkbox"/> X <i>Ricky D Raindl</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
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"/> 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	
 9590 9402 8851 4005 3050 92		2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 11	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

Ex.A-8-308

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert Denney</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BRONDA DENNEY</i> C. Date of Delivery <i>6-5-2</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>													
<p>1. Article Addressed to:</p> <p>Robert Denney 1207 Ponderosa Dr Hobbs, NM 88242</p>														
 9590 9402 8851 4005 3056 58														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7062 98</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> </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"/> 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														


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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert X Mayse</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>													
<p>1. Article Addressed to:</p> <p>Robert Howe Mayse 1635 Paradise Ranch Rd Fredericksburg, TX 78624</p>														
 9590 9402 8851 4005 3056 65														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7062 81</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> </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"/> 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														

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert M. Davenport, Jr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>													
<p>1. Article Addressed to:</p> <p>Robert M. Davenport, Jr 104 S Pecos Midland, TX 79701</p>														
 9590 9402 8851 4005 3056 72														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7062 74</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> </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"/> 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														

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>Mitch Raindl</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mitch Raindl</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Robert Mitchell Raindl PO Box 853 Tahoka, TX 79373</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3056 89</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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>
<p>9589 0710 5270 0131 7062 67</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>M. Jones</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Robert N Jones 1351 NE Carlabay Way, Apt 131 Hillsboro, OR 97124</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3056 96</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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>
<p>9589 0710 5270 0131 7062 50</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Jeannine Byron</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jeannine Byron</i></p> <p>C. Date of Delivery 6-12-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Robert P and Jeannine H Byron PO Box 1562 Roswell, NM 88202</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3057 02</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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>
<p>9589 0710 5270 0131 7062 43</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-310

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:

Robertson B Foley
1321 Killenwood Dr
Wichita, KS 67230



9590 9402 8851 4005 3060 06

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7062 36

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Robertson Foley Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Karen Foley 8/10/24

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

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:

Robin Leslie Yeager
6125 Luther Ln., Suite 385
Dallas, TX 75225



9590 9402 8851 4005 3060 13

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7062 29

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) C. Date of Delivery

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
- Registered Mail Restricted Delivery (300)

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:

Robin Leslie Yeager, in Trust
6125 Luther Ln., Suite 385
Dallas, TX 75225



9590 9402 8851 4005 3060 20

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY



A. Signature
 [Signature] Agent
 Addressee

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



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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

Ex.A-8-311

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Ronald M Harrison, Trustee of the Ronald M. Harrison Testamentary Trust 739 Parkway Blvd. Coppell, TX 75019</p>	
 9590 9402 8851 4005 3060 44	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7061 99</p>	<p>Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Roxanne Rasher 6038 S Ferdinand St Tacoma, WA 98409</p>	
 9590 9402 8851 4005 3060 68	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7061 75</p>	<p>Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Roxanne Zillner 17704 Juniper St Hesperia, CA 92345</p>	
 9590 9402 8851 4005 3060 75	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7061 68</p>	<p>Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-312

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>S. Berger</i></p>	
<p>1. Article Addressed to:</p> <p>Roy G Barton, Jr 1919 N Turner St Hobbs, NM 88240</p>	<p>B. Received by (Printed Name) <i>Sherry Ann Berger</i></p>	<p>C. Date of Delivery <i>16/10/24</i></p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3060 82</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Randy Geiselman</i></p>	
<p>1. Article Addressed to:</p> <p>RSG Properties, Ltd 2700 Racquet Club Dr Midland, TX 79705</p>	<p>B. Received by (Printed Name) <i>Randy Geiselman</i></p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3060 99</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>R. Jones</i></p>	
<p>1. Article Addressed to:</p> <p>Russell King Jones 3404 Alicia Ct Midland, TX 79707</p>	<p>B. Received by (Printed Name) <i>R. Jones</i></p>	<p>C. Date of Delivery <i>6/10/24</i></p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3061 05</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


Ex.A-8-313


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <hr/> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> </p> <hr/> <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;">Milagro Resources, LP 415 West Wall Ave., Ste. 1118 Midland, TX 79701</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3053 06</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <hr/> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> </p> <hr/> <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;">Miller West, LTD PO Box 400 Benavides, TX 78341</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3053 13</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <hr/> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> </p> <hr/> <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;">MNA Enterprises LTD Co 106 W Alabama St Hobbs, NM 88242</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3053 37</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


Ex.A-8-314


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Mobil Producing TX & NM, Inc 22777 Springwoods Village Pkwy Spring, TX 77389</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>
 9590 9402 8851 4005 3053 44	<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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7066 94</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Montgomery Petroleum 1020 E Levee St, Ste 130 Dallas, TX 75207</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>
 9590 9402 8851 4005 3053 75	<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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7066 63</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>


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>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Morgan Richardson Hubbard, Jr. PO Box 1961 Abilene, TX 79604</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>
 9590 9402 8851 4005 3053 82	<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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7066 56</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

Ex.A-8-315

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) No. 50410 TX 78209</p> <p>C. Date of Delivery JUN 1 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Morgan Tyler Edwards 219 Treasure Way San Antonio, TX 78209</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;">  9590 9402 8851 4005 3053 99 </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</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7066 49</p>	<p>Mail Restricted Delivery (0)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mountain Lion Oil & Gas, LLC 7941 Katy Freeway #117 Houston, TX 77024</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;">  9590 9402 8851 4005 3054 05 </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</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7066 32</p>	<p>Mail Restricted Delivery (0)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	



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>Nancy Warren Bentley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Nancy Warren Bentley 248 Texas Drive Hideaway, TX 75711</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;"> 9590 9402 8851 4005 3050 16</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7066 01</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>

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

Domestic Return Receipt

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>Daniel Francis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">National Lease Co. 100 French St Unit 115A Wilmington, DE 19801</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;"></p>
<p style="text-align: center;"> 9590 9402 8851 4005 3050 30</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7065 88</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>


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

Domestic Return Receipt

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>Nelson A. Fleck</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Nelson A. Fleck 240 Greenwich Street New York, NY 10286</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;"> 9590 9402 8851 4005 3050 47</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7065 88</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00)</p>

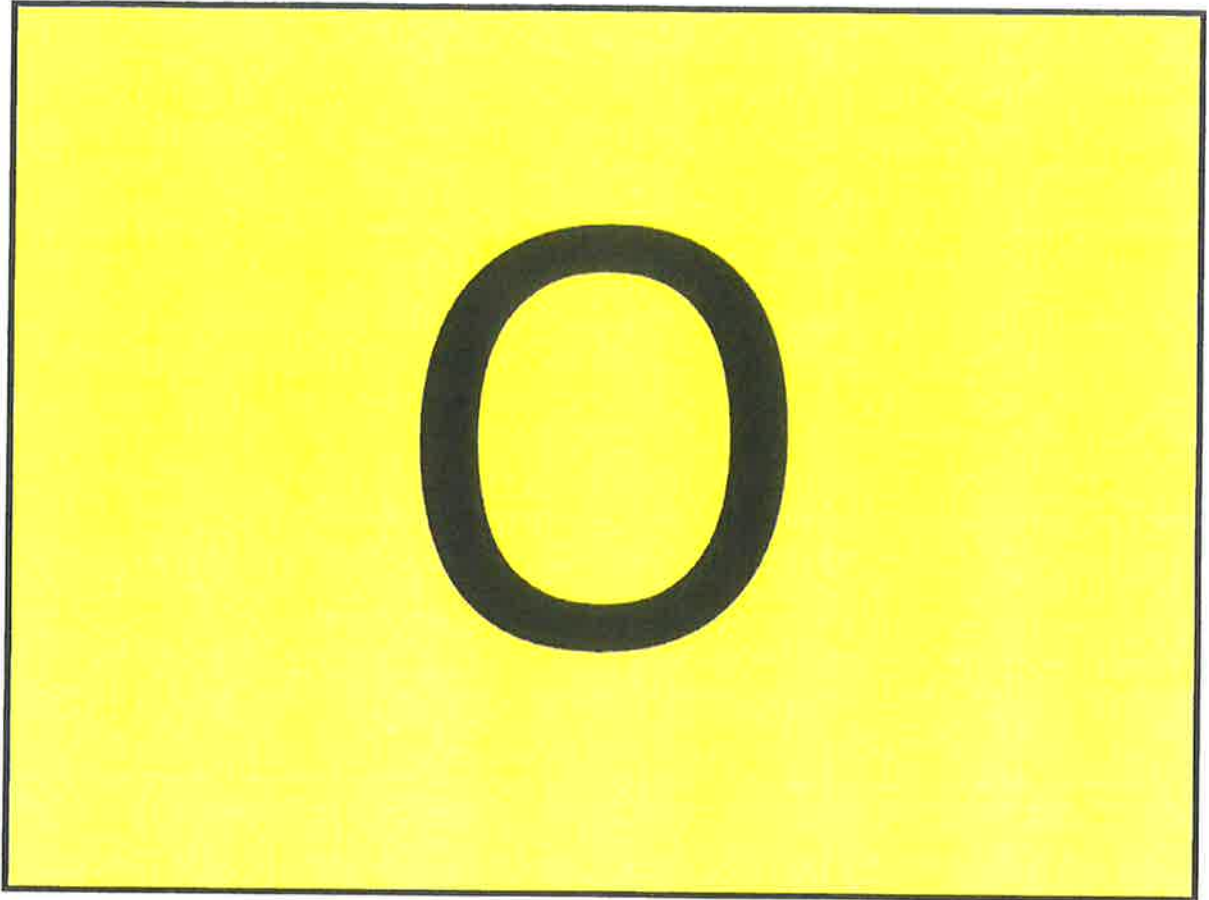
PS Form 3811, July 2020 PSN 7530-02-000-9053

Ex.A-8-318

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87501</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;">  9590 9402 8851 4005 3050 54 </div>	<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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0131 7065 64</p>													

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

Domestic Return Receipt



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>Article Addressed to:</p> <p>OBO INC PO Box 22577 Hialeah, FL 33002</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>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</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3050 78</p> <p>9589 0710 5270 0131 7065 40</p>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>Article Addressed to:</p> <p>Onez Norman Rooney Testamentary Trust PO Box 18757 Oklahoma City, OK 73154</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>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</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3054 36</p> <p>9589 0710 5270 0131 7065 26</p>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>Article Addressed to:</p> <p>Otis L. Jones & Lila U. Jones, Co-Trustees of the Jones Revocable Trust u/a/d October 4, 1993 44101 NW Wollen Road Banks, OR 97106</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>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</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3054 43</p>	

Ex.A-8-321

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY USA WTP LP
5 Greenway Plaza Suite 110
Houston, TX 77046



9590 9402 8851 4005 3054 67

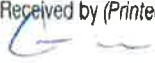
2. Article Number (Transfer from service label)

9589 0710 5270 0131 7064 96

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

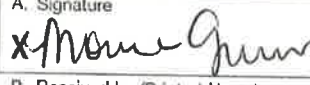

B. Received by (Printed Name)  C. Date of Delivery
 6/8/24

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Registered Mail Restricted Delivery (\$500) | |

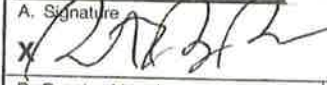

Domestic Return Receipt



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) Monica Guerrero</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Russell T. Rudy Energy, LLC 320 Westcott Houston, TX 77007</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>
 9590 9402 8851 4005 3061 12	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> 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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7061 20</p>	<p>Mail Restricted Delivery (500)</p>

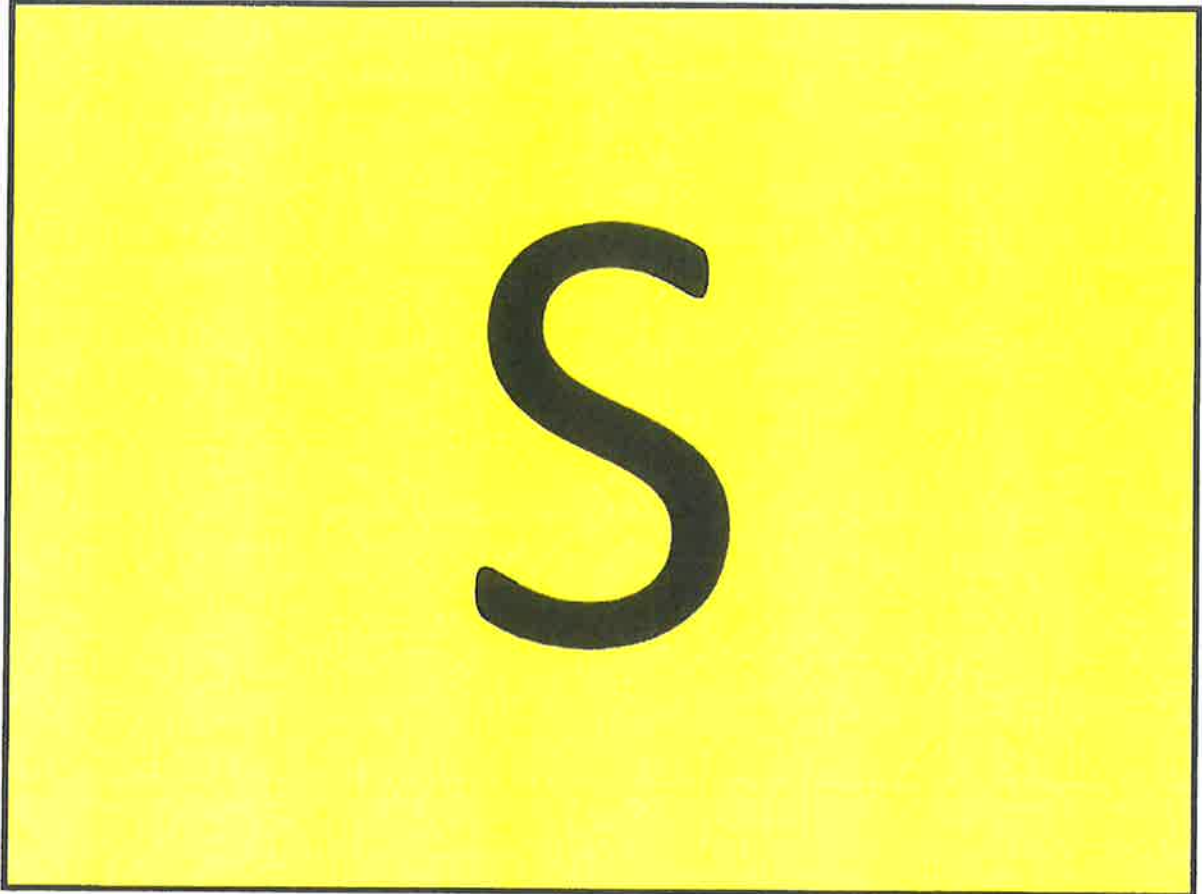
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

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) Ruth Burney Pennebaker</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Ruth Burney Pennebaker 98 San Jacinto Blvd Austin, TX 78701</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>
 9590 9402 8851 4005 3061 29	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> 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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7061 13</p>	<p>Mail Restricted Delivery (500)</p>

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

Domestic Return Receipt



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:
 Sally Blaine Barnes
 226 Valmar St
 Kernah, TX 77565



9590 9402 8851 4005 3061 36

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7061 06

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

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:
 Schmidt Trust
 Michael W Elley & James C Williams,
 Successor Trustees
 117 Ripple Creek St
 Shavano Park, TX 78231



9590 9402 8851 4005 3061 50

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7060 83

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

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:
 Sevenways Venture Capital, Ltd
 6125 Luther Ln., Suite 385
 Dallas, TX 75225



9590 9402 8851 4005 3061 67

COMPLETE THIS SECTION ON DELIVERY


A. Signature
 X Agent
 Addressee

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


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

3. Service Type
- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |


Ex.A-8-326

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) Andrew Schmidt</p> <p>C. Date of Delivery 6/10/24</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">SH Permian Minerals, LLC P. O. Box 470426 Fort Worth, TX 76147</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;"> 9590 9402 8851 4005 3061 74</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7060 69</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> </table> <p>Mail Restricted Delivery (500)</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"/> 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													


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


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)</p> <p>C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Shelley M Cohn 3514 E Oregon Ave Phoenix, AZ 85018</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;"> 9590 9402 8851 4005 3061 98</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7060 45</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> </table> <p>Mail Restricted Delivery (500)</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"/> 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													


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

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)</p> <p>C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Shelley Luskey Trust 4409 Balcones Dr Austin, TX 78731</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;"> 9590 9402 8851 4005 3062 04</p> <p>2. Article Number (Transfer from service label)</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> </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"/> 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													

Ex.A-8-327

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"/> S. Baggoo <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Sherry-Nevada Oil Royalty Co 1919 N Turner St Hobbs, NM 88240</p>	<p>B. Received by (Printed Name) C. Date of Delivery Sherry Ann Baggoo 06/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p style="text-align: center;"> 9590 9402 8851 4005 3062 11</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7060 21</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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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"/> Shirley Mims <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Shirley G Whitley Mims 3613 Brushwood Ln Corpus Christi, TX 78415</p>	<p>B. Received by (Printed Name) C. Date of Delivery Shirley Mims</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;"> 9590 9402 8851 4005 3062 28</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7060 14</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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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"/> Janet Hefley <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Southern Cross Royalty, LP PO Box 100 Davis, OK 73030</p>	<p>B. Received by (Printed Name) C. Date of Delivery Janet Hefley 06/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;"> 9590 9402 8851 4005 3062 59</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7059 87</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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

Ex.A-8-328

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>1. Article Addressed to: Special Exploration, LLC PO Box 369 Stillwater, OK 74076</p>	<p>B. Received by (Printed Name) <i>Don Terry</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; color: red; font-weight: bold;">JUN 12 2024</p>												
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3062 66</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> </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"/> 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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to: Speyside Resources, LLC PO Box 10458 Midland, TX 79702</p>	<p>B. Received by (Printed Name) <i>6/12/24 Stephen Dyer</i></p> <p>C. Date of Delivery <i>6/12/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3062 73</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </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"/> 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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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>1. Article Addressed to: Stephen E. Dyer & Ludean E. Cantrell, Co-Trustees of the Ludean E. Cantrell Living Trust u/a/d May 20, 1991 PO Box 546 Ardmore, OK 73402</p>	<p>B. Received by (Printed Name) <i>STEPHEN DYER</i></p> <p>C. Date of Delivery <i>6/21/24</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>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3062 63</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> </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"/> 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						
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>							

Ex.A-8-329

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:
 Stovall Fam Trust, Francis Stoval, Trustee
 420 Ocean View
 Port Aransas, TX 78373

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7059 32

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kim Miller

B. Received by (Printed Name)
 Kim Miller

C. Date of Delivery
 6-21-24

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

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

PORT ARANSAS TX 78373
 JUN 21 2024

Domestic Return Receipt

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:
 Sue Richardson
 3338 FM 2952
 Bridgeport, TX 76426

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7059 25

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Barbara Kay

B. Received by (Printed Name)
 Barbara Kay

C. Date of Delivery

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

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

mail Restricted Delivery

Domestic Return Receipt

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:
 Susan Elizabeth Bowen
 PO Box 584
 Verdugo City, CA 91046

2. Article Number (Transfer from service label)
 9590 9402 8851 4005 3063 27

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
BEN BINGER

B. Received by (Printed Name)
 BEN BINGER

C. Date of Delivery

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

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

VERDUGO CITY CA 91046
 JUN 17 2024

Domestic Return Receipt

Ex.A-8-330

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:

SWMF Properties, Inc.
PO Box 840738
Dallas, TX 75284



9590

2. Article Num

PS Form 3871, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *MM* Agent Au.

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

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

JUN 10 2024

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™

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.

Article

Sylvia Jean Lechner Stanberry
3362 Fores Ln, Apt 305
Dallas, TX 75234



9590 9590 2 8851 4005 3057 26

2. Article Num (transfer from service label)

PSN 7530-02-000-9053

Receipt

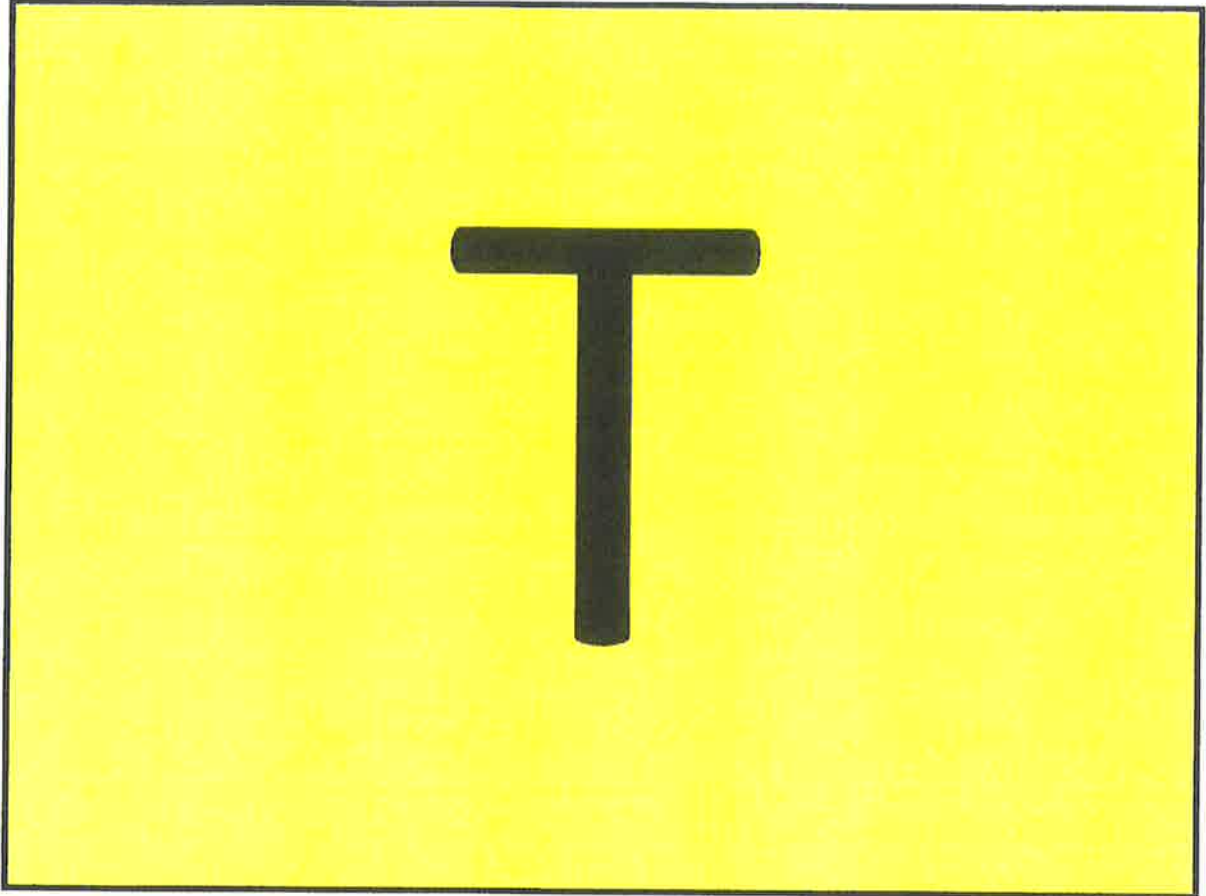
COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Jean L Stanberry* Agent Addressee


B. Received by (Printed Name) Date of Delivery
Jean L Stanberry 6-17-2024


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


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



Ex.A-8-332

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>1. Article Addressed to:</p> <p style="text-align: center;">Taryn N. Morris PO Box 7019 Abitene, TX 79608</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: right; color: red;">AUG 14 2024</p>												
<p style="text-align: center;">  9590 9402 8851 4005 3057 40 </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> </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"/> 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													
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0352 70</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>												

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>1. Article Addressed to:</p> <p style="text-align: center;">Texas Bank and Trust, Successor Trustee of the Dr. and Mrs. J. E. Watkins Scholarship Trust P.O. Box 2749 Longview, TX 75606</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;">  9590 9402 8851 4005 3057 57 </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> </table> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</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"/> 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													
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0352 87</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>												

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>1. Article Addressed to:</p> <p style="text-align: center;">Tharp Minerals LP 3766 Bee Caves Road, Suite 1, #128, Westlake Hills, TX 78746</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;">  9590 9402 8851 4005 3057 64 </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> </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"/> 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													
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0352 911</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>												


Ex.A-8-333


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: The Cumberland Rest Inc 1600 Texas St Fort Worth, TX 76102	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3057 71	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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"/> 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	
	<input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		
Domestic Return Receipt		


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: The H and S Drilling Co. PO Box 701620 Tulsa, OK 74170	B. Received by (Printed Name) <i>ROBERT SNOW</i>	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3057 88	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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"/> 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	
	<input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		
Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: The McDaniel Company 12900 Preston Rd., #415 Dallas, TX 75230	B. Received by (Printed Name)	C. Date of Delivery <i>6/12/24</i>
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3057 95	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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"/> 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	
	<input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		


Ex.A-8-334


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>The Principia Corporation (Missouri Corp.) PO Box 1588 Tulsa, OK 74101</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>
 9590 9402 8851 4005 3058 01	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0500 20</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>6/17/24</i></p>
<p>1. Article Addressed to:</p> <p>Theodore August Swenson, Jr 187 N. Bay Dr. Bullard, TX 74016</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>
 9590 9402 8851 4005 3058 01	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>06/10/24</i></p>
<p>1. Article Addressed to:</p> <p>Thomas R Bina 12424 Wilshire Blvd, Ste 1150 Los Angeles, CA 90025</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>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

Ex.A-8-335

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) Stamm Jettan</p> <p>C. Date of Delivery JUN 11 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Tierra Media Resources LP PO Box 9758 Midland, TX 79708</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>9590 9402 8851 4005 3058 32</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0500 51</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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) Card</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Tommy L Fort 4914 Royal Oak Ct San Angelo, TX 76904</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>9590 9402 8851 4005 3058 56</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0500 75 Restricted Delivery</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

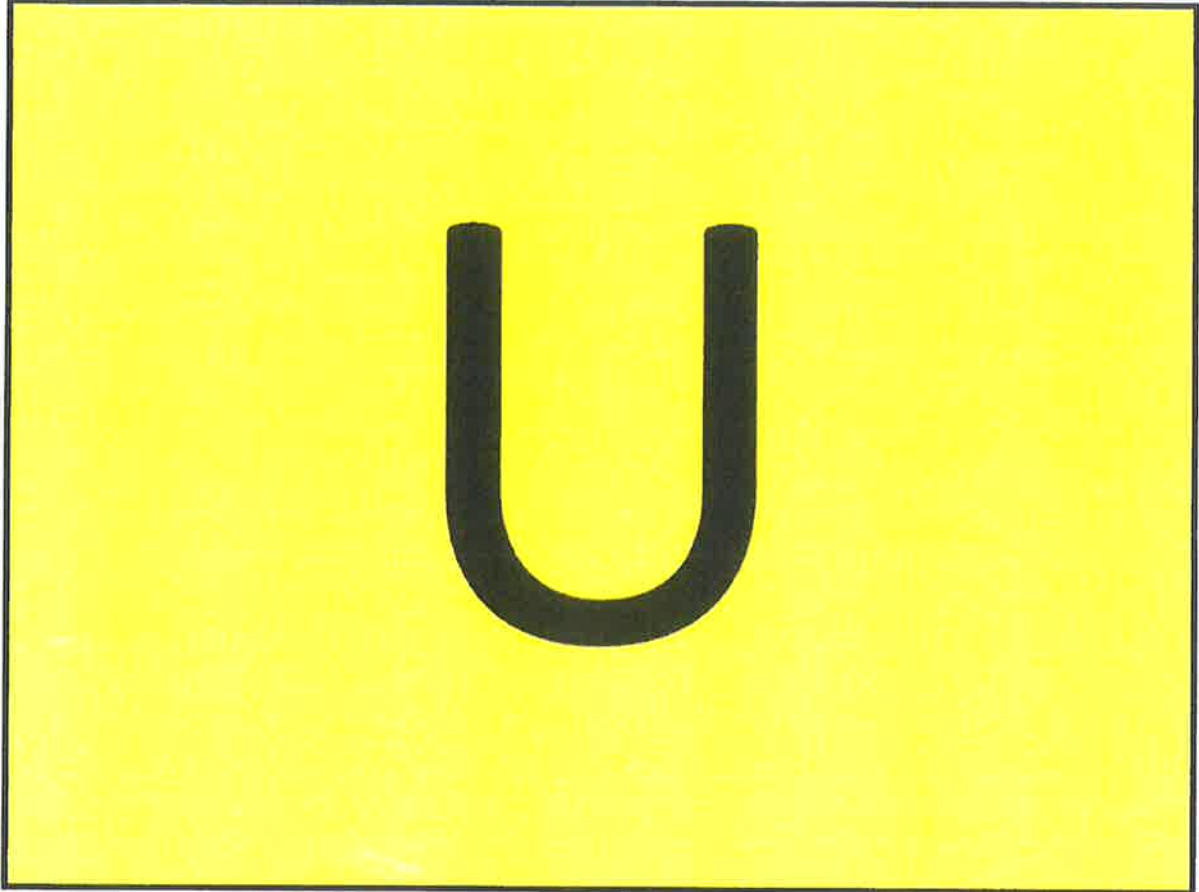
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) [Signature]</p> <p>C. Date of Delivery 8/15/24</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">TREK Resources Inc 1020 E Levee St, Ste 130 Dallas, TX 75207</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>

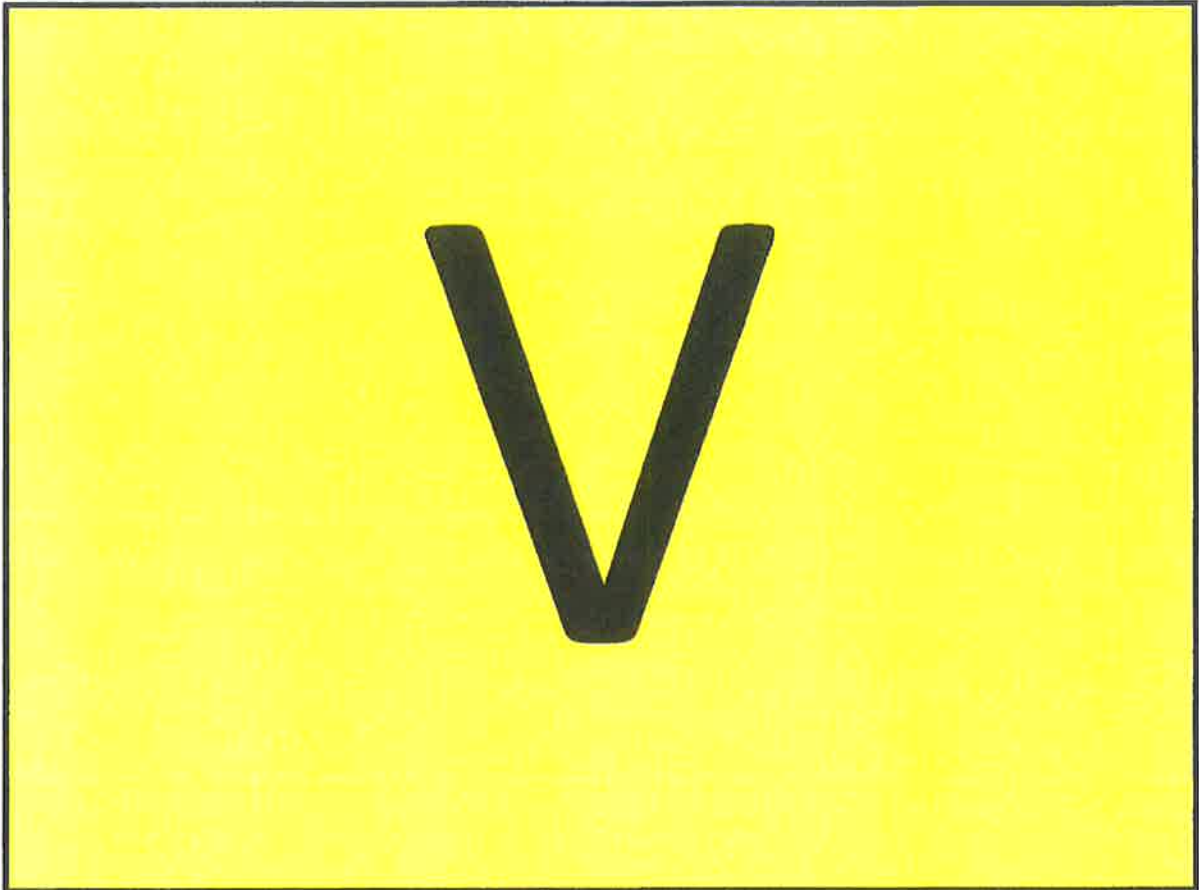
Ex.A-8-336

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>José C. Ayala</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Tritex Production Company 2882 Sandhill Rd, #117 Menlo Park, CA 94025</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>José C. Ayala</i> <i>6-12-2024</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>
<div style="text-align: center;">  9590 9402 8851 4005 3058 70 </div>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0389 0500 99</p>	<p style="font-size: 0.8em; margin-left: 20px;">Mail Restricted Delivery</p>

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

Domestic Return Receipt





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:

Vink Family Trust, David E & Margaret F Vink,
Trustees
10 Andorra Trace
Hot Springs Village, AR 71909



9590 9402 8851 4005 3058 87

2. Article Number (Transfer from service label)

9589071052700389050105

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ben Weaver

- Agent
- Addressee

B. Received by (Printed Name)

Ben Weaver

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: N


3. Service Type


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


Domestic Return Receipt



Ex.A-8-341

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>1. Article Addressed to:</p> <p style="text-align: center;">W P & Bulah Luse Foundation PO Box 840738 Dallas, TX 75284</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; color: red; font-weight: bold;">JUN 14 2024</p>
<p style="text-align: center;"></p> <p style="text-align: center;">9590 9402 8851 4005 3059 00</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0389 0501 29</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p style="text-align: right;">Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>1. Article Addressed to:</p> <p style="text-align: center;">Wentz Production LLC PO Box 834 Davis, OK 73030</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;"></p> <p style="text-align: center;">9590 9402 8851 4005 3059 17</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0389 0501 36</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p style="text-align: right;">Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>1. Article Addressed to:</p> <p style="text-align: center;">Wentz Rocket LLC 6350 W Reno Oklahoma City, OK 73127</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;"></p> <p style="text-align: center;">9590 9402 8851 4005 3059 24</p> <p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>

Ex.A-8-342

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:
 White Rock Royalty Partners No. 1
 427 S Boston Avenue, Suite 711
 Tulsa, OK 74103



9590 9402 8851 4005 3059 31

2. Article Number (Transfer from service label)
 9589 0710 5270 0389 0501 50

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
 MYRA Block 6/2

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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:
 Will Downing
 2607 Hodges St
 Midland, TX 79705



9590 9402 8851 4005 3059 62

2. Article Number (Transfer from service label)
 9589 0710 5270 0389 0501 81

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
 Will Downing 6/20/24

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

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

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 William A. Lechner
 225 Rockford Rd
 Waco, TX 76172

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 W.A. Lechner 6-10-24

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>William B. Watson, Agent o/b/o Archbishop New York PO Box 470425 Fort Worth, TX 76147</p>	<p>B. Received by (Printed Name)</p> <p>ANN M STIEBENS</p>	<p>C. Date of Delivery</p> <p>6-10-24</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0502 11</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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

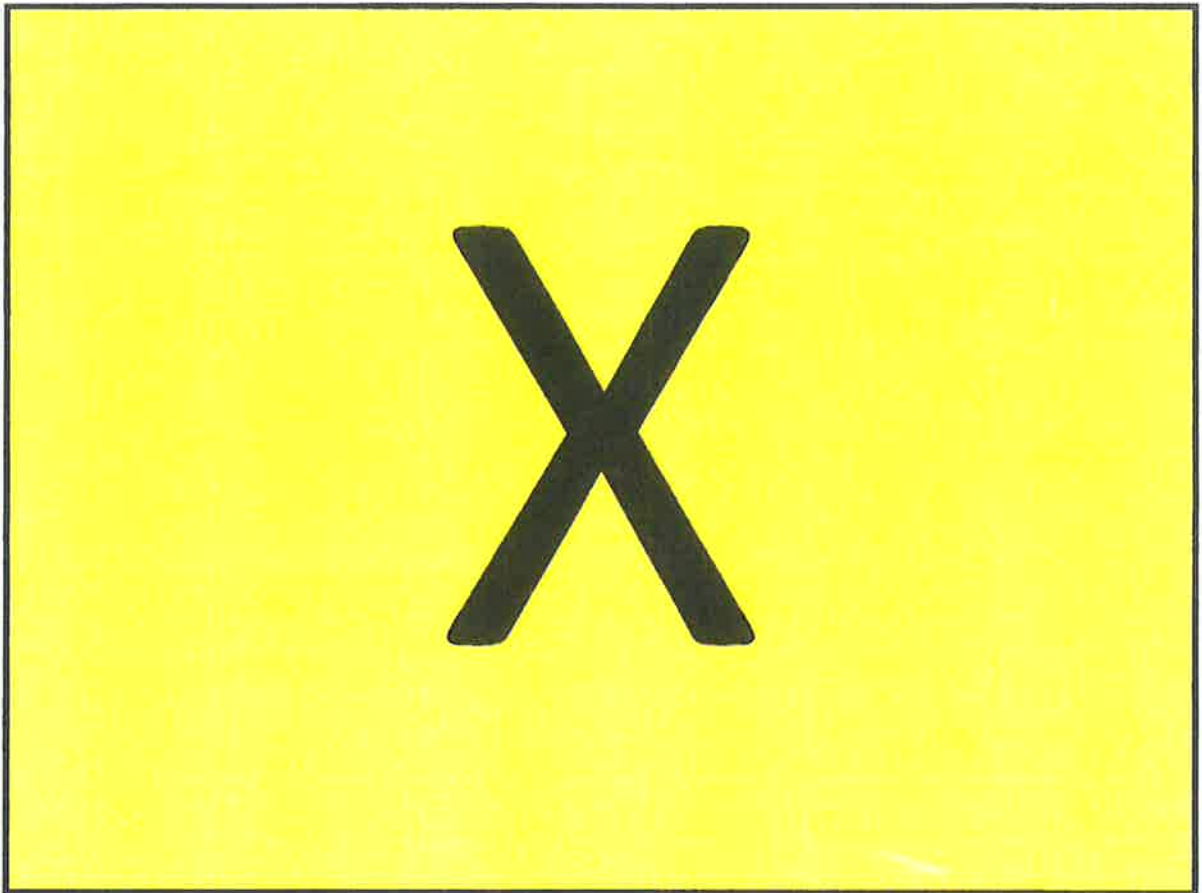
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>William E & Edna D Kreps Memorial Trust, Bank of America, N.A., Trustee PO 830308 Dallas, TX 75283</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p> <p>JUN 10 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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0502 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</p> <p><input type="checkbox"/> Insured Mail</p>	
	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Williams Revocable Living Trust 824 Thomas Crossing Dr Burleson, TX 76028</p>	<p>B. Received by (Printed Name)</p> <p>Linda Bauerbach</p>	<p>C. Date of Delivery</p> <p>5-11-24</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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0502 59</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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-344

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery DAVIN YOUNG 6/10/24</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Windom Royalties LLC PO Box 660082 Dallas, TX 78645</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;">  9590 9402 8851 4005 3063 72 </div>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0389 0502 66</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

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



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:

XTO Holdings, LLC
 22777 Springwoods Village Pkwy
 Spring, TX 77389



9590 9402 8851 4005 3063 89

2. Article Number (Transfer from service label)

9589 0710 5270 0389 0502 73

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

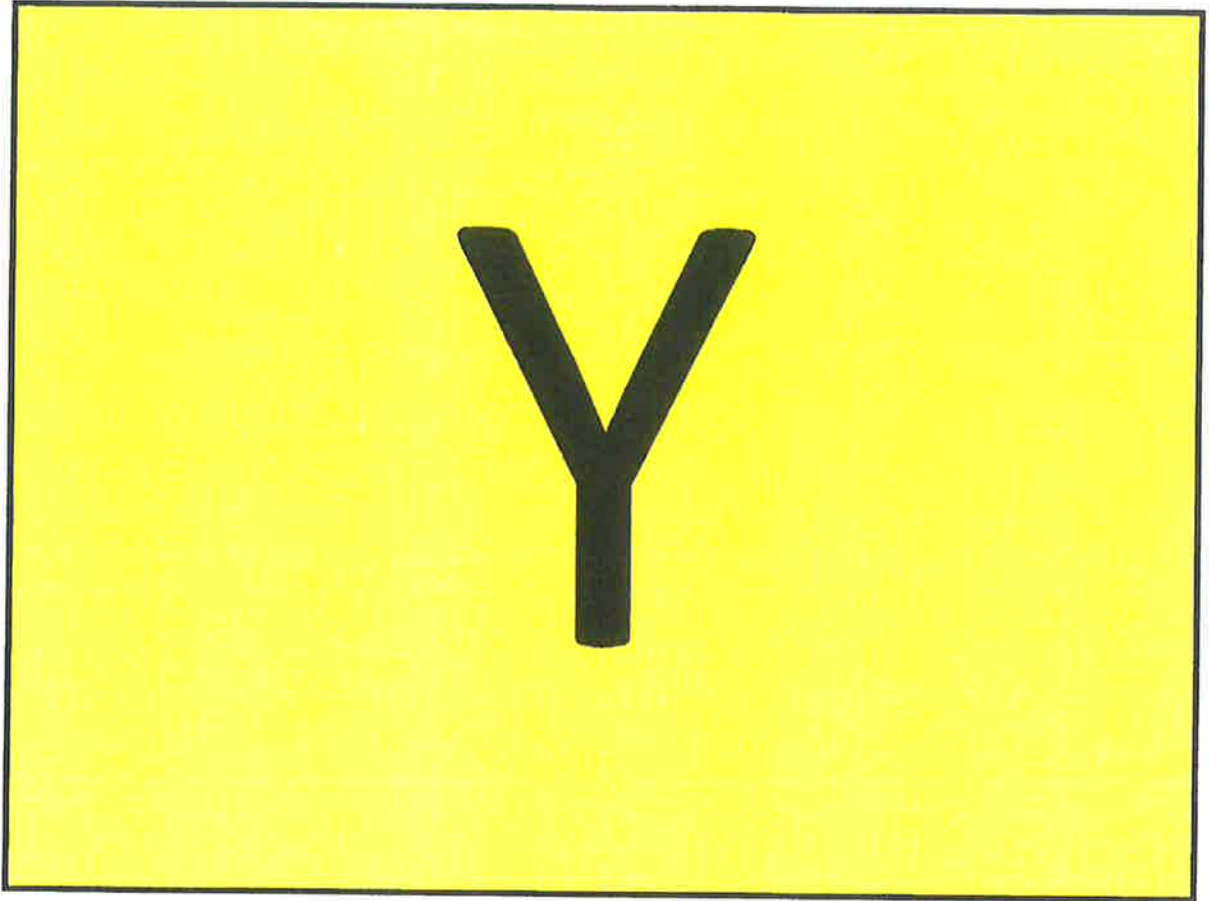
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No


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

Domestic Return Receipt

Ex.A-8-347



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 style="text-align: center;">Yeager Resources, Ltd P. O. Box 53567 Midland, TX 79710</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;">  9590 9402 8851 4005 3063 96 </div>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0389 0502 80</p>	<p style="text-align: right;">Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	



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:

ZPZ Delaware I, LLC
 2000 Post Oak Blvd, Ste. 100
 Houston, TX 77056



9590 9402 8851 4005 3064 02

2. Article Number (Transfer from service label)

9589 0710 5270 0389 0502 97

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

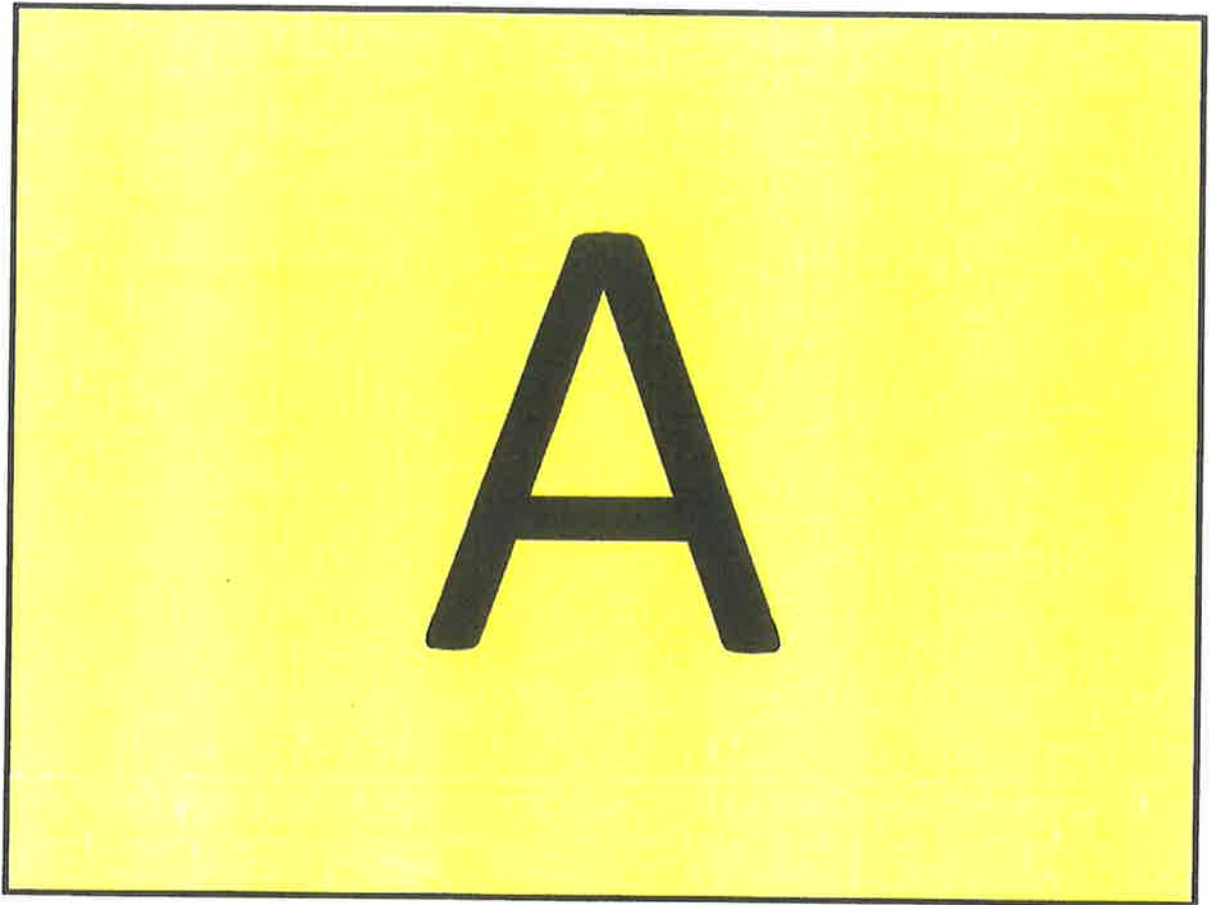
Domestic Return Receipt

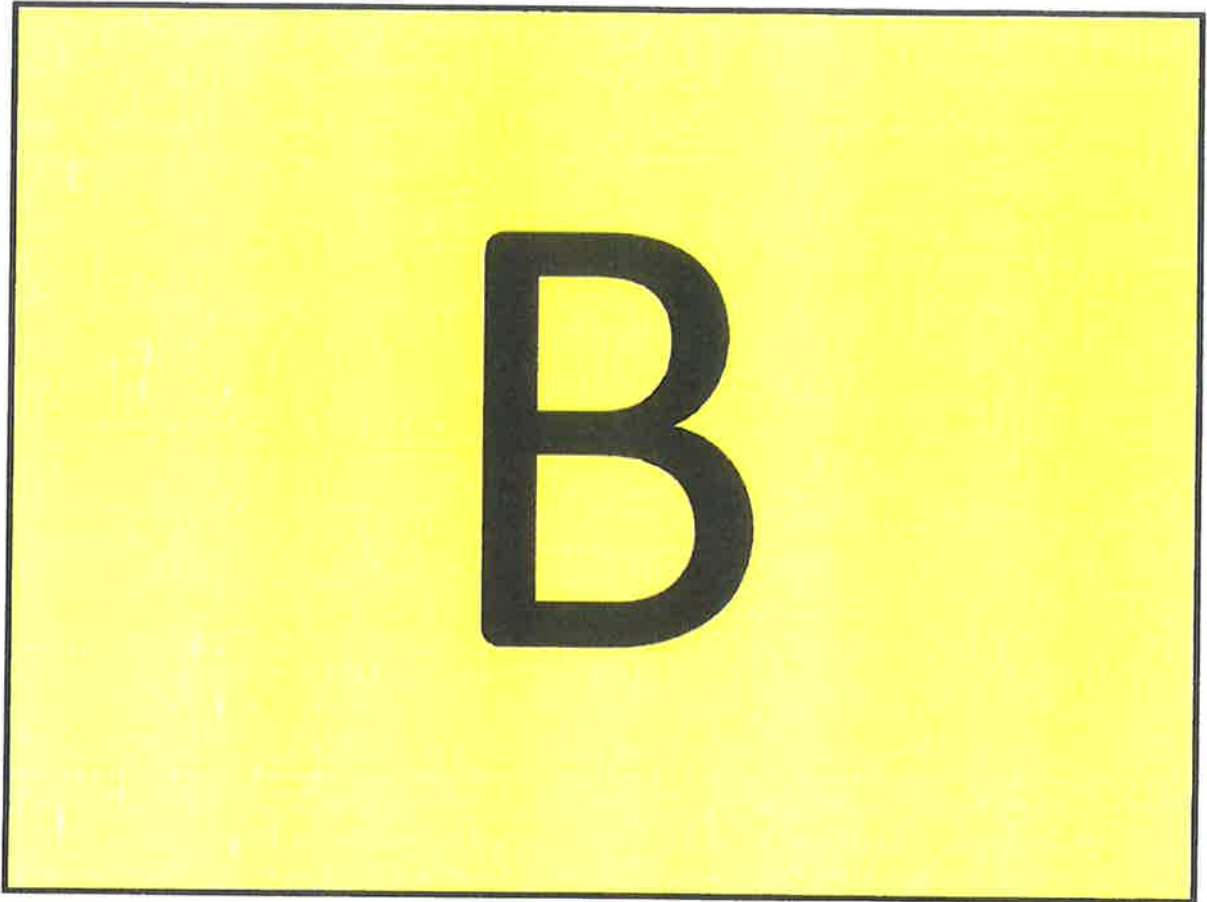
NJU Hearing Notice Mailing

June 6, 2024

Returned Green Cards

Working Interest Owners





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:
Black Stone Minerals Company LP
1001 Fannin, Ste 2020
Houston, TX 77002



9590 9402 7561 2098 2391 43

2. Article Number (Transfer from service label)
9589 0710 5270 0389 0503 27

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Diana Puente

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

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Insured Mail |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Registered Mail Restricted Delivery |

Domestic Return Receipt

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:
Burlington Resources Oil & Gas
Company, LP
600 W Illinois
Midland, TX 79701



9590 9402 7561 2098 2391 36

2. Article Number (Transfer from service label)
9589 0710 5270 0389 0503 34

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Grace Williams

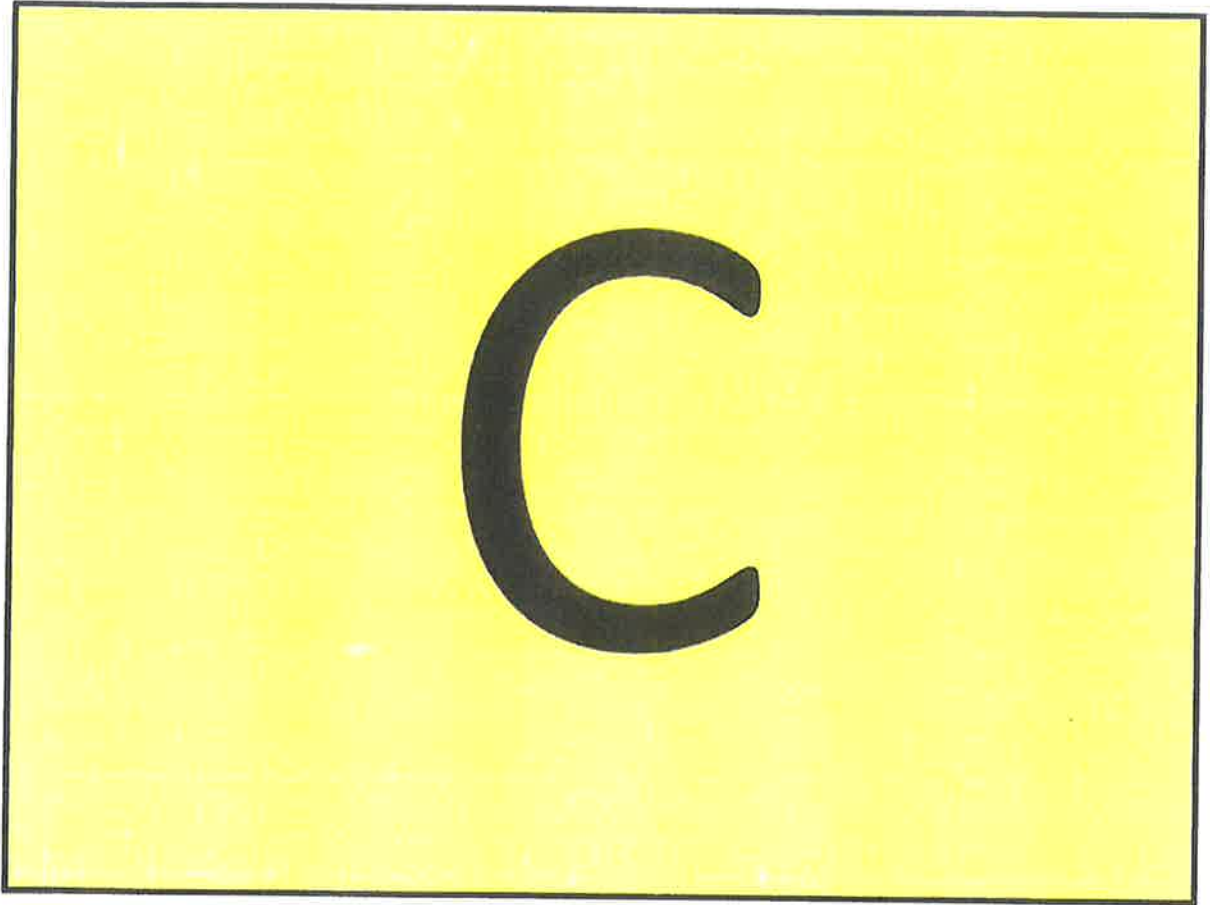
B. Received by (Printed Name) C. Date of Delivery
Grace Williams 6/11

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Insured Mail |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Registered Mail Restricted Delivery |

Restricted Delivery

Domestic Return Receipt



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:

Chevron USA, Inc.
1111 Bagby Street, Attn: Land Dept.
Houston, TX 77002



9590 9402 7561 2098 2391 29

2. Article Number (Transfer from service label)

9589 0710 5270 0389 0503 41

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Anthony Allegre

C. Date of Delivery
 6-12-21

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

Restricted Delivery

Domestic Return Receipt

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:

Childress Royalty Company
PO Box 66
Joplin, MO 64802



9590 9402 7561 2098 2391 12

2. Article Number (Transfer from service label)

9589 0710 5270 0389 0503 58

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Brianna Mosley

C. Date of Delivery
 6/17/24

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

Restricted Delivery

Domestic Return Receipt

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:

Citation Oil & Gas Corp.
14077 Cutten Road
Houston, TX 77069

COMPLETE THIS SECTION ON DELIVERY


A. Signature
 Agent
 Addressee

B. Received by (Printed Name)

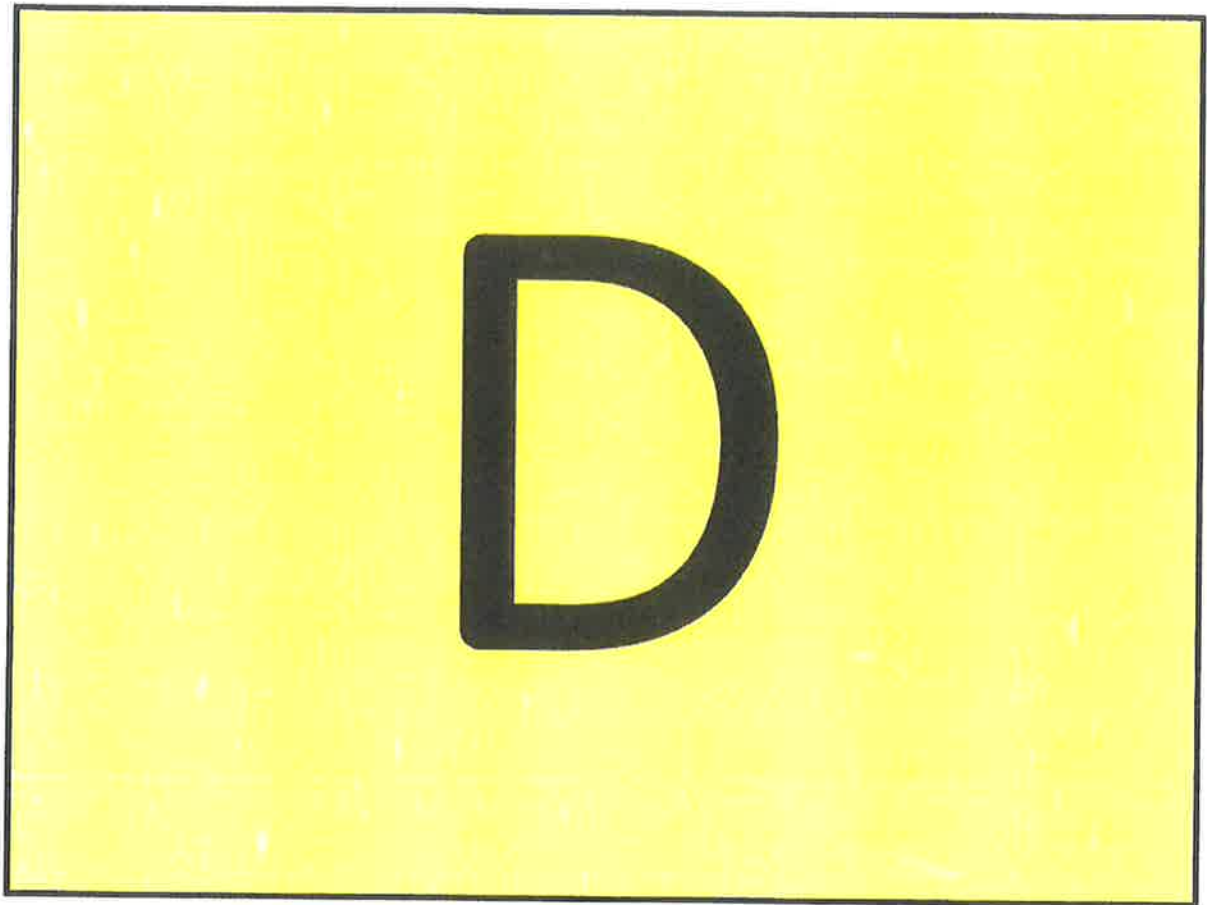
C. Date of Delivery

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

RECEIVED

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center;">ConocoPhillips Company 600 W Illinois Midland, TX 79701</p>	B. Received by (Printed Name) <i>Bruce Williams</i>	C. Date of Delivery <i>6-11</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 7561 2098 2390 99		
2. Article Number (Transfer from service label) 9589 0710 5270 0389 0503 72		
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center;">Corrigan Southern Land and Cattle Company, LLC 8117 Preston Rd, Ste 610 Dallas, TX 75225</p>	B. Received by (Printed Name) <i>D HOLLAND</i>	C. Date of Delivery <i>6-14-24</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 7561 2098 2390 82		
2. Article Number (Transfer from service label) 9589 0710 5270 0389 0503 89		
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt



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>	
1. Article Addressed to:	B. Received by (Printed Name) <i>Debra H. Primera</i>	C. Date of Delivery <i>6/14/2024</i>
Debra Kay Primera PO Box 28504 Austin, TX 78755	<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>	



2. Article Number (Transfer from service label)
9589 0710 5270 0389 0504 02 Restricted Delivery

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

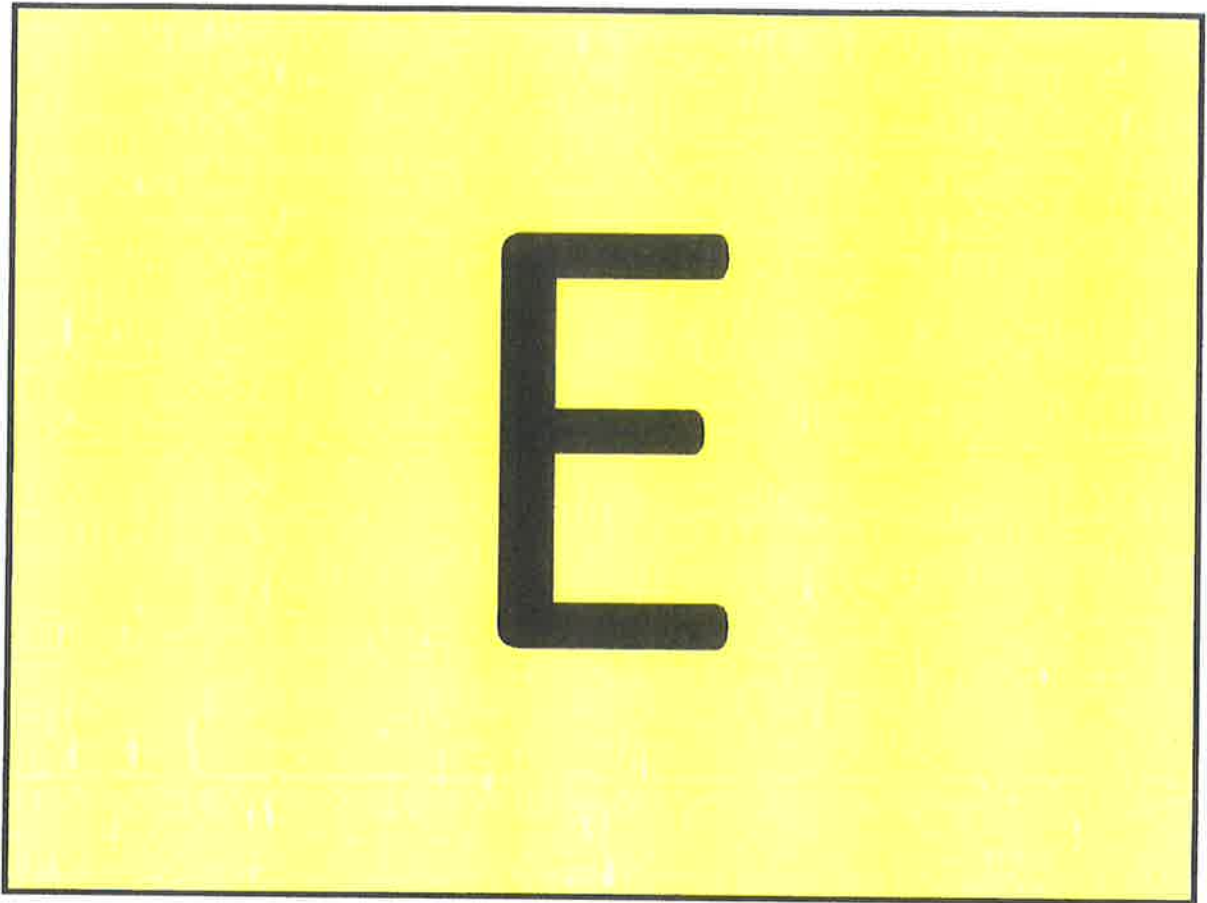
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:	B. Received by (Printed Name) <i>Warren</i>	C. Date of Delivery <i>6-14-24</i>
Donald Payne Warren 1614 S College Ave Tyler, TX 75701	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	



2. Article Number (Transfer from service label)
9589 0710 5270 0389 0504 26 Restricted Delivery

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |



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:
Energy Acumen, LLC
4912 W 137th Place
Hawthorne, CA 90250



9590 9402 7561 2098 2390 37

Article Number (Transfer from service label)
9589 0710 5270 0389 0504 33
 PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *ERIC BUTLER* C. Date of Delivery *8/10/24*

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

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

Domestic Return Receipt

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:
Ernmar Investments, Inc.
PO Box 6492
Edmond, OK 73083



9590 9402 7561 2098 2390 20

Article Number (Transfer from service label)
9589 0710 5270 0389 0504 40
 PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

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

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



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

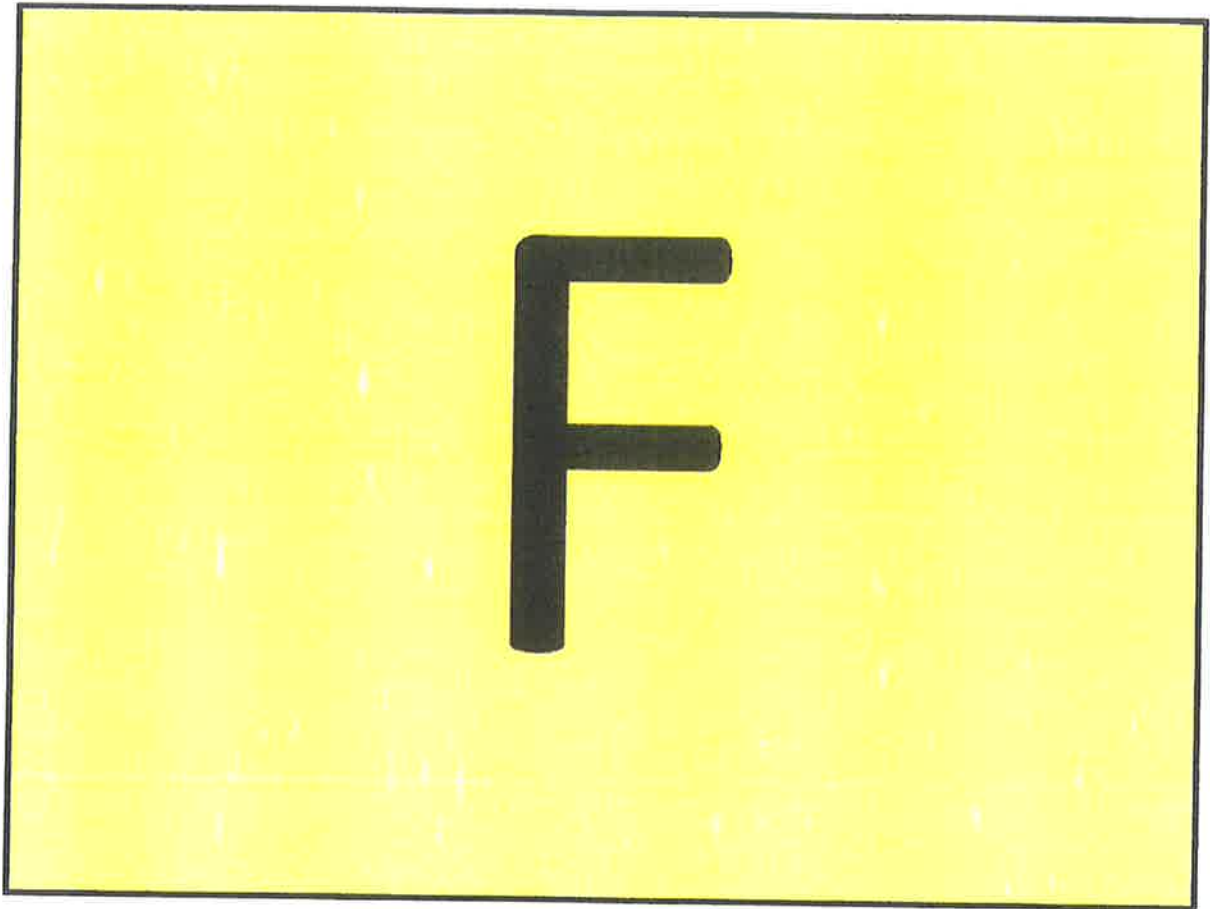
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ExxonMobil Corporation
22777 Springwoods Village Pkwy
Spring, TX 77389



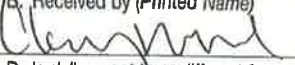
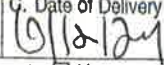


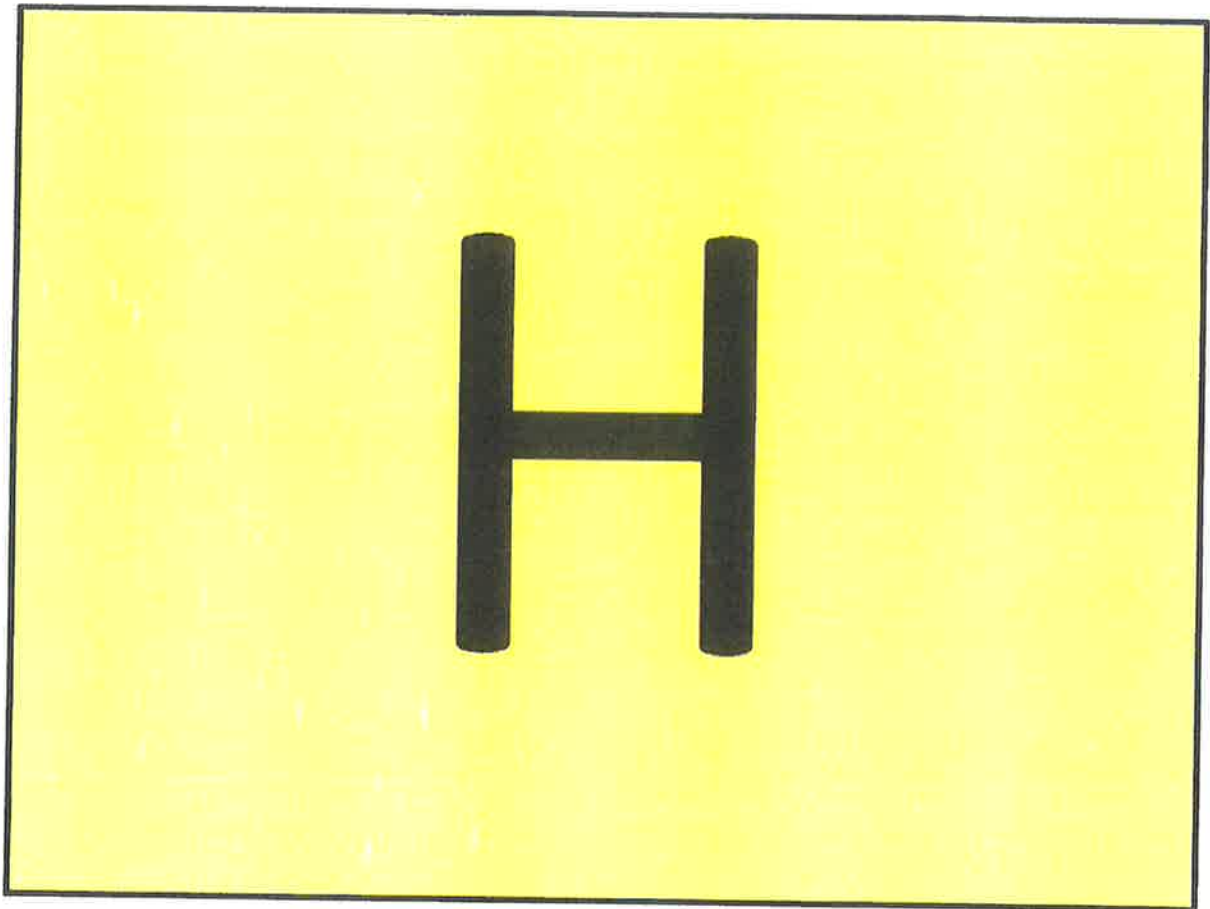
3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery

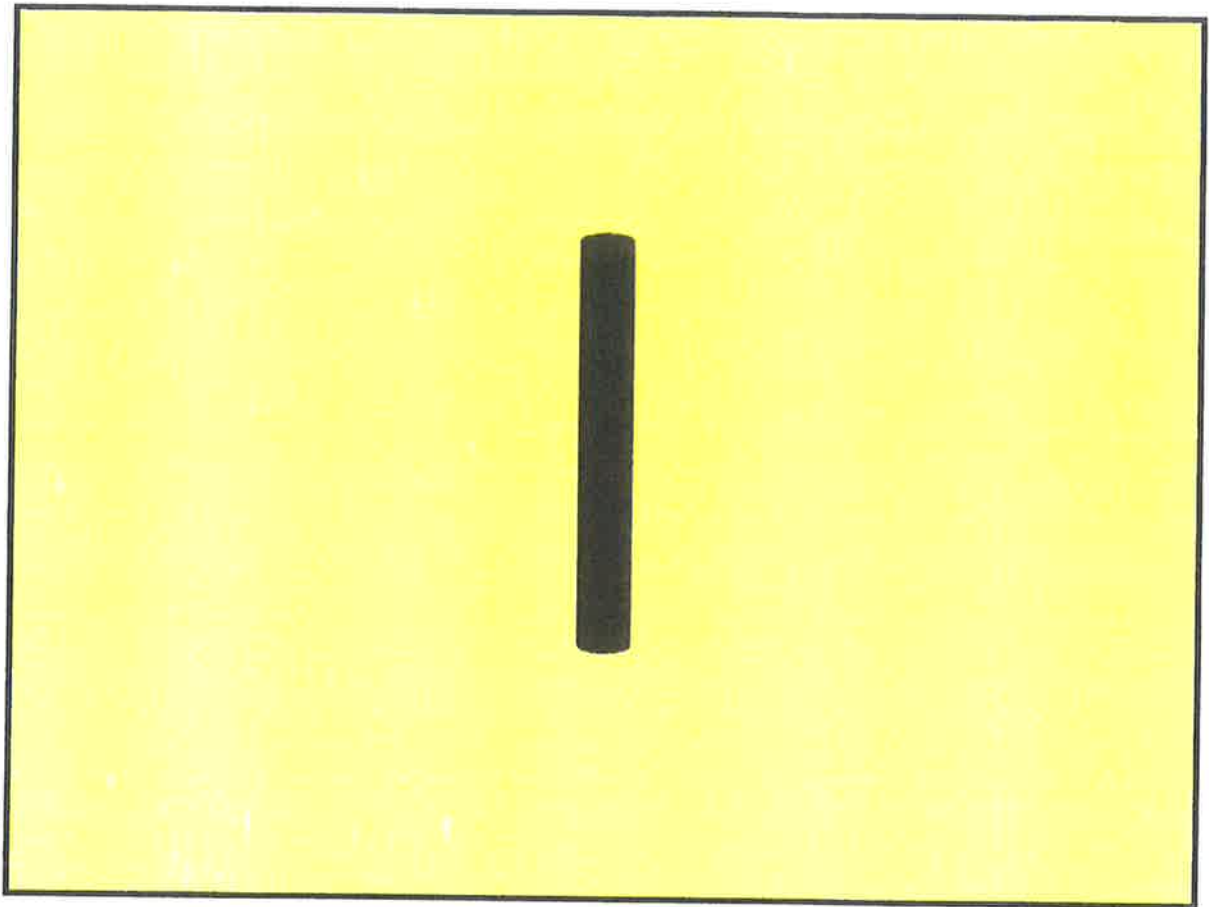
Ex.A-8-362

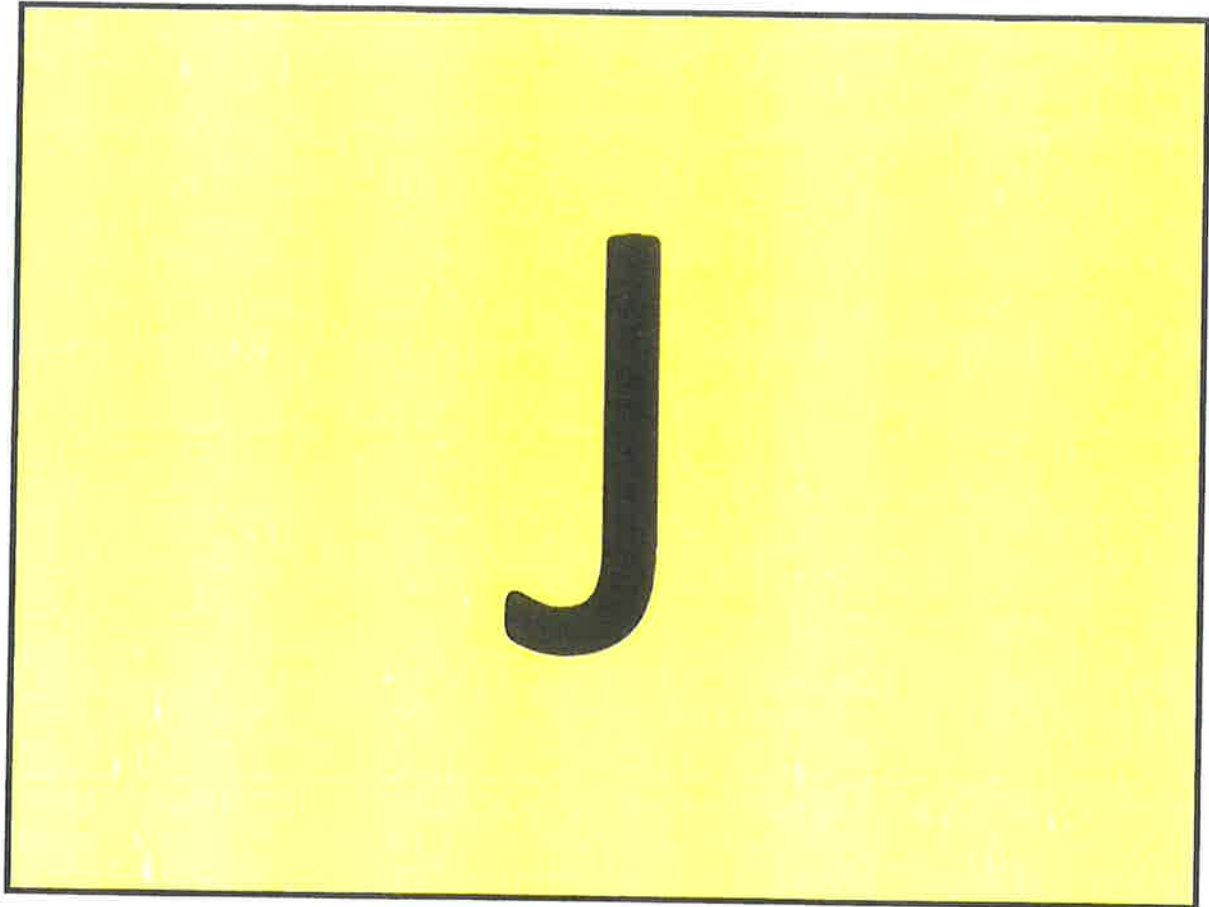




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Gonzales Royalties c/o Larry D. Finch PO Box 237 Gonzales, TX 78629</p> <div style="text-align: center;">  9590 9402 7561 2098 2389 86 </div>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p> </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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0389 0504 88</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	







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:

**Jal Public Library Fund
PO Box 178
Jal, NM 88252**



9590 9402 7561 2098 2389 79

2. Article Number (Transfer from service label)

9589 0710 5270 0389 0504 95

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Silver Melancon*

- Agent
- Addressee

B. Received by (Printed Name)

Silver Melancon

C. Date of Delivery

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

PO Box 178

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

1 Restricted Delivery

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:

**John Warren Purser
8705 Camelia Ln
Austin, TX 78759**



9590 9402 7561 2098 2389 24

2. Article Number (Transfer from service label)

9589 0710 5270 0389 0505 49

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Purser*

- Agent
- Addressee

B. Received by (Printed Name)

John Purser

C. Date of Delivery

6/3/24

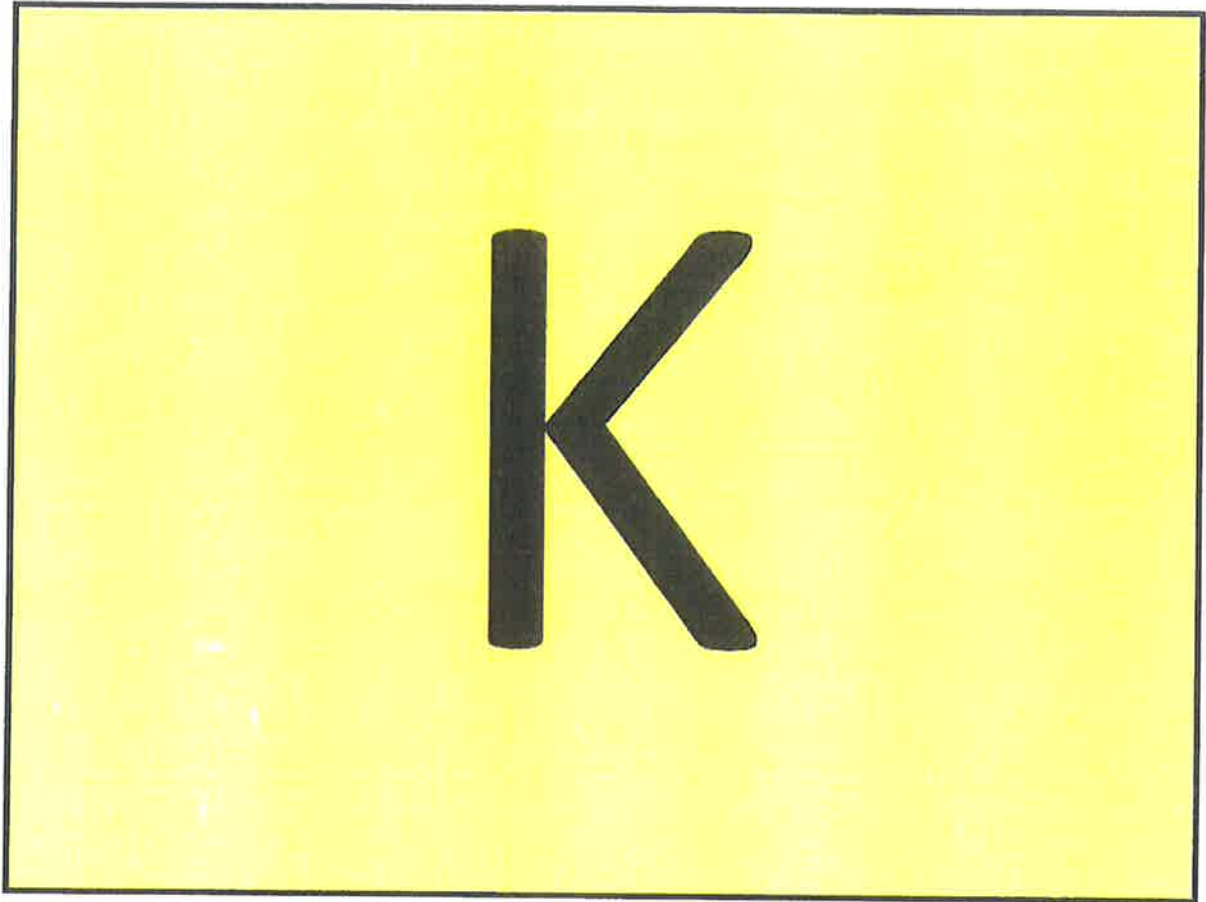
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

49 Mail Restricted Delivery

Domestic Return Receipt



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:

Kimbell Royalty Holdings, LLC
777 Taylor Street, Suite 810
Fort Worth, TX 76102



9590 9402 7561 2098 2389 17

2. Article Number (Transfer from service label)

9589 0710 5270 0389 0505 56

PS Form 3811, July 2020 PSN 7530-02-000-9000

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

AL

C. Date of Delivery

6/11

D. Is delivery address different from Item 1? Yes

If YES, enter delivery address below: No

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

Priority Mail Express®

Registered Mail™

Registered Mail Restricted

Delivery

Signature Confirmation™

Signature Confirmation

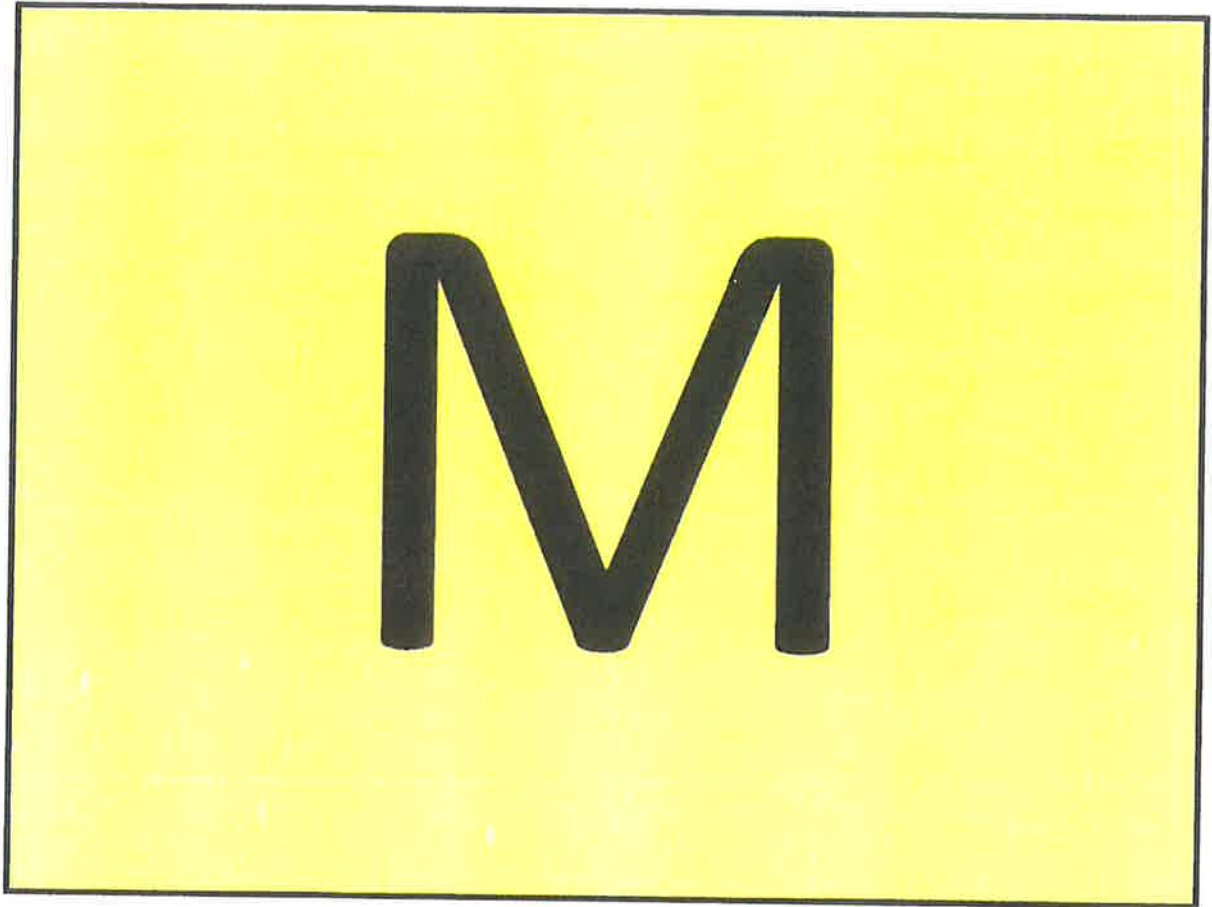
Restricted Delivery

Domestic Return Receipt



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) D. POS Pearson</p> <p>C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lomoco, Inc PO Box 6007 Tyler, TX 75711</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>	
 9590 9402 7561 2098 2388 87	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> 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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0389 0505 87</p>	<p><input type="checkbox"/> Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>

Ex.A-8-373



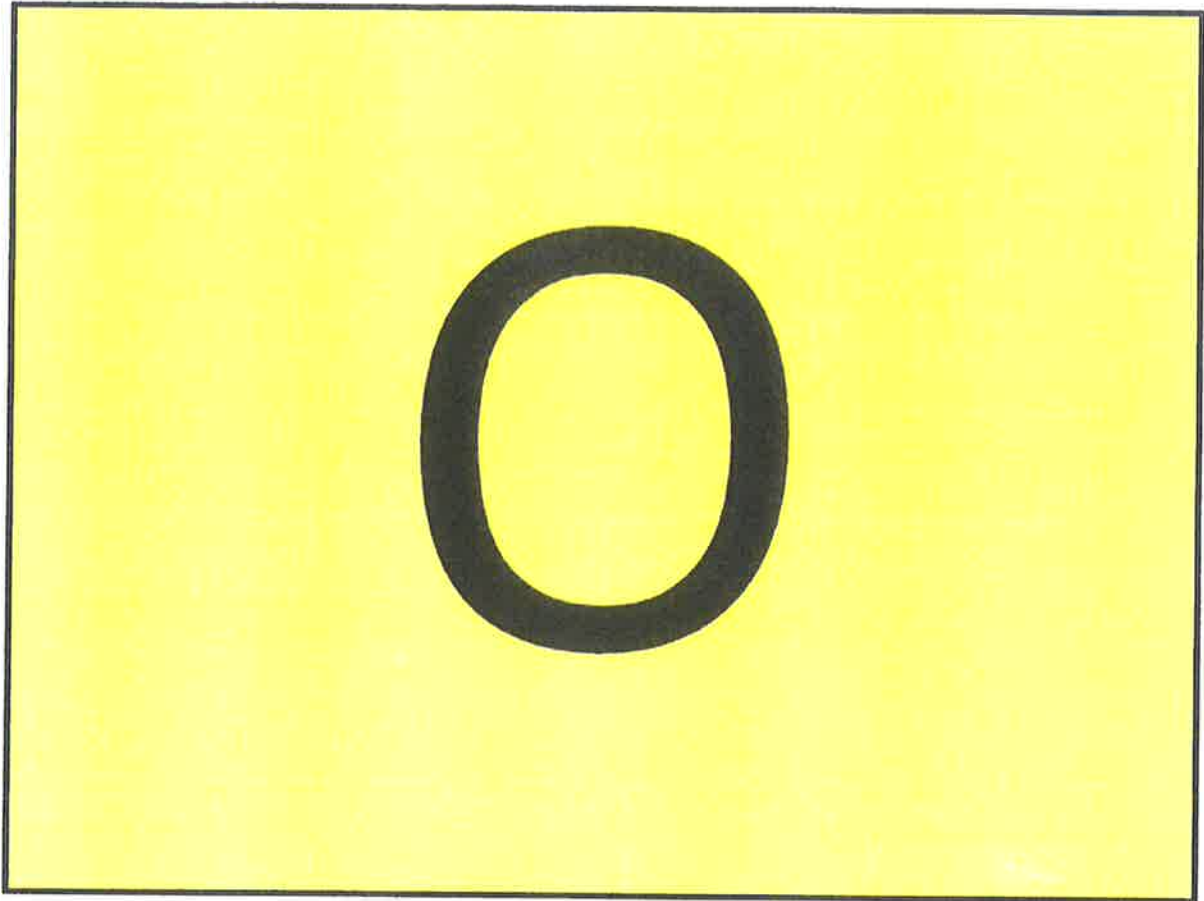
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Sandra Warrior</p> <p>C. Date of Delivery 6-14-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">MetroCare Services 1345 River Bend, Suite 200 Dallas, TX 75247</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 (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 7561 2098 2388 70</p>		<p>94 all Mail Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>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;">Mobil Producing Texas & New Mexico, Inc. 22777 Springwoods Village Pkwy Spring, TX 77389</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 (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 7561 2098 2388 56</p>		<p>55 Mail Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Montgomery Petroleum, Inc. 1020 E Levee St, Ste 130 Dallas, TX 75207</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 (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 7561 2098 2388 49</p>		<p>94 all Mail Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

Ex.A-8-375





SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY USA WTP LP
5 Greenway Plaza, Ste 110
Houston, TX 77046



9590 9402 7561 2098 2388 32

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7098 79

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/11/24

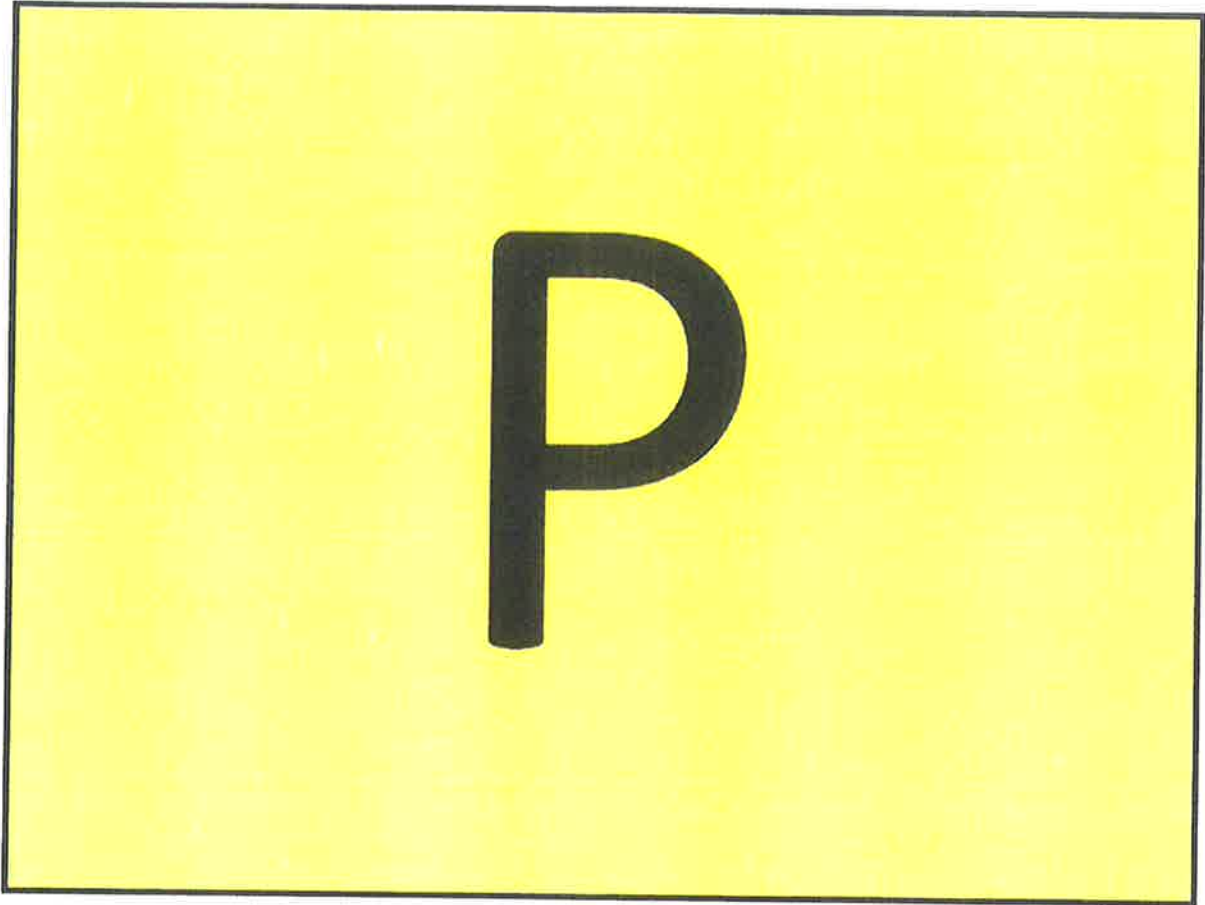
D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No


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

Restricted Delivery

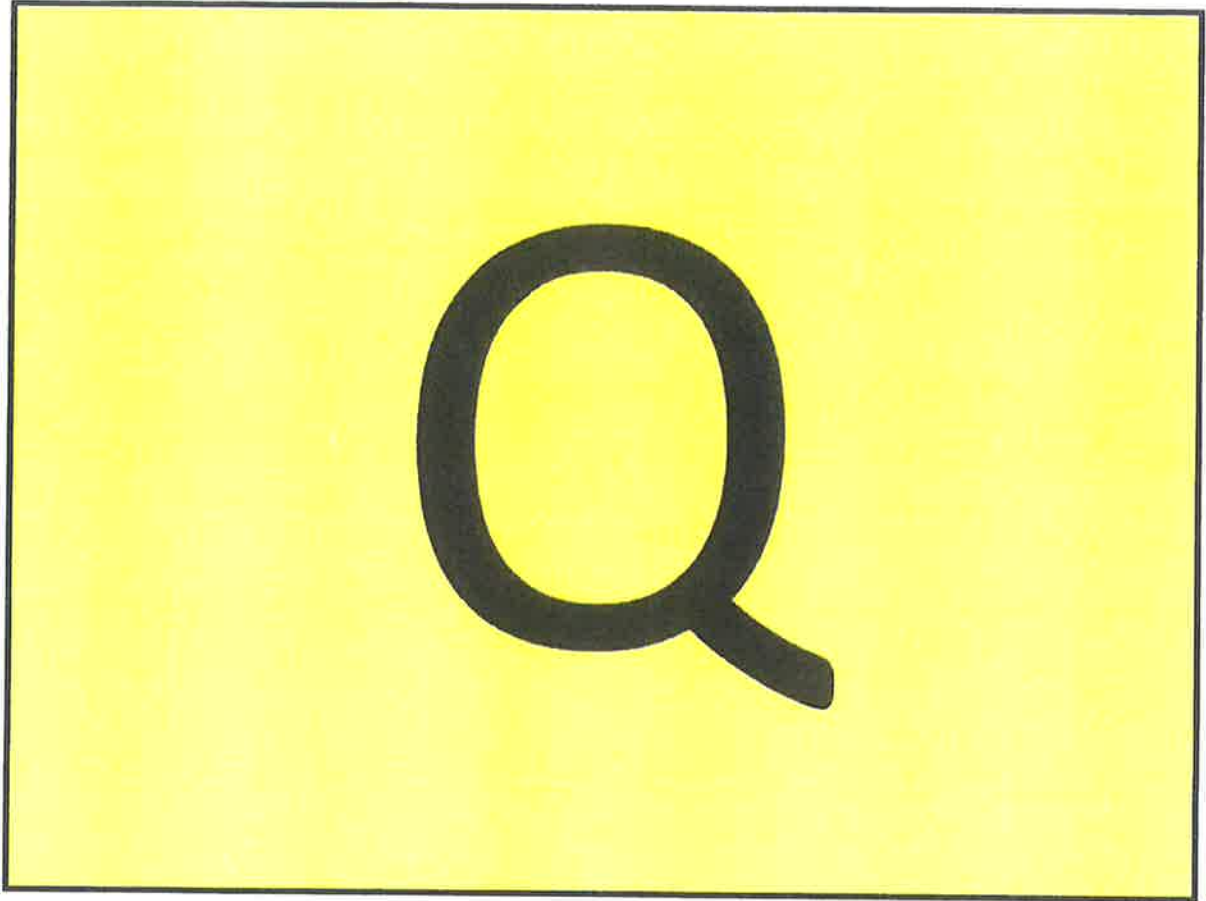
Domestic Return Receipt

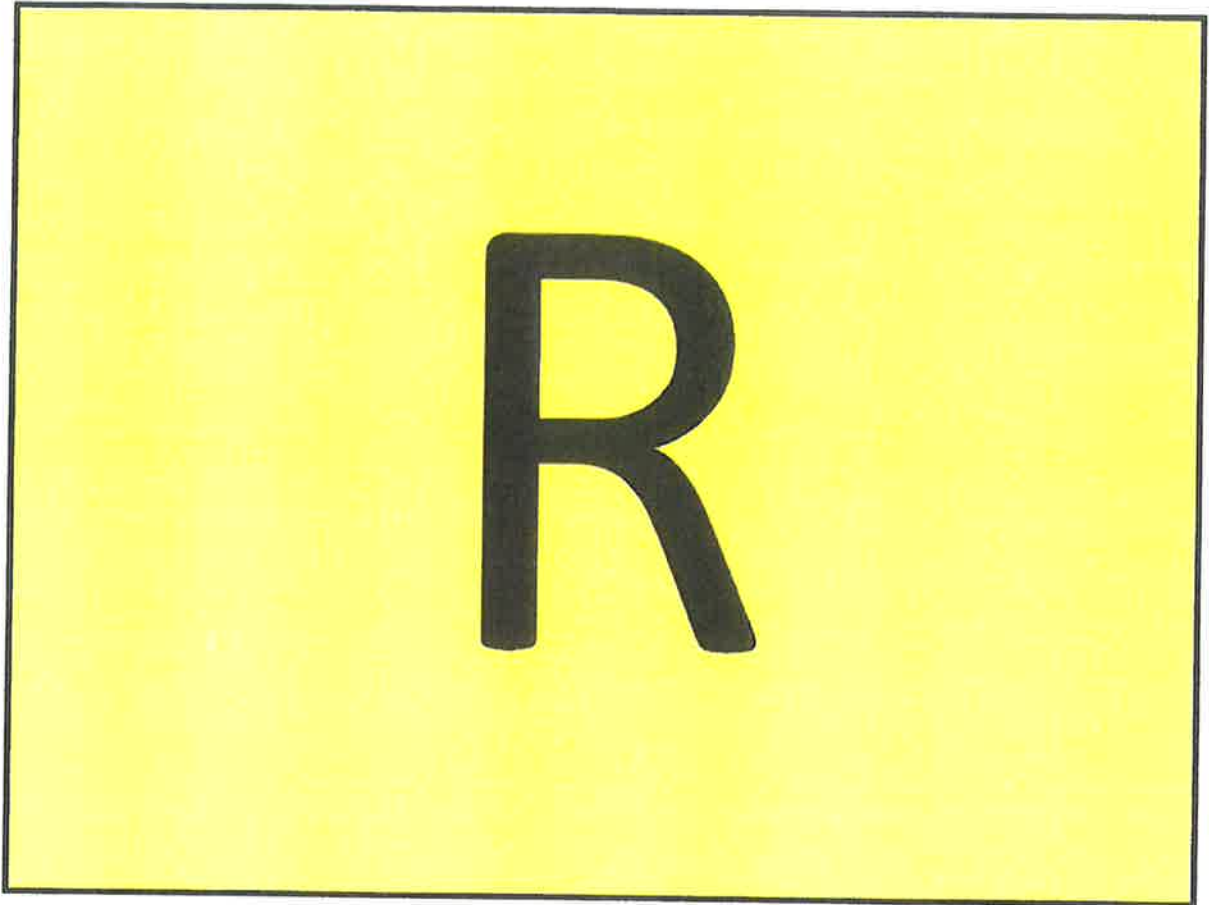


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>LISA CHIVIAN</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 style="text-align: center;">Patrick Edward Corrigan Family Partnership, LLLP PO Box 643726 Vero Beach, FL 32964</p>		
 9590 9402 7561 2098 2388 25		
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7098 86</p>		
PS Form 3811, July 2020 PSN 7530-02-000-9053		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Ellen Morrow</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 style="text-align: center;">Purnell Morrow Company PO Box 823560 Dallas, TX 75382</p>		
 9590 9402 7561 2098 2388 18		
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7098 93</p>		
PS Form 3811, July 2020 PSN 7530-02-000-9053		







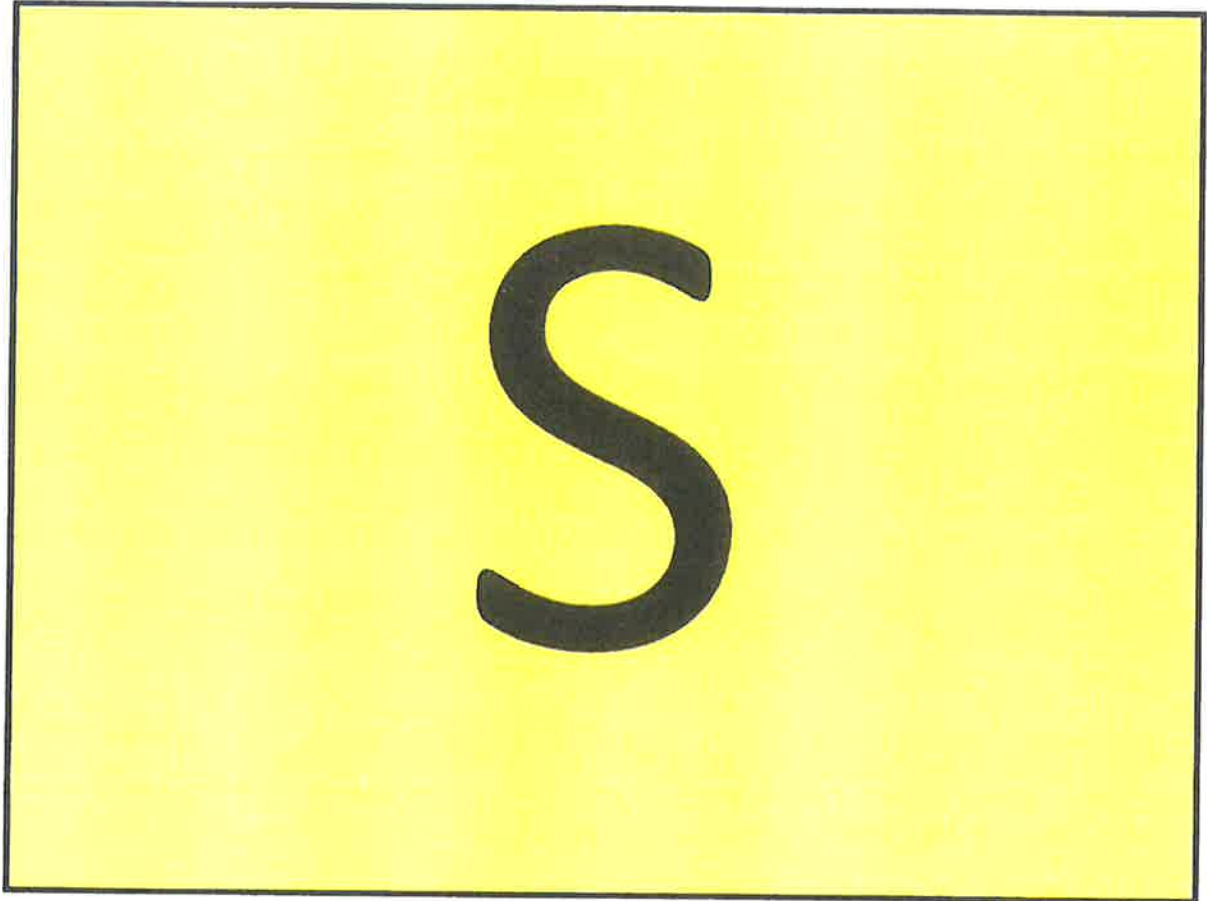
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Ricky D. Raindl</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ricky D. Raindl</i> C. Date of Delivery <i>6-17-2024</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Ricky D. Raindl PO Box 142454 Irving, TX 75014</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 7561 2098 2388 01</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7099 09</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

JUN 17 2024

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert Mitchell Raindl</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Robert Mitchell Raindl</i> C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Robert Mitchell Raindl PO Box 853 Tahoka, TX 79373</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 7561 2098 2387 95</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7099 16</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

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>Russell T. Rudy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Russell T. Rudy</i> C. Date of Delivery <i>6-14-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Russell T. Rudy Energy, LLC 5701 Woodway Dr, Ste 346 Houston, TX 77057</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 7561 2098 2387 88</p> <p>2. Article Number (Transfer from service label) 0200 0710 5270 0131 7099 00</p>	

Ex.A-8-383



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:
Sam D. Ares and C.M. Eiffert
221 La Vista Rd.
Gatesville, TX 76528



9590 9402 7561 2098 2387 71

2. Article Number (Transfer from service label)
95
 PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] **6/17/24**

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
Source Energy Leasehold, LP
211 E 7th S., Ste. 620
Austin, TX 78701



9590 9402 7561 2098 2387 64

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7099 47
 PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X **Viva Tejas Logistics (AAG)** Agent Addressee


B. Received by (Printed Name) C. Date of Delivery
JUN 12 2024


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


3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt





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>D. Holland</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>															
1. Article Addressed to:	B. Received by (Printed Name) <i>D. HOLLAND</i>	C. Date of Delivery <i>6-14-24</i>														
<p>The Corrigan-Goddard Ranch Family Limited Partnership 8117 Preston Rd, Ste 610 Dallas, TX 75225</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>															
 9590 9402 7561 2098 2387 40	<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> </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"/> 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																
2. Article Number (Transfer from service label)	<p><i>9589 0710 5270 0131 7099 54</i> Restricted Delivery</p>															
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt														

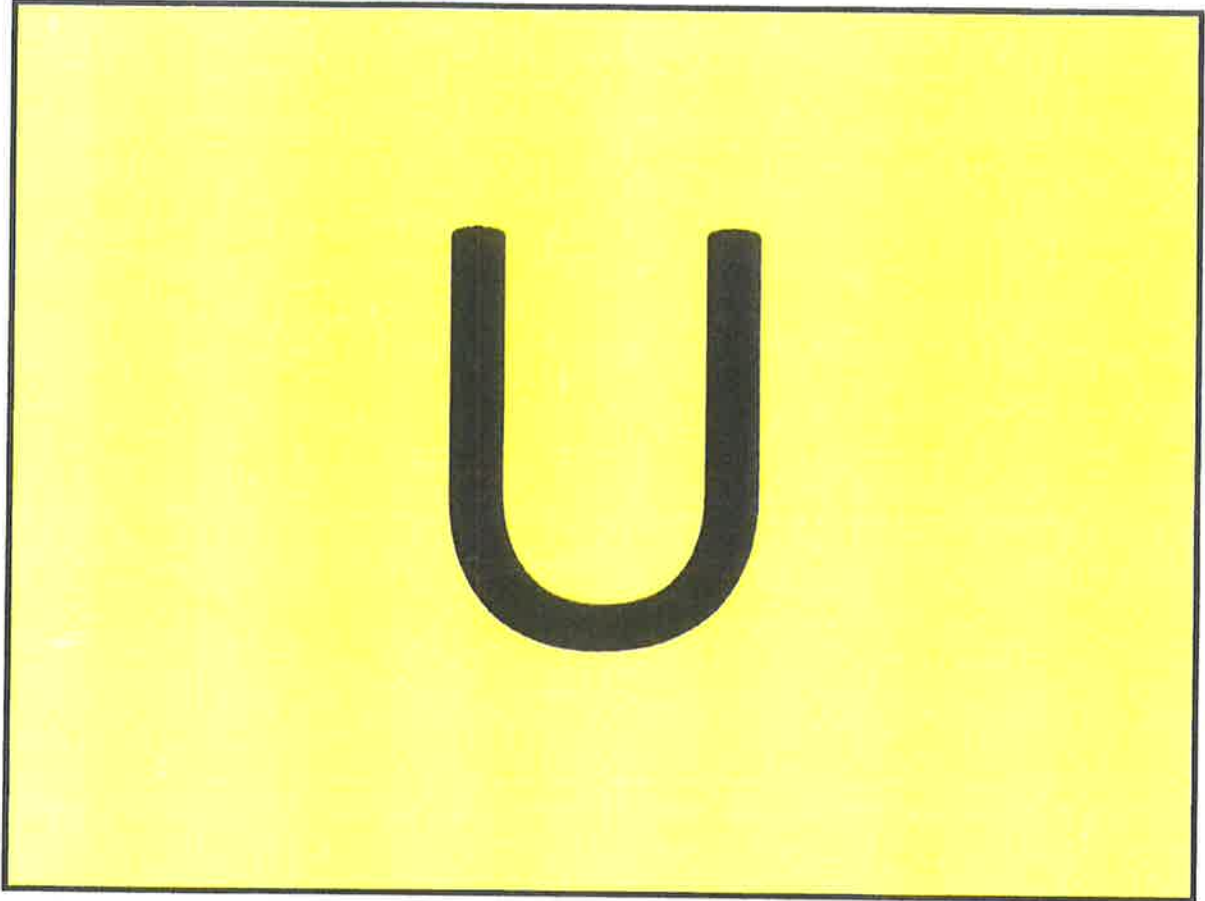
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Walter Phipps</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>													
1. Article Addressed to:	B. Received by (Printed Name) <i>W Phipps</i>	C. Date of Delivery <i>6-10</i>												
<p>The Phipps Living Trust 11709 Southerland Dr Denton, TX 76207</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>													
 9590 9402 7561 2098 2387 33	<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> </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"/> 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														
2. Article Number (Transfer from service label)	<p><i>9589 0710 5270 0131 7099 61</i> Restricted Delivery</p>													
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt												

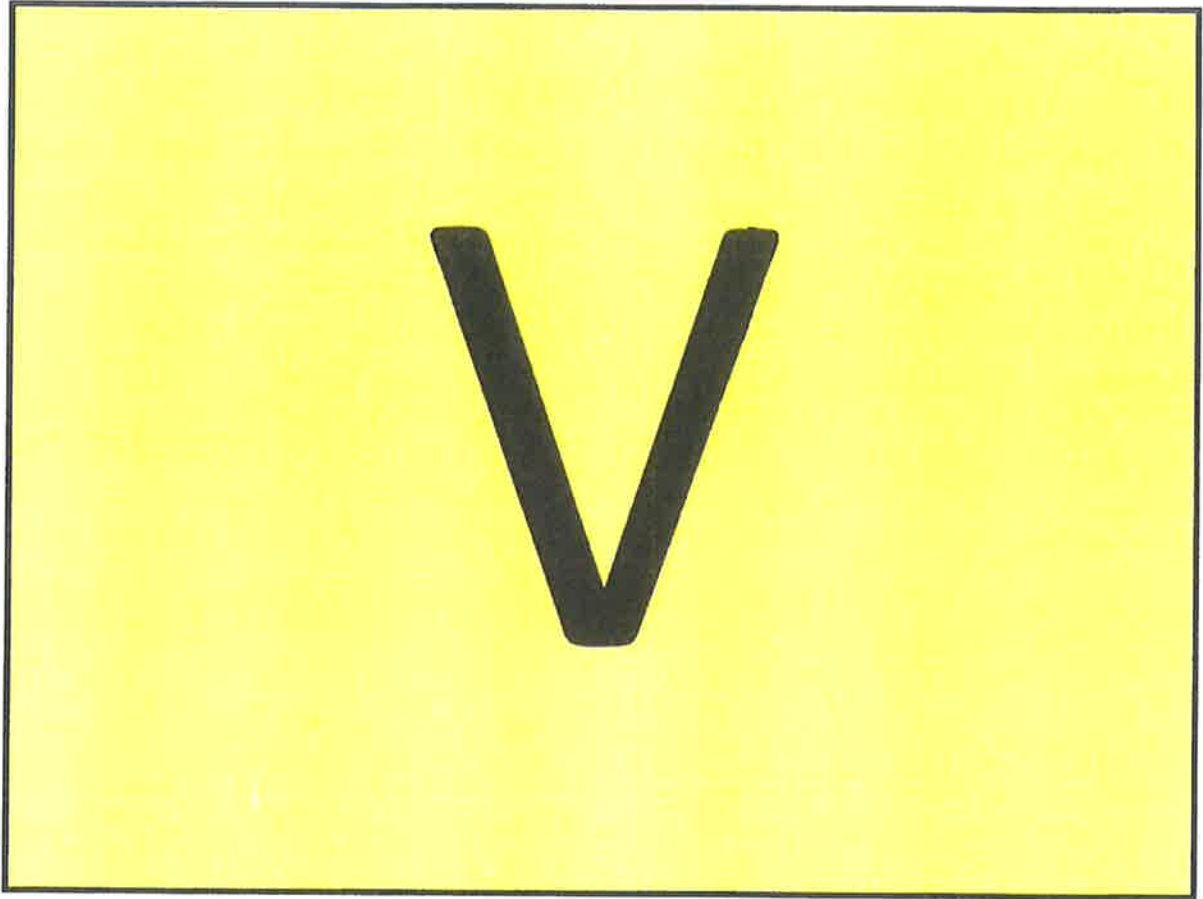
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY							
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Walter Phipps</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>							
1. Article Addressed to:	B. Received by (Printed Name) <i>W Phipps</i>	C. Date of Delivery <i>6-16-24</i>						
<p>Tommy Phipps 11709 Southerland Dr Denton, TX 76207</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>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> </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"/> 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							

Ex.A-8-387

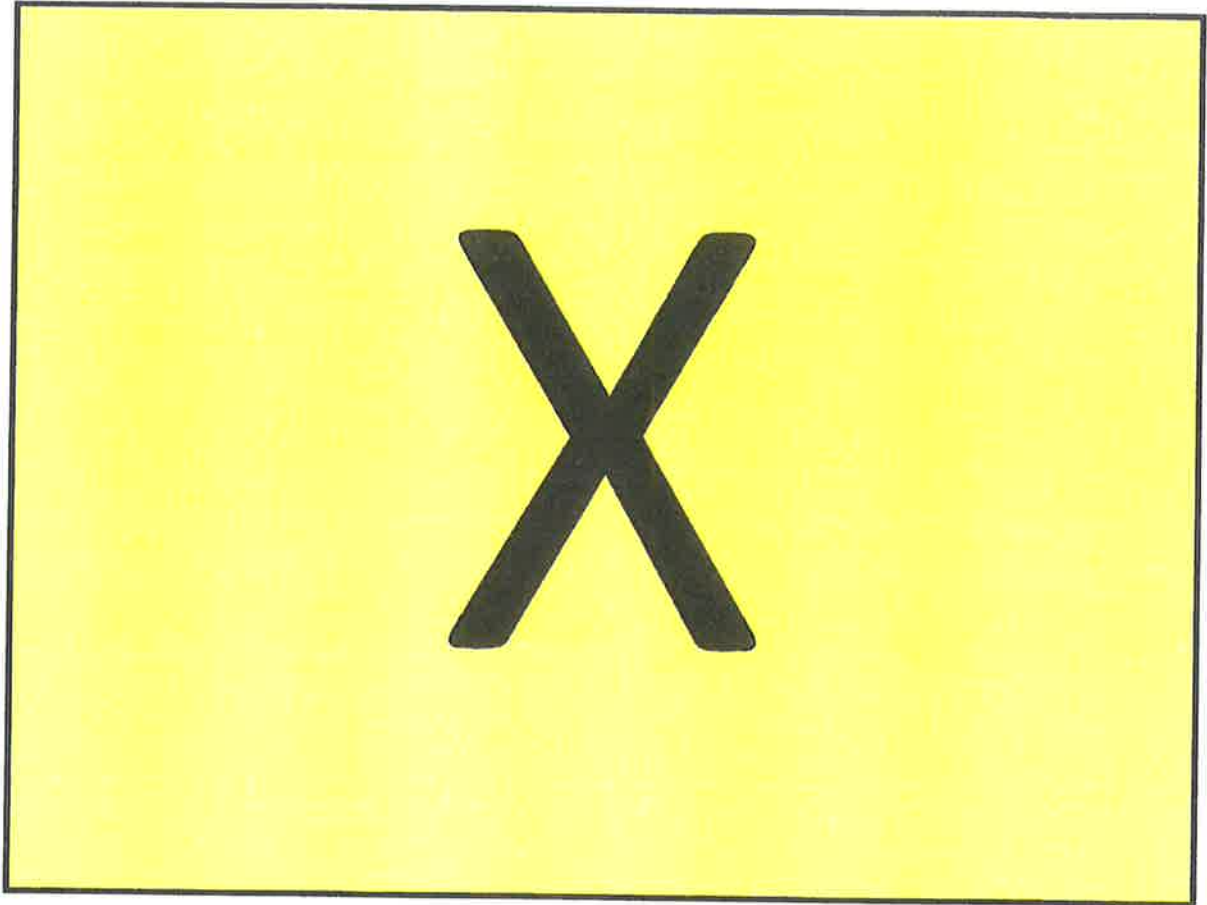
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>6/10/24</u></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">TREK Resources Inc 1020 E Levee St Ste 130 Dallas, TX 75207</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;"> 9590 9402 7561 2098 2387 19</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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (00)</p>
<p>2. Article Number (Transfer from service label) <u>9589 0710 5270 0131 7099 85</u></p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p style="text-align: right;">Domestic Return Receipt</p>

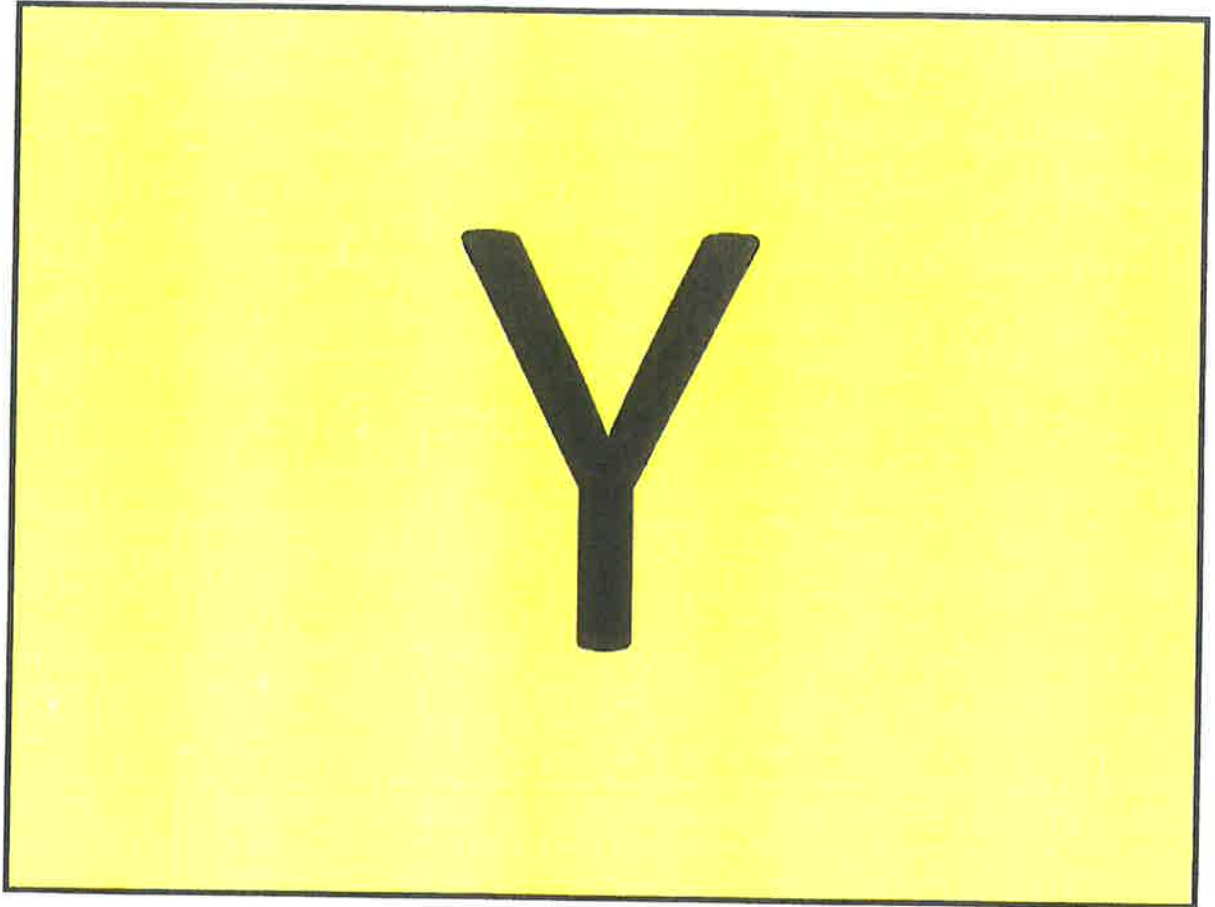
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>6-12-2024</u></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Tritex Production Company 2882 Sandhill Rd, #117 Mentlo Park, CA 94025</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;"> 9590 9402 7561 2098 2387 02</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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (00)</p>
<p>2. Article Number (Transfer from service label) <u>9589 0710 5270 0131 7099 92</u></p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p style="text-align: right;">Domestic Return Receipt</p>











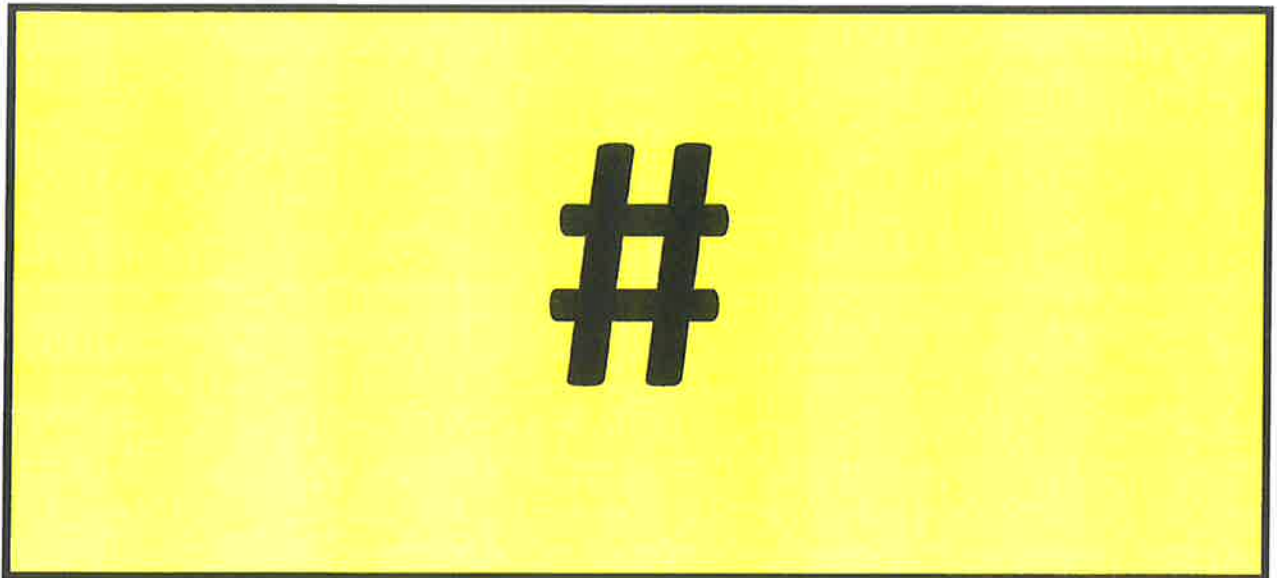


NJU Hearing Notice Mailing

June 6, 2024

Certified Mail Receipts - Stamped

Royalty Interest Owners



9589 0710 5270 0131 7058 95

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

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

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

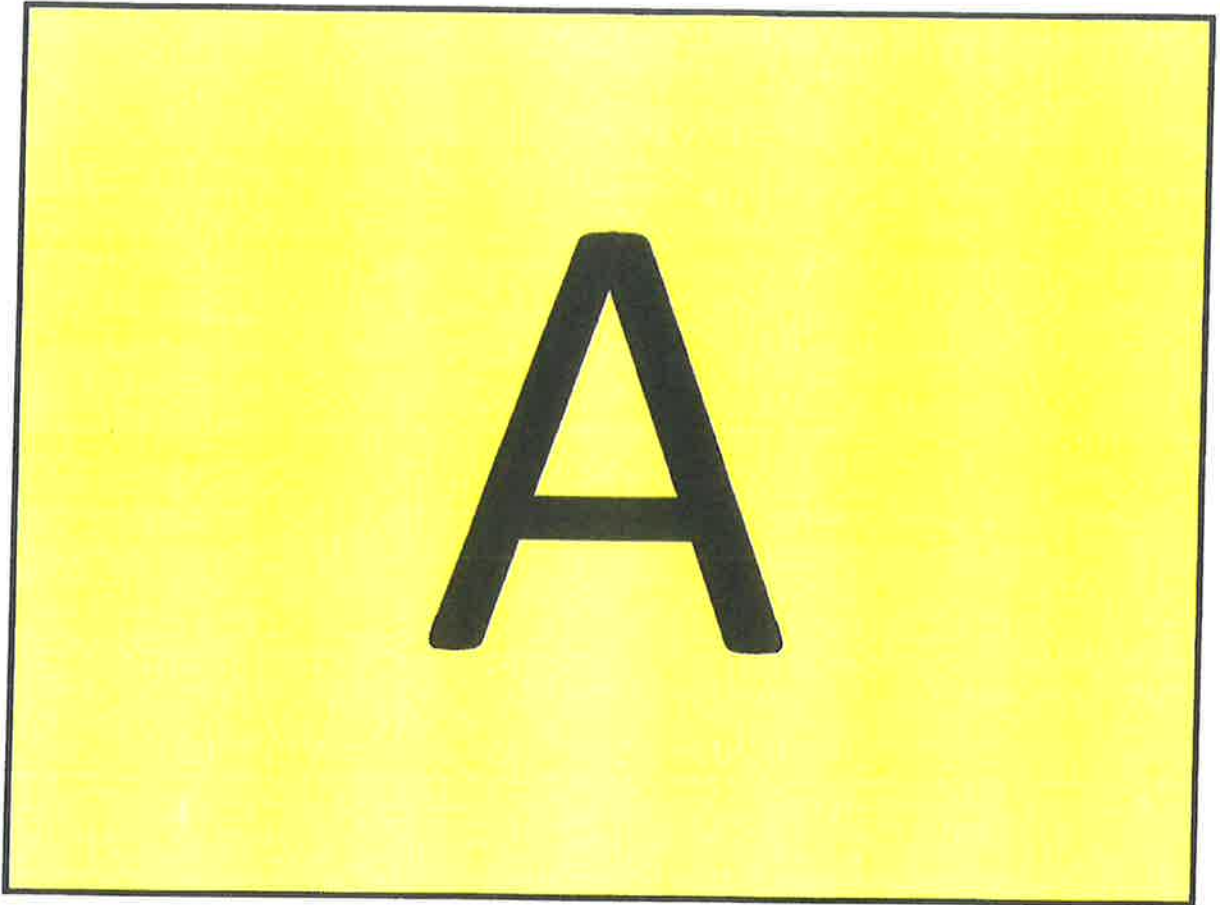
Total Po
 \$ _____

Sent To
 Street # _____
 City, Sta _____

180 Petroleum Inc
 PO Box 1797
 Manchaca, TX 78652

Postmark
 HOLD

PS Form 3800, January 2023 PSN 7530-02-000-9001 See Reverse for instructions



9589 0710 5270 0131 7078 13

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

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

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
\$

Street and Apt.
City, State, ZIP

Postmark Here

Acoma Energy, LLC
4411 98th St
Lubbock, TX 79424

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

9589 0710 5270 0131 7078 06

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

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

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
\$

Street and Apt.
City, State, ZIP

Postmark Here

Adele Dessaint McDowell Estate, c/o Michael
McDowell
7384 NE Shaleen St
Hillsboro, OR 97124

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

9589 0710 5270 0131 7077 90

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

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

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
\$

Street and Apt.
City, State, ZIP

Postmark Here

Albert C. Jones
4424 Kingston
Amarillo, TX 79109

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

9589 0710 5270 0131 7077 83

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

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

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
\$

Street and Apt.
City, State, ZIP

Postmark Here

All Church Home For Children Foundation c/o
BOKF, NA, Agent
PO Box 1588
Tulsa, OK 74101

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

9589 0710 5270 0131 7077 76

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

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

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
\$

Street and Apt.
City, State, ZIP

Postmark Here

Alvin Carlton Metter
2024 E. Fifth Street
Tyler, TX 75701

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9589 0710 5270 0131 7077 69

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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	\$

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Alvin Luskey
4433 Dunwick
Fort Worth, TX 76109

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

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Sent To
Street and A
City, State, Z

Amarillo National Bank, Successor Trustee of
the Sally Birdsong Skaggs Revocable Trust dtd
12/30/2005
401 S. Taylor Street
Amarillo, TX 79101

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

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Total Postage \$

Sent To
Street and A
City, State, Z

Amarillo National Bank, Trustee of the Lolisa
Horton Revocable Living Trust Agreement
401 S. Taylor Street
Amarillo, TX 79101

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

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Sent To
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City, State, Z

Amarillo National Bank, Trustee of The Sally
Ingerton Grantor Trust
401 S. Taylor Street
Amarillo, TX 79101

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Adult Signature Restricted Delivery \$

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City, State, Z

Amarillo National Bank, Trustee of the Susan
Landers Grantor Trust dtd 3/16/1984
401 S. Taylor Street
Amarillo, TX 79101

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Adult Signature Restricted Delivery \$

Postage
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Sent To
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Amy C. Davenport
PO Box 10422
Midland, TX 79702

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Adult Signature Restricted Delivery \$

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Andector Exploration Company
P.O. Box 11250
Midland, TX 79702

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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	\$	

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Total Post
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Andrews Royalty LP
PO Box 12208
Dallas, TX 75225

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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
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Street and
City, State

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Andries Emmons Metter
2024 E. Fifth Street
Tyler, TX 75701

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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	\$	

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City, State

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Angela H Thoman, c/o JH Rombough
40 Birds Crossing
Covington, GA 30016

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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
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Total Post
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Street and
City, State

Postmark Here

Ann Hubbard Hollandsworth
2617 Arrowhead Dr, Abilene, TX 79606
Longview, TX 75606

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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	\$	

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Anna N. (Burgess) Thomas, deceased, Ida
Grotie, successor
402 Roosevelt Rd
Clarksburg, WV 26301

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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	\$	

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Annabell Sweeney Ames
424 Ivy Ln
San Antonio, TX 78209

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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
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Total Postage
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Apache Corporation
 2000 Post Oak Blvd, Ste. 100
 Houston, TX 77056

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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	\$ _____

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Arete Mineral Holdings, LLC
 3334 W. Main Street #235
 Norman, OK 73072

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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
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Sent To

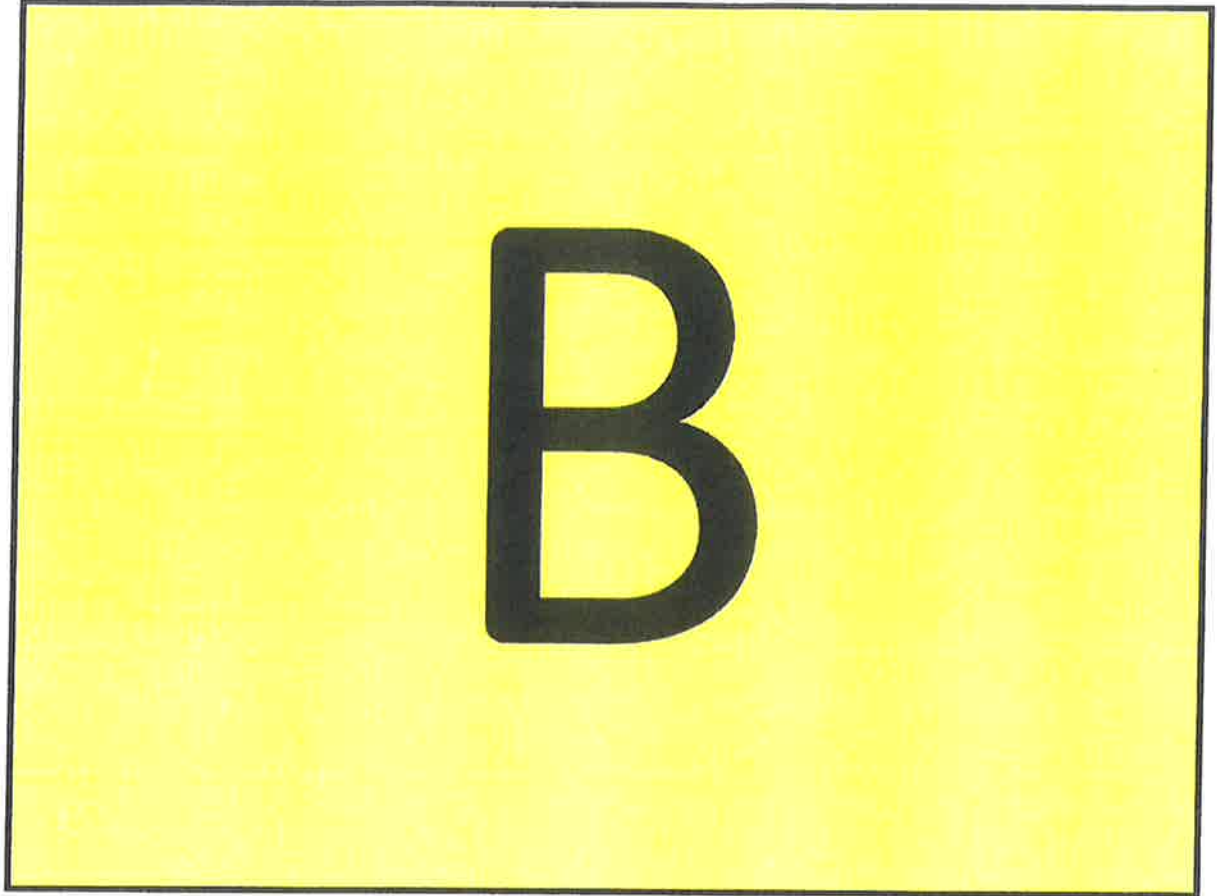
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City, State, ZIP+4®

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Athena Cargill
 1312 Marita Dr
 Boulder City, NV 89005

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total Postage
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Street and
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City, State
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Barry Antweil
12610 Stillwood Park
Cypress, TX 77433

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total Postage
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Street and
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City, State
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Bearez, LLC
2162 Spring Stuebner Rd., Ste. 140-405
Spring, TX 77389

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City, State
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Benjamin Scott Cowan
2325 E FM 20
Lockhart, TX 78644

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Street and
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Bernard Kemper Keever
124 Furr Rd
Kerrville, TX 78028

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

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Street and
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Bernard Kemper Keever & Robert H. Mayse
124 Furr Rd
Kerrville, TX 78028

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Bernice S. Luskey, Trustee of the Luskey Living
Trust M2
38 Little Comfort Rd.
Savannah, GA 31411

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

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Street and
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Beverly Bowen DeLucia
8454 Day St
Sunland, CA 91040

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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	\$

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Total Pos
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Sent To
Street and
City, State

Beverly Jean Bull
1038 Camellia Ln
New Braunfels, TX 78130

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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	\$

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Total Pos
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Sent To
Street and
City, State

Bevi Childress
4409 Winding Creek Court
Arlington, TX 76016

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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	\$

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Total Pos
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Sent To
Street and
City, State

BHCH Mineral Ltd
5111 Broadway
San Antonio, TX 78209

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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	\$

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Postage
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Total Pos
\$
Sent To
Street and
City, State

BHN Royalty Partners, Ltd
2313 Tangerine Rd
Big Sandy, TX 75755

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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	\$

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Postage
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Total Pos
\$
Sent To
Street and
City, State

Black Stone Minerals Co LP
1001 Fannin, Ste 2020
Houston, TX 77002

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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
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Total Postage
\$

Sent To
Street
City, State

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Blanch M Largent
518 Shadywood
Houston, TX 77057

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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
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Sent To
Street
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Bob Phipps
PO Box 3172
West Somerset, KY 75243

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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
\$

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Street
City, State

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BOKF, NA d/b/a Bank of Oklahoma, Trustee of
The Newby Foresee Trust
PO Box 1588
Tulsa, OK 74101

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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
\$

Sent To
Street
City, State

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BOKF, NA, Agent for The Oklahoma Medical
Research Foundation
PO Box 3499
Tulsa, OK 74101

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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
\$

Sent To
Street
City, State

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Bonnie R Whiteman
3945 Genevieve St
San Bernardino, CA 92405

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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
\$

Sent To
Street
City, State

Postmark Here

Bradley Carson Miles, life tenant; Melanie Marie
Miles Hirschfeld & Matthew Carson Cottingham
Miles, Remaindermen
111 Sheraton Dr
San Antonio, TX 78209

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

Ex.A-8-406

9589 0710 5270 0131 7056 28

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Postage
\$

Sent To
Street and #
City, State

**Breck Minerals LP
PO Box 911
Breckenridge, TX 76424**

Postmark Here

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

9589 0710 5270 0131 7056 11

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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
\$

Sent To
Street and #
City, State

**BRP, LLC c/o NRP (Operating), LLC
Attn: Natural Resources Partners, LP Chris
Butler
5260 Irwin Road
Huntington, WV 25705**

Postmark Here

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

9589 0710 5270 0131 7056 04

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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
\$

Sent To
Street and #
City, State

**Bureau of Land Management, New Mexico State
Office
301 Dinosaur Trail
Santa Fe, NM 87508**

Postmark Here

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

9589 0710 5270 0131 7055 98

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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
\$

Sent To
Street and #
City, State

**Burke Healey Trust
PO Box 100
Davis, OK 73030**

Postmark Here

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

9589 0710 5270 0131 7055 81

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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
\$

Sent To
Street and #
City, State

**Burlington Resources Oil and Gas Co
600 W Illinois
Midland, TX 79701**

Postmark Here

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

9589 0710 5270 0131 7055 74

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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
\$

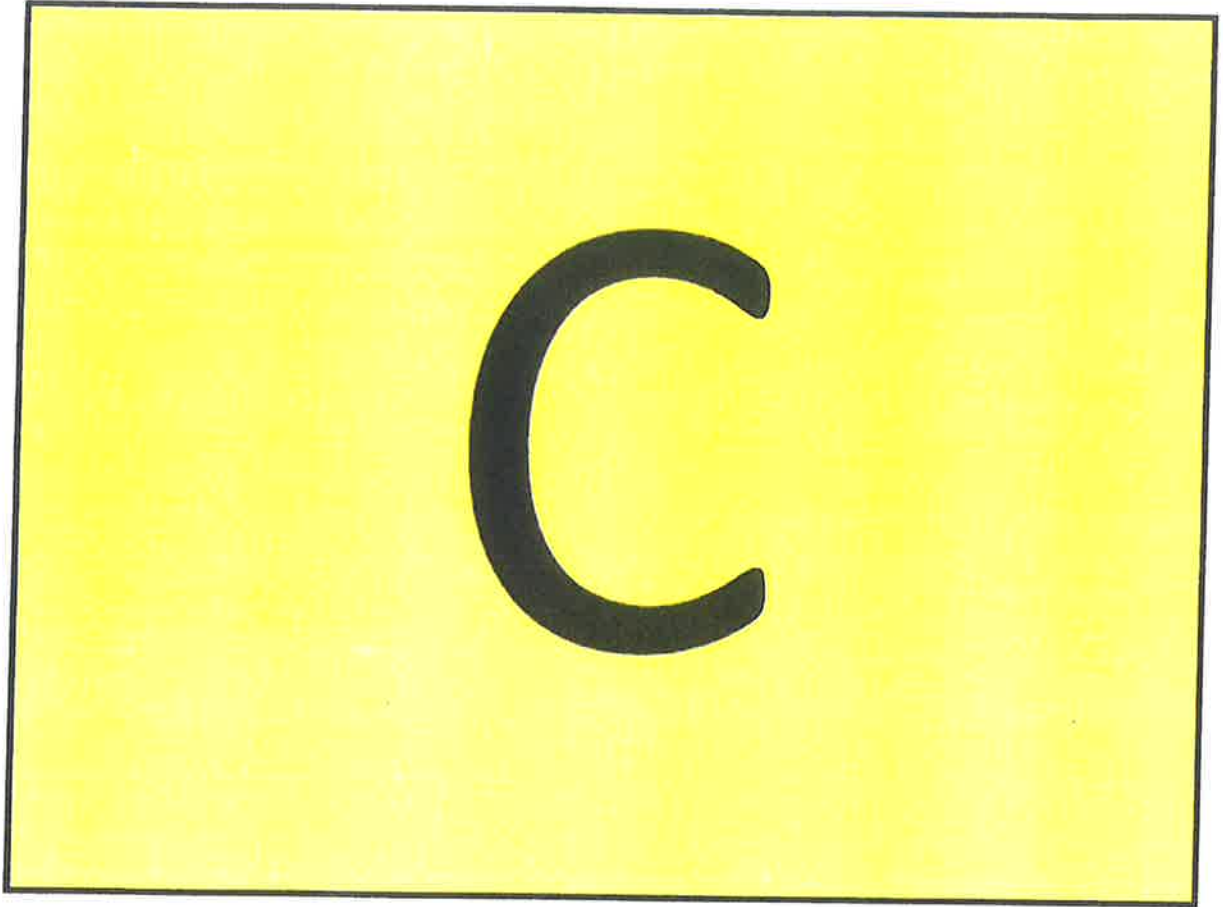
Total Postage
\$

Sent To
Street and #
City, State

**Buttram Energies Inc.
3012 Ridge Rd. Ste. 202
Rockwall, TX 75032**

Postmark Here

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



Ex.A-8-408

9589 0710 5270 0131 7055 67

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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 Post
\$

Sent To

Street and A

City, State, Z

Postmark Here

Cameo Cherie Stancliff
1412 Esther Dr
Boulder City, NV 89005

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

9589 0710 5270 0131 7055 50

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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 Post
\$

Sent To

Street and A

City, State, Z

Postmark Here

Camilla H Latady
365 Azalea St
Fairhope, AL 36563

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9589 0710 5270 0131 7055 43

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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 Post
\$

Sent To

Street and A

City, State, Z

Postmark Here

Carl B. and Florence E. Foundation
777 Taylor Street, PH P1A
Fort Worth, TX 76102

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

9589 0710 5270 0131 7055 36

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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 Post
\$

Sent To

Street and A

City, State, Z

Postmark Here

Carl David Ganz, Jr. Family, LLC
P.O. Box 65
Farmingdale, NY 11735

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

9589 0710 5270 0131 7055 29

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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 Post
\$

Sent To

Street and A

City, State, Z

Postmark Here

Carla Beren Trust
3713 Edgestone Dr
Plano, TX 75093

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

9589 0710 5270 0131 7052 60

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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 Post
\$

Sent To

Street and A

City, State, Z

Postmark Here

Carol Jean Matthews
PO Box 123
Fulton, TX 78358

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

9589 0710 5270 0131 7052 53

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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 P	\$	
Sent To	Cascade Energy Corporation 630 SW 5th Ave, Ste 501 Portland, OR 97204	
Street		
City, State		

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

9589 0710 5270 0131 7052 46

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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 P	\$	
Sent To	Cathy Ganz Johnsen Family, LLC P.O. Box 65 Farmingdale, NY 11735	
Street		
City, State		

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

9589 0710 5270 0131 7052 39

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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 F	\$	
Sent To	CATOICO LLC c/o Vista Mineral Management 8620 N New Braunfels, Ste 425 San Antonio, TX 78217	
Street		
City, State		

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

9589 0710 5270 0131 7052 22

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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 Post	\$	
Sent To	Charles A Daws 1791 Greensward Quay Virginia Beach, VA 23454	
Street		
City, State		

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

9589 0710 5270 0131 7052 15

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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 P	\$	
Sent To	Charles M Latady 1118 Del Norte Cir Pascagoula, MS 39581	
Street		
City, State		

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9589 0710 5270 0131 7052 06

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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 F	\$	
Sent To	Charles S Mitchell, Jr 7629 N Foothill Dr S #S Paradise Valley, AZ 85253	
Street		
City, State		

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

Charlotte Jean Bedford Lange, Trustee of The
 Alann P. Bedford Trust
 1235 Kingston Ave.
 Alexandria, VA 22302

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

Chevron USA, Inc.
 1111 Bagby Street, Attn: Land Dept.
 Houston, TX 77002

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

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

Children's Medical Center of Dallas
 1935 Medical District Drive
 Dallas, TX 75235

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

Citation Oil & Gas Corp.
 14077 Cutten Road
 Houston, TX 77069

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

Clift Family Mineral Interests, LLC
 330 NW 13th Street
 Oklahoma City, OK 73103

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

Coates Energy Interests Ltd
 7373 Broadway, Ste 406
 San Antonio, TX 78209

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Certified Mail Fee
\$ _____

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

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

Postmark Here

Postage
\$ _____

Total Post
\$ _____

Sent To
\$ _____

Street and

City, State

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

Coates Energy Trust
7373 Broadway, Ste 406
San Antonio, TX 78209

9589 0710 5270 0131 7051 23

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Certified Mail Fee
\$ _____

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

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

Postmark Here

Postage
\$ _____

Total Post
\$ _____

Sent To
\$ _____

Street and

City, State

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ConocoPhillips Company
600 W Illinois
Midland, TX 79701

9589 0710 5270 0131 7051 16

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Certified Mail Fee
\$ _____

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

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

Postmark Here

Postage
\$ _____

Total Post
\$ _____

Sent To
\$ _____

Street and

City, State

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

Corinne Hightower Trust
527 Country Lane
San Antonio, TX 78209

9589 0710 5270 0131 7051 09

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Certified Mail Fee
\$ _____

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

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

Postmark Here

Postage
\$ _____

Total Post
\$ _____

Sent To
\$ _____

Street and

City, State

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

Corrigan Southern Land & Cattle
8117 Preston Rd, Ste 610
Dallas, TX 75225

9589 0710 5270 0131 7050 93

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Certified Mail Fee
\$ _____

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

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

Postmark Here

Postage
\$ _____

Total Post
\$ _____

Sent To
\$ _____

Street and

City, State

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

Cynthia Leigh Yeager
6125 Luther Lane, Ste 385
Dallas, TX 75225



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

Postmark Here

Postage
\$ Total Post

Sent To: **Dana Caserta**
2220 Skinner Rd
Arrington, TN 37014

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9589 0710 5270 0131 7050 79

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

Postmark Here

Postage
\$ Total Post

Sent To: **Darian Kedy Doornbos, Trustee of The Charles F. Doornbos Revocable Trust u/a/d August 1, 1990**
PO Box 639
Bartlesville, OK 74005

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

Postmark Here

Postage
\$ Total Post

Sent To: **Darleen J Alston George Hill**
PO Box 140953
Gainesville, FL 32614

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9589 0710 5270 0131 7050 55

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

Postmark Here

Postage
\$ Total Post

Sent To: **Davenport Conger Properties, LP**
PO Box 3511
Midland, TX 79702

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

9589 0710 5270 0131 7050 48

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

Postmark Here

Postage
\$ Total Post

Sent To: **David Arthur Clift**
1 Ledgebrook
Winfield, KS 67156

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

9589 0710 5270 0131 7050 31

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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	\$	

Postmark Here

Postage
\$ Total Post

Sent To: **David Bina**
8581 Santa Monica Blvd
West Hollywood, CA 90069

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

Ex.A-8-414

9589 0710 5270 0131 7050 24

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

Postmark Here

Postage
\$
Total Pos
\$
Sent To
Street and
City, State

David Higgs
11 Rivermist Ln
Savannah, GA 31410

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9589 0710 5270 0131 7055 12

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

Postmark Here

Postage
\$
Total Pos
\$
Sent To
Street and
City, State

David L. Grantham
10 Hendaye Ln
Hot Springs Village, AR 71909

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

9589 0710 5270 0131 7055 05

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

Postmark Here

Postage
\$
Total Pos
\$
Sent To
Street and
City, State

David Luskey Estate
2501 Museum Way, Apt 1016
Ft Worth, TX 76107

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9589 0710 5270 0131 7054 99

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

Postmark Here

Postage
\$
Total Pos
\$
Sent To
Street and
City, State

David Scott Yeager
6125 Luther Lane, Ste 385
Dallas, TX 75225

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

9589 0710 5270 0131 7054 82

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

Postmark Here

Postage
\$
Total Pos
\$
Sent To
Street and
City, State

David Wiman
201 Ohua Ave #1111/T-1
Honolulu, HI 96815

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

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

Postmark Here

Postage
\$
Total Pos
\$
Sent To
Street and
City, State

Debra Kay Primera
PO Box 28504
Austin, TX 78755

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Ex.A-8-415

9589 0710 5270 0131 7054 68

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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
\$

Sent To

Street

City, State

Postmark Here

Debra Purser Wyse
1713 Atlantica St
Cedar Park, TX 78613

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

9589 0710 5270 0131 7054 51

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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 Po
\$

Sent To

Street a)

City, State

Postmark Here

DeMario Jones™
134 Sheffield Dr
Cedar Hill, TX 75104

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

9589 0710 5270 0131 7054 44

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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 Posta
\$

Sent To

Street and /

City, State,

Postmark Here

Donald Payne Warren
1614 S College Ave
Tyler, TX 75701

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

9589 0710 5270 0131 7054 37

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Po
\$

Sent To

Street an

City, State

Postmark Here

Donald Shepherd
3137 Del Rancho Dr
Del City, OK 73115

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9589 0710 5270 0131 7054 20

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Certified Mail Fee
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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To

Street

City, St

Postmark Here

Dorchester Minerals LP
3838 Oak Lawn Ave, Ste 300
Dallas, TX 75219

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9589 0710 5270 0131 7054 13

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Pos
\$

Sent To

Street an

City, State

Postmark Here

Doris C Burress Living Trust
1317 Estancia Ave
Grants, NM 87020

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9589 0710 5270 0131 7054 06

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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 P:		
\$		
Sent To		
Street		
City, St.		

Dorothy A. Fleck
240 Greenwich Street
New York, NY 10286

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9589 0710 5270 0131 7053 90

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DEADLINE USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total P:		
\$		
Sent To		
Street		
City, St.		

Doyle Hartman
PO Box 10426
Midland, TX 79702

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9589 0710 5270 0131 7053 83

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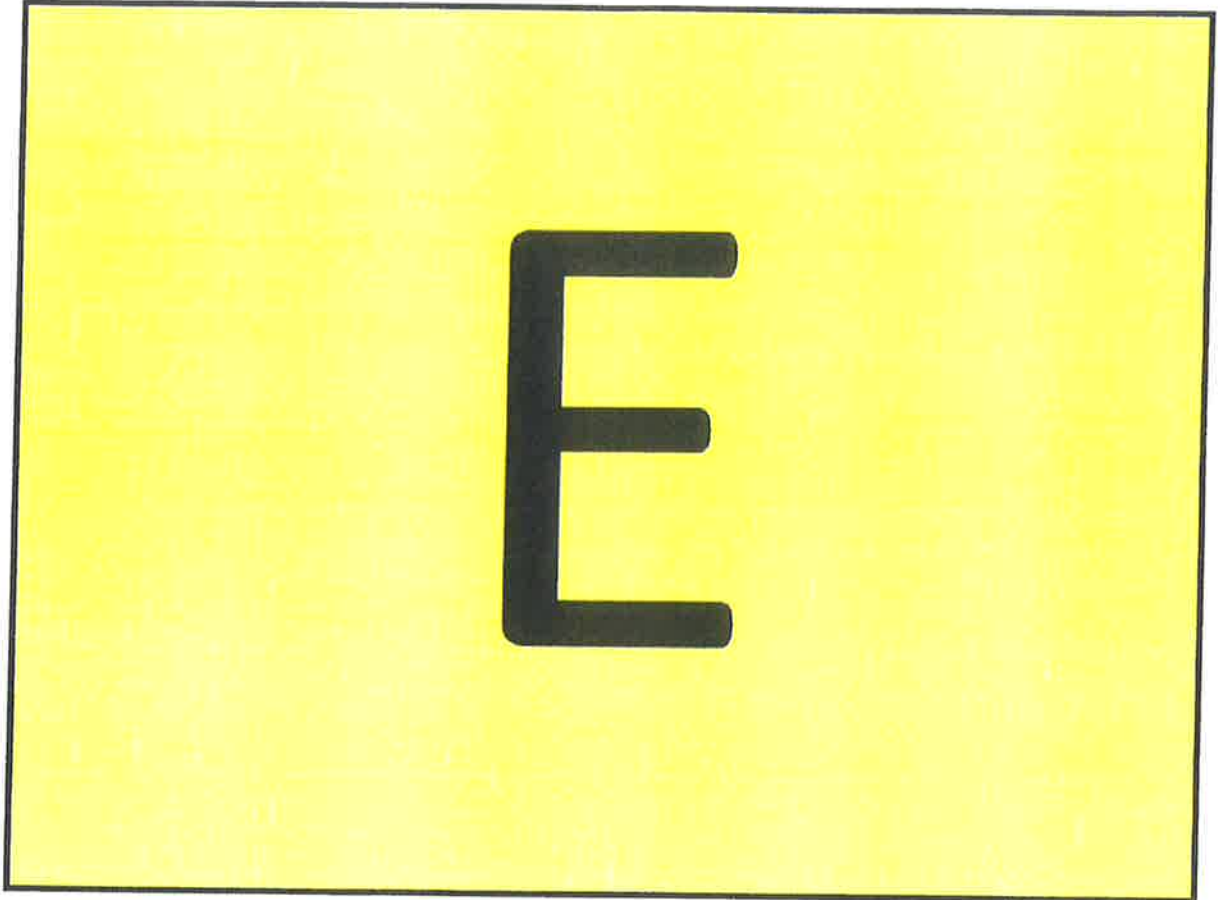
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DEADLINE USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total P:		
\$		
Sent To		
Street		
City, St.		

Dr. Amanda Jones, DVM
1377 Alexander Road
Moody, TX 76657

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



9589 0710 5270 0131 7053 76

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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 Post \$

Sent To \$

Street and

City, State

Postmark Here

E G Energy, LLC
PO Box 6244
Leawood, KS 66206

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9589 0710 5270 0131 7053 69

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post \$

Sent To \$

Street and

City, State

Postmark Here

Easley Family Futures LLC
2700 Vista Grande NW, #96
Albuquerque, NM 87120

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9589 0710 5270 0131 7053 52

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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 Post \$

Sent To \$

Street and

City, State

Postmark Here

Eleanor Ann ODonnell
139 Beede Way
Antioch, CA 94509

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9589 0710 5270 0131 7053 45

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post \$

Sent To \$

Street and

City, State

Postmark Here

Elizabeth Reid Yeager
2403 Clarinda Ave
Wichita Falls, TX 76308

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

9589 0710 5270 0131 7053 38

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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 Post \$

Sent To \$

Street and

City, State

Postmark Here

Ellen Guinan, Trustee of the Elisabeth B. Butler
Separate Property Declaration Trust dated
4/18/1990
4 Sparrow Hill Lane
Laguna Hills, CA 92653

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

9589 0710 5270 0131 7053 21

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Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post \$

Sent To \$

Street and

City, State

Postmark Here

Ellen Louise Burney Dlott
2200 Ross Ave, FL 10
Dallas, TX 75201

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9589 0710 5270 0131 7053 14

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

Postage

\$ Total Postage

Sent To: Elmer Petrilla
3124 Center St
Odessa, TX 79762

Street and Apt
City, State, Z.

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

9589 0710 5270 0131 7053 07

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

Postage

\$ Total P.

Sent To: Emilie Blaine Radich Trust
1470 John King Blvd, Apt 1203
Rockwall, TX 75032

Street
City, St.

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

9589 0710 5270 0131 7052 91

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

Postage

\$ Total P.

Sent To: Estate of George Goss Yeager, deceased
P. O. Box 53567
Midland, TX 79710

Street
City, St.

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

9589 0710 5270 0131 7052 84

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

Postage

\$ Total

Sent To: Everett Coon, Jr
1528 Slocum Street
Dallas, TX 75207

Street
City, St.

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

9589 0710 5270 0131 7052 77

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

Postage

\$ Total P.

Sent To: Everett G. Gray & Linda C. Gifford, Co-Trustees
of the Linda Gray Gifford Trust f/b/o The Children
10600 W Country Rd 143 1/2
Midland, TX 79703

Street
City, St.

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9589 0710 5270 0131 7059 01

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

Postage

\$ Total Post

Sent To: Excalibur Energy Company
PO Drawer 25045
Albuquerque, NM 87125

Street an
City, Stat

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Ex.A-8-420



Ex.A-8-421

9589 0710 5270 0131 7058 71

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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 Po	\$	
Sent To		
Street an		
City, Stat		

Fasken Foundation
 PO Box 2024
 Midland, TX 79702

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

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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 Po	\$	
Sent To		
Street an		
City, Stat		

FDH Company LP
 PO 51
 De Kalb, MS 39328

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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 Po	\$	
Sent To		
Street an		
City, Stat		

Fredericksburg Royalty Ltd
 PO Box 1481
 San Antonio, TX 78295

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

Postmark Here

Postage
\$
Total P
\$
Sent To
Street a
City, Sta

Garry Hufhines JUN 2024
622 NW 8th St
Dimmit, TX 79027

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

Postmark Here

Postage
\$
Total Pos
\$
Sent To
Street anc
City, State

Gary Hillman
212 Seabury St
Suisun, CA 94585

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

9589 0710 5270 0131 7058 33

**U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Postage
\$
Total P
\$
Sent To
Street a
City, Sta

Gary Worrall Clift
1724 Fairchild Ave
Manhattan, KS 66502

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

9589 0710 5270 0131 7058 26

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

Postmark Here

Postage
\$
Total P
\$
Sent To
Street a
City, Sta

Geary Glenn Martin
329 Westminster Square
Canyon Lake, TX 78133

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

9589 0710 5270 0131 7058 19

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

Postmark Here

Postage
\$
Total P
\$
Sent To
Street a
City, Sta

Gentry Marion Hubbard
PO Box 820635
Dallas, TX 75382

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

9589 0710 5270 0131 7058 02

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

Postmark Here

Postage
\$
Total Pos
\$
Sent To
Street anc
City, State

George M Obrien
PO Box 1743
Midland, TX 79702

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

9589 0710 5270 0131 7057 96

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Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total
\$ _____

Sent To
George R Jones
PO Box 427
Round Top, TX 78954

Postmark Here

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

9589 0710 5270 0131 7057 89

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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 P
\$ _____

Sent To
Gist Mineral Investments LLC
P. O. Box 50074
Austin, TX 78763

Postmark Here

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

9589 0710 5270 0131 7057 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 Post
\$ _____

Sent To
Gonzales Royalties c/o Larry D: Finch
P. O. Box 237
Gonzales, TX 78629

Postmark Here

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

9589 0710 5270 0131 7057 65

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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 P
\$ _____

Sent To
GRT Investments, LLC c/o Michael Rutter,
Manager
4536 Mill Run Road
Dallas, TX 75244

Postmark Here

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

9589 0710 5270 0131 7057 58

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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 P
\$ _____

Sent To
Guy Noel Hyde
658 Bluebonnet St
Stephenville, TX 76401

Postmark Here

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



Ex.A-8-426

9589 0710 5270 0131 7057 41

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total P \$

Sent To \$

Street

City, State

Postmark Here JUN 05 2024

Harlow Royalties Ltd
320 Westcott
Houston, TX 77007

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9589 0710 5270 0131 7057 34

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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 P \$

Sent To \$

Street

City, State

Postmark Here JUN 05 2024

Harvey Hill, LLC
P.O. Box 5520
Jacksonville, FL 32247

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

9589 0710 5270 0131 7057 27

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total P \$

Sent To \$

Street and

City, State

Postmark Here JUN 05 2024

HDB, LLC
664 Fattig Creek Road
Roundup, MT 59072

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

9589 0710 5270 0131 7057 10

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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 P \$

Sent To \$

Street and

City, State

Postmark Here JUN 05 2024

Headington Royalty Inc.
1501 N. Hardin Blvd., Ste 100
McKinney, TX 75071

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

9589 0710 5270 0131 7086 12

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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 P \$

Sent To \$

Street

City, State

Postmark Here JUN 06 2024

Realey LP
PO Box 2120
Ardmore, OK 73402

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9589 0710 5270 0131 7086 05

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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 P \$

Sent To \$

Street

City, State

Postmark Here JUN 06 2024

Helen L Bedford Family Trust, Farmers National
Company, Agent
PO Box 3480
Omaha, NE 68103

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Ex.A-8-427

9589 0710 5270 0131 7085 99

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To _____

Street and _____

City, State _____

Henry D Bedford, Sr
 664 Fattig Creek Road
 Roundup, MT 59072

MEMORIAL PARK POST OFFICE
 JUL 22 2024
 Postmark Here

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

9589 0710 5270 0131 7085 82

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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 \$ _____

Sent To _____

Street and _____

City, State _____

Henry H. Harrison, Jr., Trustee of the Henry H.
 Harrison, Jr. Testamentary Trust
 1120 Wilma
 Tyler, TX 75701

MEMORIAL PARK POST OFFICE
 JUL 22 2024
 Postmark Here

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

9589 0710 5270 0131 7085 75

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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 \$ _____

Sent To _____

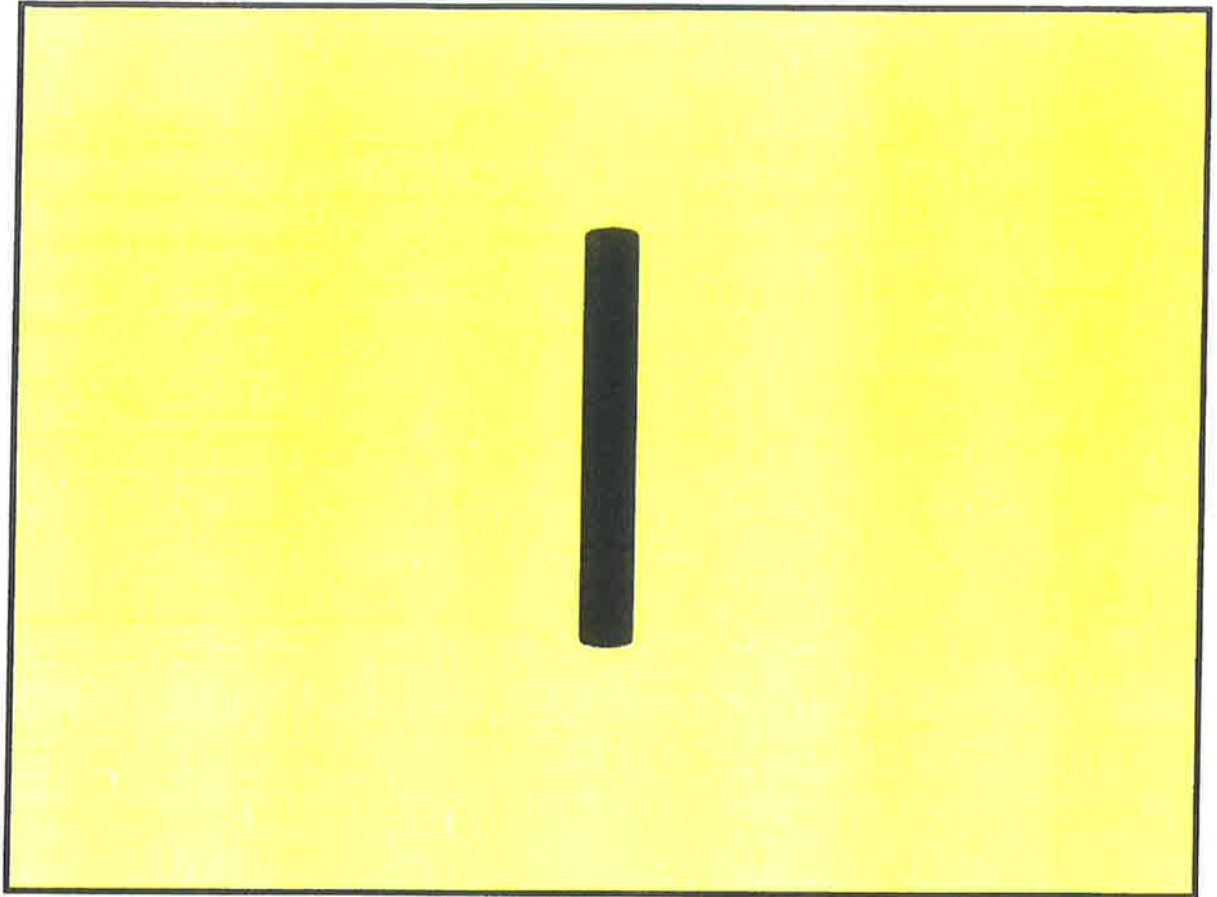
Street and _____

City, State _____

Howard Payne University f/b/o McArthur
 Academy of Freedom
 PO Box 840350
 Dallas, TX 75284

MEMORIAL PARK POST OFFICE
 JUL 22 2024
 Postmark Here

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



Ex.A-8-429

9589 0710 5270 0131 7085 68

U.S. Postal Service™
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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 \$

Sent To

Street and

City, State

Postmark Here JUN 2024

IDA L GROTIC
 402 ROOSEVELT RD
 CLARKSBURG, WV 26301

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

9589 0710 5270 0131 7085 51

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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 \$

Sent To

Street

City, State

Postmark Here JUN 2024

INNERARITY FAMILY MINERALS, LLC
 PO Box 313
 MIDLAND, TX 79702

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9589 0710 5270 0131 7085 44

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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 \$

Sent To

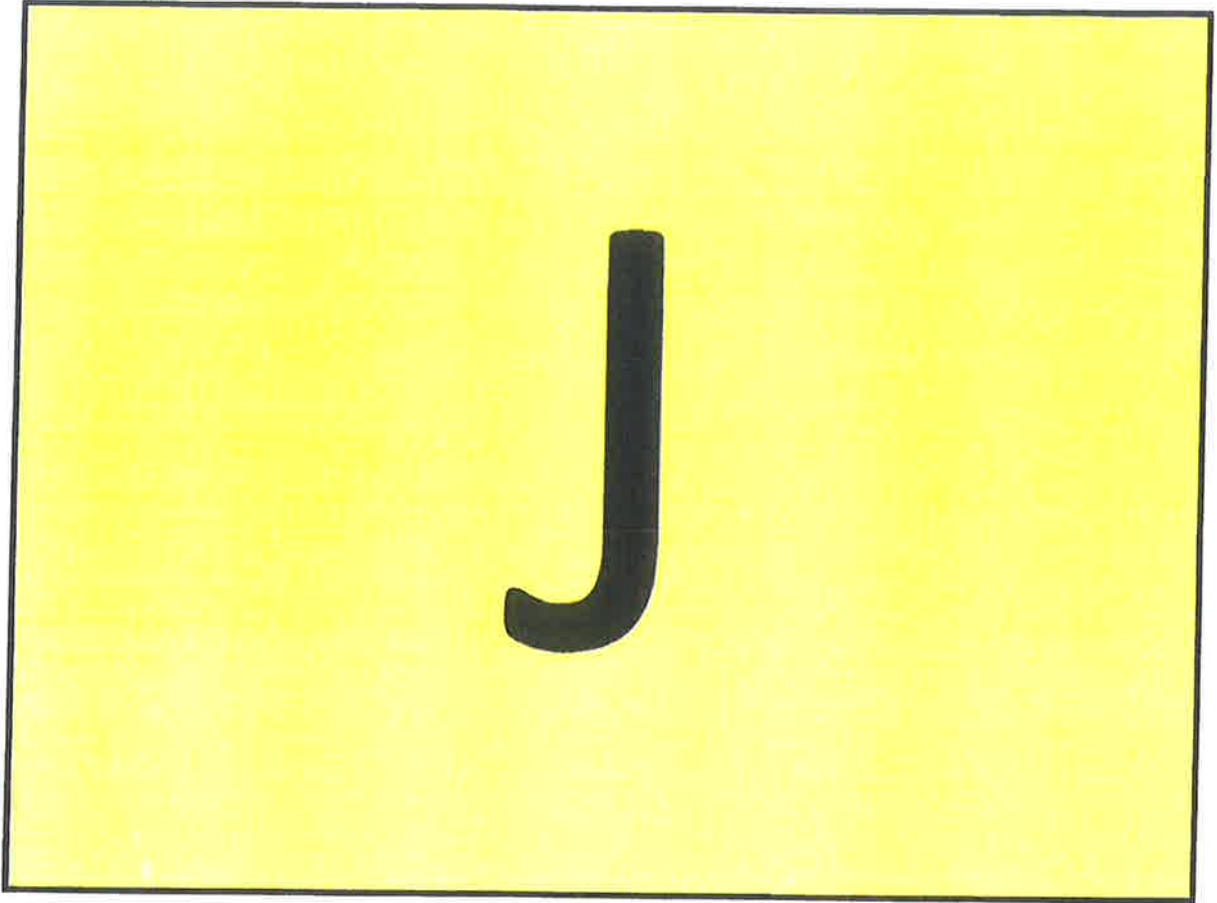
Street and

City, State

Postmark Here JUN 2024

INTERNAL REVENUE SERVICE FAO MARK R ANTWEIL
 210 E POST RD
 WHITE PLAINS, NY 10601

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



9589 0710 5270 0131 7085 37

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

J W Barnes, Deceased
 2900 Austin
 Waco, TX 76710

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

9589 0710 5270 0131 7085 20

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

J. Cleo Thompson & James Cleo Thompson Jr.,
 L.P.
 325 N St Paul, Ste 4300
 Dallas, TX 75201

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

9589 0710 5270 0131 7085 13

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

J. Pat Corrigan Family Ltd Partnership
 P.O. Box 690068
 Vero Beach, FL 32969

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9589 0710 5270 0131 7085 06

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

J. Paul & Sidonia Wingert, LLC
 5214 Chaversham Ln
 Peachtree Corners, GA 30092

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9589 0710 5270 0131 7084 90

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

Jack Vance Cowan
 4725 Green Bluff Dr
 Schertz, TX 78154

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

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Street and _____
 City, State _____

Postmark Here

Jackie La Verne Pate
 PO Box 501
 Denver City, TX 79323

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To

Street and

City, State

Postmark Here

Jal Public Library Fund
 P.O. Box 178
 Jal, NM 88252

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total F
 \$ _____

Sent To

Street

City, St

Postmark Here

James F Hayes, Jr
 411 Walnut St, #4532
 Green Cove Springs, FL 32043

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To

Street and

City, State

Postmark Here

James H. Fleck and Charlotte Fleck
 1200 Summit Ave, Ste 500
 Fort Worth, TX 76102

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To

Street and

City, State

Postmark Here

James Hufhines
 708 Lynne Lane
 Burleson, TX 76028

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

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total F
 \$ _____

Sent To

Street

City, St

Postmark Here

James Robert Pruett
 530 West Hunters Court Way
 Mustang, OK 73064

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To

Street and

City, State

Postmark Here

James William Bishop
 PO Box 2248
 Hot Springs, AR 71914

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9589 0710 5270 0131 7084 14

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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 Post \$

Sent To
Street and
City, State

Jan Miller
10843 CR 368
Anna, TX 75409

Postmark Here

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9589 0710 5270 0131 7084 07

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post \$

Sent To
Street and
City, State

Janet H. Rombough
40 Birds Crossing
Covington, GA 30016

Postmark Here

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9589 0710 5270 0131 7083 91

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post \$

Sent To
Street and
City, State

Jay H. Stafford & Mildred E. Stafford, Co-Trustees
of The Stafford Family Revocable Trust
10401 Vineyard Blvd, Pt 107
Oklahoma City, OK 73120

Postmark Here

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

9589 0710 5270 0131 7083 84

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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 Post \$

Sent To
Street and
City, State

Jeanette Singleton Cloyd
6 Pinewood Circle
Houston, TX 77024

Postmark Here

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

9589 0710 5270 0131 7083 77

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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 Post \$

Sent To
Street and
City, State

Jeanie Larell Martin
1713 Waterton Cir
Whitehouse, TX 75791

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

9589 0710 5270 0131 7083 60

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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 Post \$

Sent To
Street and
City, State

Jennifer Briscese
212 Seabury St
Suisun City, CA 94585

Postmark Here

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

9589 0710 5270 0131 7083 53

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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 P
\$ _____

Sent To
Street and _____
City, State _____

Postmark Here

Jennifer Ruffing
80 Lois Lane
Ithaca, NY 14850

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

9589 0710 5270 0131 7083 46

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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 P
\$ _____

Sent To
Street and _____
City, State _____

Postmark Here

Jessica Lynn Whitley
23401 Interstate 35 Unit 1
Kyle, TX 78640

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

9589 0710 5270 0131 7083 39

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Post
\$ _____

Sent To
Street and _____
City, State _____

Postmark Here
JUN 2024

Jetta Grantham Wise
6932 W 105th St
Minneapolis, MN 55438

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

9589 0710 5270 0131 7083 22

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total P
\$ _____

Sent To
Street and _____
City, State _____

Postmark Here
JUN 2024

Jimmie Eden, Jr. Trust
PO Box 17
Stillwater, OK 74076

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9589 0710 5270 0131 7080 63

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total P
\$ _____

Sent To
Street and _____
City, State _____

Postmark Here

Joan Miller Ganz & John William Lyttle, Jr., Co-
Trustees of The Ida Miller Estate
P.O. Box 65
Farmingdale, NY 11735

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

9589 0710 5270 0131 7080 56

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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 Post
\$ _____

Sent To
Street and _____
City, State _____

Postmark Here

Joan Miller Ganz, LLC
P.O. Box 65
Farmingdale, NY 11735

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Ex.A-8-435

9589 0710 0131 7080 49

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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	\$	

Postmark Here

Joe Paul Allen
1400 Rosner Hills Rd
Jefferson City, MO 65109

Sent To
Street
City, State

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9589 0710 0131 7080 32

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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	\$	

Postmark Here

John B. Mayse
PO Box O
Pleasanton, TX 78064

Sent To
Street
City, State

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9589 0710 0131 7080 25

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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	\$	

Postmark Here

John Douglas Hinchey, in Trust
10058 S Shadow Hill Sr
Lone Tree, CO 80124

Sent To
Street
City, State

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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	\$	

Postmark Here

John Edward Bacon
6909 Custer Road #3604
Plano, TX 75023

Sent To
Street
City, State

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

9589 0710 0131 7080 01

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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	\$	

Postmark Here

John F. Special
P. O. Box 369
Stillwater, OK 74076

Sent To
Street
City, State

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9589 0710 0131 7079 98

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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	\$	

Postmark Here

John Scharbauer Estate Trust
PO Box 194
Midland, TX 79702

Sent To
Street
City, State

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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 \$

Sent To
Street and
City, State

Postmark Here

John Warren Purser
8705 Camelia Ln
Austin, TX 78759

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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 \$

Sent To
Street and
City, State

Postmark Here

Joseph L Daws
5031 Hillsboro Pike, #326
Nashville, TN 37215

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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 \$

Sent To
Street and
City, State

Postmark Here

Joseph M. Clift, Trustee on behalf of Gilbert
Burke Clift, Jr.
322 W 57th St, Apt 37M
New York, NY 10019

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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 \$

Sent To
Street and
City, State

Postmark Here

Judy Lynn Whitley Blackwell
10834 Grand Teton Dr
Corpus Christi, TX 78410

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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 \$

Sent To
Street and
City, State

Postmark Here

Judy Martin
1249 St Hwy 19
Chickasha, OK 73018

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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
\$

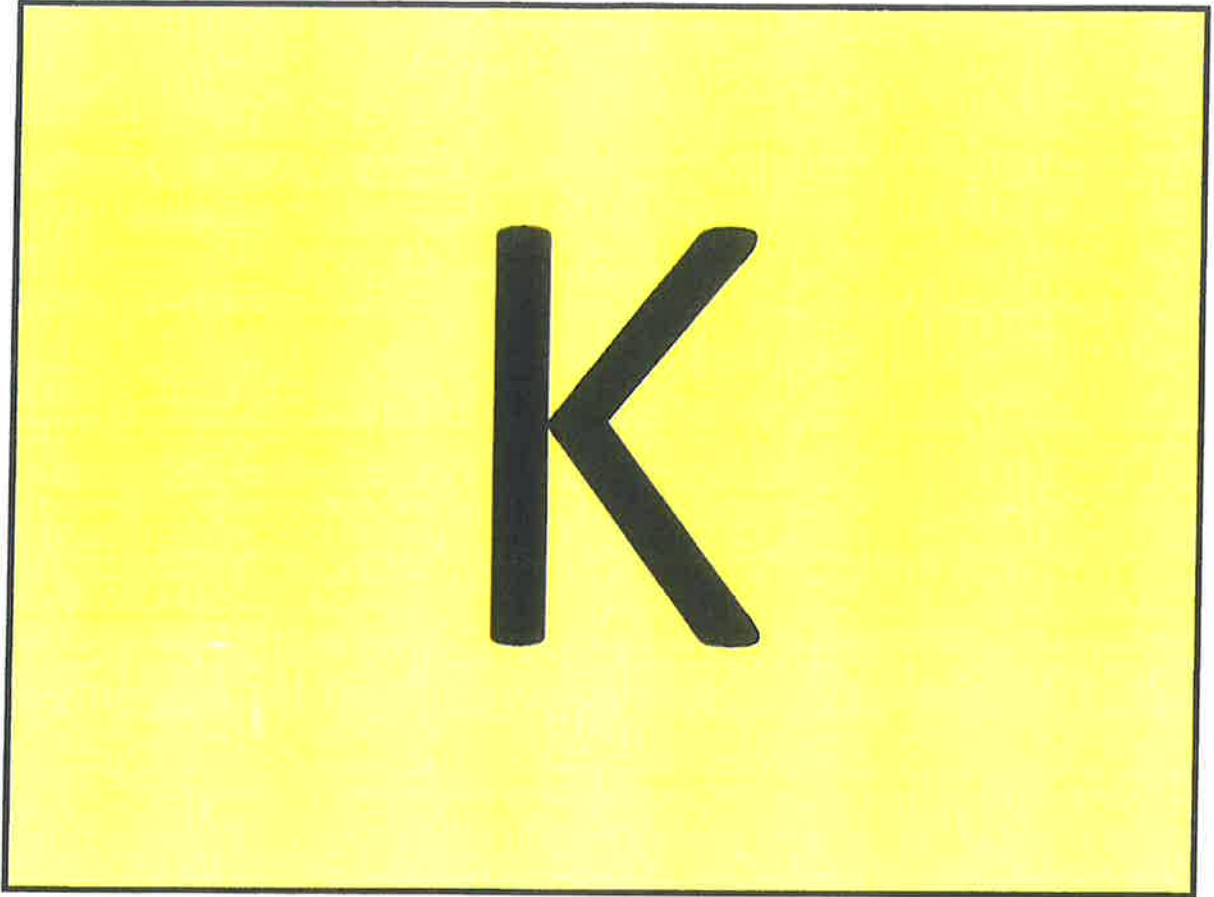
Total Postage \$

Sent To
Street and
City, State

Postmark Here

Julia Ann Verschoyle Banks
2125 Belmont
Vurlinton, NC 27215

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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
\$

Sent To
\$

Street and
\$

City, State
\$

Postmark Here

K and K Minerals, LLC
621 N Robinson Ste 100
Oklahoma City, OK 73102

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
\$

Street and
\$

City, State
\$

Postmark Here

Kanaly Trust, LTA, Agent for b/o Dorothy Lyeth
Master & Kanaly Trust LTA, Successor Co-
Trustees of The Lyeth Oil Trust
700 Taylor St, Penthouse 1, Ste A
Fort Worth, TX 76102

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9589 0710 5270 0131 7079 05

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
\$

Street and
\$

City, State
\$

Postmark Here

Karen Finkel
32158 Beachlake Ln
Westlake Village, CA 91361

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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
\$

Sent To
\$

Street and
\$

City, State
\$

Postmark Here

Karen Y Barnes
328 Mustang Alley
Sylvia, NC 28779

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
\$

Street and
\$

City, State
\$

Postmark Here

Karlan Witt
7602 Basil Cove
Austin, TX 78750

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
\$

Street and
\$

City, State, ZIP
\$

Postmark Here

Kathleen Jones
820 Xavier Dr
Mansfield, TX 76063

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Street
City, State

Kathryn E. Wilks UGMA
2712 Keats Pl
Oklahoma City, OK 73120

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Street
City, State

Ken Perkins Oil & Gas
PO Box 1015
Simonton, TX 77476

Postmark Here

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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 \$

Sent To
Street
City, State

Kimbell Royalty Holdings, LLC
777 Taylor St, Ste 810
Fort Worth, TX 76102

Postmark Here

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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 \$

Sent To
Street
City, State

Kimberly D Motzny
1195 Dresden Way
San Jose, CA 95129

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9589 0710 5270 0131 7078 20

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Street
City, State

Kristen Michelle Whitley Svehla
315 S 5th St
Howells, NE 68641

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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 \$

Sent To
Street
City, State

Kubin Family Living Trust Dated 5/14/07
20975 County Road 3191 South
Garrison, TX 74101

Postmark Here

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

Ex.A-8-440



Ex.A-8-441

9589 0710 5270 0131 7083 15

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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	\$

Postmark Here

Postage
\$

Total Postage
\$

Sent To
\$

Street and
City, State

La Retta Barton
2510 Van Buren Ave
Grand Junction, CO 81505

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

9589 0710 5270 0131 7082 92

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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	\$

Postmark Here

Postage
\$

Total Postage
\$

Sent To
\$

Street and
City, State

Larry J Bond Living Trust
1615 Drakestone Avenue
Nichols Hills, OK 73120

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

9589 0710 5270 0131 7082 85

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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	\$

Postmark Here

Postage
\$

Total Postage
\$

Sent To
\$

Street and
City, State

Larue Burroughs
4247 Clear Lake Circle
Fort Worth, TX 76109

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

9589 0710 5270 0131 7082 78

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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	\$

Postmark Here

Postage
\$

Total Postage
\$

Sent To
\$

Street and
City, State

Lasca, Inc.
PO Box 470425
Fort Worth, TX 76147

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

9589 0710 5270 0131 7082 61

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Certified Mail Fee
\$

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

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

Postmark Here

Postage
\$

Total Postage
\$

Sent To
\$

Street and
City, State

Laura Kay Hinchey
PO Box 53567
Midland, TX 79710

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

9589 0710 5270 0131 7082 54

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Certified Mail Fee
\$

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

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

Postmark Here

Postage
\$

Total Postage
\$

Sent To
\$

Street and
City, State

Lean Dog LP No. 1
P.O.Box 25203
Dallas, TX 75225

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

Ex.A-8-442

9589 0710 5270 0131 7082 47

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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 P
\$

Sent To
Street
City, State

Lee Daws Bloch
1214 Ross Ave
Baton Rouge, LA 70808

Postmark Here

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

9589 0710 5270 0131 7082 30

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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 Post
\$

Sent To
Street and
City, State

Legat LLC
6114 W. Canterbury Drive
Stillwater, OK 74074

Postmark Here

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

9589 0710 5270 0131 7082 23

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post
\$

Sent To
Street and
City, State

Lexington Oil Company
P. O. Box 237
Gonzales, TX 78629

Postmark Here

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

9589 0710 5270 0131 7082 16

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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 P
\$

Sent To
Street
City, State

Lisa A Melson
4823 Lomina
Lakewood, CA 90713

Postmark Here

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

9589 0710 5270 0131 7082 09

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
Street
City, State

Lisa K Winstone
473 N Old Hwy 81
Ninnekah, OK 73067

Postmark Here

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

9589 0710 5270 0131 7081 93

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
Street
City, State

Little Bit Scharbauer, Ltd
PO Box 366
Seminole, TX 79360

Postmark Here

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

Ex.A-8-443

9589 0710 5270 0131 7081 86

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
Street
City, State

Lloyd D Martin
2771 County Street 2860
Chickasha, OK 73018

Postmark Here

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

9589 0710 5270 0131 7081 79

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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
\$

Sent To
Street
City, State

Lomoco, Inc
PO Box 6007
Tyler, TX 75711

Postmark Here

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

9589 0710 5270 0131 7081 62

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

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

Postage
\$

Total Postage
\$

Sent To
Street
City, State

Loretta Smith
4325 Foothill Dr
Knoxville, TN 37938

Postmark Here

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

9589 0710 5270 0131 7081 55

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
Street
City, State

Lorraine and Jeannette Clift George Charitable
Foundation
1400 Post Oak Blvd, Ste 950
Houston, TX 77056

Postmark Here

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9589 0710 5270 0131 7081 48

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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
\$

Sent To
Street
City, State

Louise Petrita
6317 24th St
Lubbock, TX 79407

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9589 0710 5270 0131 7081 31

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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
\$

Sent To
Street
City, State

LSEAE, LLC
N Lorraine St Suite 1450
Midland, TX 78701

Postmark Here

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9589 0710 5270 0131 7081 24

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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 P
\$

Sent To
\$

Street
\$

City, St
\$

Postmark Here
JUN 2024
HOUSTON TX 77079

Lucinda Kay Lechner Johnson
PO Box 13098
Arlington, TX 76094

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
\$

Street
\$

City, St
\$

Postmark Here

Ludean E Cantrell, c/o Steve Wake
833 Golden Pond Dr
Yukon, OK 75373

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9589 0710 5270 0131 7081 00

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
\$

Street
\$

City, St
\$

Postmark Here
JUN 2024
HOUSTON TX 77079

Luskey Living Trust, Barry Luskey
38 Little Comfort Rd.
Savannah, GA 31411

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9589 0710 5270 0131 7080 94

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
\$

Street
\$

City, St
\$

Postmark Here
JUN 2024
HOUSTON TX 77079

Lyeth Oil Trust
777 Taylor St, Penthouse 1, Ste A
Fort Worth, TX 76102

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9589 0710 5270 0131 7080 87

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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 P
\$

Sent To
\$

Street
\$

City, St
\$

Postmark Here
JUN 2024
HOUSTON TX 77079

Lynne Renae Deaton
PO Box 97
Chico, TX 76431

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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
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Total P
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Sent To
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Street
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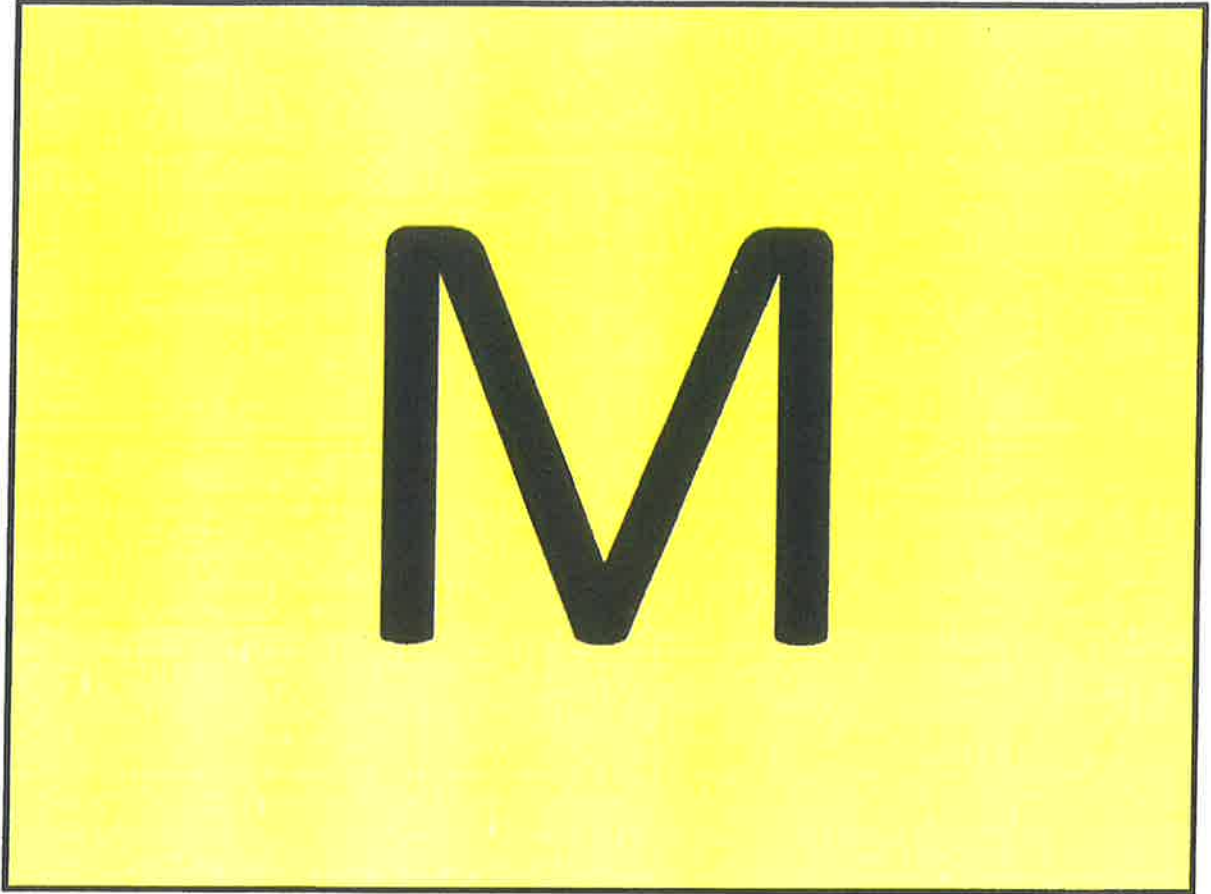
City, St
\$

Postmark Here
JUN 2024
HOUSTON TX 77079

Lynx Production Company
4849 Greenville Avenue, Suite 1255
Dallas, TX 75206

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Ex.A-8-445



9589 0710 5270 0131 7069 08

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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
\$

Sent To
\$

Street
City, State

Postmark Here

Maecenas Minerals, LLP
3838 Oak Lawn Ave, Ste 300
Dallas, TX 75219

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

9589 0710 5270 0131 7068 92

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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
\$

Sent To
\$

Street
City, State

Postmark Here

Mallory B OConnor
2626 Cote Avenue, Ste 504
Dallas, TX 75204

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9589 0710 5270 0131 7068 85

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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
\$

Sent To
\$

Street
City, State

Postmark Here

Margi Bruns
12711 Colorado Blvd E, Unit 505
Thornton, CO 80241

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9589 0710 5270 0131 7068 78

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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
\$

Sent To
\$

Street
City, State

Postmark Here

Marian Goss Yeager
P. O. Box 53567
Midland, TX 79710

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9589 0710 5270 0131 7068 61

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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
\$

Sent To
\$

Street
City, State

Postmark Here

Marie Emilie Blaine
947 W Ralph Hall Pkwy, Ste 103
Rockwall, TX 75032

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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
\$

Sent To
\$

Street
City, State

Postmark Here

Marilyn M. Law Revocable Trust
PO Box 1588
Tulsa, OK 74101

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Ex.A-8-447

9589 0710 5270 0131 7068 47

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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
\$ _____

Sent To
Street and
City, State

MarJam Energy LLC
10440 N Central Expressway, Ste 1010
Dallas, TX 75231

Postmark Here

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

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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
\$ _____

Sent To
Street and
City, State

Mark Antweil
4450 Oak Park Lane, #101842
Fort Worth, TX 76185

Postmark Here

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

9589 0710 5270 0131 7068 23

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Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage
\$ _____

Sent To
Street and
City, State

Mark Caldwell & Bonnie Caldwell
3512 A Shell Ave
Midland, TX 79707

Postmark Here

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

9589 0710 5270 0131 7068 16

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Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage
\$ _____

Sent To
Street and
City, State

Marsha Lee Clift Scott
3710 Whipporwhill Lane
Enid, OK 73703

Postmark Here

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9589 0710 5270 0131 7068 09

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage
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Sent To
Street and
City, State

Marthe Adams
5090 County Road 429
Van Alstyne, TX 75495

Postmark Here - 6 2024

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

9589 0710 5270 0131 7067 93

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

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Sent To
Street and
City, State

Martin Wayne Thomas
26253 W Vista North Dr
Buckeye, AZ 85396

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

9589 0710 5270 0131 7067 86

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
Street
City, St.

Mary Frances Antweil
5410 Ledgestone Dr
Fort Worth, TX 76132

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

9589 0710 5270 0131 7067 79

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
Street
City, St.

Mary M. Hodge
12131 Lueders Lane
Dallas, TX 75230

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

9589 0710 5270 0131 7067 62

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
Street
City, St.

Matthew Carson Cottingham Miles
111 Sheraton Dr
San Antonio, TX 78209

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

9589 0710 5270 0131 7067 55

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
Street
City, St.

Melanie Marie Miles Hirschfeld & Matthew
Carson Cottingham Miles, Remaindermen of
The Bradley Carson Miles Life Estate
8815 Towana Trail
Austin, TX 78736

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

9589 0710 5270 0131 7067 48

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
Street
City, St.

Metrocare Services
1717 Main St 25th floor
Dallas, TX 75201

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

9589 0710 5270 0131 7067 31

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
Street
City, St.

Mitagro Resources, LP
415 West Wall Ave., Ste. 1118
Midland, TX 79701

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

9589 0710 5270 0131 7067 24

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

Postage \$
Total P \$
 Sent To \$

Miller West, LTD
 PO Box 400
 Benavides, TX 78341

Postmark Here
 HOUSTON TX 77079

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9589 0710 5270 0131 7067 17

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

Postage \$
Total Post \$
 Sent To \$

Mitchel E Cheney
 PO Box 570083
 Houston, TX 77257

Postmark Here
 HOUSTON TX 77079

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9589 0710 5270 0131 7067 00

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

Postage \$
Total P \$
 Sent To \$

MNA Enterprises LTD Co
 106 W Alabama St
 Hobbs, NM 88242

Postmark Here
 HOUSTON TX 77079

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9589 0710 5270 0131 7066 94

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

Postage \$
Total P \$
 Sent To \$

Mobil Producing TX & NM, Inc
 22777 Springwoods Village Pkwy
 Spring, TX 77389

Postmark Here
 HOUSTON TX 77079

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

9589 0710 5270 0131 7066 87

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

Postage \$
Total P \$
 Sent To \$

Money & More, Inc
 76302 Hursh Avenue
 Wichita Falls, TX 72211

Postmark Here
 HOUSTON TX 77079

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

9589 0710 5270 0131 7066 70

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

Postage \$
Total P \$
 Sent To \$

Monte G Walker
 4819 Shenandoah Drive
 Wichita Falls, TX 76310

Postmark Here
 HOUSTON TX 77079

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9589 0710 5270 0131 7066 63

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 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To
 Street
 City, State

Montgomery Petroleum
 1020 E Levee St, Ste 130
 Dallas, TX 75207

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

9589 0710 5270 0131 7066 56

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

Postage \$
 Total Postage \$

Sent To
 Street
 City, State

Morgan Richardson Hubbard, Jr.
 PO Box 1961
 Abitene, TX 79604

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9589 0710 5270 0131 7066 49

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

Postage \$
 Total Postage \$

Sent To
 Street
 City, State

Morgan Tyler Edwards
 219 Treasure Way
 San Antonio, TX 78209

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9589 0710 5270 0131 7066 32

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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 \$

Sent To
 Street
 City, State

Mountain Lion Oil & Gas, LLC
 7941 Katy Freeway #117
 Houston, TX 77024

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



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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To \$

Street and \$

City, State \$

Postmark Here JUN 06 2024

Nancy Royalties LP
PO Box 673091
Dallas, TX 75367

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9589 0710 5270 0131 7066 18

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To \$

Street and \$

City, State \$

Postmark Here JUN 06 2024

Nancy P Jack Revocable Trust
1311 NW 107th Terrace
Gainesville, FL 32606

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To \$

Street and \$

City, State \$

Postmark Here JUN 06 2024

Nancy Warren Bentley
248 Texas Drive
Hideaway, TX 75711

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9589 0710 5270 0131 7065 95

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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 Post \$

Sent To \$

Street and \$

City, State \$

Postmark Here JUN 06 2024

National Industries, Inc.
PO Box 1756
Midland, TX 79702

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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 Post \$

Sent To \$

Street and \$

City, State \$

Postmark Here JUN 06 2024

National Lease Co.
100 French St Unit 115A
Wilmington, DE 19801

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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 Post \$

Sent To \$

Street and \$

City, State \$

Postmark Here JUN 06 2024

Nelson A. Fleck
240 Greenwich Street
New York, NY 10286

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Ex.A-8-453

9589 0710 5270 0131 7065 64

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Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

Postage \$

Total Postage \$

Sent To: **New Mexico State Land Office**
310 Old Santa Fe Trail
Santa Fe, NM 87501

Street: _____

City, State: _____

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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 \$

Sent To: **Norma J Barton**
PO Box 728
Hobbs, NM 88241

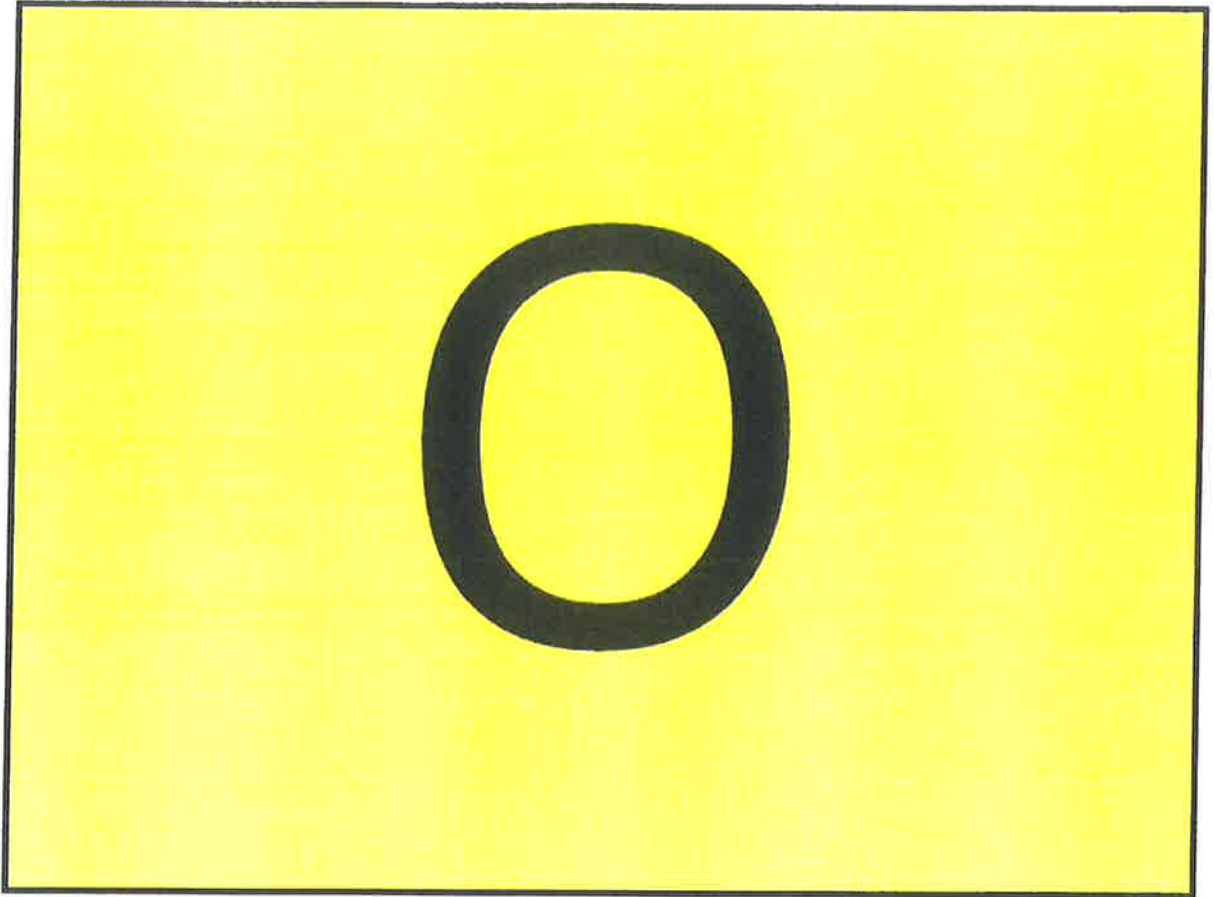
Street: _____

City, State: _____

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Ex.A-8-455

9589 0710 5270 0131 7065 40

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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 Post
\$

Sent To
Street and
City, State,

OBO INC
PO Box 22577
Hialeah, FL 33002

Postmark Here
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9589 0710 5270 0131 7065 33

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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 Po
\$

Sent To
Street and
City, Sta

Onell Hqt
PO Box 442
Chico, TX 76431

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9589 0710 5270 0131 7065 26

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

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

Postage
\$

Total Posta
\$

Sent To
Street and /
City, State, .

Onez Norman Rooney Testamentary Trust
PO Box 18757
Oklahoma City, OK 73154

Postmark Here
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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 Post
\$

Sent To
Street and
City, State

**Otis L. Jones & Lila U. Jones, Co-Trustees of the
Jones Revocable Trust u/a/d October 4, 1993**
44101 NW Wollen Road
Banks, OR 97106

Postmark Here
JUN - 6 2024

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9589 0710 5270 0131 7065 02

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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
\$

Sent To
Street
City, S

Otis Alice Gray
PO Box 3725
Midland, TX 79702

Postmark Here
JUN 06 2024

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9589 0710 5270 0131 7064 96

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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 Po
\$

Sent To
Street and
City, Sta

5 Greenway Plaza Suite 110
Houston, TX 77046

Postmark Here
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Ex.A-8-457

9589 0710 5270 0131 7064 89

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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 \$

Sent To
\$

Street and
\$

City, State
\$

Postmark Here
JUN 06 2024 HOUSTON, TX 77079

Patrick Edward Corrigan Family Partnership,
LLLP
PO Box 643726
Vero Beach, FL 32964

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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 \$

Sent To
\$

Street and
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City, State
\$

Postmark Here
JUN 06 2024 HOUSTON, TX 77079

Patsy Elaine Hinchey
PO Box 53567
Midland, TX 79710

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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 \$

Sent To
\$

Street and
\$

City, State
\$

Postmark Here
JUN 06 2024 HOUSTON, TX 77079

Patsy Goss Yeager
PO Box 990
Midland, TX 79702

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9589 0710 5270 0131 7064 58

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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
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Total Postage \$

Sent To
\$

Street and
\$

City, State
\$

Postmark Here
JUN 06 2024 HOUSTON, TX 77079

Patsy Hinchey Family, LP, c/o Catoico
PO Box 53567
Midland, TX 79710

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

9589 0710 5270 0131 7064 41

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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 \$

Sent To
\$

Street and
\$

City, State
\$

Postmark Here
JUN 06 2024 HOUSTON, TX 77079

Paula de Alon Carrera
1419 Lawson Palm Ct
Apopka, FL 32712

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9589 0710 5270 0131 7064 34

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

Postage
\$

Total Postage \$

Sent To
\$

Street and
\$

City, State
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JUN 06 2024 HOUSTON, TX 77079

Penny L. Grantham Roth
21 Oak Lane
Springfield, IL 62717

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9589 0710 5270 0131 7064 27

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Petro-Crown Resources, LP
PO BOX 9289
Wichita Falls, TX 76308

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9589 0710 5270 0131 7064 10

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Philip Lyle Williams and Cheryl Williams, as Co-Trustees of the Philip Lyle Williams and Cheryl Ann Williams 2016 Revocable Trust, u/t/a 6/1/2016, as Amended
1157 Mountain Canary Dr.
South Lake Tahoe, CA 96150

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

9589 0710 5270 0131 7064 03

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Production Gathering Company, LP, Agent o/b/o
Greg & Nancy Vance Family LP
8150 N Central Expressway, Ste 1475
Dallas, TX 75206

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Professional Investment and Trust Company
PO Drawer 1599
Lovington, NM 88260

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9589 0710 5270 0131 7063 80

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Adult Signature Required \$

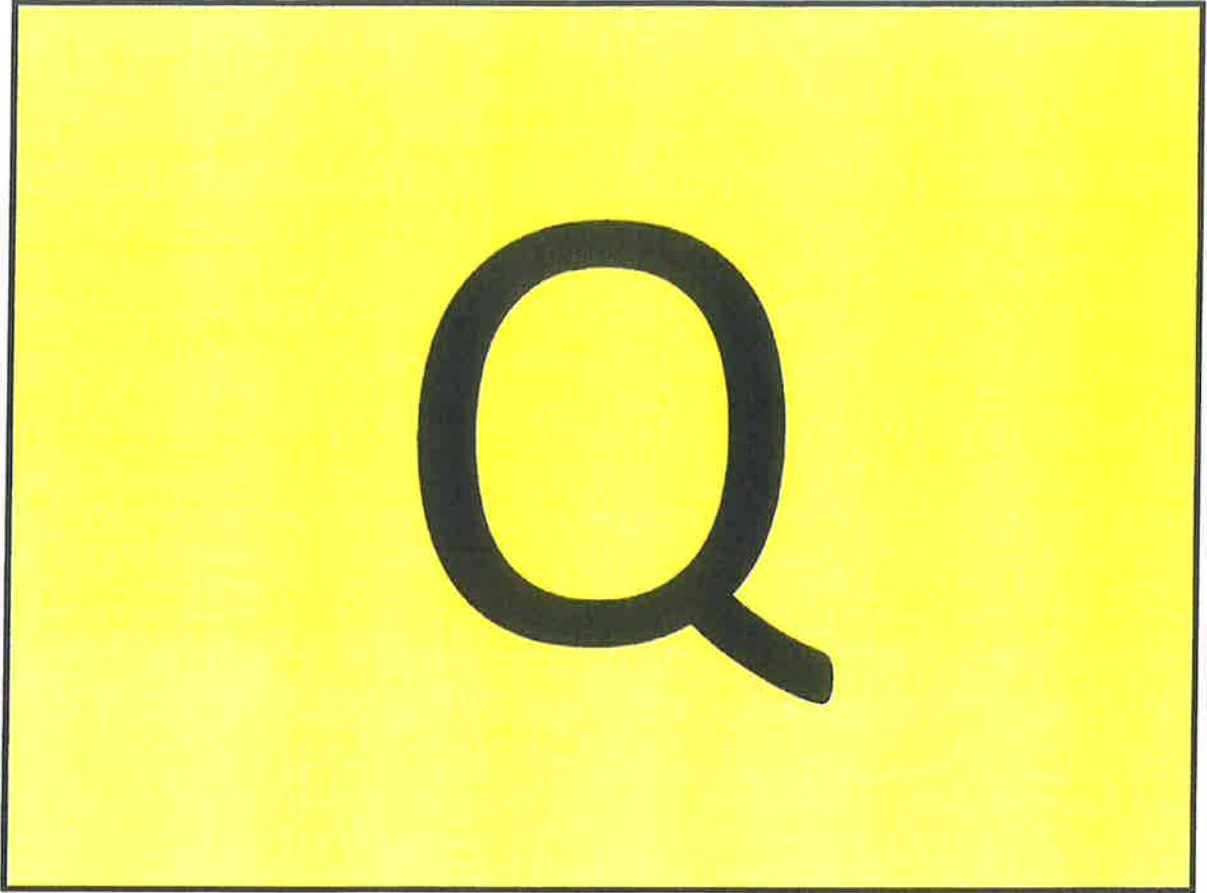
Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Purnell Morrow Company
PO Box 823560
Dallas, TX 75382

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





Ex.A-8-461

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

Postage
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Total Postage
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Sent To
 Street and
 City, State

Postmark Here
 JUN 06 2024
 HOUSTON, TX 77069

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

Ralph Shelby Jones
14777 Wunderlich Dr, Apt 807
Houston, TX 77069

9589 0710 5270 0131 7063 66

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 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
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Total Postage
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Sent To
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 City, State, Z

Postmark Here
 JUN 06 2024
 HOUSTON, TX 77069

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

RAM Foundation
PO Box 10639
Arlington, TX 76094

9589 0710 5270 0131 7063 59

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 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
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Total Postage
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Sent To
 Street and
 City, State

Postmark Here
 JUN 06 2024
 HOUSTON, TX 77069

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

Ray Huffhines
20039 Santa Rosa Dr
Springdale, AR 72764

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 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
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Total Postage
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 Street and
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Postmark Here
 JUN 06 2024
 HOUSTON, TX 77069

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

Rfort Mineral Properties, LLC
9716 Admiral Emerson Ave NE
Albuquerque, NM 87111

9589 0710 5270 0131 7063 35

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 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
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Total Postage
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 Street and
 City, State

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Richard D Latady, Jr
710 S Mobile St, Apt 3
Fairhope, AL 36352

9589 0710 5270 0131 7063 28

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 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
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Total Postage
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 City, State

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Richard Johnston
37 Blackadar Ln
Moultonborough, NH 03254

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

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Ricky D Raindl
PO Box 142454
Irving, TX 75014

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Street and
\$

City, State
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RMW Trust
5 Dovekie Court
Nantucket, MA 02554

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total Post
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Sent To
\$

Street and
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City, State
\$

Robert Denney
1207 Ponderosa Dr
Hobbs, NM 88242

Postmark
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9589 0710 5270 0131 7062 81

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post
\$

Sent To
\$

Street and
\$

City, State
\$

Robert Howe Mayse
1635 Paradise Ranch Rd
Fredericksburg, TX 78624

Postmark
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9589 0710 5270 0131 7062 74

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total Post
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Sent To
\$

Street and
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City, State
\$

Robert M. Davenport, Jr
104 S Pecos
Midland, TX 79701

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9589 0710 5270 0131 7062 67

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total Post
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Sent To
\$

Street and
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City, State
\$

Robert Mitchell Raindl
PO Box 853
Tahoka, TX 79373

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post
\$

Sent To
Street and
City, State

Robert N Jones
1351 NE Cartlaby Way, Apt 131
Hillsboro, OR 97124

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9589 0710 5270 0131 7062 43

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post
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Sent To
Street and
City, State

Robert P and Jeannine H. Byron
PO Box 1562
Roswell, NM 88202

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9589 0710 5270 0131 7062 36

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

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total Post
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Sent To
Street and
City, State

Robertson B Foley
13121 Killenwood Dr
Wichita, KS 67230

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9589 0710 5270 0131 7062 29

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post
\$

Sent To
Street and
City, State

Robin Leslie Yeager
6125 Luther Ln., Suite 385
Dallas, TX 75225

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9589 0710 5270 0131 7062 12

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

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\$

Sent To
Street and
City, State

Robin Leslie Yeager, in Trust
6125 Luther Ln., Suite 385
Dallas, TX 75225

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

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Sent To
Street and
City, State

Roca Properties Ltd
312 E Illinois St, Ste 1
Midland, TX 79701

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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 Post
\$

Sent To
Street and
City, State

Ronald M Harrison, Trustee of the Ronald M.
Harrison Testamentary Trust
739 Parkway Blvd.
Coppell, TX 75019

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JUN 06 2024

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

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

Postage
\$

Total Pos
\$

Sent To
Street and
City, State

Ronnie Wayne Martin AC IRS
168 S 16th Ave
Yuma, AZ 85364

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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
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Total P
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Sent To
Street
City, St

Roxanne Rasher
6038 S Ferdinand St
Tacoma, WA 98409

Postmark Here
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9589 0710 5270 0131 7061 68

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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 Po
\$

Sent To
Street a
City, Sta

Roxanne Zillner
17704 Juniper St
Hesperia, CA 92345

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JUN 06 2024

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\$

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

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

Postage
\$

Total Post
\$

Sent To
Street and
City, State

Roy G Barton, Jr
1919 N Turner St
Hobbs, NM 88240

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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
\$

Sent
Street
City

RSG Properties, Ltd
2700 Racquet Club Dr
Midland, TX 79705

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9589 0710 5270 0131 7061 37

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Street and # _____
 City, State, ZIP+4® _____

Russell King Jones
3404 Alicia Ct
Midland, TX 79707

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9589 0710 5270 0131 7061 20

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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
 \$ _____

Sent To
 Street and # _____
 City, State, ZIP+4® _____

Russell T. Rudy Energy, LLC
320 Westcott
Houston, TX 77007

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

9589 0710 5270 0131 7061 13

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

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

Postage
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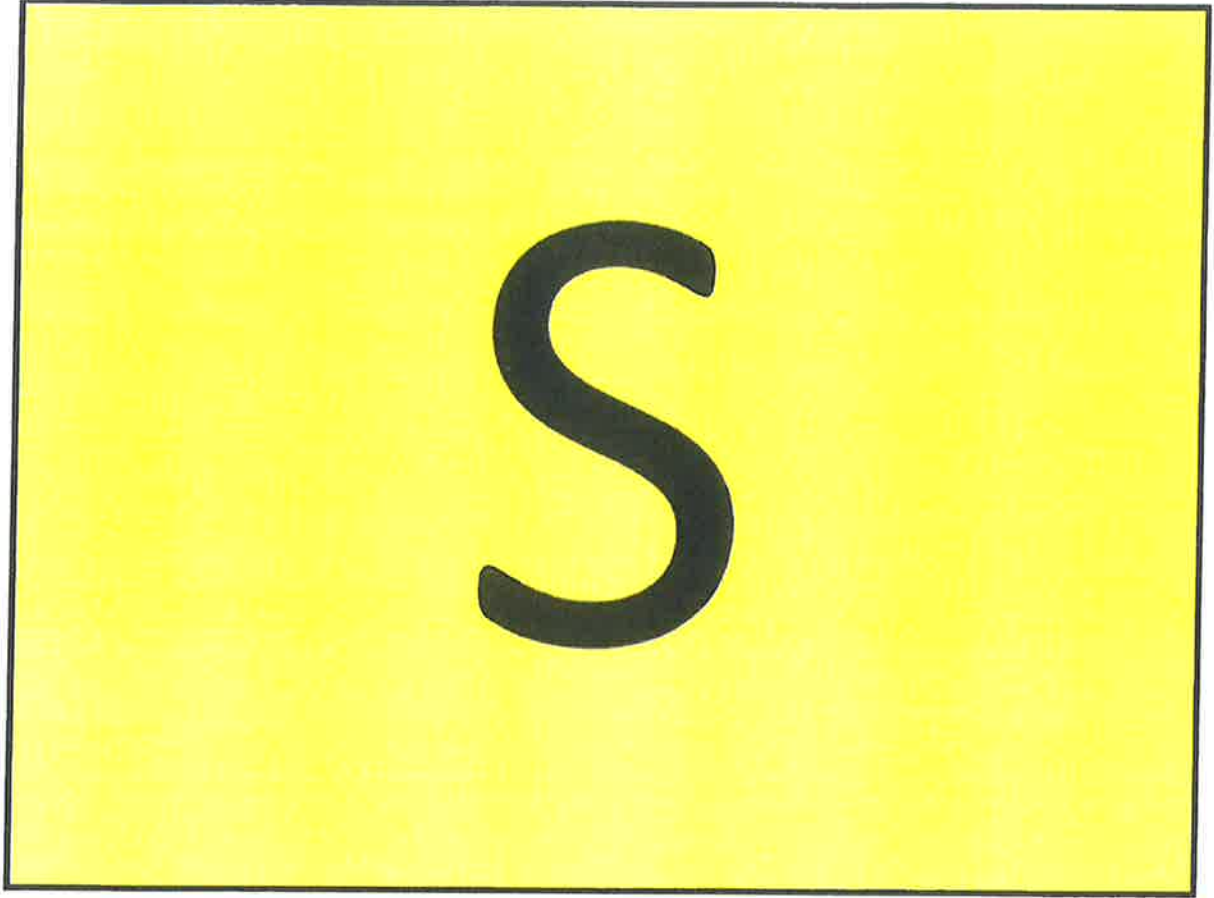
Total Postage
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Sent To
 Street and # _____
 City, State, ZIP+4® _____

Ruth Burney Pennebaker
98 San Jacinto Blvd
Austin, TX 78701

Postmark Here
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9589 0710 5270 0131 7061 06

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

Postage
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Total Post \$

Sent To
 \$

Street and
 City, State

Sally Blaine Barnes
 226 Valmar St
 Kemah, TX 77565

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

Postage
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Total Post \$

Sent To
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Street and
 City, State

Santa Fe Exploration Company
 PO Box 1136
 Roswell, NM 77253

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

9589 0710 5270 0131 7060 83

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

Postage
 \$

Total Post \$

Sent To
 \$

Street and
 City, State

Schmidt Trust
 Michael W Elley & James C Williams,
 Successor Trustees
 117 Ripple Creek St
 Shavano Park, TX 78231

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

9589 0710 5270 0131 7060 76

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

Postage
 \$

Total Post \$

Sent To
 \$

Street and
 City, State

Sevenways Venture Capital, Ltd
 6125 Luther Ln., Suite 385
 Dallas, TX 75225

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

9589 0710 5270 0131 7060 69

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

Postage
 \$

Total Post \$

Sent To
 \$

Street and
 City, State

SH Permian Minerals, LLC
 P. O. Box 470426
 Fort Worth, TX 76147

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

9589 0710 5270 0131 7060 52

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

Postage
 \$

Total Post \$

Sent To
 \$

Street and
 City, State

Sharlot Vay Householter
 3932 Los Robles Dr.
 Plano, TX 75074

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

9589 0710 5270 0131 7060 45

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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 Post
 \$

Sent To
 Shelley M Cohn
 3514 E Oregon Ave
 Phoenix, AZ 85018

Street and
 City, State

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

9589 0710 5270 0131 7060 38

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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 Post
 \$

Sent To
 Shelly Luskey Trust
 4409 Balcones Dr
 Austin, TX 78731

Street and
 City, State

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

9589 0710 5270 0131 7060 21

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Certified Mail Fee
 \$

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

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

Postage
 \$

Total Post
 \$

Sent To
 Sherry-Nevada Oil Royalty Co
 1919 N Turner St
 Hobbs, NM 88240

Street and
 City, State

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

9589 0710 5270 0131 7060 14

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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 Post
 \$

Sent To
 Shirley G Whitley Mims
 3613 Brushwood Ln
 Corpus Christi, TX 78415

Street and
 City, State

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

9589 0710 5270 0131 7060 07

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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 Post
 \$

Sent To
 Silverado Oil & Gas LLP
 PO Box 52308
 Tulsa, OK 87504

Street and
 City, State

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

9589 0710 5270 0131 7059 94

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

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

Postage
 \$

Total Post
 \$

Sent To
 Source Energy Leasehold, LP
 3333 Welborn St., Suite 400
 Dallas, TX 75219

Street and
 City, State

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

9589 0710 5270 0131 7059 87

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post
\$

Sent To
Street and
City, State

Southern Cross Royalty, LP
PO Box 100
Davis, OK 73030

MINORIAL PARK POST OFFICE
JUN - 6 2024

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

9589 0710 5270 0131 7059 70

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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 Po
\$

Sent To
Street ar
City, Sta

Special Exploration, LLC
PO Box 369
Stillwater, OK 74076

MINORIAL PARK POST OFFICE
JUN - 6 2024

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

9589 0710 5270 0131 7059 63

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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 Post
\$

Sent To
Street an
City, State

Speyside Resources, LLC
PO Box 10458
Midland, TX 79702

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

9589 0710 5270 0131 7059 56

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total Po
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Sent To
Street an
City, State

Spindletop Exploration Company, Inc.
PO Box 25163
Dallas, TX 75206

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

9589 0710 5270 0131 7059 49

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Post
\$

Sent To
Street and
City, State

Stephen E. Dyer & Ludean E. Cantrell, Co-
Trustees of the Ludean E. Cantrell Living Trust
u/a/d May 20, 1991
PO Box 546
Ardmore, OK 73402

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9589 0710 5270 0131 7059 32

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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
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Total F
\$

Sent To
Street
City, S

Stovall Fam Trust, Francis Stoval, Trustee
420 Ocean View
Port Aransas, TX 78373

MINORIAL PARK POST OFFICE
JUN - 6 2024

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

9589 0710 5270 0131 7059 25

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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
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Total Postage
\$

Sent To
Street and
City, State

Sue Richardson
3338 FM 2952
Bridgeport, TX 76426

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9589 0710 5270 0131 7059 18

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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
\$

Sent To
Street and
City, State

Susan Elizabeth Bowen
PO Box 584
Verdugo City, CA 91046

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

9589 0710 5270 0389 0352 49

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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
\$

Sent To
Street and
City, State

SWMF Properties, Inc.
PO Box 840738
Dallas, TX 75284

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9589 0710 5270 0389 0352 56

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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	\$

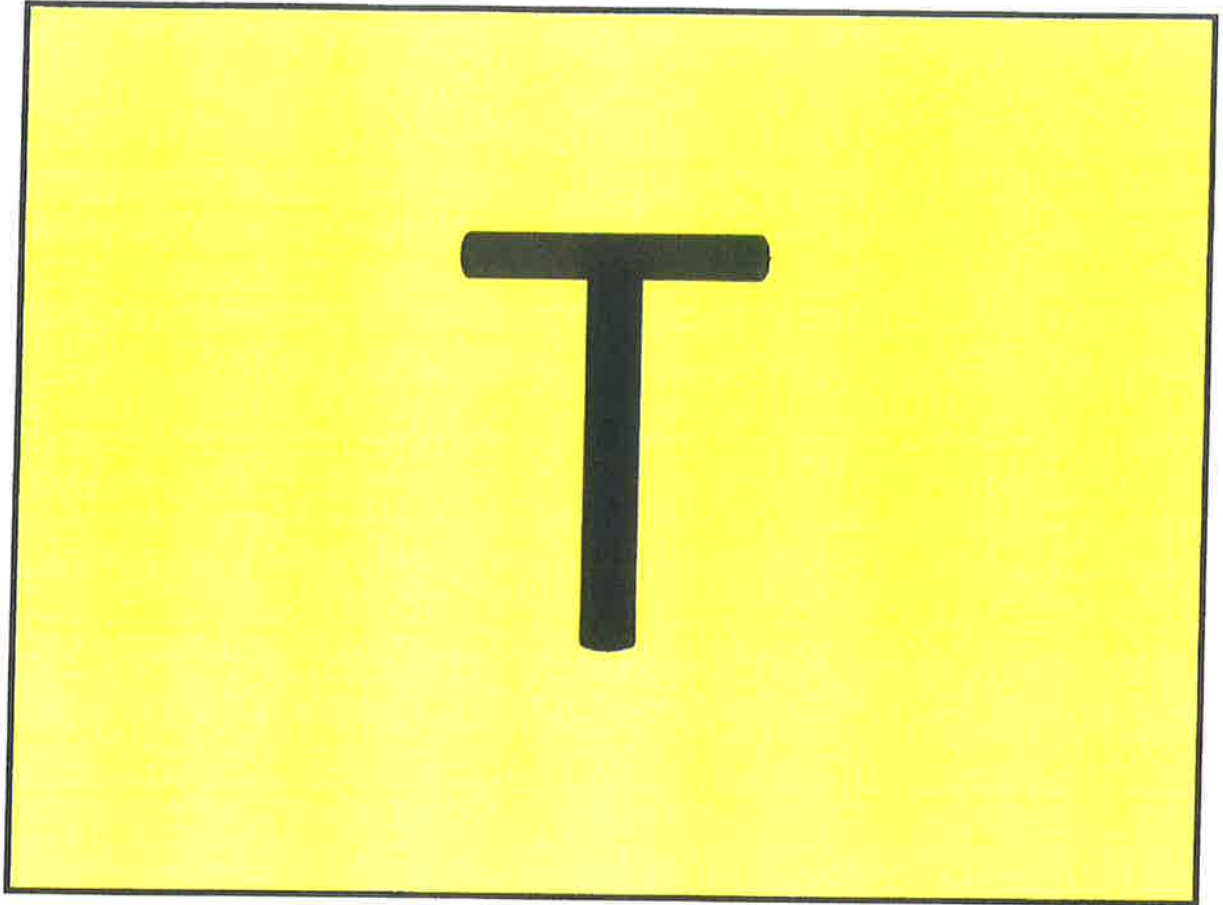
Postage
\$

Total Postage
\$

Sent To
Street and
City, State

Sylvia Jean Lechner Stanberry
3362 Fores Ln, Apt 305
Dallas, TX 75234

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



Ex.A-8-472

9589 0710 5270 0389 0352 63

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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 \$

Sent To: **Tamara Lynn Winters**
1263 Allyn Ave
St Helena, CA 94574

City, State: **ST HELENA, CA 94574**

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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 \$

Sent To: **Taryn N. Morris**
PO Box 7019
Abilene, TX 79608

City, State: **ABILENE, TX 79608**

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

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To: **Texas Bank and Trust , Successor Trustee of the
Dr. and Mrs. J. E. Watkins Scholarship Trust**
P.O. Box 2749
Longview, TX 75606

City, State: **LONGVIEW, TX 75606**

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9589 0710 5270 0389 0352 94

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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 \$

Sent To: **Tharp Minerals LP**
3766 Bee Caves Road, Suite 1, #128,
Westlake Hills, TX 78746

City, State: **WESTLAKE HILLS, TX 78746**

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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 \$

Sent To: **The Cumberland Rest Inc**
1600 Texas St
Fort Worth, TX 76102

City, State: **FORT WORTH, TX 76102**

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To: **Holland S Drilling Co.**
PO Box 701620
Tulsa, OK 74170

City, State: **TULSA, OK 74170**

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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 Post: \$

Sent To:
 Street and:
 City, State:

The McDaniel Company
 12900 Preston Rd., #415
 Dallas, TX 75230

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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 Post: \$

Sent To:
 Street and:
 City, State:

The Principia Corporation (Missouri Corp.)
 PO Box 1588
 Tulsa, OK 74101

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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 Post: \$

Sent To:
 Street and:
 City, State:

Theodore August Swenson, Jr.
 187 N. Bay Dr.
 Bullard, TX 74016

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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 Post: \$

Sent To:
 Street and:
 City, State:

Thomas R Bina
 12424 Wilshire Blvd; Ste 1150
 Los Angeles, CA 90025

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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 Post: \$

Sent To:
 Street and:
 City, State:

Tierra Media Resources LP
 PO Box 9758
 Midland, TX 79708

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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 Post: \$

Sent To:
 Street and:
 City, State:

Tom S. Burress & Amy D. Burress, JTWROS
 251 Country Road 563
 Brownwood, TX 76801

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

9589 0710 5270 0389 0500 75

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To

Street and

City, State

Tommy L Fort
 4914 Royal Oak Ct
 San Angelo, TX 76904

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

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Post
 \$ _____

Sent To

Street and

City, State

TREK Resources Inc
 1020 E Levee St, Ste 130
 Dallas, TX 75207

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

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Certified Mail Fee
 \$ _____

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

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

Postage
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Total Post
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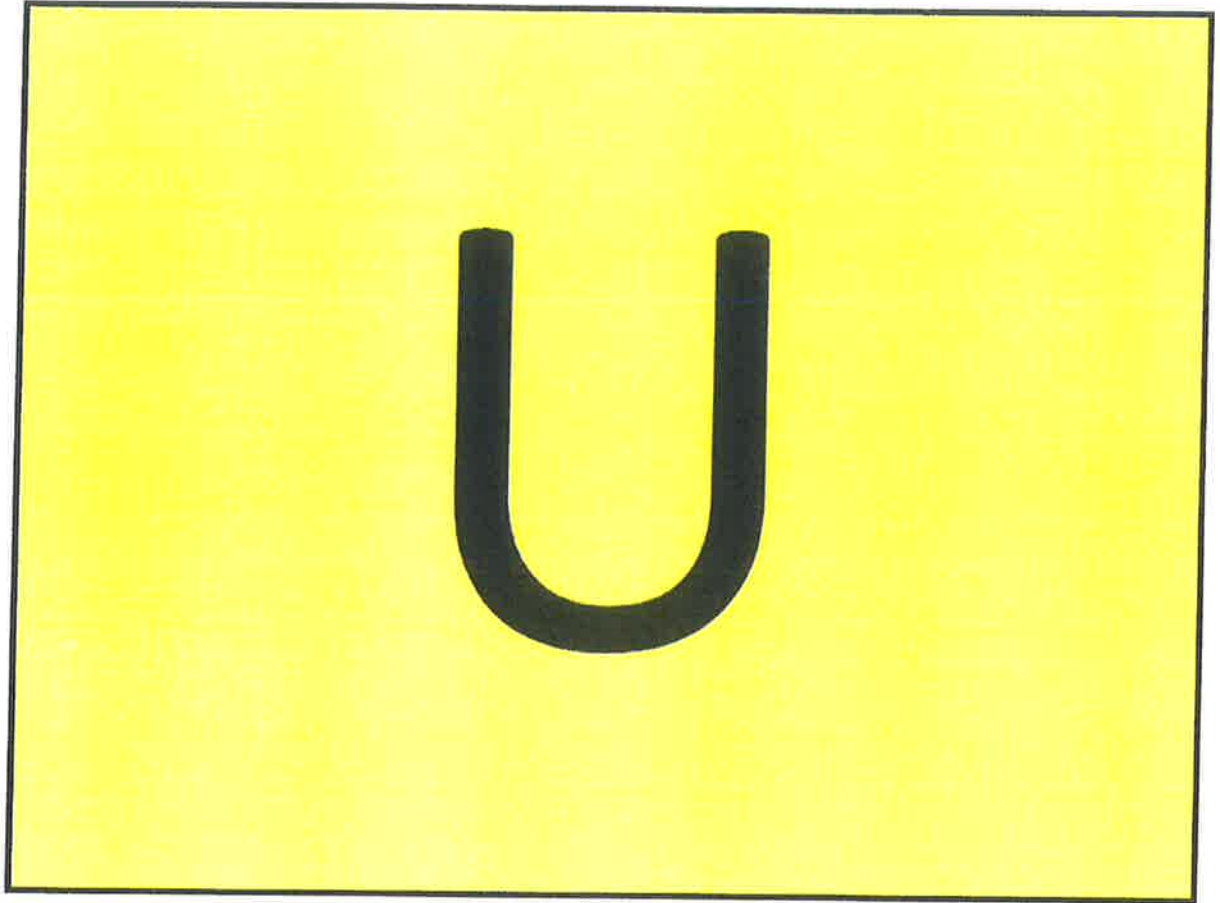
Sent To

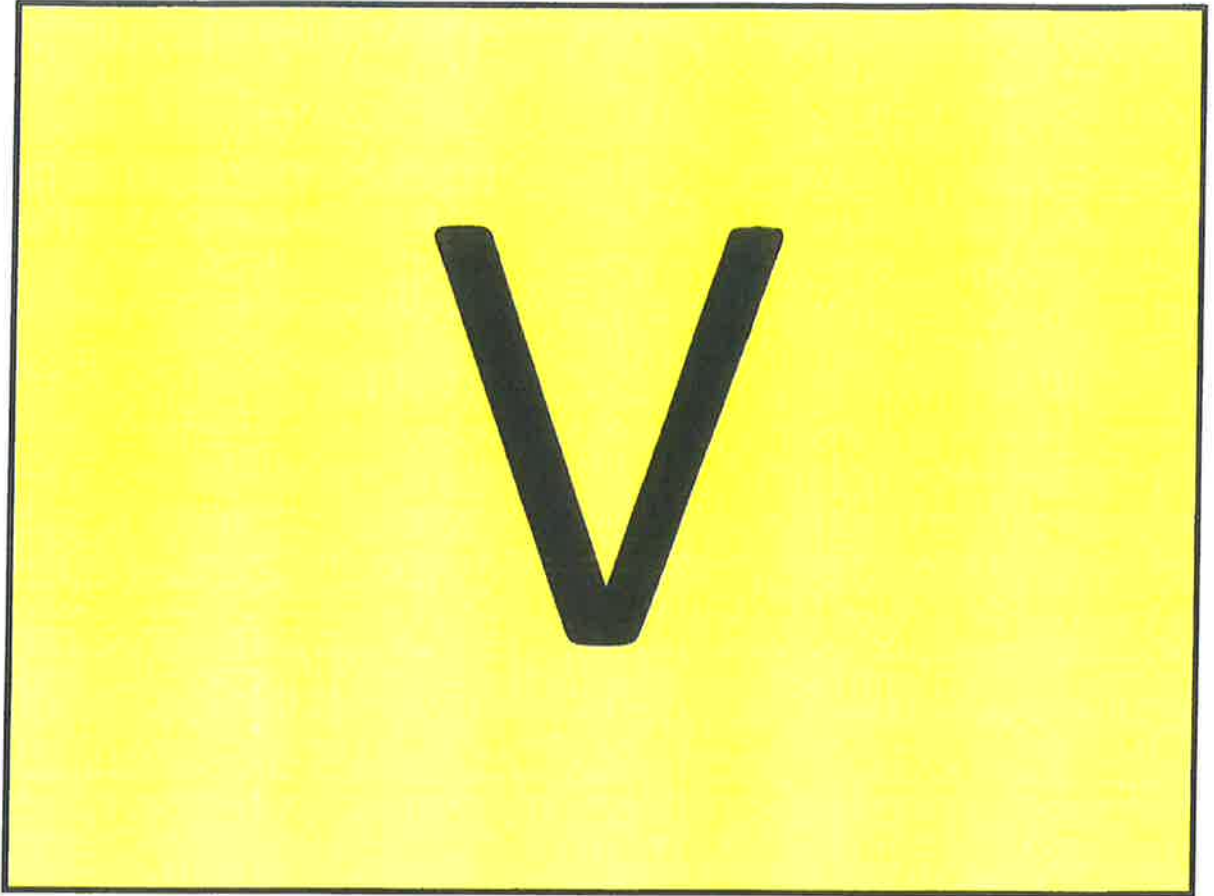
Street and

City, State

Tritex Production Company
 2882 Sandhill Rd, #117
 Menlo Park, CA 94025

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





Ex.A-8-477

9589 0710 5270 0389 0501 05

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Certified Mail Fee: \$

Extra Services & Fees (check box) *Rate Fee (if applicable)*

<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: \$

Send To:

Vink Family Trust, David E & Margaret F Vink,
 Trustees
 10 Andorra Trace
 Hot Springs Village, AR 71909

City/State:

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





9589 0710 5270 0389 0501 12

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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 P. \$
Sent To
Street and A
City, State

W K Davis
712 Main, Ste 1810
Houston, TX 77002

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

9589 0710 5270 0389 0501 29

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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 P. \$
Sent To
Street and A
City, State

WP & Bulah Luse Foundation
PO Box 840738
Dallas, TX 75284

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

9589 0710 5270 0389 0501 36

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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 Post \$
Sent To
Street and A
City, State

Wentz Production LLC
PO Box 834
Davis, OK 73030

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

9589 0710 5270 0389 0501 43

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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 \$
Sent To
Street and A
City, State, Z

Wentz Rocket LLC
6350 W Reno
Oklahoma City, OK 73127

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

9589 0710 5270 0389 0501 50

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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 P. \$
Sent To
Street and A
City, State

White Rock Royalty Partners No. 1
427 S Boston Avenue, Suite 711
Tulsa, OK 74103

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

9589 0710 5270 0389 0501 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 \$
Sent To
Street and A
City, State

White Star Energy, Inc.
706 N Colorado St
Midland, TX 79701

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

Ex.A-8-480

9589 0710 5270 0389 0501 74

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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 \$

Sent To
Street and #
City, State

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

MEMORIAL PARK POST OFFICE
JUN - 6 2024
Postmark Here

Wilbur Arthur Yeager, III
PO Box 6009
Midland, TX 79704

9589 0710 5270 0389 0501 81

**U.S. Postal Service™
CERTIFIED MAIL® 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 \$

Sent To
Street and #
City, State

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

MEMORIAL PARK POST OFFICE
JUN - 6 2024
Postmark Here

Will Downing
2607 Hodges St
Midland, TX 79705

9589 0710 5270 0389 0501 98

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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 \$

Sent To
Street and #
City, State

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

MEMORIAL PARK POST OFFICE
JUN - 6 2024
Postmark Here

William A. Lechner
225 Rockford Rd
Waco, TX 76172

9589 0710 5270 0389 0502 04

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Street and #
City, State

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

MEMORIAL PARK POST OFFICE
JUN - 6 2024
Postmark Here

William Arledge Mettler
455 Bayberry Rd
Bridgewater, NJ 08807

9589 0710 5270 0389 0502 11

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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 \$

Sent To
Street and #
City, State

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

MEMORIAL PARK POST OFFICE
JUN - 6 2024
Postmark Here

William B. Watson, Agent o/b/o Archbishopric of
New York
PO Box 470425
Fort Worth, TX 76147

9589 0710 5270 0389 0502 28

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Street and #
City, State

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

MEMORIAL PARK POST OFFICE
JUN - 6 2024
Postmark Here

William E & Edna D Kreps Memorial Trust, Bank
of America, N.A., Trustee
PO 830308
Dallas, TX 75283

9589 0710 5270 0389 0502 35

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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 Post
\$

Sent To
Street
City, State

William Edwin Warren
1413 Teaberry Court
Plano, TX 75093

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

9589 0710 5270 0389 0502 42

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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 Post
\$

Sent To
Street and
City, State

William Gerald Hyde, Jr
3102 Metz Dr
Midland, TX 79705

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

9589 0710 5270 0389 0502 59

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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 Post
\$

Sent To
Street
City, State

Williams Revocable Living Trust
824 Thomas Crossing Dr
Burlleson, TX 76028

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

9589 0710 5270 0389 0502 66

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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 \$

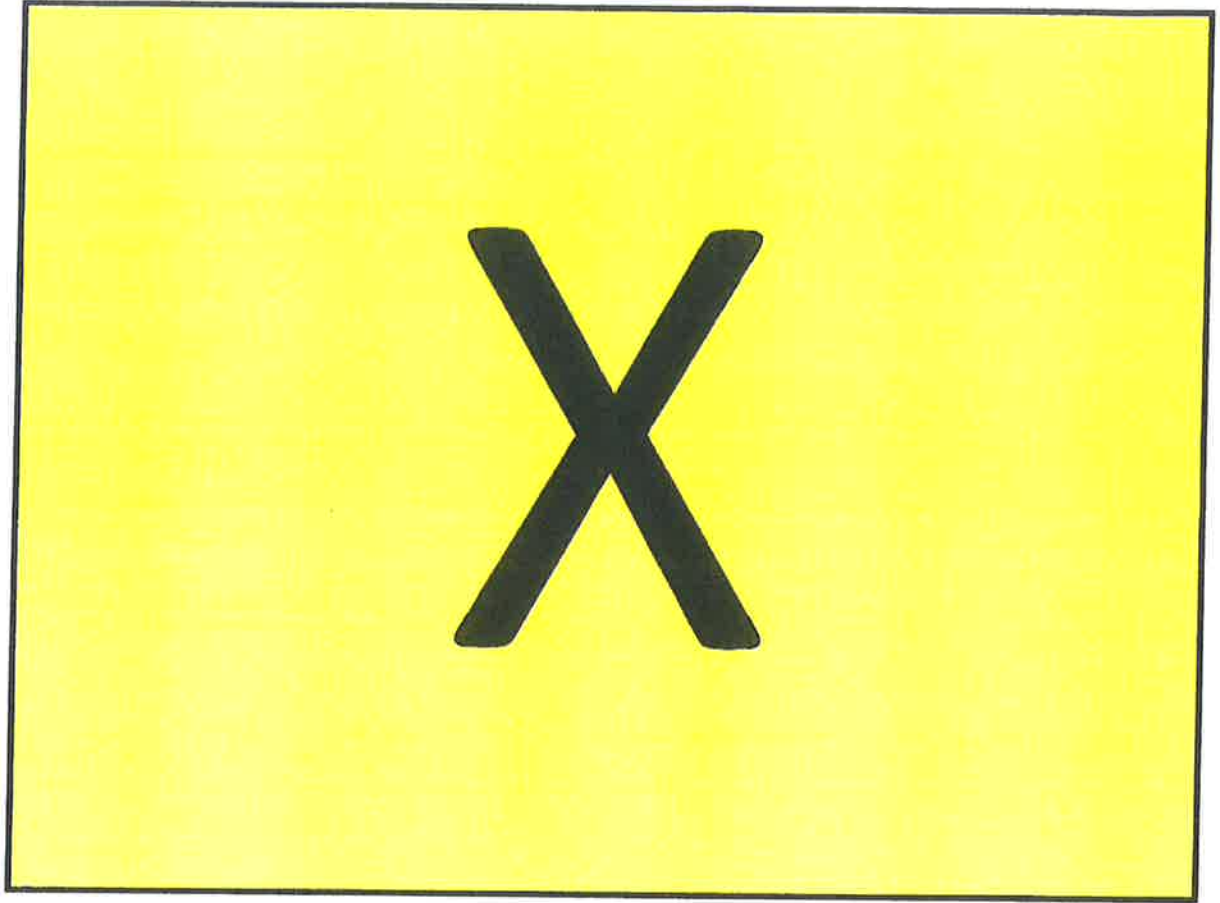
Postage
\$

Total Post
\$

Sent To
Street and
City, State

Windom Royalties LLC
PO Box 660082
Dallas, TX 78645

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



9589 0710 5270 0389 0502 73

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Certified Mail Fee
 \$ _____

Extra
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Restricted \$ _____

Postage
 \$ _____

Total Po
 \$ _____

Sent To
 Street or
 City, State

XTO Holdings, LLC
22777 Springwoods Village Pkwy
Spring, TX 77389

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Certified Mail Fee \$

Extra Services & Fees (Check box, add fee to postage rate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Priority Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

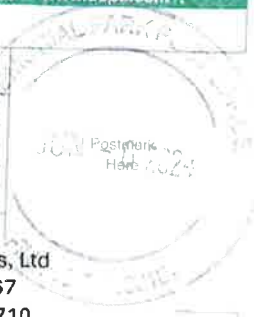
Total Ps \$

Sent To: **Yeager Resources, Ltd**
P. O. Box 53567
Midland, TX 79710

Street: _____

City: _____

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





9589 0710 5270 0389 0502 97

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Certified Mail Fee
 \$

Extra Services & Fees (check)

<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
 \$

Sent To
 Street
 City, State

ZPZ Delaware I, LLC
2000 Post Oak Blvd. Ste. 100
Houston, TX 77056

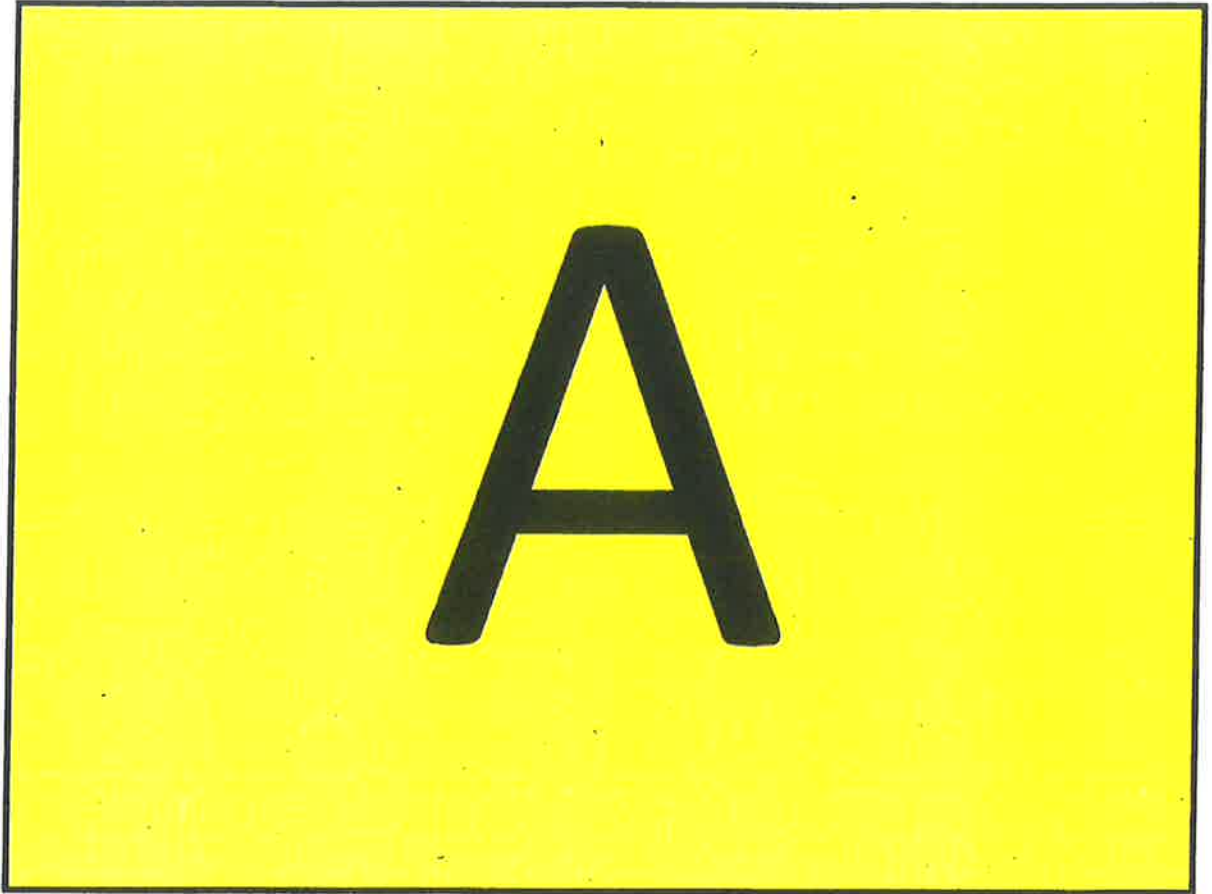
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

NJU Hearing Notice Mailing

June 6, 2024

Certified Mail Receipts - Stamped

Working Interest Owners



9589 0710 5270 0389 0503 03

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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
 \$ _____

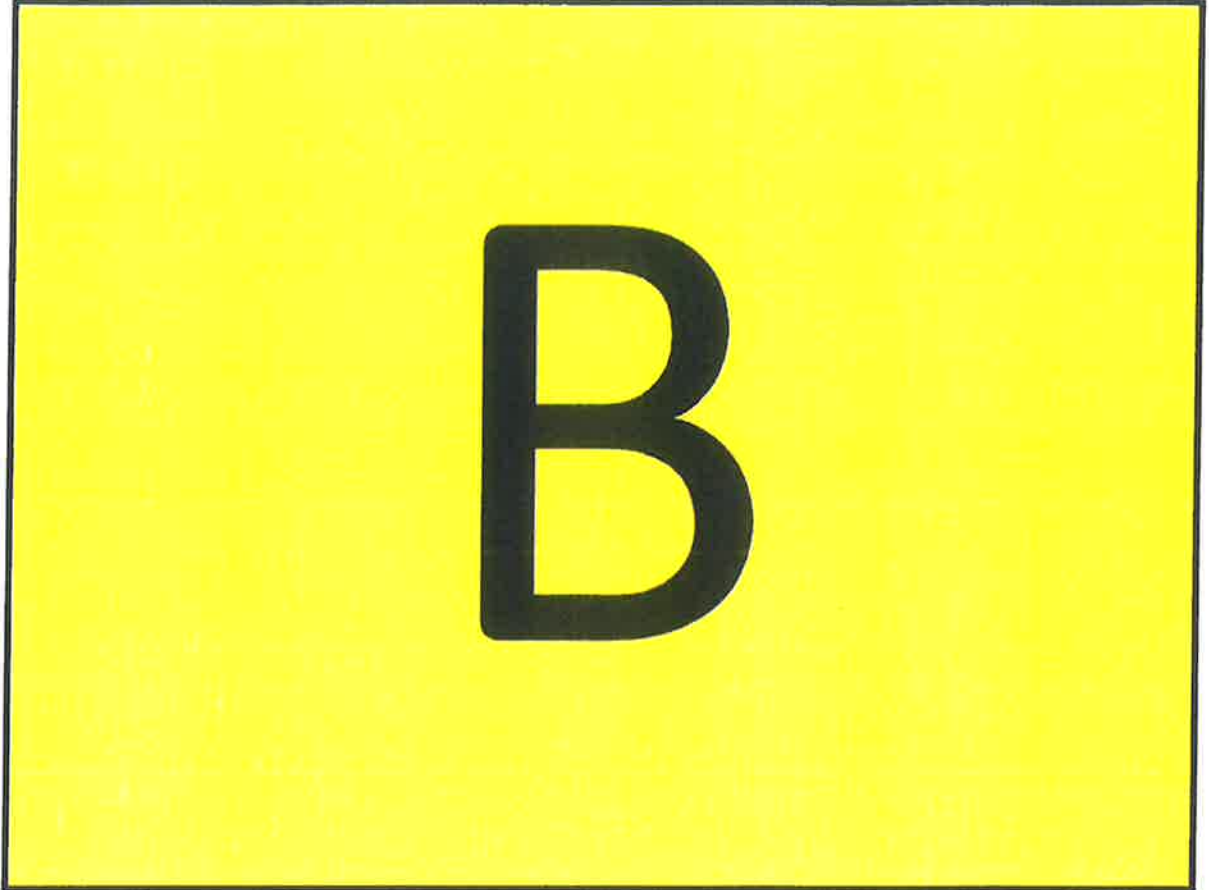
Total
 \$ _____

Sent To
 Street
 City, State

Asher Resources
131 Spring Hill Dr
Boerne, TX 78006

Postmark
 Here

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



9589 0710 5270 0389 0503 10

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Certified Mail Fee
\$ _____

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

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

Postage
\$ _____
Total P&H \$ _____

Sent To
\$ _____
Street # _____
City, Sta _____

Bevi Childress
4409 Winding Creek Court
Arlington, TX 76016

Postmark Here

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

9589 0710 5270 0389 0503 27

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Certified Mail Fee
\$ _____

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

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

Postage
\$ _____
Total P&H \$ _____

Sent To
\$ _____
Street # _____
City _____

Black Stone Minerals Company LP
1001 Fannin, Ste 2020
Houston, TX 77002

Postmark Here

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

9589 0710 5270 0389 0503 34

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Certified Mail Fee
\$ _____

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

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

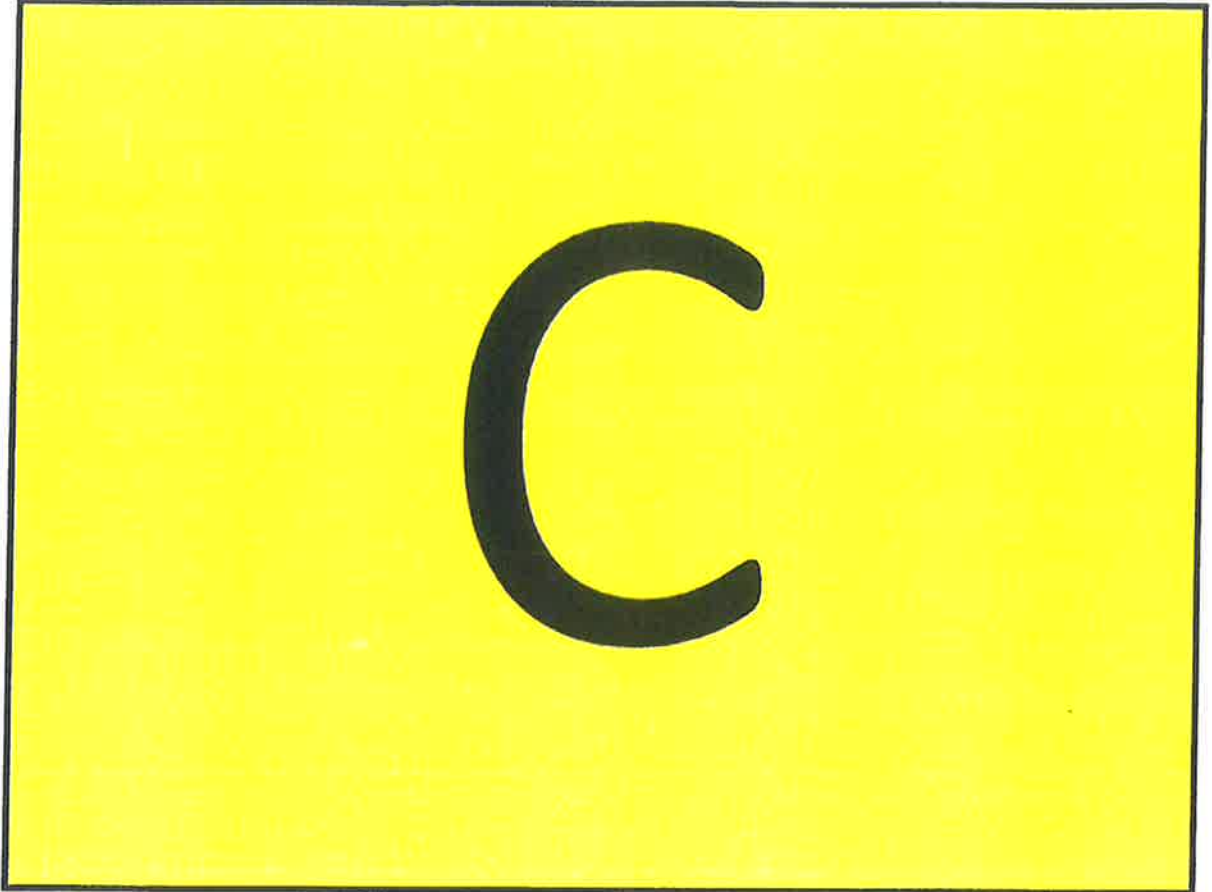
Postage
\$ _____
Total P&H \$ _____

Sent To
\$ _____
Street # _____
City, Sta _____

**Burlington Resources Oil & Gas
Company, LP**
600 W Illinois
Midland, TX 79701

Postmark Here

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
Street
City, State

**Chevron USA, Inc.
1111 Bagby Street, Attn: Land Dept.
Houston, TX 77002**

Postmark Here

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
Street
City, State

**Childress Royalty Company
PO Box 66
Joplin, MO 64802**

Postmark Here

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

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
Street
City, State

**Citation Oil & Gas Corp.
14077 Cutten Road
Houston, TX 77069**

Postmark Here

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

9589 0710 5270 0389 0503 72

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage
\$

Sent To
Street
City, State

**ConocoPhillips Company
600 W Illinois
Midland, TX 79701**

Postmark Here

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9589 0710 5270 0389 0503 89

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Certified Mail Fee
\$

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

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

Postage
\$

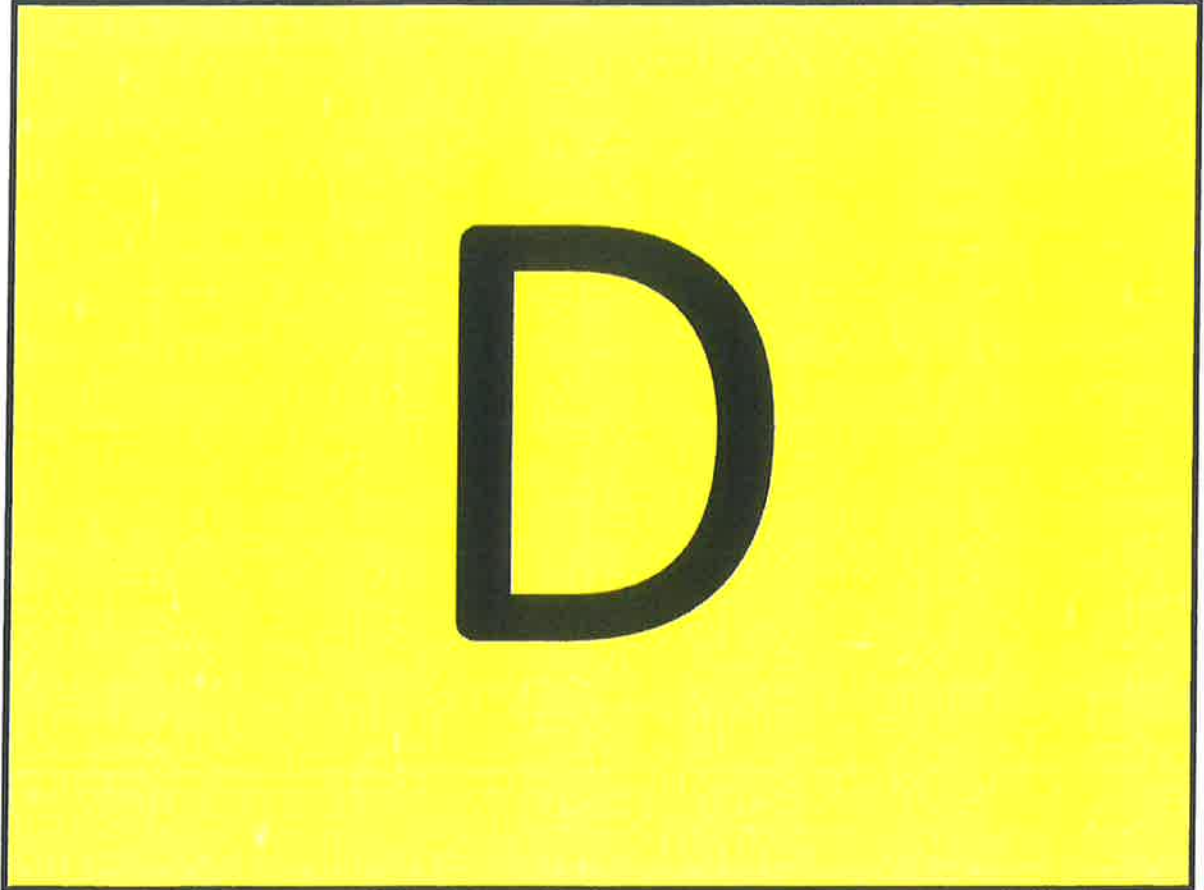
Total Postage
\$

Sent To
Street
City, State

**Corrigan Southern Land and Cattle
Company, LLC
8117 Preston Rd, Ste 610
Dallas, TX 75225**

Postmark Here

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



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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 P \$

Sent To: \$

Street: _____

City, St: _____

Postmark Here: JUN 2024

Darrell Jones
 100 S. Main Street, Suite 221
 Duncanville, TX 75116

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9589 0710 5270 0389 0504 02

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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 P \$

Sent To: \$

Street: _____

City, St: _____

Postmark Here:

Debra Kay Primera
 PO Box 28504
 Austin, TX 78755

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9589 0710 5270 0389 0504 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 P \$

Sent To: \$

Street: _____

City, St: _____

Postmark Here:

Debra Purser Wyse
 PO Box 2008
 Cedar Park, TX 78630

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

9589 0710 5270 0389 0504 26

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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 P \$

Sent To: \$

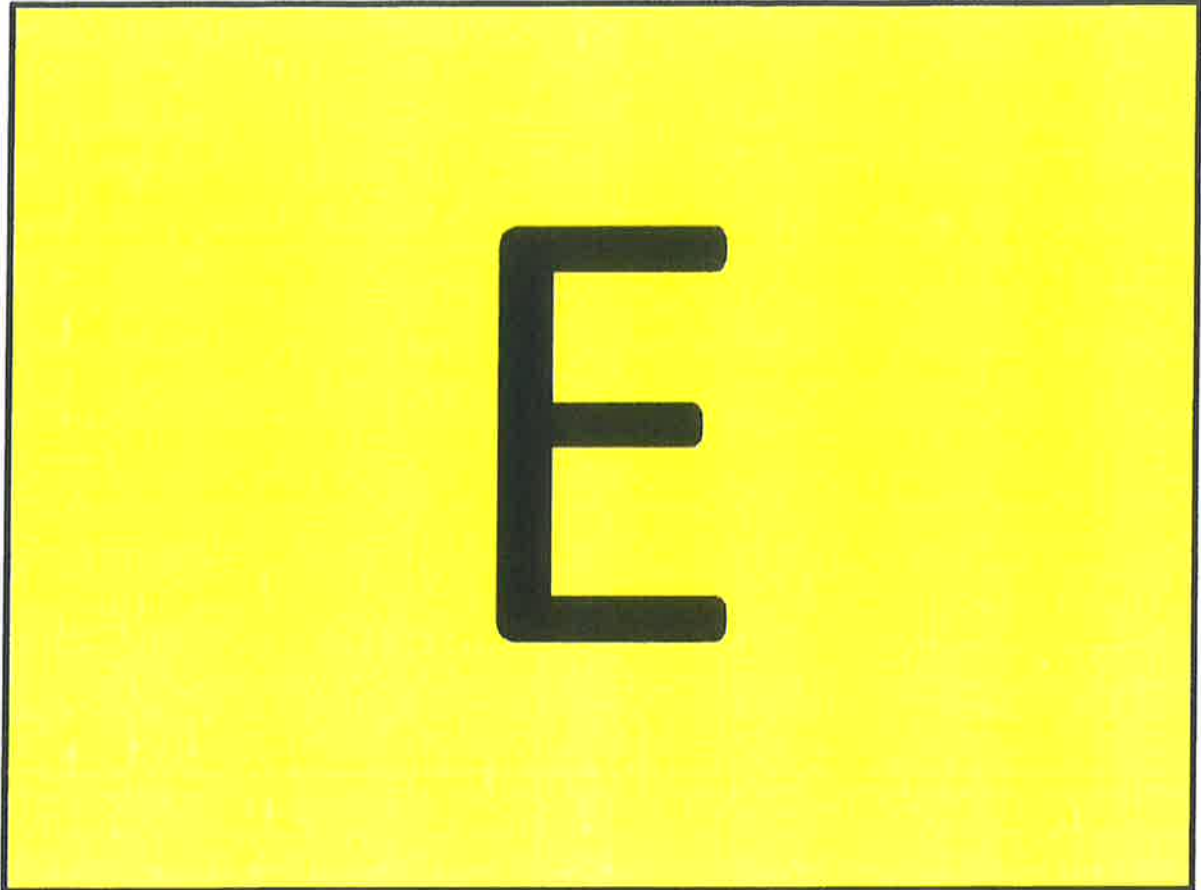
Street: _____

City, St: _____

Postmark Here:

Donald Payne Warren
 1614 S College Ave
 Tyler, TX 75701

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



9589 0710 5270 0389 0504 33

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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 Pos \$

Sent To

Street/Unit

City, State

Postmark Here

**Energy Acumen, LLC
4912 W 137th Place
Hawthorne, CA 90250**

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

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\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Pos \$

Sent To

Street/Unit

City, State

Postmark Here

**Ernmar Investments, Inc.
PO Box 6492
Edmond, OK 73083**

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

9589 0710 5270 0389 0504 57

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Pos \$

Sent To

Street/Unit

City, State

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**Estate of Ruth Sutton, Deceased
2826 Moss
Midland, TX 79705**

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Pos \$

Sent To

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City, State

Postmark Here
JUN 2024
Hawthorne, CA 90250

**Everett Coon, Jr.
4925 Greenville Ave, Ste 500
Dallas, TX 75206**

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Pos \$

Sent To

Street/Unit

City, State

Postmark Here

**ExxonMobil Corporation
22777 Springwoods Village Pkwy
Spring, TX 77389**

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





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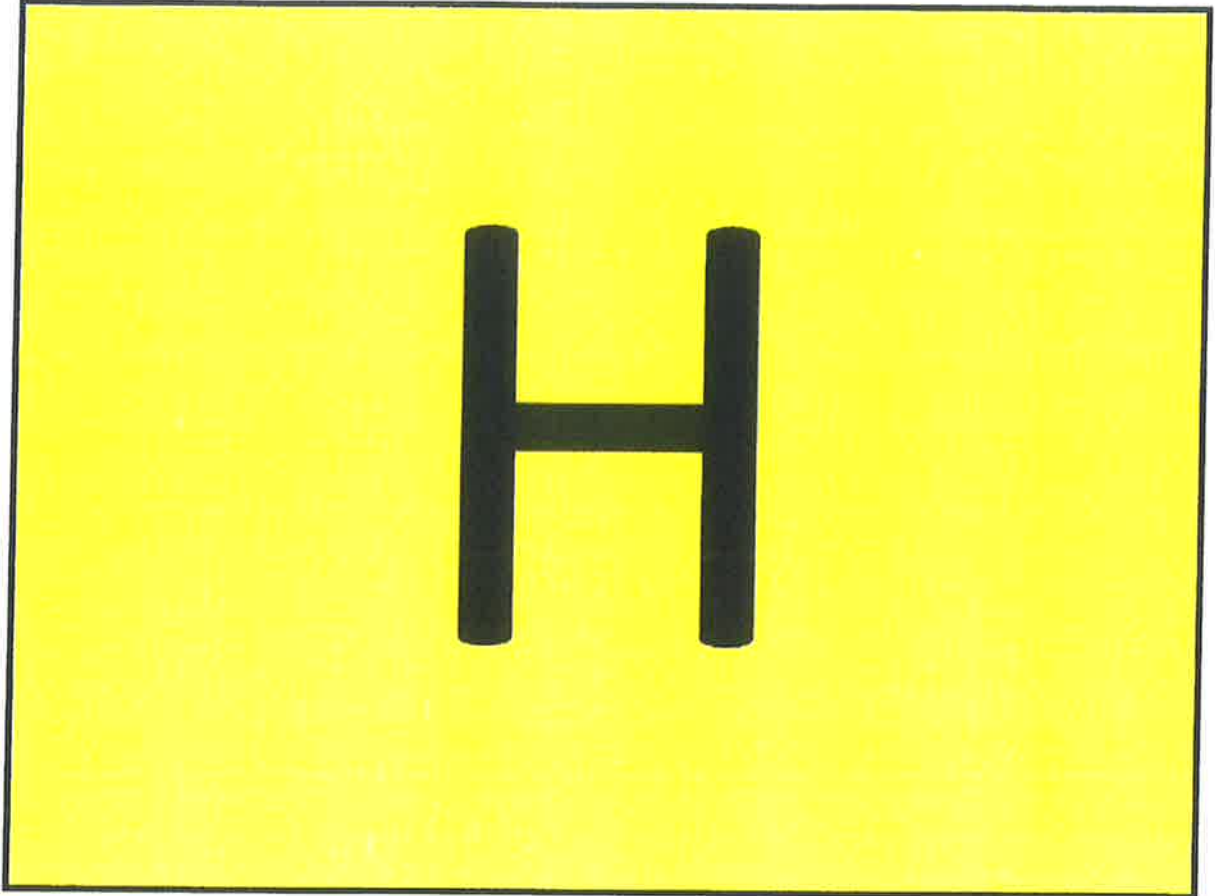
For delivery information, visit our website at www.usps.com®.

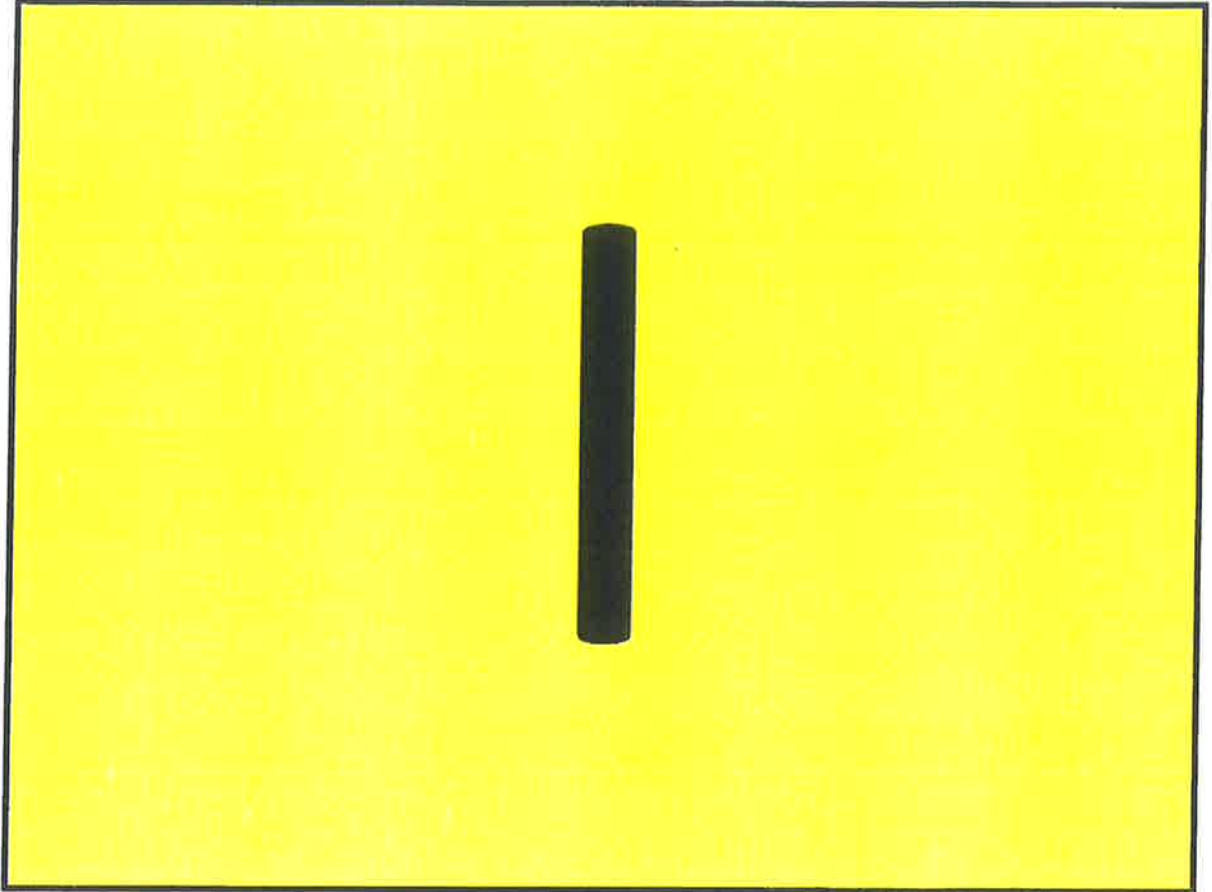
Certified Mail Fee	
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Extra Services & Fees (check box, add fee as appropriate)	
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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery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

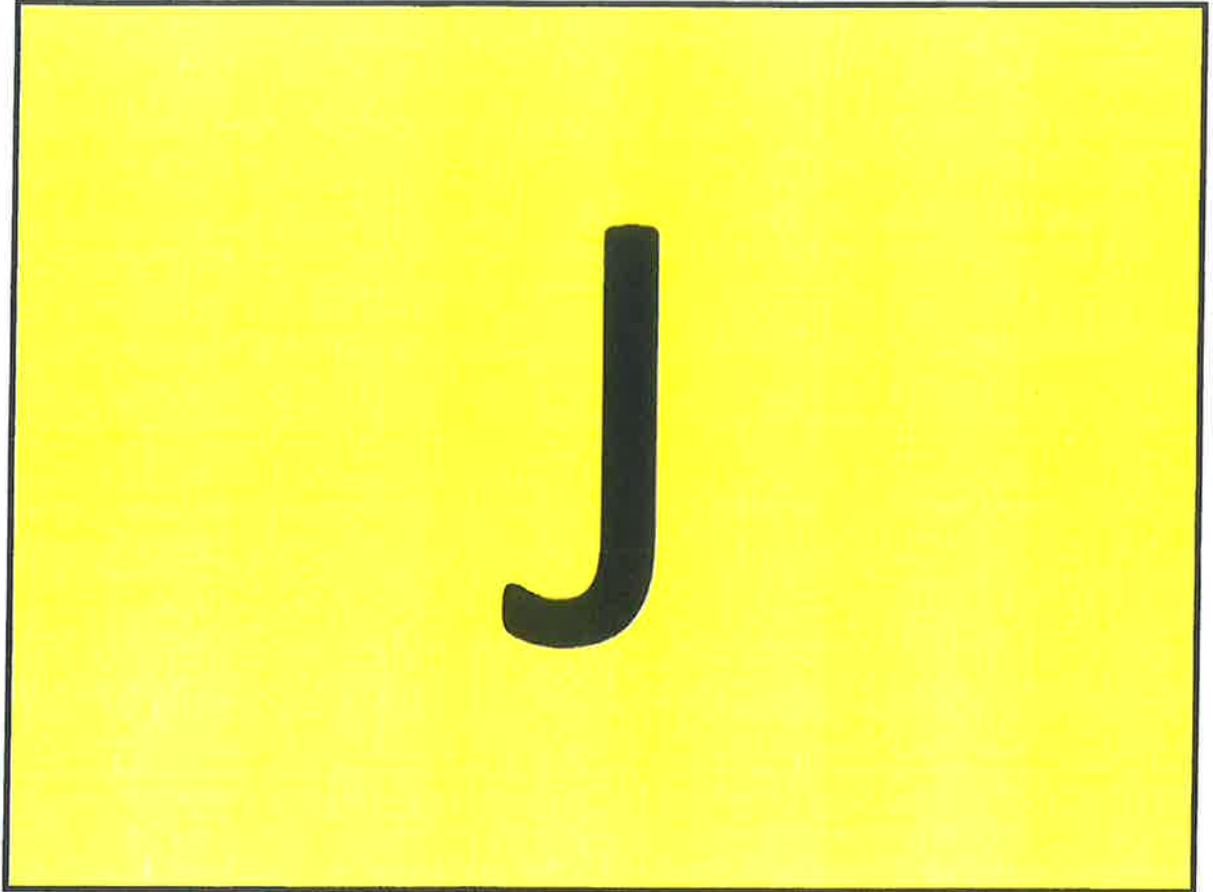
Postmark Here

Gonzales Royalties c/o Larry D. Finch
PO Box 237
Gonzales, TX 78629

PS Form 3800, January 2008 PSN 7530-02-000-9077 300 REVIEWS OF INSTRUCTIONS







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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total
\$

Sent To
\$

Street

City

**Jal Public Library Fund
PO Box 178
Jal, NM 88252**

Postmark Here

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total
\$

Sent To
\$

Street

City

**James A. Davidson
PO Box 494
Midland, TX 79702**

Postmark Here

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9589 0710 5270 0389 0505 18

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total
\$

Sent To
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Street

City

**James E. Burr
PO Box 8050
Midland, TX 79708**

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9589 0710 5270 0389 0505 25

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Return Receipt (hardcopy) \$

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total
\$

Sent To
\$

Street

City

**James E. Gray
20000 S Highway 59
Siloam Springs, AR 72761**

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9589 0710 5270 0389 0505 32

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Return Receipt (hardcopy) \$

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total
\$

Sent To
\$

Street

City

**Jeanette Singleton Cloyd
6 Pinewood Circle
Houston, TX 77024**

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9589 0710 5270 0389 0505 49

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total
\$

Sent To
\$

Street

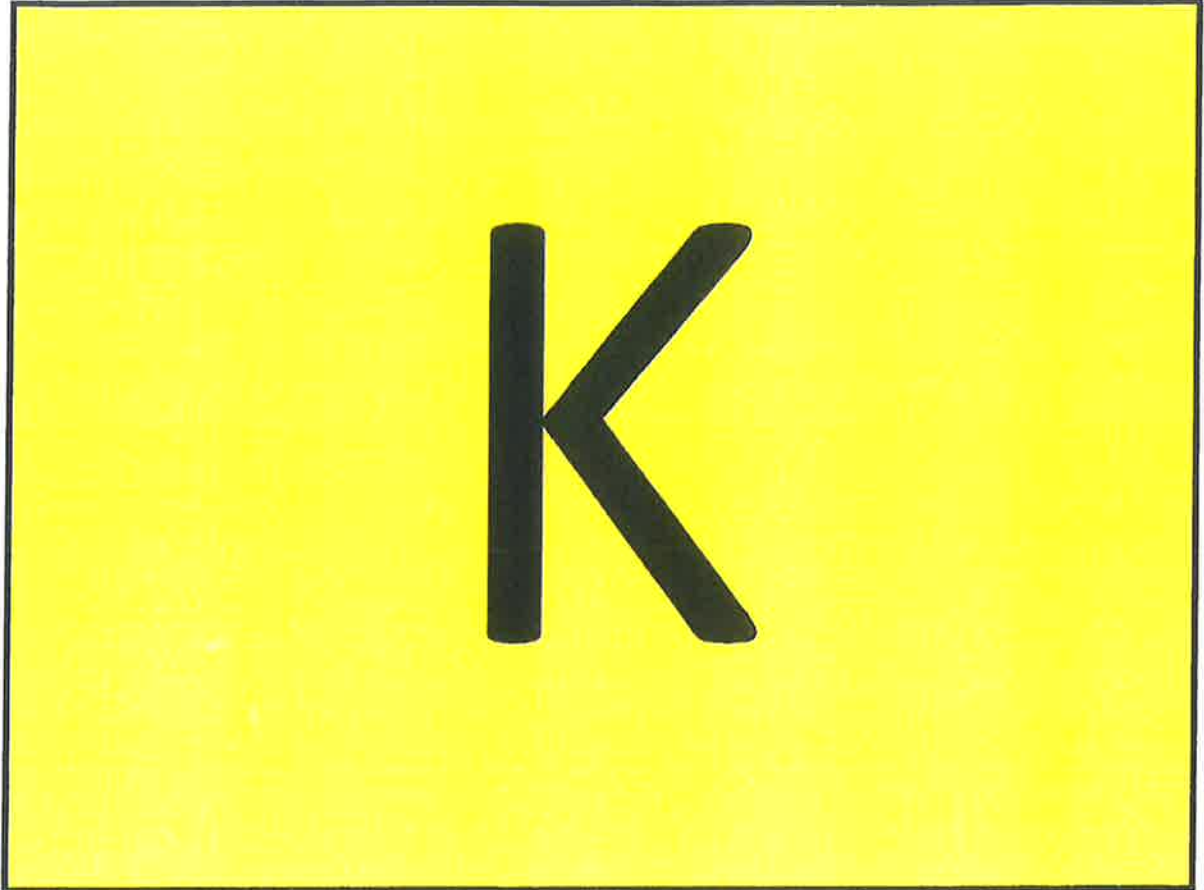
City

**John Warren Purser
8705 Camelia Ln
Austin, TX 78759**

Postmark Here

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

Ex.A-8-506



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Extra

<input type="checkbox"/> Return Receipt (hard copy)	\$ _____	Postmark Here
<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 F \$ _____

Sent To: _____

Street _____

City, ST _____

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

Kimbell Royalty Holdings, LLC
777 Taylor Street, Suite 810
Fort Worth, TX 76102



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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent to \$

Street

City

Postmark Here

Larry A. Nermyr
900 33rd Ave SW, Apt 15
Minot, ND 58701

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent to \$

Street

City

Postmark Here

Leigh M. Cerboskas
PO Box 2346
Gallup, NM 87305

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent to \$

Street

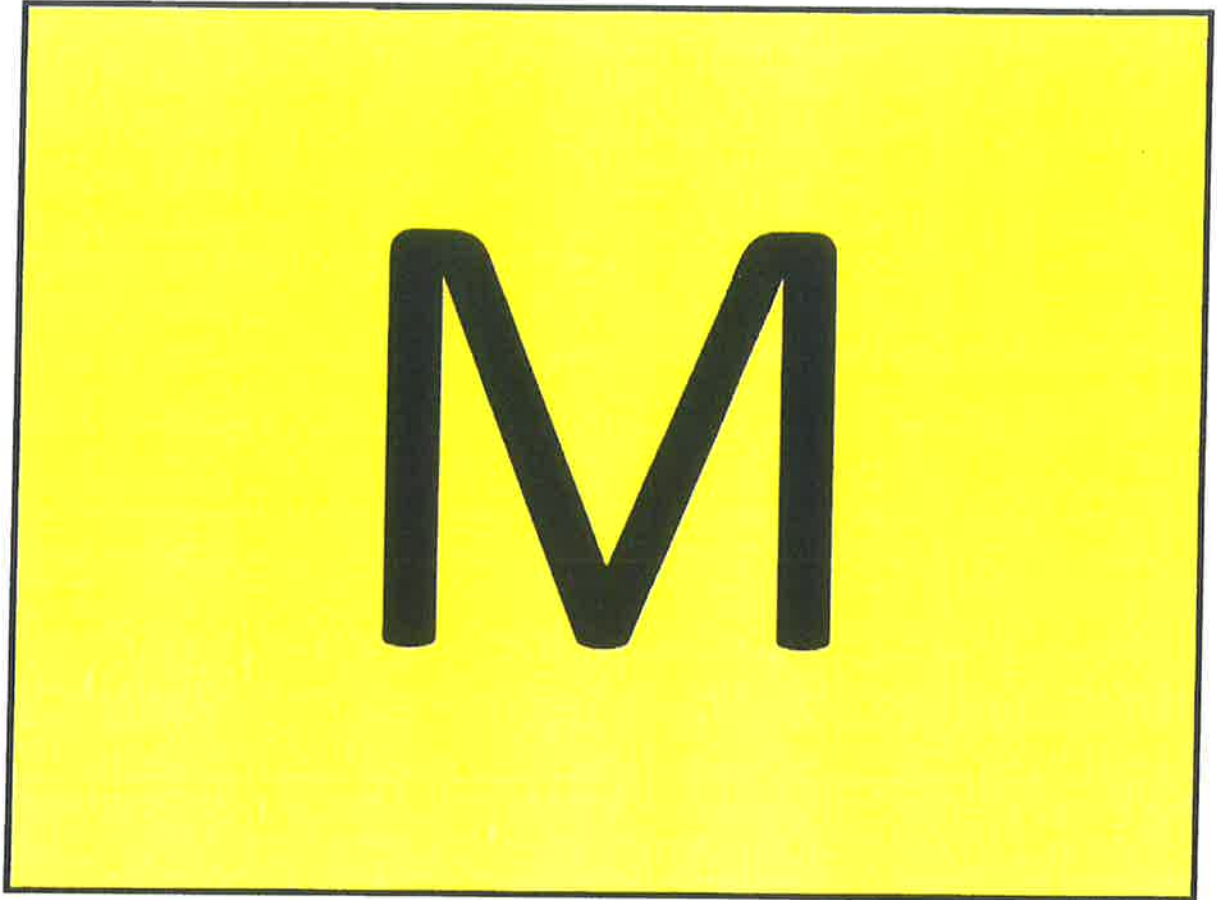
City

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Lomoco, Inc
PO Box 6007
Tyler, TX 75711

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Ex.A-8-510



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Adult Signature Restricted Delivery \$

Postage
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City

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MetroCare Services
1345 River Bend, Suite 200
Dallas, TX 75247

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Adult Signature Restricted Delivery \$

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Street

City

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Michelle Holder
102 Oak Bluff Lane
May, TX 76857

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total P
\$

Sent To
\$

Street

City

Postmark Here

**Mobil Producing Texas & New Mexico
Inc.**
22777 Springwoods Village Pkwy
Spring, TX 77389

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total
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Sent To
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Street

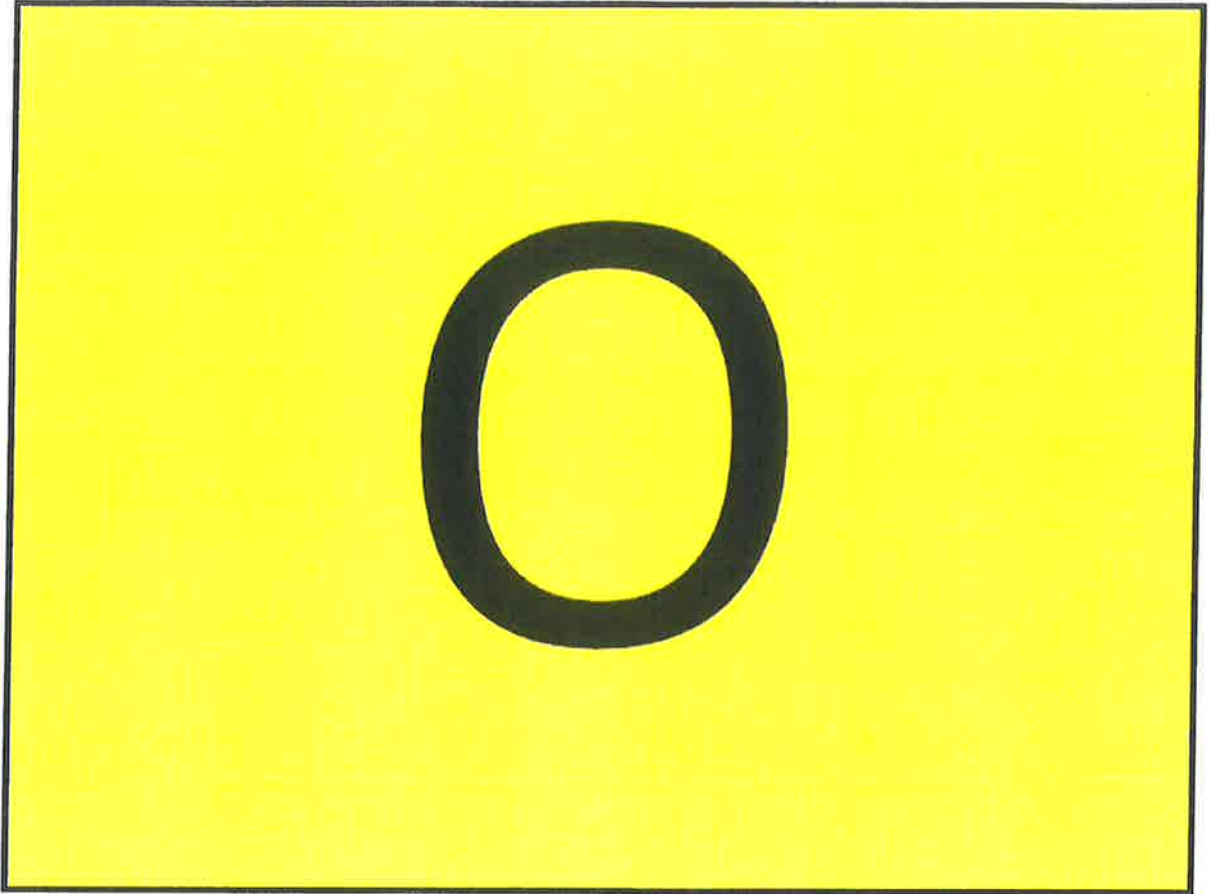
City

Postmark Here

Montgomery Petroleum, Inc.
1020 E Levee St, Ste 130
Dallas, TX 75207

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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
 \$ Tot _____
 \$ Sec _____
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 City _____

OXY USA WTP LP
5 Greenway Plaza, Ste 110
Houston, TX 77046

Postmark
 JUN 20 2024

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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	\$	

Postmark Here

Postage

\$ Total

\$ Sent

Street

City

**Patrick Edward Corrigan Family
 Partnership, LLLP
 PO Box 643726
 Vero Beach, FL 32964**

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

Postmark Here

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\$ Total

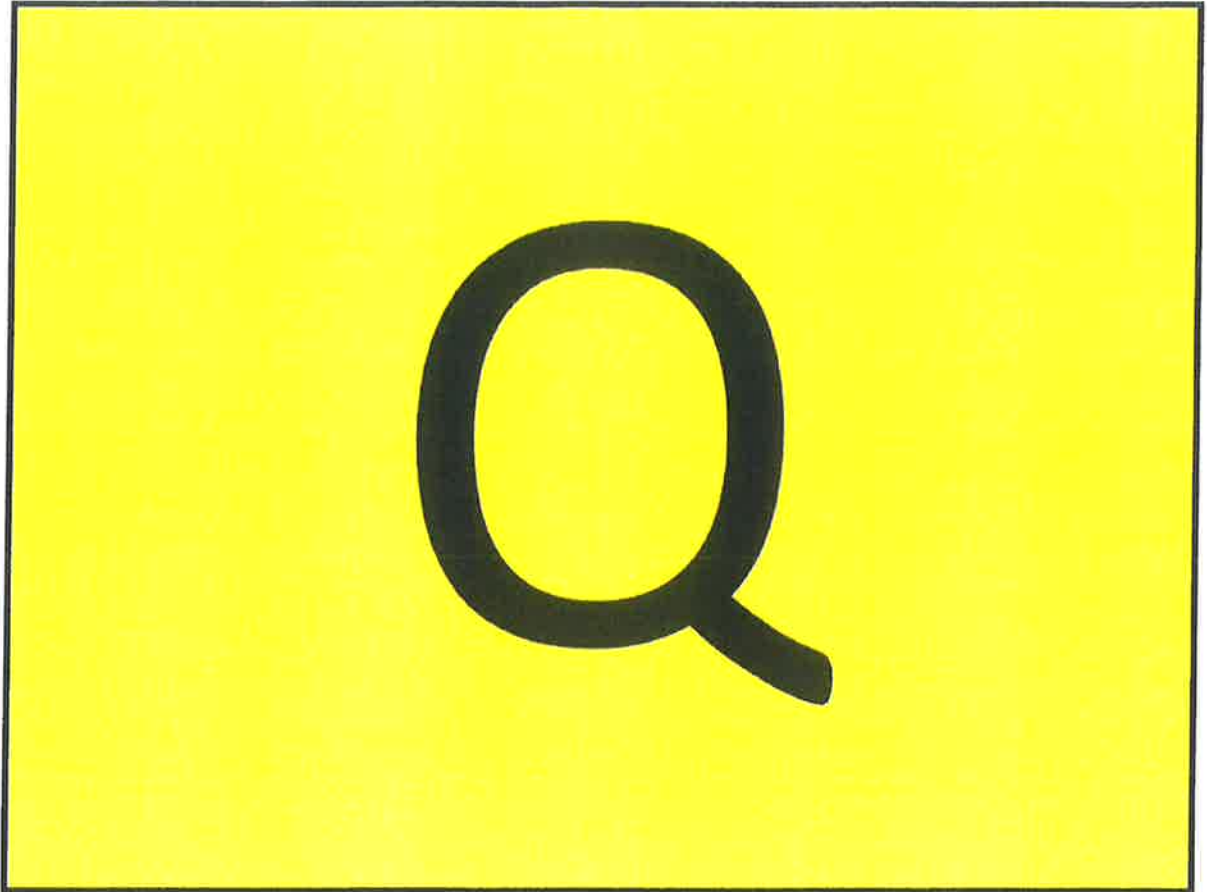
\$ Sent

Street

City

**Purnell Morrow Company
 PO Box 823560
 Dallas, TX 75382**

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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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Ricky D. Raindl
PO Box 142454
Irving, TX 75014

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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
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Robert Mitchell Raindl
PO Box 853
Tahoka, TX 79373

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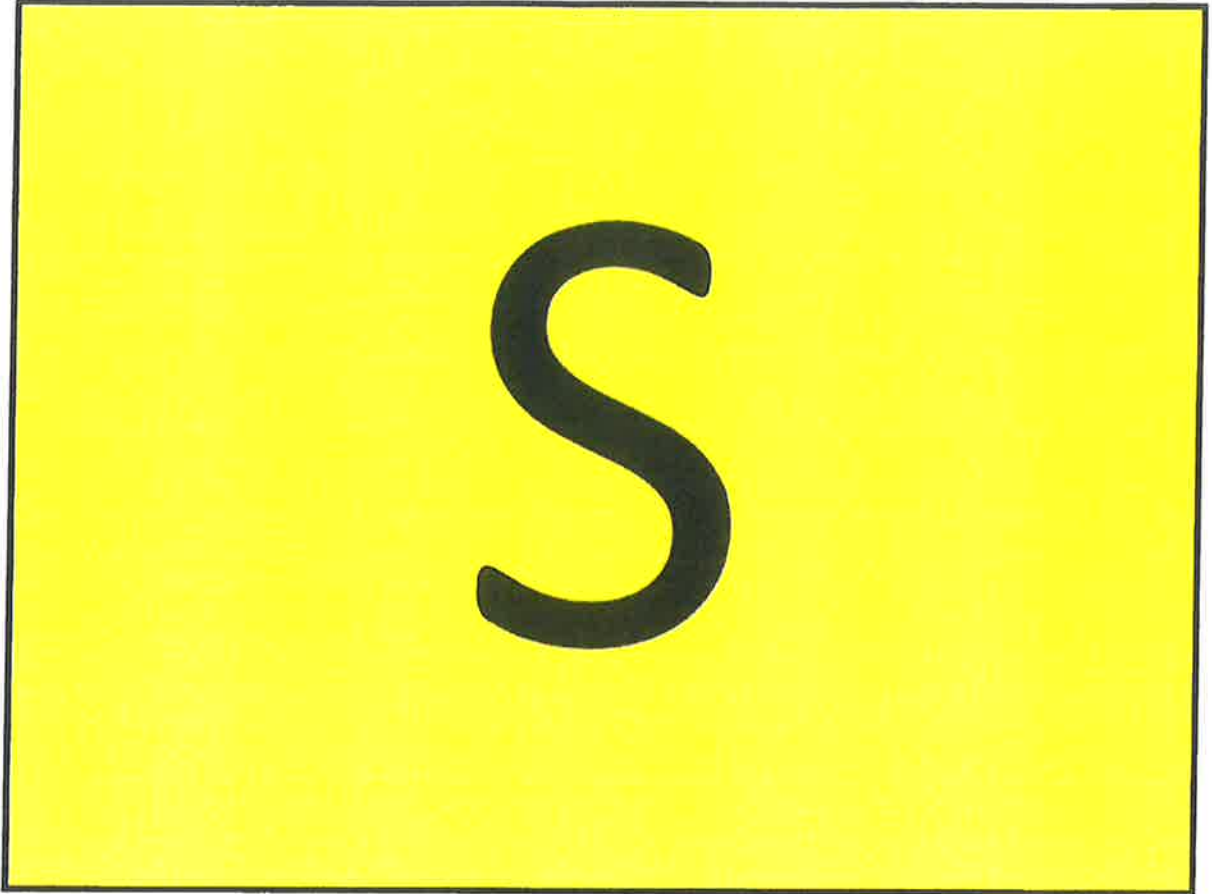
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery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

Postage
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Russell T. Rudy Energy, LLC
5701 Woodway Dr, Ste 346
Houston, TX 77057

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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
 \$ _____

Sam D. Ares and C.M. Eiffert
221 La Vista Rd.
Gatesville, TX 76528

Total Postage
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Street or

City, State

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	Postmark Here
<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
 \$ _____

Source Energy Leasehold, LP
211 E 7th S., Ste. 620
Austin, TX 78701

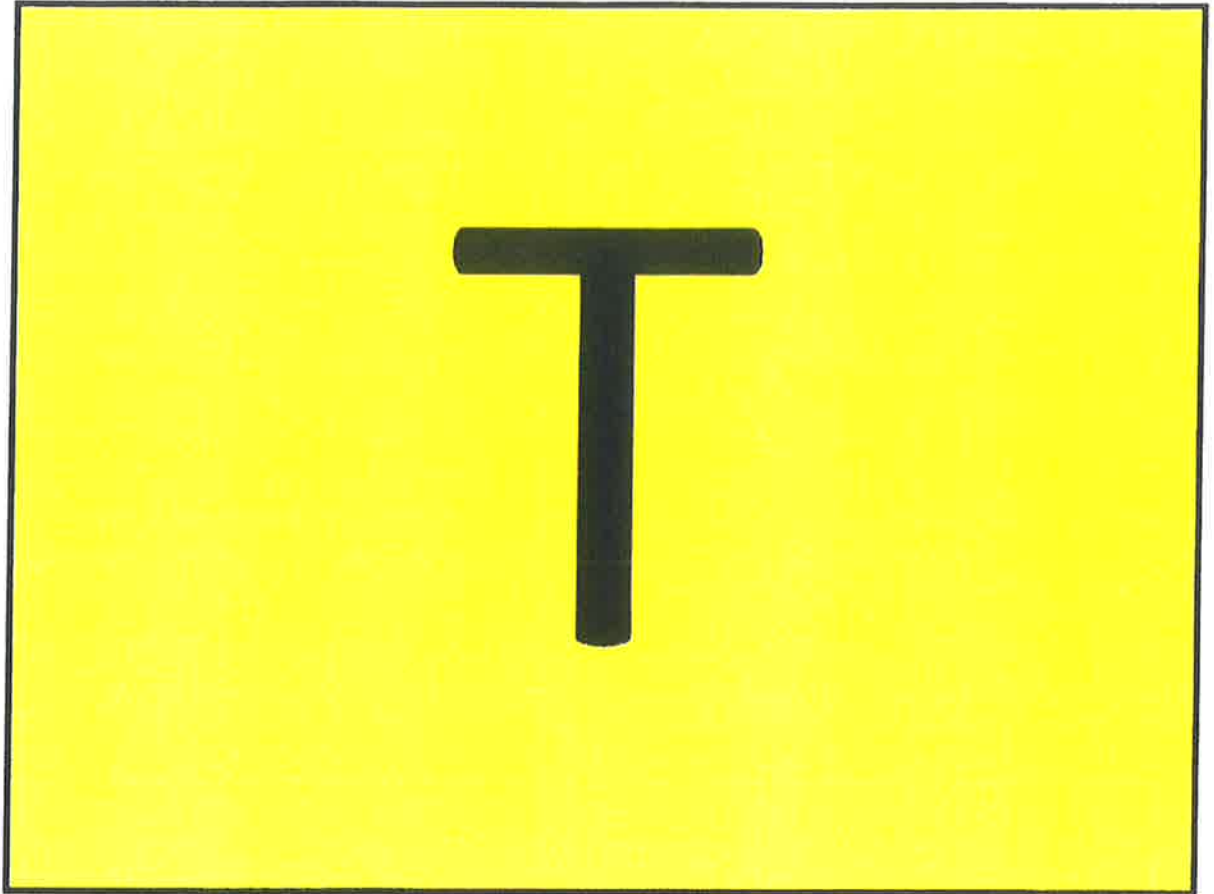
Total Postage
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Street or

City, State

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

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Postage
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Total P
 \$ _____

Sent To
 Street _____
 City, St _____

**The Corrigan-Goddard Ranch Family
 Limited Partnership
 8117 Preston Rd, Ste 610
 Dallas, TX 75225**

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Postage
 \$ _____

Total P
 \$ _____

Sent To
 Street _____
 City, St _____

**The Phipps Living Trust
 11709 Southerland Dr
 Denton, TX 76207**

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Postage
 \$ _____

Total P
 \$ _____

Sent To
 Street _____
 City, St _____

**Tommy Phipps
 11709 Southerland Dr
 Denton, TX 76207**

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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

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Total P
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 Street _____
 City, St _____

**TREK Resources Inc
 1020 E Levee St Ste 130
 Dallas, TX 75207**

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

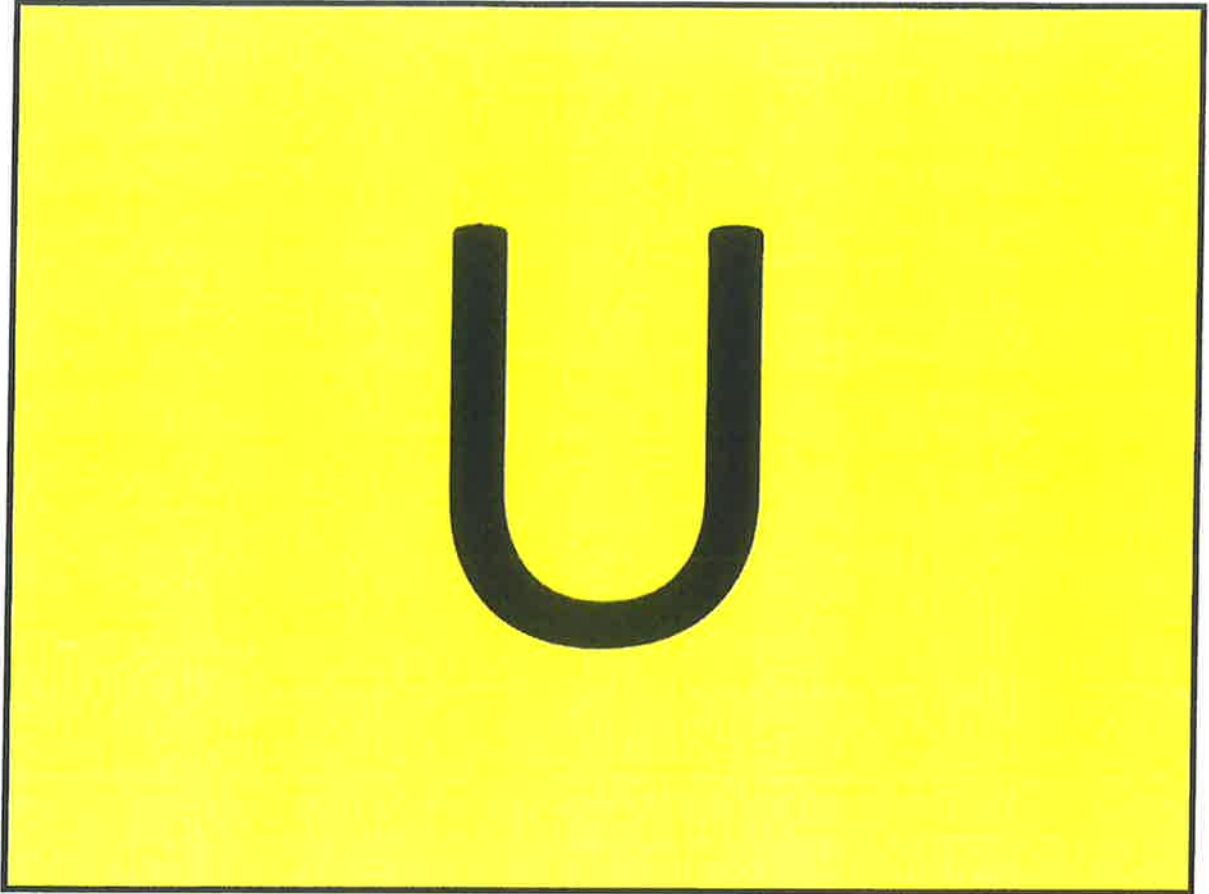
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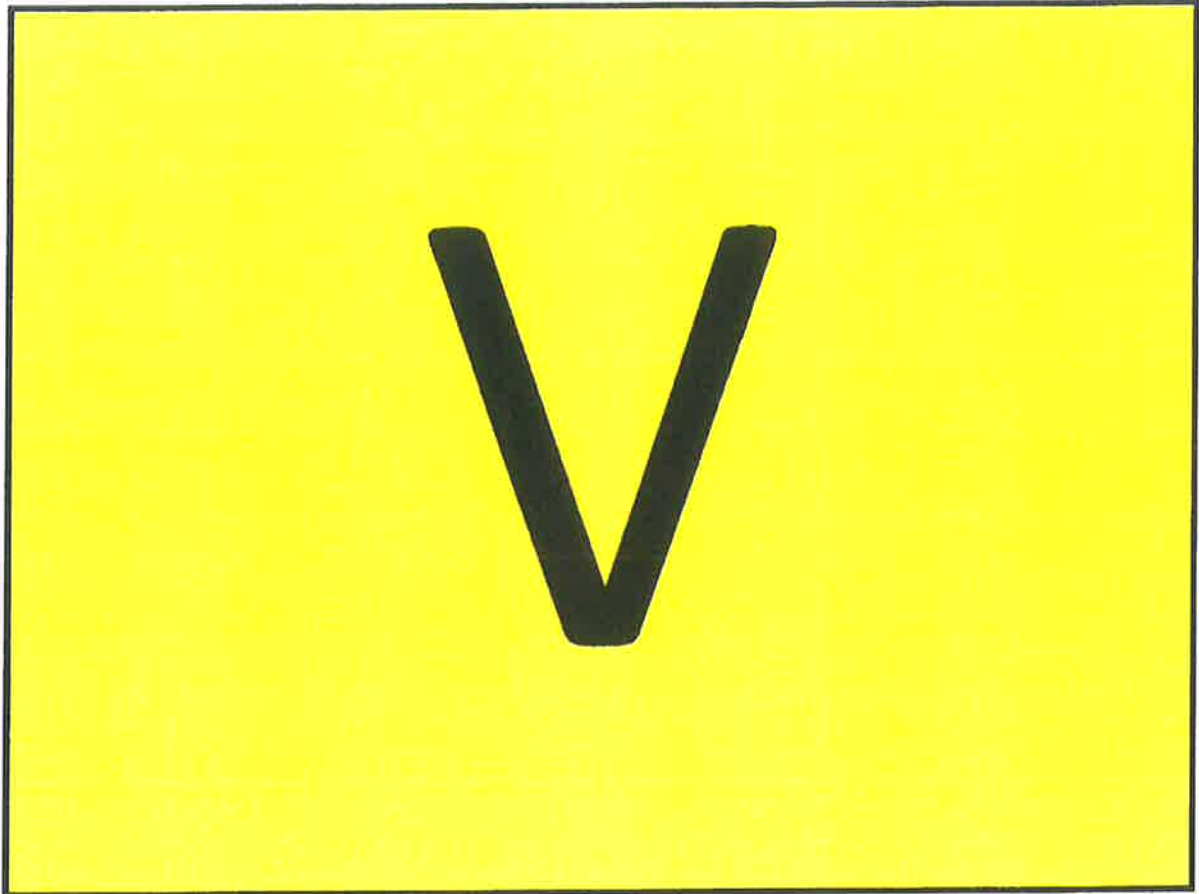
Total P
 \$ _____

Sent To
 Street _____
 City, St _____

**Tritex Production Company
 2882 Sandhill Rd, #117
 Menlo Park, CA 94025**

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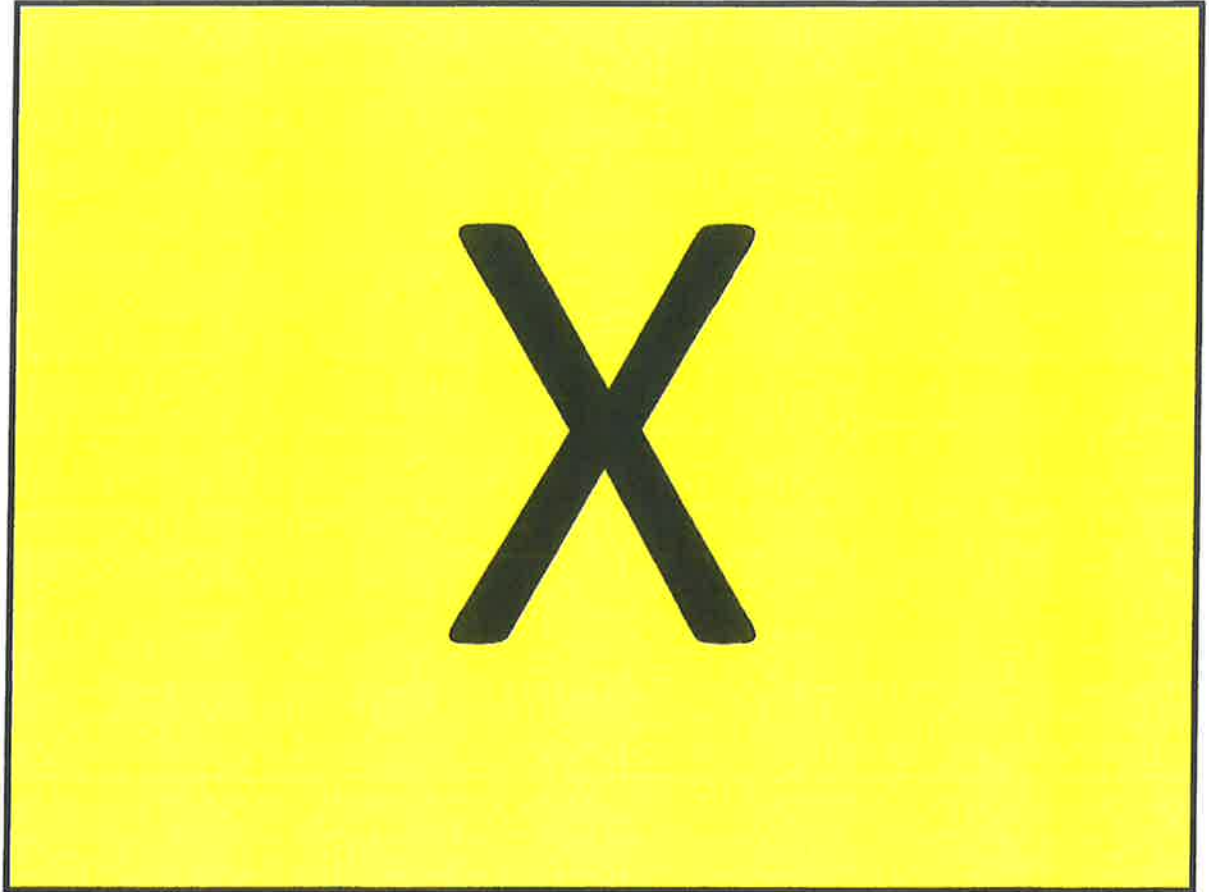
Extra Services & Fees (check box, add fee as appropriate)

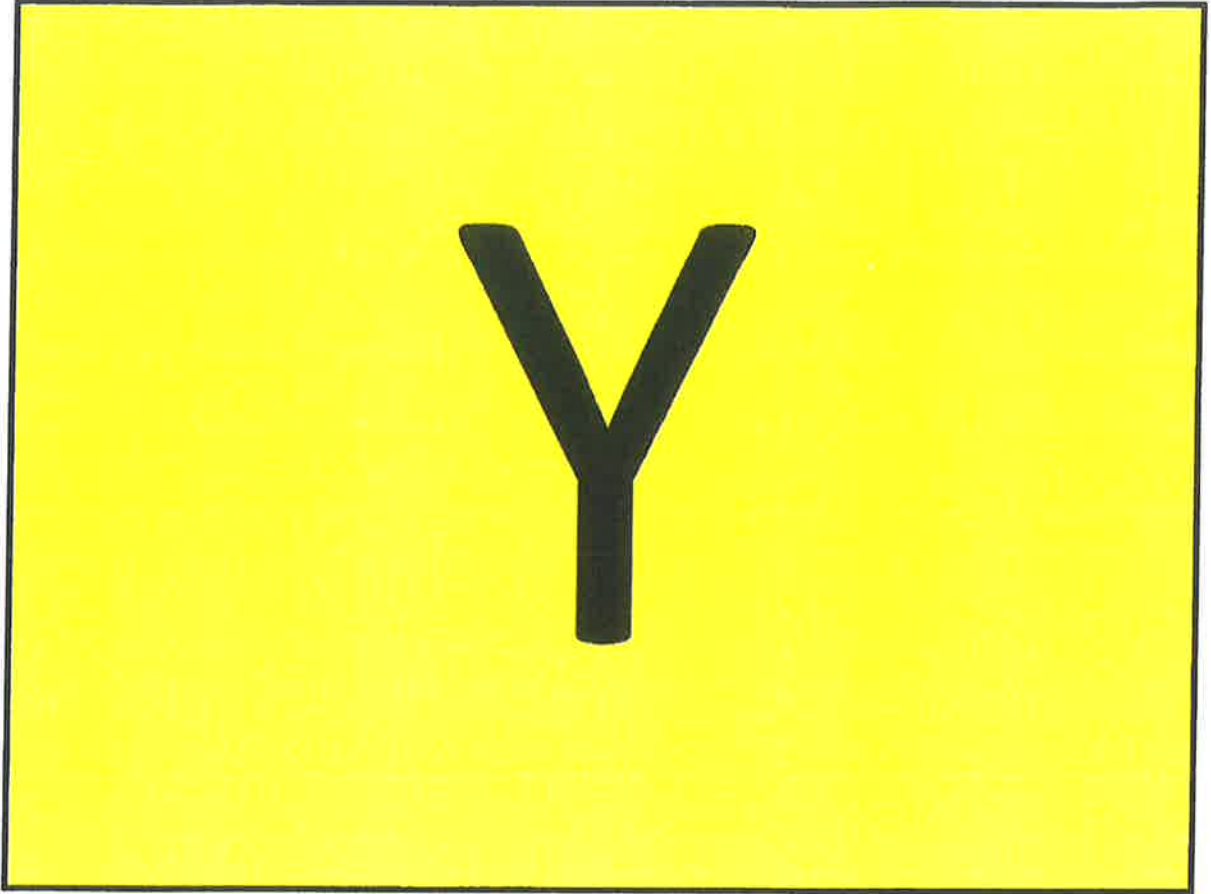
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	Postmark Here
<input type="checkbox"/> Return Receipt (electronic)	\$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	
<input type="checkbox"/> Adult Signature Required	\$ _____	
<input type="checkbox"/> Adult Signature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

Postage \$ _____

William Edwin Warren
1413 Teaberry Court
Plano, TX 75093

PS Form 3800, January 2023 PSN 7510-02-000-9047 See Reverse for Instructions







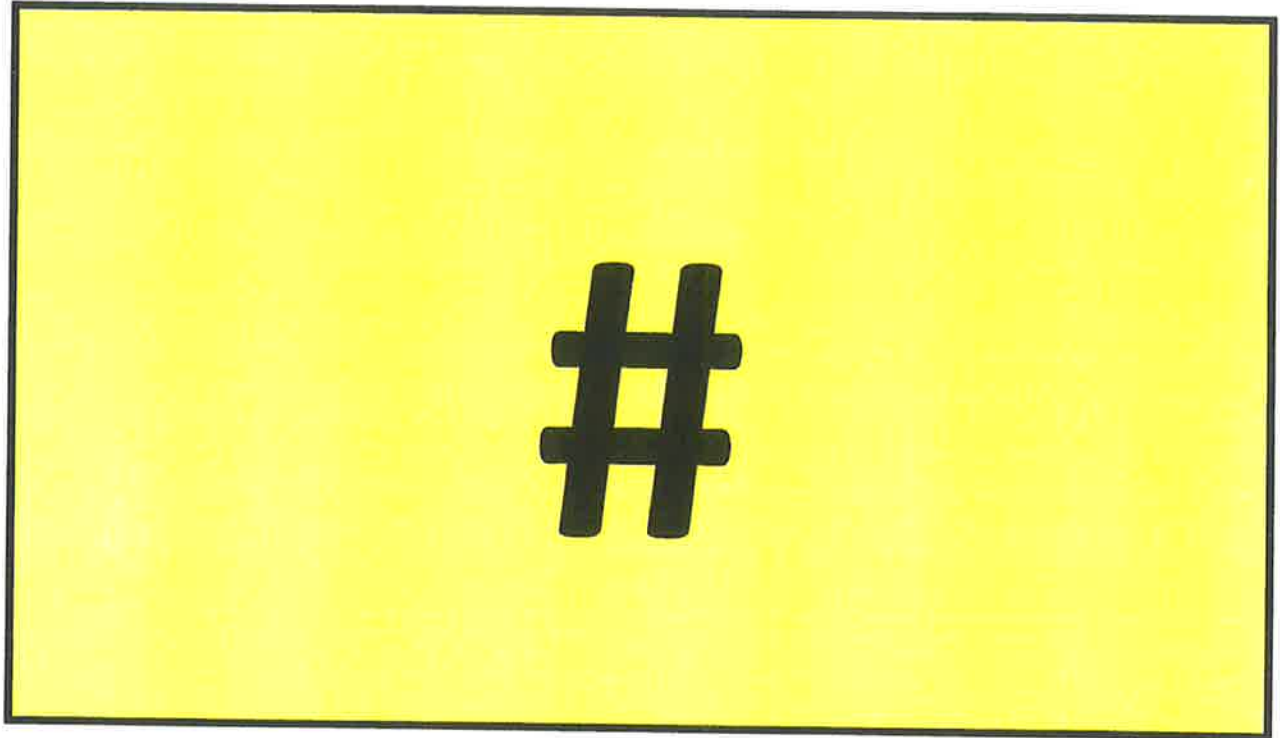
NJU Hearing Notice Mailing

June 6, 2024

Returned Green Cards

Royalty Interest Owners

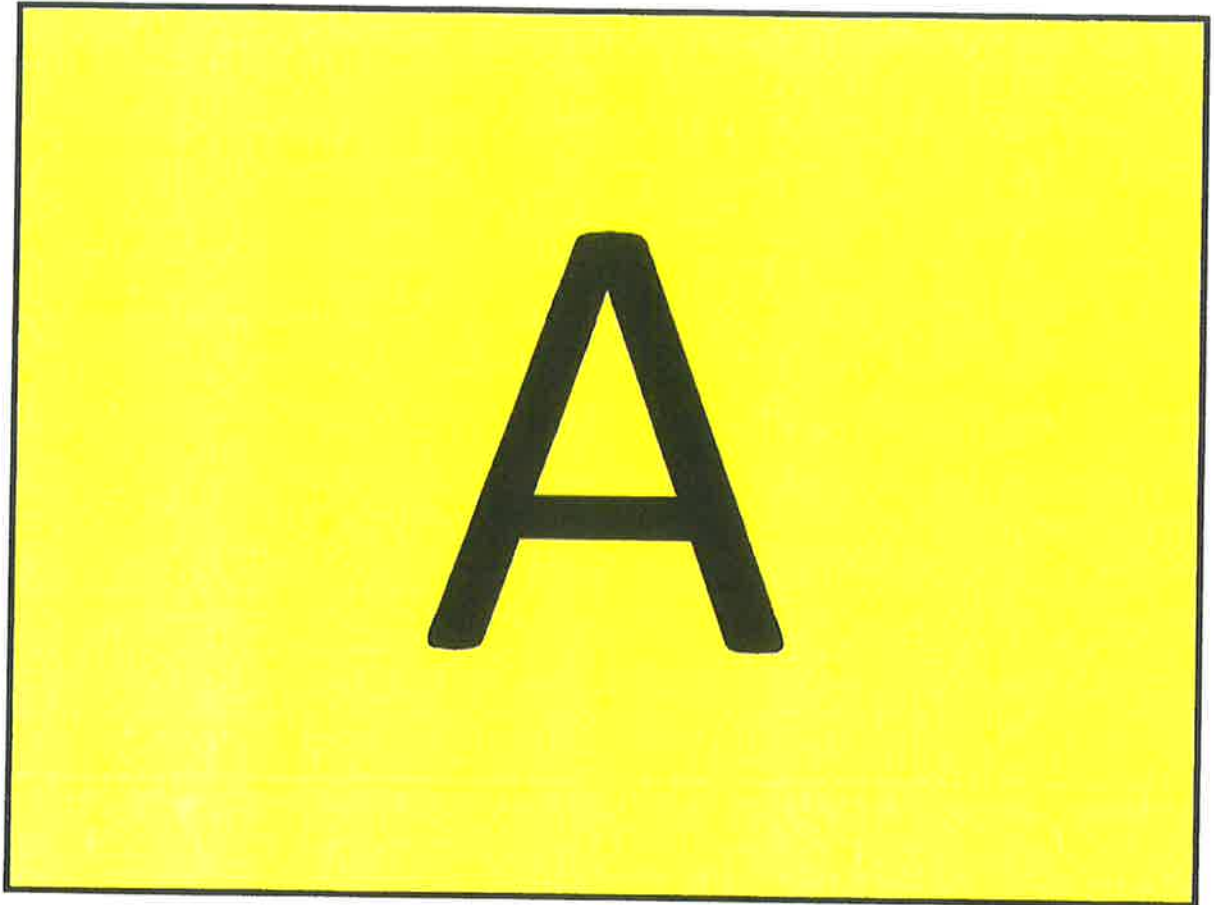
Ex.A-8-532



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>J.A. Nicholson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>James A. Nicholson</i> <i>6/11/24</i></p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">180 Petroleum Inc PO Box 1797 Manchaca, TX 78652</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;">  9590 9402 8851 4005 3071 02 </div> <p>2 Article Number (Transfer from service label) 9589 0710 5270 0131 7058 95</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (0)</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"/> Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (0)	
<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 (0)																	

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

Domestic Return Receipt




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>Alvin Jones</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>8-10</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Albert C. Jones 4424 Kingston Amarillo, TX 79109</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7077 90</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"/> Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


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>Andries Metter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Andries Metter</i> C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Alvin Carlton Metter 2024 E. Fifth Street Tyler, TX 75701</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7077 76</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"/> Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>Alvin Luskey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Alvin Luskey 4433 Dunwick Fort Worth, TX 76109</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7077 69</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	


Ex.A-8-536

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Harris</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: Amarillo National Bank, Successor Trustee of the Sally Birdsong Skaggs Revocable Trust dtd 12/30/2005 401 S. Taylor Street Amarillo, TX 79101</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7077 52</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</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><input type="checkbox"/> J Mail <input type="checkbox"/> J Mail Restricted Delivery (\$500)</p>



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: Amarillo National Bank, Trustee of the Lolisa Horton Revocable Living Trust Agreement 401 S. Taylor Street Amarillo, TX 79101</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7077 45</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</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><input type="checkbox"/> J Mail <input type="checkbox"/> J Mail Restricted Delivery (\$500)</p>

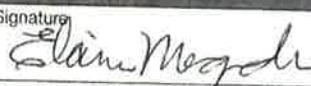
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: Amarillo National Bank, Trustee of The Sally Ingerton Grantor Trust 401 S. Taylor Street Amarillo, TX 79101</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7077 38</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</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><input type="checkbox"/> J Mail <input type="checkbox"/> J Mail Restricted Delivery (\$500)</p>


Ex.A-8-537


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X </p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>National Bank, Trustee of the Susan Grantor Trust dtd 3/16/1984 401 S. Taylor Street Amarillo, TX 79101</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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7077 21</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Amy C. Davenport PO Box 10422 Midland, TX 79702</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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7077 14</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6.11.2024</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Andector Exploration Company P.O. Box 11250 Midland, TX 79702</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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7077 07</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>


Ex.A-8-538


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>1. Article Addressed to:</p> <p style="text-align: center;">Andries Emmons Metter 2024 E. Fifth Street Tyler, TX 75701</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;"> 9590 9402 8851 4005 3068 53</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7076 84</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</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	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
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<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	


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>1. Article Addressed to:</p> <p style="text-align: center;">Ann Hubbard Hollandsworth 2617 Arrowhead Dr, Abilene, TX 79606 Longview, TX 75606</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;"> 9590 9402 8851 4005 3068 77</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7076 60</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</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	
<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™																
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<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
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<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

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>1. Article Addressed to:</p> <p style="text-align: center;">Anna N. (Burgess) Thomas, deceased, Ida Grotie, successor 402 Roosevelt Rd Clarksburg, WV 26301</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;"> 9590 9402 8851 4005 3068 84</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7076 53</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</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	
<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																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	


Ex.A-8-539

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;">Apache Corporation 2000 Post Oak Blvd, Ste. 100 Houston, TX 77056</p>	
 9590 9402 8851 4005 3069 07	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7076 39</p>	<p>Mail Restricted Delivery (00)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

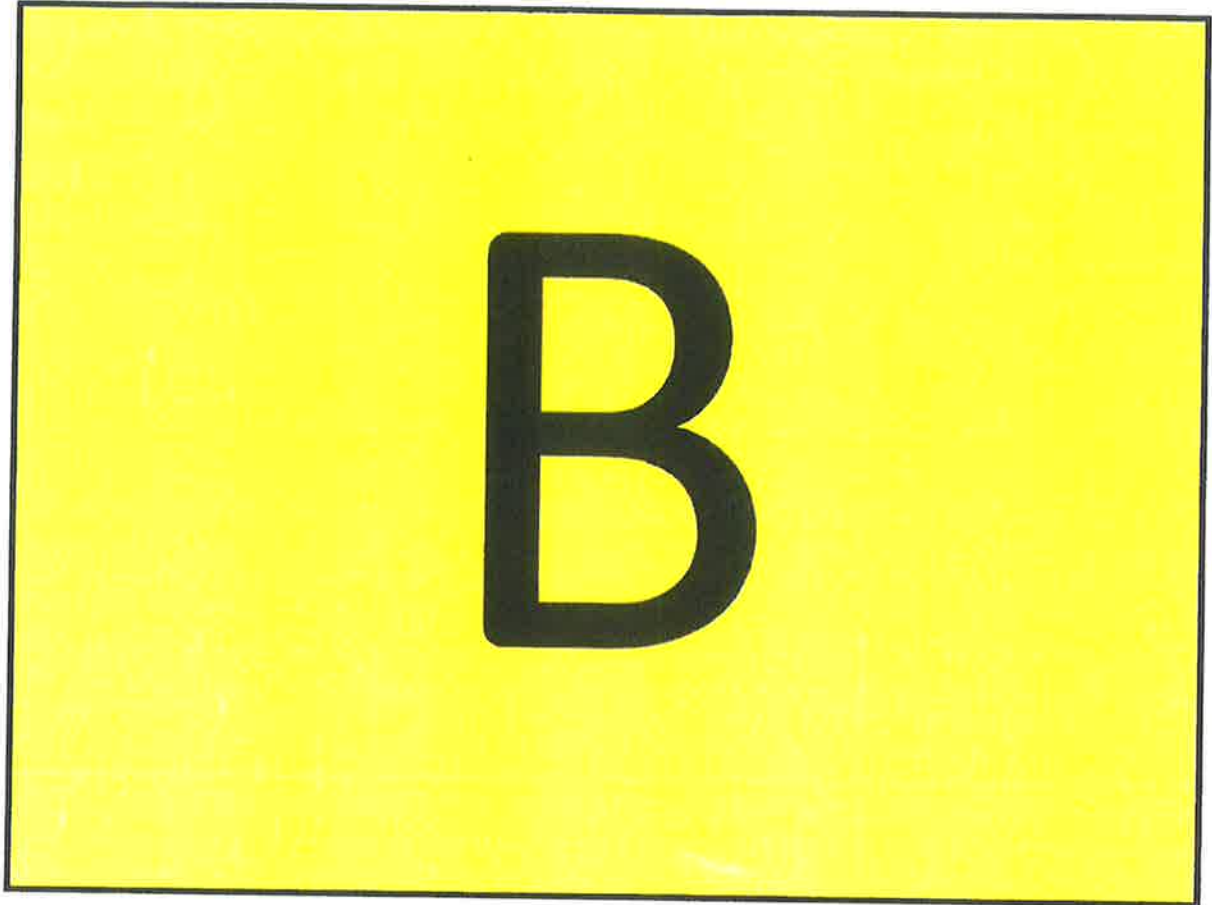
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <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 checked="" 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;">Arete Mineral Holdings, LLC 8334 W. Main Street #235 Norman, OK 73072 724 East Center Road Goldsby OK 73013</p>	
 9590 9402 8851 4005 3069 14	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7076 22</p>	<p>Mail Restricted Delivery (00)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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;">Athena Cargill 1312 Marita Dr Boulder City, NV 89005</p>	
 9590 9402 8851 4005 3069 21	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7075 78</p>	<p>Mail Restricted Delivery (00)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	

Ex.A-8-540

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, <i>or on the front if space permits.</i> 	<p>A. Signature <input checked="" type="checkbox"/> <i>Hayden Jordan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to:</p> <p style="text-align: center;">Acoma Energy, LLC 4411 98th St Lubbock, TX 79424</p>	<p>B. Received by (Printed Name) <i>Hayden Jordan</i></p>	<p>C. Date of Delivery <i>6/11/24</i></p>												
<p style="text-align: center;">  9590 9402 8851 4005 3067 23</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>													
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7078 13</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> </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"/> 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														
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>														

Ex.A-8-541



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:
 Barry Antweil
 12610 Stillwood Park
 Cypress, TX 77433



9590 9402 8851 4005 3069 38

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7075 85

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) Barry
 C. Date of Delivery Antweil 6/8

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 Benjamin Scott Cowan
 2325 E FM 20
 Lockhart, TX 78644



9590 9402 8851 4005 3069 52

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7076 08

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) M...
 C. Date of Delivery 1/25/21

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 Bernard Kemper Keever
 124 Furr Rd
 Kerrville, TX 78028



9590 9402 8851 4005 3069 69

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7076 15

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery


Ex.A-8-543


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>Skreker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Bernard Kemper Keever & Robert H. Mayse 124 Furr Rd Kerrville, TX 78028</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3069 76</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>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00) 	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


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>1. Article Addressed to: Bernice S. Luskey, Trustee of the Luskey Living Trust M2 38 Little Comfort Rd. Savannah, GA 31411</p>	<p>B. Received by (Printed Name) <i>Barry Luskey</i></p>	<p>C. Date of Delivery <i>6/18/24</i></p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3069 83</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>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00) 	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>Diana Puente</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Black Stone Minerals Co LP 1001 Fannin, Ste 2020 Houston, TX 77002</p>	<p>B. Received by (Printed Name) <i>Diana Puente</i></p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3064 40</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>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (00) 	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


Ex.A-8-544


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Michael Phipps</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Bob Phipps PO Box 3172 West Somerset, KY 75243</p>	B. Received by (Printed Name) <i>Michael Phipps</i>	C. Date of Delivery <i>6/11/24</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 8851 4005 3064 64	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7056 73	PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">BOKF, NA, Agent for The Oklahoma Medical Research Foundation PO Box 3499 Tulsa, OK 74101</p>	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 8851 4005 3064 88	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7056 59	PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Bonnie R Whiteman 3945 Genevieve St San Bernardino, CA 92405</p>	B. Received by (Printed Name) <i>Kameron M</i>	C. Date of Delivery <i>6-10-24</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 8851 4005 3064 95	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7056 59	PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

Ex.A-8-545

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Bradley Carson Miles, life tenant; Melanie Marie Miles Hirschfeld & Matthew Carson Cottingham Miles, Remaindermen 111 Sheraton Dr San Antonio, TX 78209</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>
 9590 9402 8851 4005 3065 01	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7056 35</p>	<p>all Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Breck Minerals LP PO Box 911 Breckenridge, TX 76424</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>
 9590 9402 8851 4005 3065 18	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7056 28</p>	<p>Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>BRP, LLC c/o NRP (Operating), LLC Attn: Natural Resources Partners, LP Chris Butler 5260 Irwin Road</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>

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:

Bureau of Land Management, New Mexico State Office
301 Dinosaur Trail
Santa Fe, NM 87508



9590 9402 8851 4005 3065 32

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7056 04

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x R Duran

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-10-24

D. Is delivery address different from item 1? Yes

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE
620 EAST GREEN STREET
CARLSBAD, NM 88220-6292

3. Service type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

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

Mail Restricted Delivery 500)

Domestic Return Receipt

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:

Burke Healey Trust
PO Box 100
Davis, OK 73030



9590 9402 8851 4005 3065 49

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7055 98

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Janet Healey

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/10/24

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

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

Mail Restricted Delivery 00)

Domestic Return Receipt

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:

Burlington Resources Oil and Gas Co
600 W Illinois
Midland, TX 79701



9590 9402 8851 4005 3065 56

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7055 A1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Isaac Villanueva

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-11

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

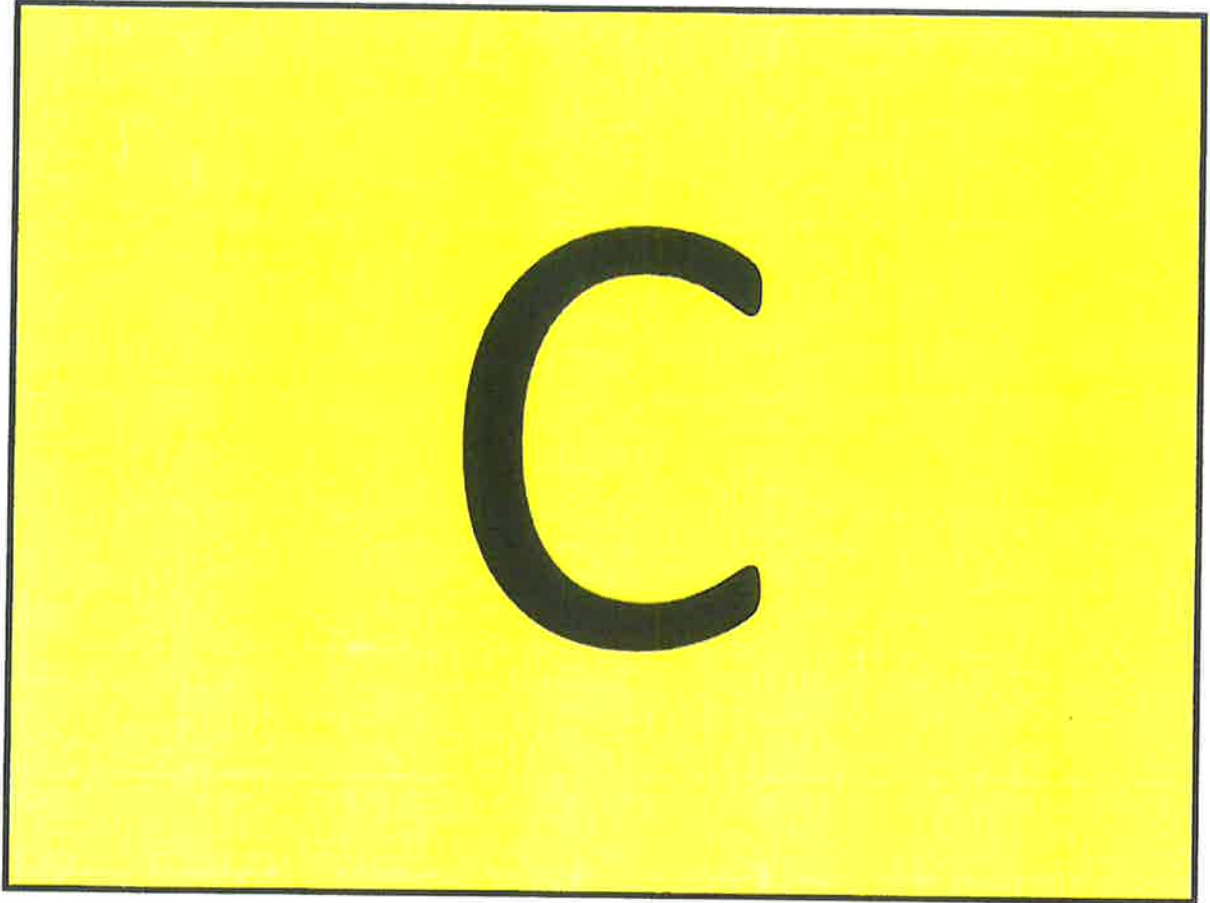
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery


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

Mail Restricted Delivery


Ex.A-8-547



Ex.A-8-548

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) Cameo Coleman</p> <p>C. Date of Delivery 6-10</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Cameo Cherie Stancliff 1412 Esther Dr Boulder City, NV 89005</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;"></p> <p style="text-align: center;">9590 9402 8851 4005 3065 70</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 67</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</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) Camilla H. Latady</p> <p>C. Date of Delivery 6/21/24</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Camilla H Latady 365 Azalea St Fairhope, AL 36663</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;"></p> <p style="text-align: center;">9590 9402 8851 4005 3065 87</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 50</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</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) Sophie Gloff</p> <p>C. Date of Delivery 6/11/24</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Carl B. and Florence E. Foundation 777 Taylor Street, PH P1A Fort Worth, TX 76102</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;"></p> <p style="text-align: center;">9590 9402 8851 4005 3065 94</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7055 43</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>

Ex.A-8-549

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Carl David Ganz, Jr. Family, LLC P.O. Box 65 Farmingdale, NY 11735</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3066 00</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail Restricted Delivery (0)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Carla Beren Trust 3713 Edgestone Dr Plano, TX 75093</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3066 17</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail Restricted Delivery (500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">CATOICO LLC c/o Vista Mineral Management 8620 N New Braunfels, Ste 425 San Antonio, TX 78217</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3066 55</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail Restricted Delivery (00)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

Ex.A-8-550

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>Charlotte Lange</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Charlotte Lange</i> C. Date of Delivery <i>6-17-24</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: Charlotte Jean Bedford Lange, Trustee of The Alann P. Bedford Trust 1235 Kingston Ave. Alexandria, VA 22302</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3070 10</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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>Anthony Allyn</i> C. Date of Delivery <i>6-11-24</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: Chevron USA, Inc. 1111 Bagby Street, Attn: Land Dept. Houston, TX 77002</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3070 27</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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>SKRANT HILL</i> C. Date of Delivery <i>6/10/2024</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Children's Medical Center of Dallas 1935 Medical District Drive Dallas, TX 75235</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3070 34</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>


Ex.A-8-551


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>1. Article Addressed to:</p> <p>Citation Oil & Gas Corp. 14077 Cutten Road Houston, TX 77069</p>	<p>B. Received by (Printed Name) RECEIVED</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3070 41</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>MAILROOM CITATION OIL AND GAS</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"/> Mail Restricted Delivery (00)</p>		
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>1. Article Addressed to:</p> <p>Cliff Family Mineral Interests, LLC 330 NW 13th Street Oklahoma City, OK 73103</p>	<p>B. Received by (Printed Name) Liz Mann</p> <p>C. Date of Delivery 6-10-24</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3070 58</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>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"/> Mail Restricted Delivery (500)</p>		
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>1. Article Addressed to:</p> <p>Coates Energy Interests Ltd 7373 Broadway, Ste 406 San Antonio, TX 78209</p>	<p>B. Received by (Printed Name) Patricia Weibusa</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3070 65</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>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"/> Mail Restricted Delivery (500)</p>		
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


Ex.A-8-552


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) PATRICIA WEIDNER</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Coates Energy Trust 7373 Broadway, Ste 406 San Antonio, TX 78209</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>
 9590 9402 8851 4005 3070 72	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7051 30</p>	<p>Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


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) Isaac Villalona</p> <p>C. Date of Delivery 4-11</p>
<p>1. Article Addressed to:</p> <p>ConocoPhillips Company 600 W Illinois Midland, TX 79701</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>
 9590 9402 8851 4005 3070 89	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7051 23</p>	<p>Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Corinne Hightower Trust 527 Country Lane San Antonio, TX 78209</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>
 9590 9402 8851 4005 3070 96	<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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7051 16</p>	<p>Mail Restricted Delivery (00)</p>

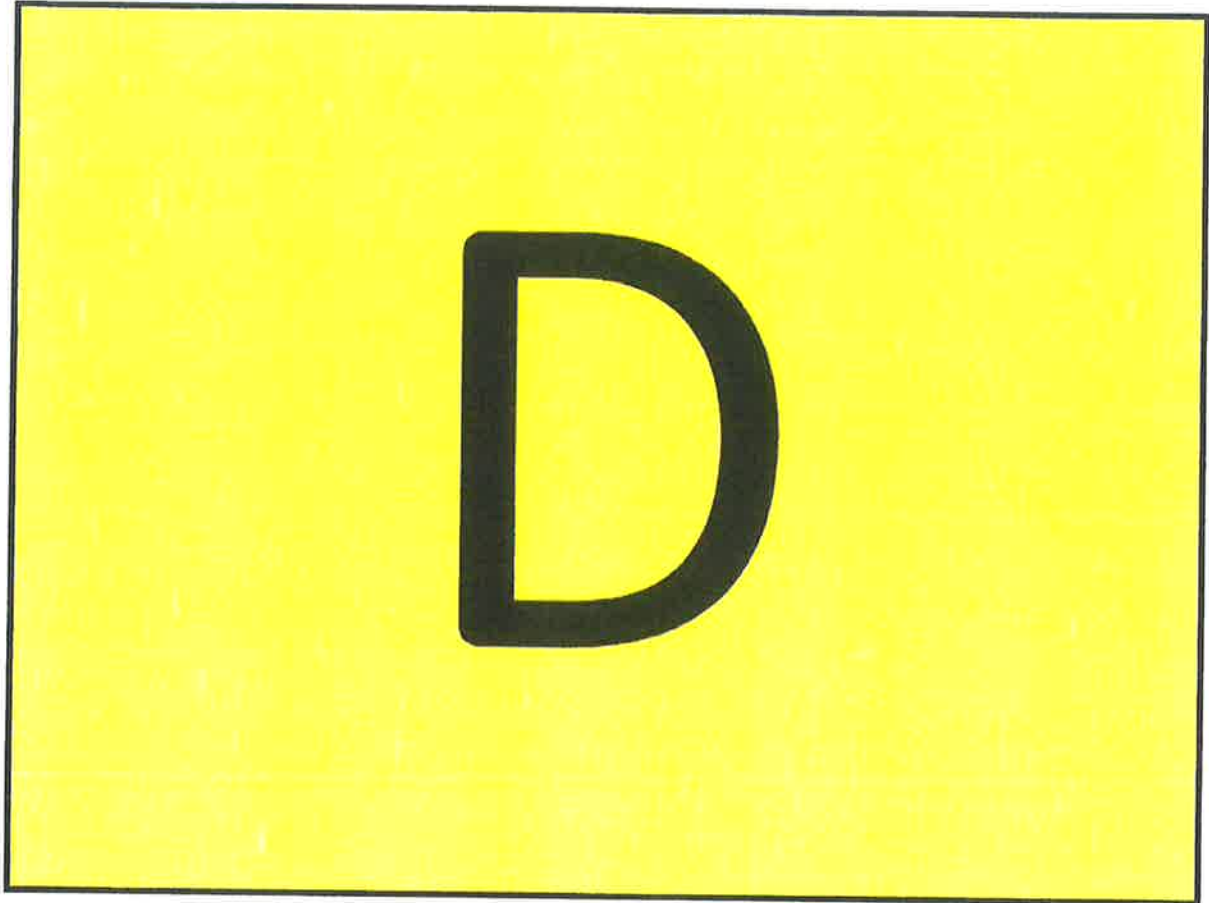
Ex.A-8-553


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>D. Holland</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D. Holland</i> C. Date of Delivery <i>6-11-24</i></p>												
<p>1. Article Addressed to: Corrigan Southern Land & Cattle 8117 Preston Rd, Ste 610 Dallas, TX 75225</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>												
 9590 9402 8851 4005 3066 93	<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> </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"/> 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													
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7051 09</p>	<p>Mail Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													


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>Cynthia Leigh Yeager</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cynthia Leigh Yeager</i> C. Date of Delivery</p>												
<p>1. Article Addressed to: Cynthia Leigh Yeager 6125 Luther Lane, Ste 385 Dallas, TX 75225</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>												
 9590 9402 8851 4005 3067 09	<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> </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"/> 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													
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7050 93</p>	<p>Mail Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													


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>Charles M Latady</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Charles M Latady</i> C. Date of Delivery <i>6/10/24</i></p>												
<p>1. Article Addressed to: Charles M Latady 1118 Del Norte Cir Pascagoula, MS 39581</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>												
 9590 9402 8851 4005 3066 79	<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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p>	<p>Mail</p>												

EX.A-8-554



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Dana Caserta 2220 Skinner Rd Arrington, TN 37014</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;"></p> <p style="text-align: center;">9590 9402 8851 4005 3067 16</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7050 86</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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 style="text-align: center;">Darian Kedy Doornbos, Trustee of The Charles F. Doornbos Revocable Trust u/a/d August 1, 1990 PO Box 639 Bartlesville, OK 74005</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;"></p> <p style="text-align: center;">9590 9402 7561 2098 2382 21</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7050 79</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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 style="text-align: center;">Darleen J Alston George Hill PO Box 140953 Gainesville, FL 32614</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;"></p> <p style="text-align: center;">9590 9402 7561 2098 2382 38</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7050 62</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

Ex.A-8-556

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:
 David Arthur Clift
 1 Ledgebrook
 Winfield, KS 67156



9590 9402 7561 2098 2382 52

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7050 48

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Adult Signature Agent
 Addressee

B. Received by (Printed Name)
 David Clift

C. Date of Delivery
 8/21

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 David Higgs
 11 Rivermist Ln
 Savannah, GA 31410



9590 9402 7561 2098 2382 76

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7050 24

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Adult Signature Agent
 Addressee

B. Received by (Printed Name)
 David Higgs

C. Date of Delivery
 06/11/24

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 David Luskey Estate
 2501 Museum Way, Apt 1016
 Ft Worth, TX 76107

COMPLETE THIS SECTION ON DELIVERY


A. Signature
 Agent
 Addressee

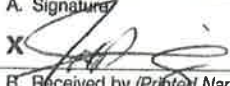
B. Received by (Printed Name)
 David Luskey


C. Date of Delivery
 6-9

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

Ex.A-8-557

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>1. Article Addressed to:</p> <p style="text-align: center;">David Scott Yeager 6125 Luther Lane, Ste 385 Dallas, TX 75225</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 7561 2098 2383 06</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>3. Service Type</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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	

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>1. Article Addressed to:</p> <p style="text-align: center;">Debra Kay Primera PO Box 28504 Austin, TX 78755</p>	<p>B. Received by (Printed Name)</p> <p style="text-align: center;"><i>Debra Kay Primera</i></p>	<p>C. Date of Delivery</p> <p style="text-align: center;">6/14/2024</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7054 99</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>3. Service Type</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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	

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>1. Article Addressed to:</p> <p style="text-align: center;">Debra Purser Wyse 1713 Atlantica St Cedar Park, TX 78613</p>	<p>B. Received by (Printed Name)</p> <p style="text-align: center;"><i>Debra Purser</i></p>	<p>C. Date of Delivery</p> <p style="text-align: center;">6/10/24</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7054 68</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>3. Service Type</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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	

Ex.A-8-558

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>DeMario Jones</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: DeMario Jones 134 Sheffield Dr Cedar Hill, TX 75104</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 6-12</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7054 51</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>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"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	



9590 9402 7561 2098 2383 44

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>1. Article Addressed to: Donald Shepherd 3137 Del Rancho Dr Del City, OK 73115</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 8-12</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7054 37</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>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"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	




9590 9402 7561 2098 2383 68

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>BROCKMAN</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Dorchester Minerals LP 3838 Oak Lawn Ave, Ste 300 Dallas, TX 75219</p>		<p>B. Received by (Printed Name) <i>BROCKMAN</i></p>	<p>C. Date of Delivery 6-11</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7054 37</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>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"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	





9590 9402 7561 2098 2383 68

Ex.A-8-559

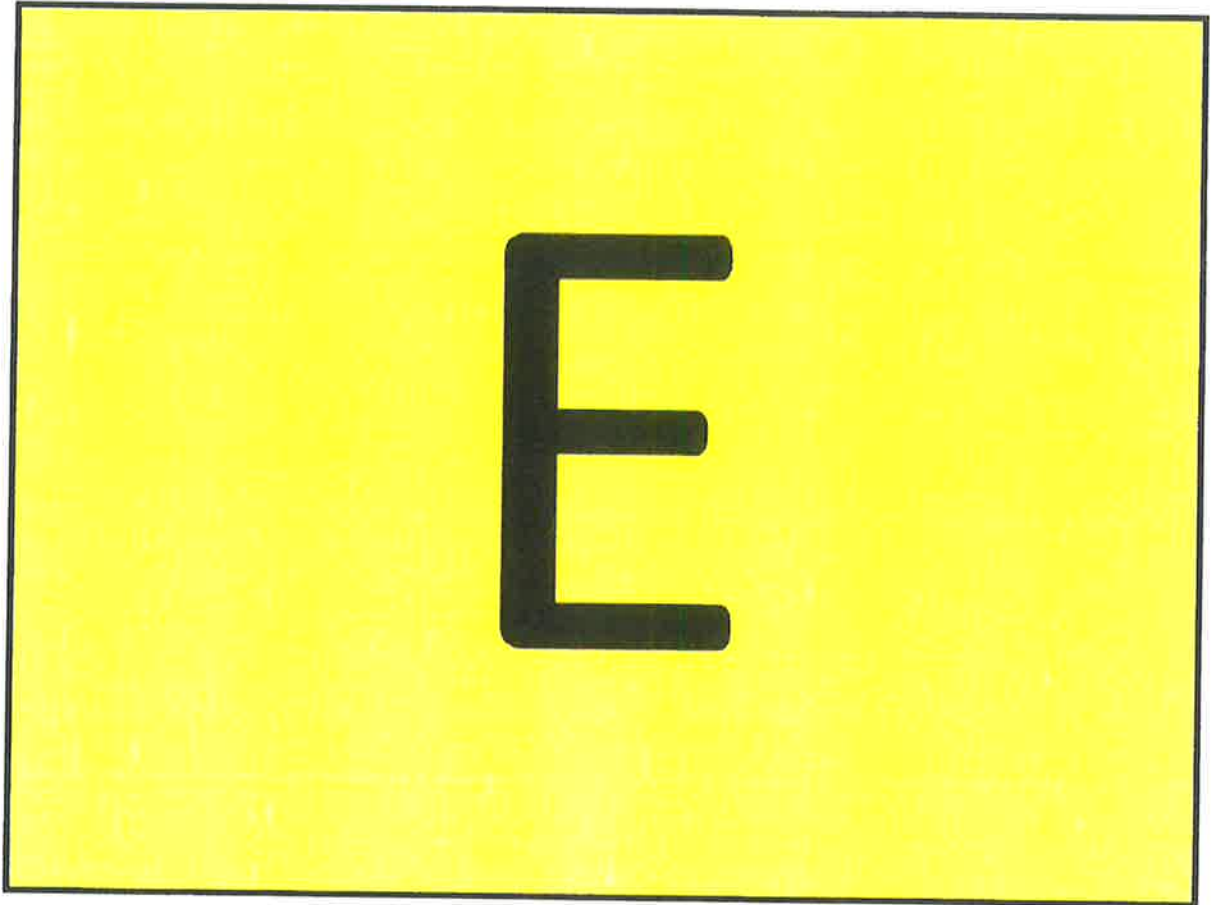
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <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>Doris C Burress Living Trust 1317 Estancia Ave Grants, NM 87020</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>	
 9590 9402 7561 2098 2383 82	<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"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7054 13</p>	<p>1 Mail 1 Mail Restricted Delivery (500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt



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>Dorothy A. Fleck 240 Greenwich Street New York, NY 10286</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>	
 9590 9402 7561 2098 2383 99	<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"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7054 06</p>	<p>d Mail d Mail Restricted Delivery (500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

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>Dr. Amanda Jones, DVM 1377 Alexander Road Moody, TX 76657</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>MOODY</p>

Ex.A-8-560



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) EMMEILLOTTA</p> <p>C. Date of Delivery 8/13/24</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">E G Energy, LLC PO Box 6244 Leawood, KS 66206</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>2. Article Number (Transfer from service label) 9590 9402 7561 2098 2384 29</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> </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"/> 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													

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

Domestic Return Receipt

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) MICHAEL HOSKINS</p> <p>C. Date of Delivery 8/22/24</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Eleanor Ann O'Donnell 139 Beede Way Antioch, CA 94509</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 style="text-align: center;">214 W. 9th St Antioch CA 94509</p>												
<p>2. Article Number (Transfer from service label) 9590 9402 7561 2098 2384 43</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> </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"/> 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													

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

Domestic Return Receipt

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) EL GUINAN</p> <p>C. Date of Delivery 8/11/24</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ellen Guinan, Trustee of the Elisabeth B. Butler Separate Property Declaration Trust dated 4/18/1990 4 Sparrow Hill Lane Laguna Hills, CA 92653</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>2. Article Number (Transfer from service label) 9590 9402 7561 2098 2384 67</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> </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"/> 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													

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

Ex.A-8-562

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:

Elmer Petrilla
3124 Center St
Odessa, TX 79762



9590 9402 7561 2098 2384 81

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7053 14

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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:

Estate of George Goss Yeager, deceased
P. O. Box 53567
Midland, TX 79710



9590 9402 7561 2098 2385 04

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7052 91

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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:

Everett Coon, Jr
1528 Slocum Street
Dallas, TX 75207



9590 9402 7561 2098 2385 11

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7052 84

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

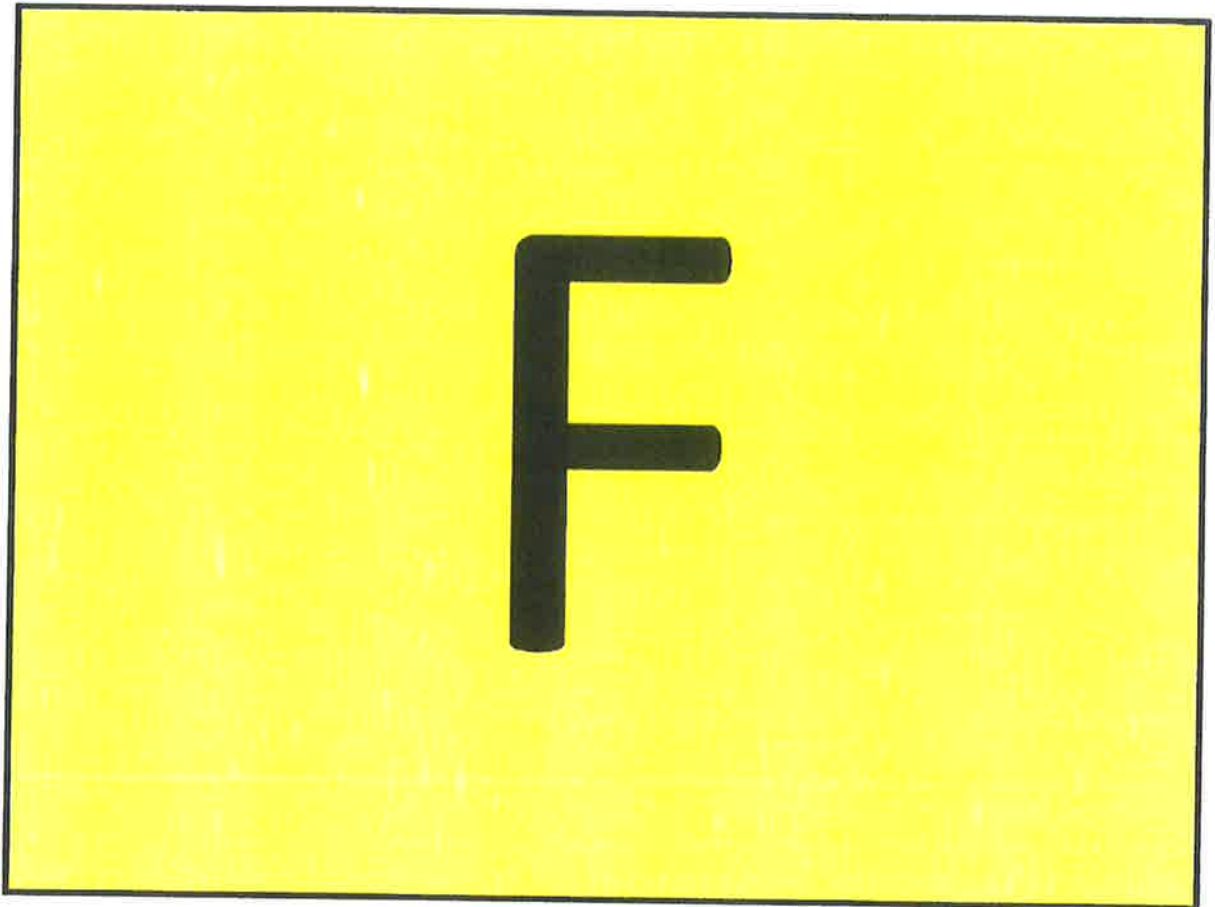
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Ex.A-8-563

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"/> LG <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: Everett G. Gray & Linda C. Gifford, Co-Trustees of the Linda Gray Gifford Trust f/b/o The Children 10600 W Country Rd 143 1/2 Midland, TX 79703</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>2. Article Number (Transfer from service label) 9590 9402 7561 2098 2385 28</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7052 77</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery [Signature] 6/10/24</p>
<p>1. Article Addressed to: Excalibur Energy Company PO Drawer 25045 Albuquerque, NM 87125</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>2. Article Number (Transfer from service label) 9590 9402 7561 2098 2385 35</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7059 01</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

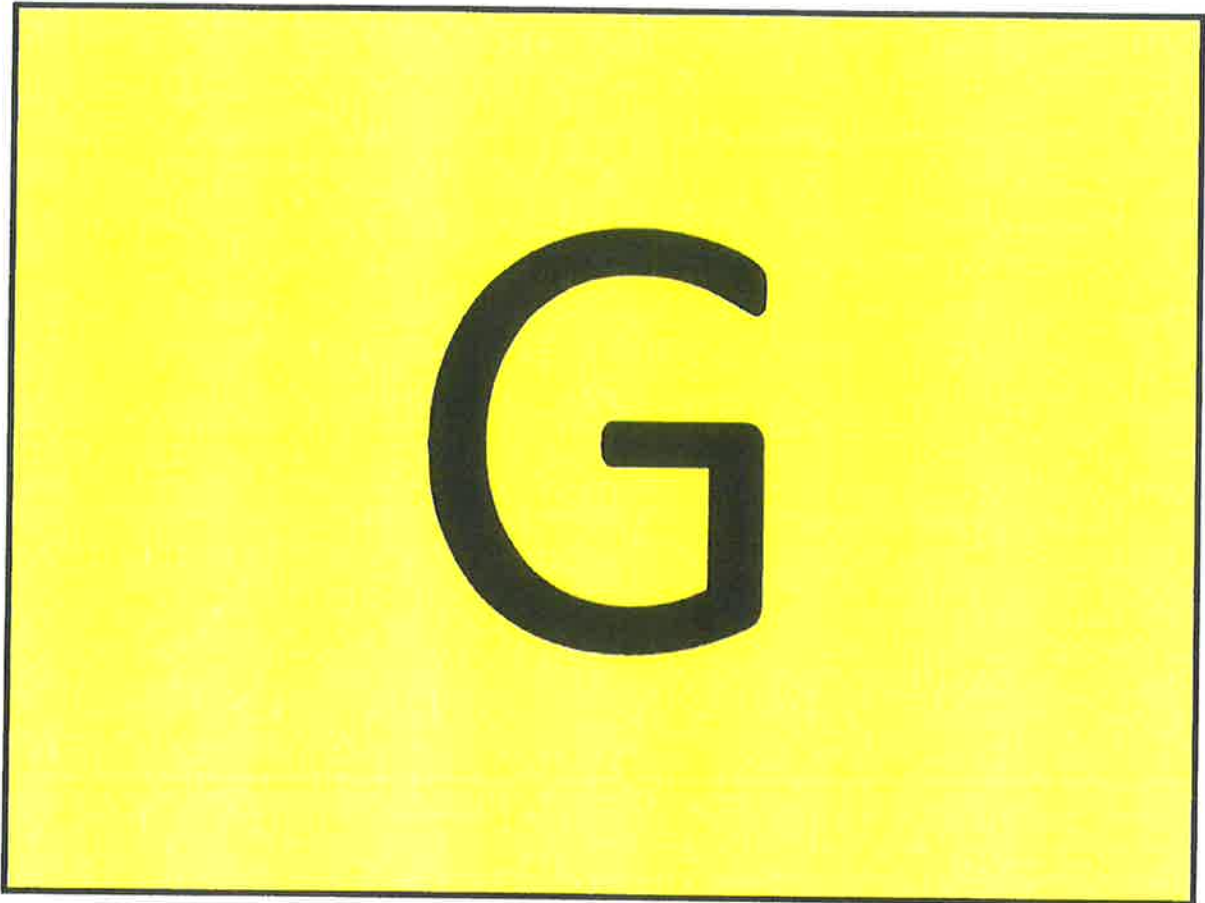


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Fasken Foundation PO Box 2024 Midland, TX 79702</p>	<p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p>	<p>C. Date of Delivery</p> <p><i>7/12/24</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7561 2098 2385 42</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>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"/> Signature Confirmation Restricted Delivery</p>	<p>all Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Cervy Neel</i></p>	
<p>1. Article Addressed to:</p> <p>FDH Company LP PO 51 De Kalb, MS 39328</p>	<p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p>	<p>C. Date of Delivery</p> <p><i>[Blank]</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7561 2098 2385 59</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>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"/> Signature Confirmation Restricted Delivery</p>	<p>all Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Fredericksburg Royalty Ltd PO Box 1481 San Antonio, TX 78295</p>	<p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p>	<p>C. Date of Delivery</p> <p><i>6-12-24</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7561 2098 2385 66</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>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"/> Signature Confirmation Restricted Delivery</p>	<p>all Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

EX.A-8-566



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:

Garry Hufhines
622 NW 8th St
Dimmit, TX 79027



9590 9402 7561 2098 2385 73

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7058 40

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *G. Hufhines* Agent Addressee

B. Received by (Printed Name) *G. Hufhines* C. Date of Delivery *6-10-24*

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

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
 Registered Mail Restricted Delivery (500)

Domestic Return Receipt

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:

Gary Worrall Clift
1724 Fairchild Ave
Manhattan, KS 66502



9590 9402 8851 4005 3160 98

2. Article Number (Transfer from service label)
9589 0710 5270 0131 7058 33

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *G.W. Clift* Agent Addressee

B. Received by (Printed Name) *G.W. CLIFT* C. Date of Delivery *6/14/24*

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

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
 Registered Mail Restricted Delivery (500)

Domestic Return Receipt

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:

George M Obrien
PO Box 1743
Midland, TX 79702



9590 9402 8851 4005 3161 00

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Frances Woodard* Agent Addressee

B. Received by (Printed Name) *FRANCES WOODARD* C. Date of Delivery *6/12/24*

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

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
 Registered Mail Restricted Delivery (500)

Ex.A-8-568

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	
1. Article Addressed to: George R Jones PO Box 427 Round Top, TX 78954	B. Received by (Printed Name) George R Jones	C. Date of Delivery 6/18/24
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7057 96	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	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"/> 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 Restricted Delivery	



9590 9402 8851 4005 3161 35

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7057 96

Restricted Delivery

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Guy Noel Hyde 658 Bluebonnet St Stephenville, TX 76401	B. Received by (Printed Name) Guy Noel Hyde	C. Date of Delivery 6/18/24
2. Article Number (Transfer from service label) 9589 0710 5270 0131 7057 58	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	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"/> 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 Restricted Delivery	



9590 9402 8851 4005 3161 73

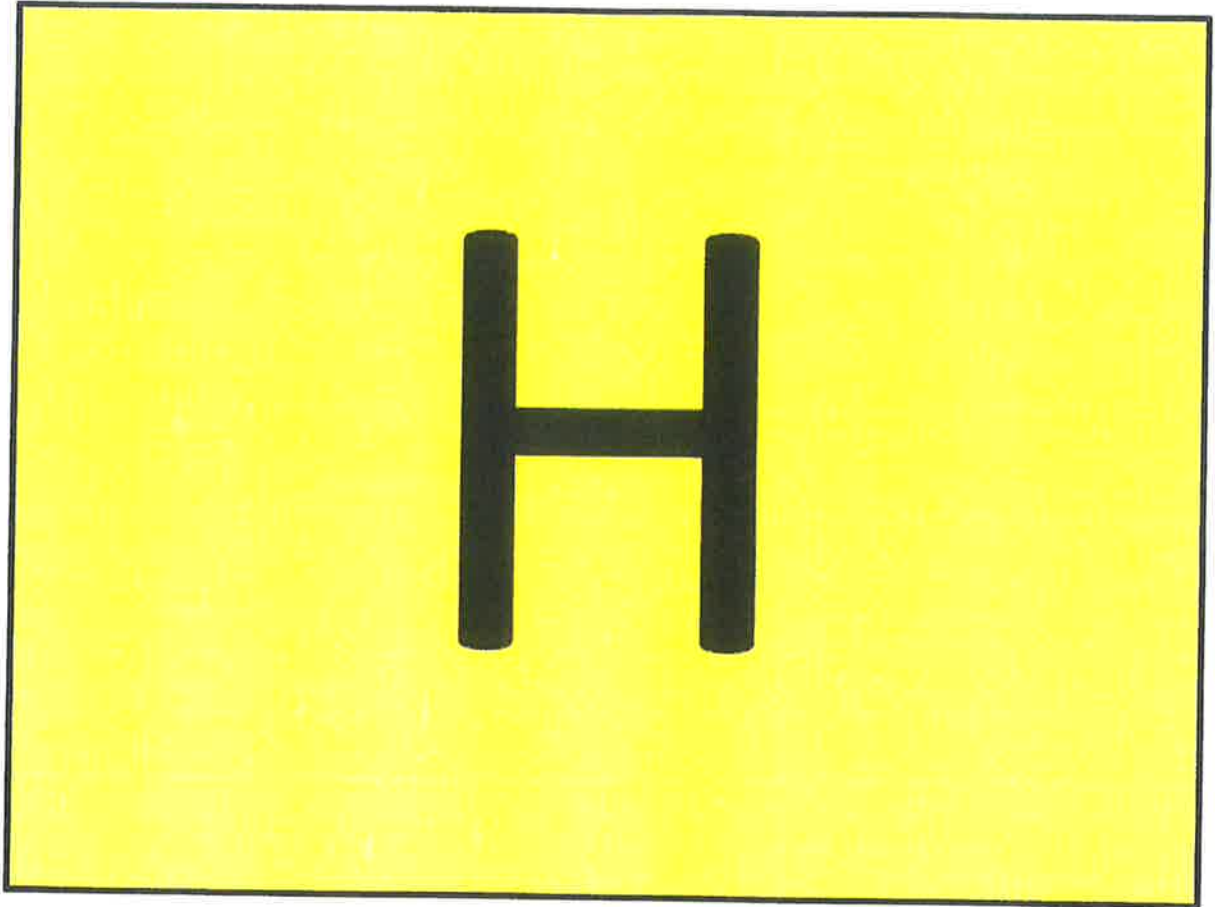
2. Article Number (Transfer from service label)


9589 0710 5270 0131 7057 58


mail Restricted Delivery


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

Domestic Return Receipt



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 <i>*Monica Grew</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Monica Grew</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Harlow Royalties Ltd 320 Westcott Houston, TX 77007</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;"> 9590 9402 8851 4005 3161 80</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7057 41</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery Mail Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	


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 <i>*Mike Hays</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Mike Hays</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Harvey Hill, LLC P.O. Box 5520 Jacksonville, FL 32247</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;"> 9590 9402 8851 4005 3161 97</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7057 34</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery Mail Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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 <i>*Hans Beck</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Hans</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">HDB, LLC 664 Fattig Creek Road Roundup, MT 59072</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;"> 9590 9402 8851 4005 3162 03</p> <p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery Mail Mail Restricted Delivery (500)</p>


Ex.A-8-571


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) <i>Rebecca Reil</i> C. Date of Delivery <i>6/11/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Headington Royalty Inc. 1501 N. Hardin Blvd., Ste 100 McKinney, TX 75071</p>  <p>9590 9402 8851 4005 3162 10</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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7057 10</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


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) <i>Colt Healey</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Healey LP PO Box 2120 Ardmore, OK 73402</p>  <p>9590 9402 8851 4005 3162 27</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7086 12</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

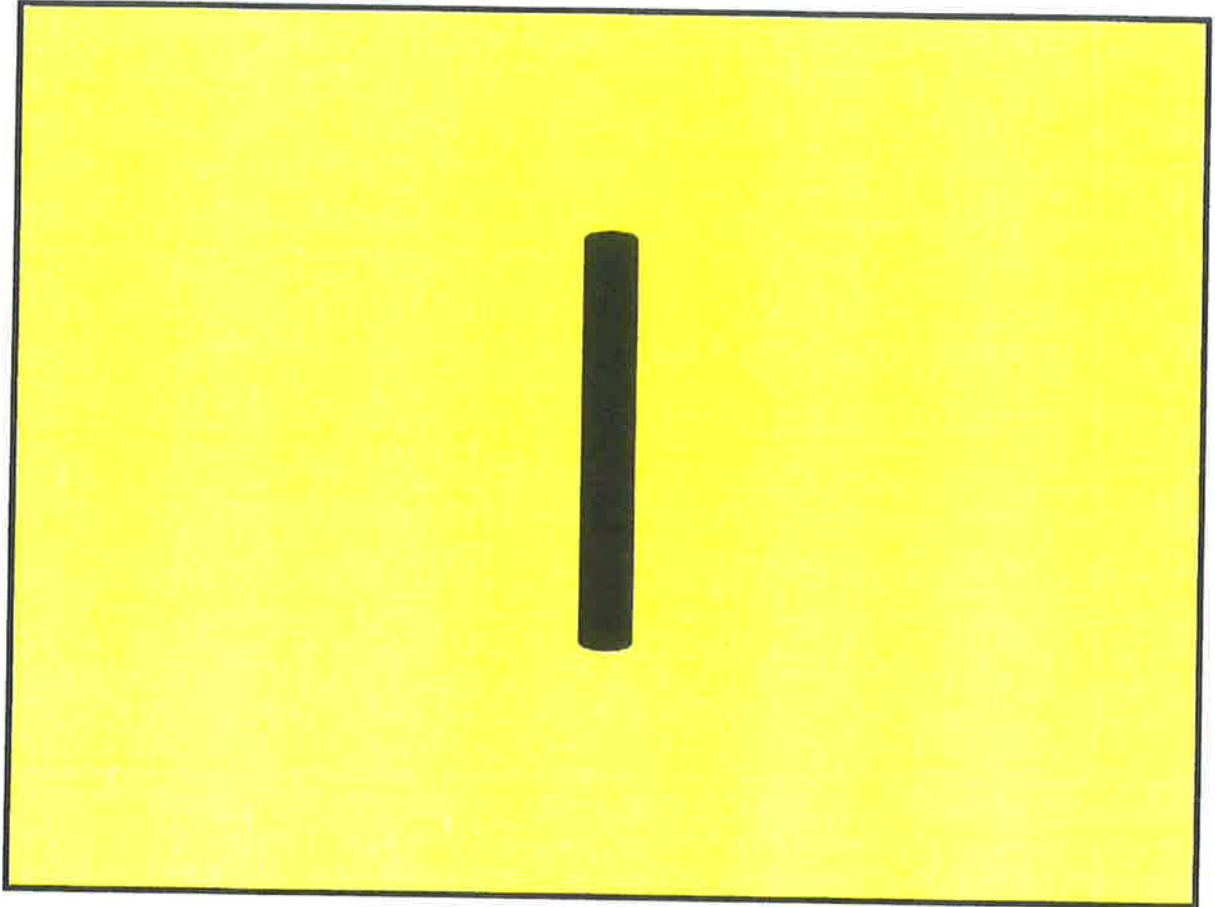
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J Winnicki</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Helen L Bedford Family Trust, Farmers National Company, Agent PO Box 3480 Omaha, NE 68103</p>  <p>9590 9402 8851 4005 3162 34</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-572

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>Henry</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Henry</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 checked="" type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">Henry D Bedford, Sr 664 Fattig Creek Road Roundup, MT 59072</p>															
 9590 9402 8851 4005 3162 41 Article Number (Transfer from service label)	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (500)														
July 2020 PSN 7530-02-000-9053 Domestic Return Receipt															

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>X</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">Henry H. Harrison, Jr., Trustee of the Henry H. Harrison, Jr. Testamentary Trust 1120 Wilma Tyler, TX 75701</p>															
 9590 9402 8851 4005 3162 58 2. Article Number (Transfer from service label)	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (500)														
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt															

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>MM</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">Howard Payne University f/b/o McArthur Academy of Freedom PO Box 840350 Dallas, TX 75284</p>															
 9590 2. Article Number	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (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"/> Registered Mail Restricted Delivery (500)														
Ex.A-8-573															



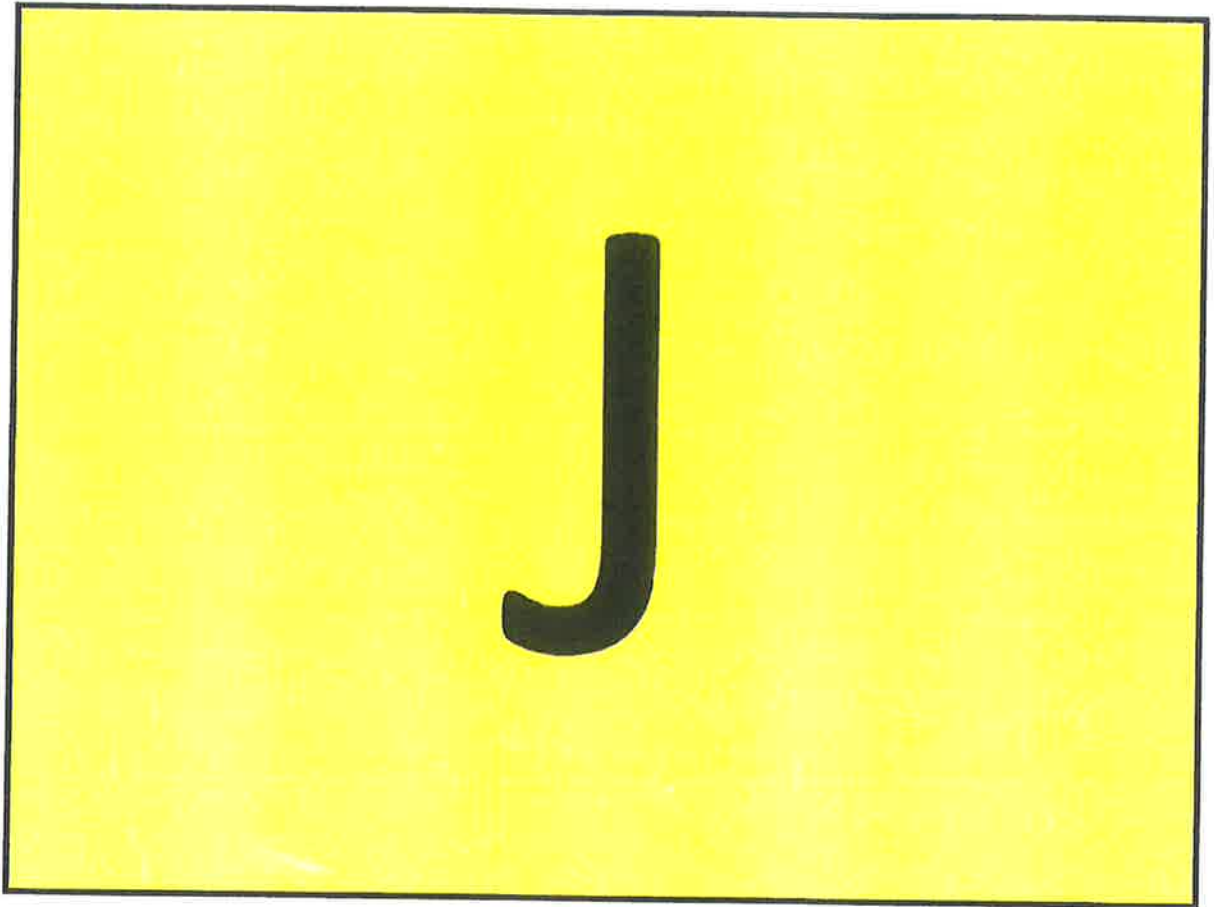
Ex.A-8-574

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>Ida L Grotie</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ida L Grotie 402 Roosevelt Rd Clarksburg, WV 26301</p>		<p>B. Received by (Printed Name) <i>Ida Grotie</i> C. Date of Delivery <i>6-11-24</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3172 00</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>3. Service Type</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 <p style="text-align: center;">Mail Restricted Delivery (00)</p>			
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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>Charles Simonson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Innerarity Family Minerals, LLC P O Box 313 Midland, TX 79702</p>		<p>B. Received by (Printed Name) <i>Charles Simonson</i> C. Date of Delivery <i>6/13/24</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7085 68</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>3. Service Type</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 <p style="text-align: center;">Mail Restricted Delivery (00)</p>			
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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>Mark R Antweil</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Internal Revenue Service FAO Mark R Antweil 210 E Post Rd White Plains, NY 10601</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3172 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>3. Service Type</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 <p style="text-align: center;">Mail Restricted Delivery (00)</p>			
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

Ex.A-8-575



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)</p> <p>C. Date of Delivery 6-11</p>
<p>1. Article Addressed to:</p> <p>J. Cleo Thompson & James Cleo Thompson, Jr., L.P. 325 N St Paul, Ste 4300 Dallas, TX 75201</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3172 48</p> <p>9589 0710 5270 0131 7085 20</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</p> <p>1 Mail 1 Mail Restricted Delivery (500)</p>


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

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) Polly Tabernick</p> <p>C. Date of Delivery 6/10/24</p>
<p>1. Article Addressed to:</p> <p>J. Paul & Sidonia Wingert, LLC 5214 Chaversham Ln Peachtree Corners, GA 30092</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3172 62</p> <p>9589 0710 5270 0131 7085 06</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</p> <p>1 Mail 1 Mail Restricted Delivery (00)</p>


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

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) SUSAN COWAN</p> <p>C. Date of Delivery 6-10-25</p>
<p>1. Article Addressed to:</p> <p>Jack Vance Cowan 4725 Green Bluff Dr Schertz, TX 78154</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3172 79</p> <p>9589 0710 5270 0131 7084 90</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</p> <p>1 Mail 1 Mail Restricted Delivery (500)</p>

Ex.A-8-577

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) <i>Jackie La Verne Pate</i></p> <p>C. Date of Delivery <i>6-10-24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jackie La Verne Pate PO Box 501 Denver City, TX 79323</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>
 9590 9402 8851 4005 3172 86	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7084 83</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>


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

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) <i>Silver Melancon</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jal Public Library Fund P.O. Box 178 Jal, NM 88252</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;"><i>PO Box 178 Jal NM 88252</i></p>
 9590 9402 8851 4005 3172 93	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7084 76</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>


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

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) <i>James Huffhines</i></p> <p>C. Date of Delivery <i>6-10-24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">James Huffhines 708 Lynne Lane Burlleson, TX 76028</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>
 9590 9402 8851 4005 3173 23	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7084 45</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>


Ex.A-8-578


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>James Robert Pruett</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>James Robert Pruett</i> <i>6-10-24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">James Robert Pruett 530 West Hunters Court Way Mustang, OK 73064</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;">  9590 9402 8851 4005 3173 30 </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7084 38</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"/> Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	


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>Jeanette Singleton Cloyd</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Jeanette Singleton Cloyd</i> <i>6/11/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jeanette Singleton Cloyd 6 Pinewood Circle Houston, TX 77024</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;">  9590 9402 8851 4005 3173 85 </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7083 84</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"/> Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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>Jeanie Larell Martin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jeanie Larell Martin 1713 Waterton Cir Whitehouse, TX 75791</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;">  9590 9402 8851 4005 3173 92 </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7083 77</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"/> Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

Ex.A-8-579

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>													
	B. Received by (Printed Name)	C. Date of Delivery												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jessica Lynn Whitley 23401 Interstate 35 Unit 1 Kyle, TX 78640</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>													
 9590 9402 8851 4005 3174 22	<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> </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"/> 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														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7083 46</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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>													
	B. Received by (Printed Name)	C. Date of Delivery												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jimmie Eden, Jr. Trust PO Box 17 Stillwater, OK 74076</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: right; color: red;">JUN 10 2024</p>													
 9590 9402 8851 4005 3174 46	<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> </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"/> 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														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7083 22</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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<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>													
	B. Received by (Printed Name)	C. Date of Delivery												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Joan Mitler Ganz & John William Lyttle, Jr., Co-Trustees of The Ida Miller Estate P.O. Box 65 Farmingdale, NY 11735</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: right; color: red;">JUN 13 2024</p>													
 9590 9402 8851 4005 3071 19	<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> </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"/> 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														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7080 63</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

Ex.A-8-580

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Joe Paul Allen 1400 Rosner Hills Rd Jefferson City, MO 65109</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3071 33</p> <p>9589 0710 5270 0131 7080 49</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">John B. Mayse PO Box O Pleasanton, TX 78064</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3071 40</p> <p>9589 0710 5270 0131 7080 32</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">John Douglas Hinchey, in Trust 10058 S Shadow Hill Sr Lone Tree, CO 80124</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3071 57</p> <p>9589 0710 5270 0131 7080 25</p>	<p>Domestic Return Receipt</p>


Ex.A-8-581


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: John F. Special P. O. Box 369 Stillwater, OK 74076	B. Received by (Printed Name) C. Date of Delivery [Signature] JUN 10 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) 9590 9402 8851 4005 3071 71	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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: John Scharbauer Estate Trust PO Box 194 Midland, TX 79702	B. Received by (Printed Name) C. Date of Delivery DORRA STEEN 6/12/24	
	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) 9590 9402 8851 4005 3071 88	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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Joseph L Daws 5031 Hilsboro Pike, #326 Nashville, TN 37215	B. Received by (Printed Name) C. Date of Delivery DAVID PERDUE	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	


Ex.A-8-582

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) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Joseph M. Clift, Trustee on behalf of Gilbert Burke Clift, Jr. 322 W 57th St, Apt 37M New York, NY 10019</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>
 9590 9402 8851 4005 3072 18	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail®</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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7079 67</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

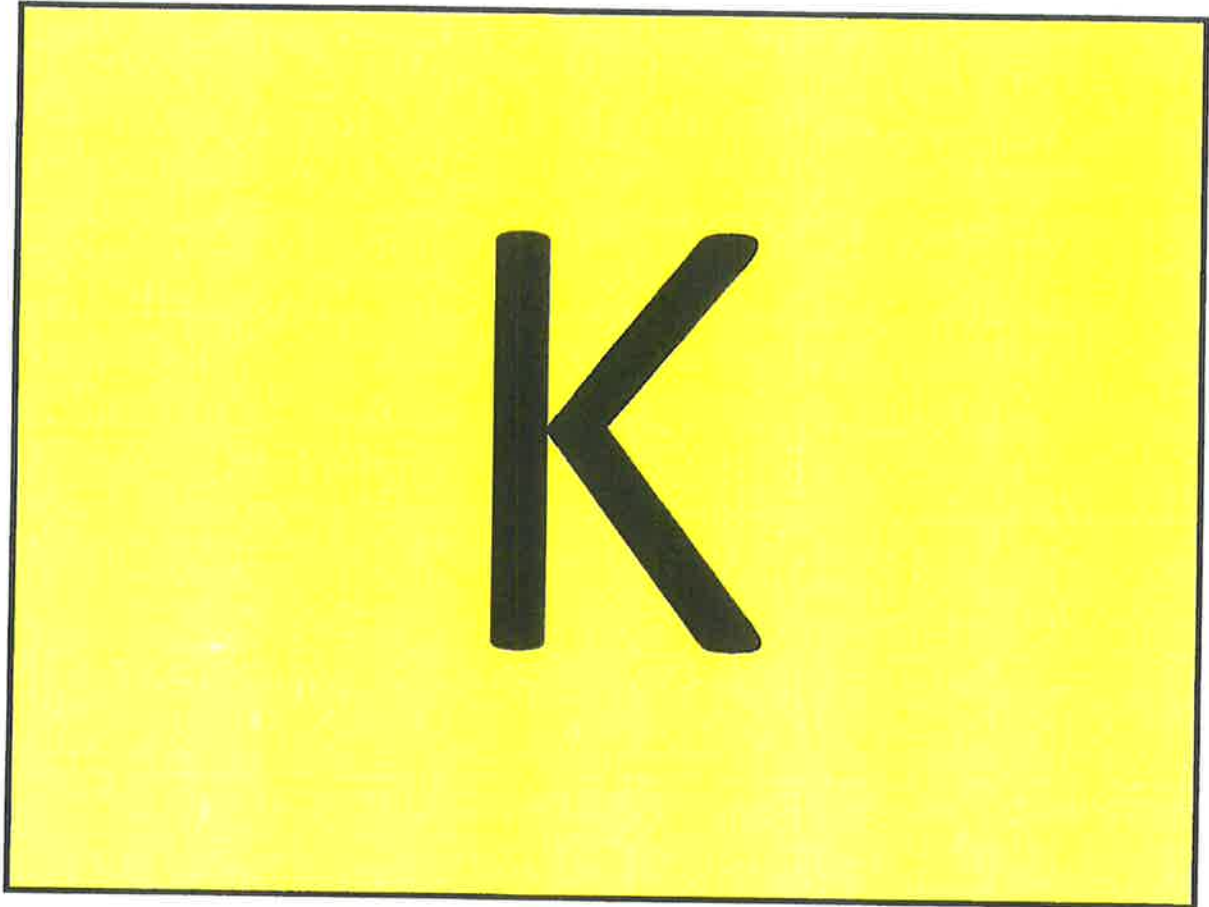
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Judy Lynn Whitley Blackwell 10834 Grand Teton Dr Corpus Christi, TX 78410</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>
 9590 9402 8851 4005 3072 25	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail®</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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7079 50</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Judy Martin 1249 St Hwy 19 Chickasha, OK 73018</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>
 9590 9402 8851 4005 3072 32	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail®</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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7079 43</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

Ex.A-8-583

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Julia Ann Verschoyle Banks 2125 Belmont Vurlinton, NC 27215</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;">  9590 9402 8851 4005 3072 49 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7079 36</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> </table> <p style="text-align: center;">I Mail I Mail Restricted Delivery 300)</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"/> 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													

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



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>J Korakowski</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>F Korakowski</i> <i>6-10-</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 <i>24</i></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">K and K Minerals, LLC 621 N Robinson Ste 100 Oklahoma City, OK 73102</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3072 56</p>	<p>Mail Restricted Delivery</p> <p>9589 0710 5270 0131 7079 29</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

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>Ron Finkel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>RON FINKEL</i> <i>6-12-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Karen Finkel 32158 Beachlake Ln Westlake Village, CA 91361</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3072 70</p>	<p>Mail Restricted Delivery (\$500)</p> <p>9589 0710 5270 0131 7079 05</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

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 Y Barnes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Karen Y Barnes</i> <i>6/17/24</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 style="text-align: center;">Karen Y Barnes 328 Mustang Alley Sylvia, NC 28779</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3072 87</p>	<p>Mail Restricted Delivery (\$500)</p> <p>9589 0710 5270 0131 7078 99</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		


Ex.A-8-586

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>Phil Ruiz 6/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Karlan Witt 7602 Basil Cove Austin, TX 78750</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3072 94</p> <p>9589 0710 5270 0131 7078 82</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

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>Larry Witt 6-13-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Ken Perkins Oil & Gas PO Box 1015 Simonton, TX 77476</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3073 24</p> <p>9589 0710 5270 0131 7078 51</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

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>M. Mashburn 6/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Kimbell Royalty Holdings, LLC 777 Taylor St, Ste 810 Fort Worth, TX 76102</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3073 31</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

Ex.A-8-587


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>KM</i> <input type="checkbox"/> Agent</p> <p><input checked="" type="checkbox"/> Addressee</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">Kimberly D Motzny 1195 Dresden Way San Jose, CA 95129</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>KM</i> <i>6/11/2024</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<div style="text-align: center;">  9590 9402 8851 4005 3073 48 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7078 37</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"/> Mail Restricted Delivery (300)</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"/> Mail Restricted Delivery (300)	
<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"/> Mail Restricted Delivery (300)															


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

Domestic Return Receipt



Ex.A-8-589

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>X <i>Ann M Steudel</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lasca, Inc. PO Box 470425 Fort Worth, TX 76147</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Ann M Steudel 6-10-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;"> 9590 9402 8851 4005 3074 09</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7082 78</p>	<p>J Mail J Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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>X <i>Lisa WCRM</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Laura Kay Hinchey PO Box 53567 Midland, TX 79710</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Lisa WCRM 6-22-24</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;"> 9590 9402 8851 4005 3074 16</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7082 61</p>	<p>Mail Mail Restricted Delivery (30)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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>X <i>Lisa WCRM</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lean Dog LP No. 1 P.O.Box 25203 Dallas, TX 75225</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Lisa WCRM 6/11/24</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;"> 9590 9402 8851 4005 3074 23</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7082 54</p>	<p>Mail Mail Restricted Delivery</p>

Ex.A-8-590

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>Cindy Bloch</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Lee Daws Bloch 1214 Ross Ave Baton Rouge, LA 70808</p>	<p>B. Received by (Printed Name) <i>Cindy C. Bloch</i></p>	<p>C. Date of Delivery <i>6/10/24</i></p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3074 30</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>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"/> Mail Restricted Delivery (500)</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>Gary Bond</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Legat LLC 6114 W. Canterbury Drive Stillwater, OK 74074</p>	<p>B. Received by (Printed Name) <i>Gary Bond</i></p>	<p>C. Date of Delivery <i>6/11/24</i></p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3074 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>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"/> Mail Restricted Delivery (500)</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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>Claymond</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Lexington Oil Company P. O. Box 237 Gonzales, TX 78629</p>	<p>B. Received by (Printed Name) <i>Claymond</i></p>	<p>C. Date of Delivery <i>6/10/24</i></p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3074 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>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"/> Mail Restricted Delivery (500)</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		


Ex.A-8-591

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lisa A Melson 4823 Lomina Lakewood, CA 90713</p>	<p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>6/17/24</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3074 61</p> <p style="text-align: center;">9589 0710 5270 0131 7082 16</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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lisa K Winstone 473 N Old Hwy 81 Ninnekah, OK 73067</p>	<p>B. Received by (Printed Name) <i>Lisa K Winstone</i></p> <p>C. Date of Delivery <i>6-17-24</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3074 78</p> <p style="text-align: center;">9589 0710 5270 0131 7082 09</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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Little Bit Scharbauer, Ltd PO Box 366 Seminole, TX 79360</p>	<p>B. Received by (Printed Name) <i>Brandi Ewen</i></p> <p>C. Date of Delivery <i>6-11-24</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3074 85</p> <p style="text-align: center;">9589 0710 5270 0131 7082 07</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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-592

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>Lloyd D. Martin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Lloyd Martin</i> <i>6-12-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Lloyd D Martin 2771 County Street 2860 Chickasha, OK 73018		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	
 9590 9402 8851 4005 3074 92		2. Article Number (Transfer from service label) 9589 0710 5270 0131 7081 86	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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>Dorinda P. W...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Dorinda P. W...</i> <i>6/2/24</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>	
1. Article Addressed to: Lomoco, Inc PO Box 6007 Tyler, TX 75711		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	
 9590 9402 8851 4005 3075 08		2. Article Number (Transfer from service label) 9589 0710 5270 0131 7081 79	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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>Louise Petrilla</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Louise Petrilla</i> <i>6-10-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Louise Petrilla 6317 24th St Lubbock, TX 79407		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	
 9590 9402 8851 4005 3174 77		2. Article Number (Transfer from service label) 9589 0710 5270 0131 7081 48	

Ex.A-8-593

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: LSEAE, LLC N Loraine St Suite 1450 Midland, TX 78701	B. Received by (Printed Name) JAMISON McILWAIN	C. Date of Delivery 6/10/24
	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) 9590 9402 8851 4005 3174 84	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"/> Mail Restricted Delivery (500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		


Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Lucinda Kay Lechner Johnson PO Box 13098 Arlington, TX 76094	B. Received by (Printed Name) Lucinda Johnson	C. Date of Delivery 6/11/24
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3174 91	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"/> Mail Restricted Delivery (500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		


Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Luskey Living Trust, Barry Luskey 38 Little Comfort Rd. Savannah, GA 31411	B. Received by (Printed Name) BARRY LUSKEY	C. Date of Delivery 6/12/24
	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) 9590 9402 7561 2098 2495 93	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"/> Mail Restricted Delivery (500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		

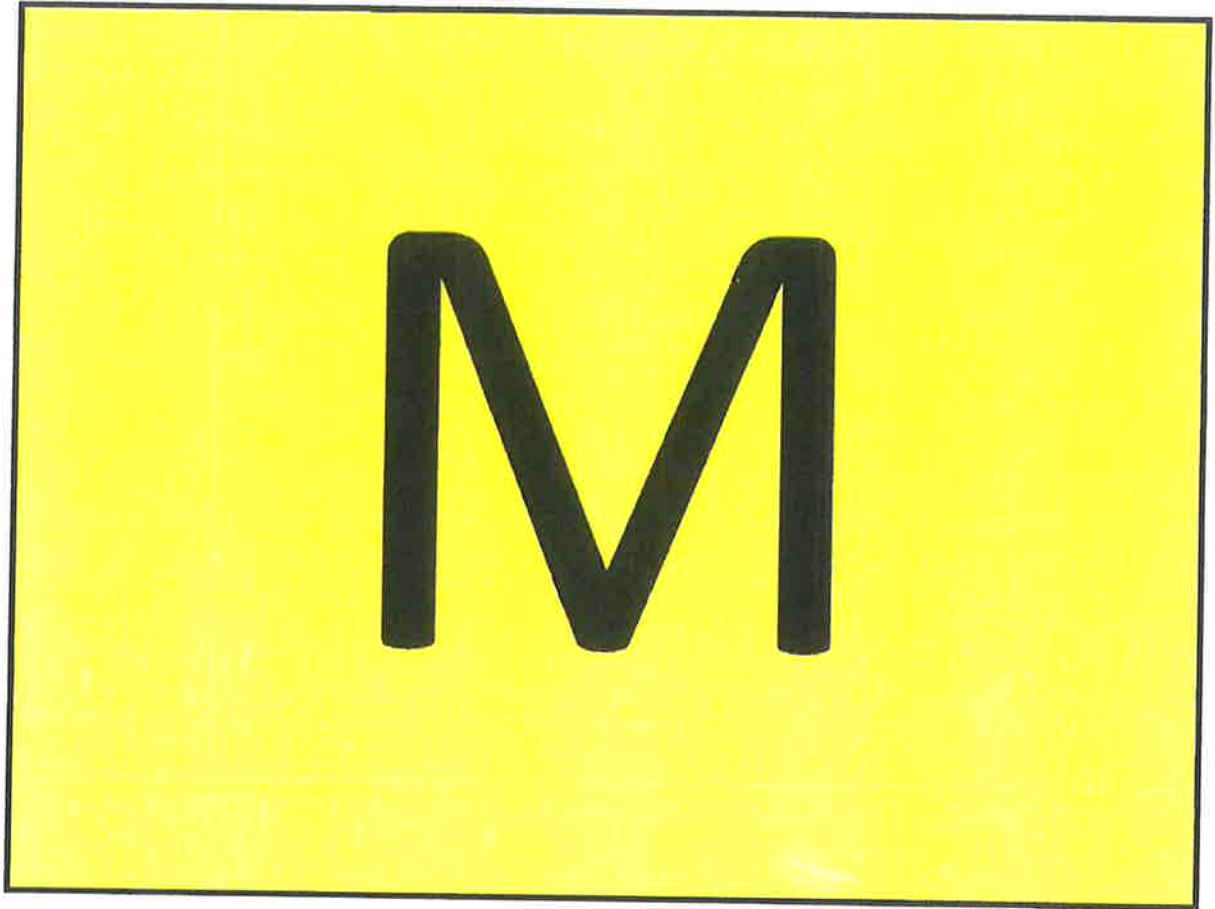
Ex.A-8-594


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>Sophie Gloff</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Sophie Gloff</i> C. Date of Delivery <i>6/11/24</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 style="text-align: center;">Lyeth Oil Trust 777 Taylor St, Penthouse 1, Ste A Fort Worth, TX 76102</p>													
 9590 9402 8851 4005 3051 08													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7080 94</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> </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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													


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>Lynne Renae Deaton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lynne Renae Deaton</i> C. Date of Delivery <i>6/10/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lynne Renae Deaton PO Box 97 Chico, TX 76431</p>													
 9590 9402 8851 4005 3051 15													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7080 87</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> </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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													

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<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>Aaren Murphy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Aaren Murphy</i> C. Date of Delivery <i>6-12-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lynx Production Company 4849 Greenville Avenue, Suite 1255 Dallas, TX 75206</p>													
 9590 9402 8851 4005 3051 22													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7080 70</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> </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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													

Ex.A-8-595



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, on the front if space permits. <p>Article Addressed to:</p> <p style="text-align: center;">Maecenas Minerals, LLP 3838 Oak Lawn Ave, Ste 300 Dallas, TX 75219</p>	<p>A. Signature X <i>BACOSTA</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BACOSTA</i> C. Date of Delivery <i>6/12</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>
 9590 9402 8851 4005 3051 39	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">9589 0710 5270 0131 7069 08</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">MarJam Energy LLC 10440 N Central Expressway, Ste 1010 Dallas, TX 75231</p>	<p>A. Signature X <i>M. Cantu</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. CANTU</i> C. Date of Delivery <i>6-11-24</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>
 9590 9402 8851 4005 3051 91	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">9589 0710 5270 0131 7068 47</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>

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<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Mark Antweil 4450 Oak Park Lane, #101842 Fort Worth, TX 76185</p>	<p>A. Signature X <i>M. Antweil</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. ANTWEIL</i> C. Date of Delivery <i>6/10/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 8851 4005 3052 07	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">9589 0710 5270 0131 706A 30</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>

Ex.A-8-597

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>Mark Caldwell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Mark Caldwell</p> <p>C. Date of Delivery 6/10/24</p>
<p>1. Article Addressed to: Mark Caldwell & Bonnie Caldwell 3512 A Shell Ave Midland, TX 79707</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>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3052 14 9589 0710 5270 0131 7068 23</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"/> 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>Mail Restricted Delivery 00</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<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>Marsha Lee Clift Scott</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Marsha Lee Clift Scott</p> <p>C. Date of Delivery 6/18</p>
<p>1. Article Addressed to: Marsha Lee Clift Scott 3710 Whipporwill Lane Enid, OK 73703</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>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3052 21 9589 0710 5270 0131 7068 16</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"/> 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>Mail Restricted Delivery 00</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<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>Mary M. Hodge</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Mary M. Hodge</p> <p>C. Date of Delivery 6/10</p>
<p>1. Article Addressed to: Mary M. Hodge 12131 Lueders Lane Dallas, TX 75230</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>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3052 69</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"/> 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>Mail Restricted Delivery 00</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-598

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Matthew Carson Cottingham Miles 111 Sheraton Dr San Antonio, TX 78209</p>	<p>A. Signature X <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery 6-20-24</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3052 76</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>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</p>		
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Melanie Marie Miles Hirschfeld & Matthew Carson Cottingham Miles, Remaindermen of The Bradley Carson Miles Life Estate 8815 Towana Trail Austin, TX 78736</p>	<p>A. Signature X <i>Melanie M Miles</i></p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name) <i>M Miles Hirschfeld</i></p> <p>C. Date of Delivery 6/24/24</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3052 83</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>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</p>		
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Metrocare Services 1717 Main St 25th floor Dallas, TX 75201</p>	<p>A. Signature X <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery 6/24/24</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3052 83</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>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</p>		
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

Ex.A-8-599

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:

Patrick Edward Corrigan Family Partnership,
LLP
PO Box 643726
Vero Beach, FL 32964

2. Article Number (Transfer from service label)
9590 9402 8851 4005 3054 74

3. Service Type

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Lisa Chivian* Agent Addressee

B. Received by (Printed Name)
LISA CHIVIAN

C. Date of Delivery

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

3. Service Type

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

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:

Patsy Elaine Hinchey
PO Box 53567
Midland, TX 79710

2. Article Number (Transfer from service label)
9590 9402 8851 4005 3054 81

3. Service Type

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Patsy W CRM* Agent Addressee

B. Received by (Printed Name)
LISA W CRM

C. Date of Delivery
6-12-24

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

3. Service Type

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

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:

Patsy Hinchey Family, LP, c/o Catoico
PO Box 53567
Midland, TX 79710

2. Article Number (Transfer from service label)
9590 9402 8851 4005 3055 04

3. Service Type

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Patsy W CRM* Agent Addressee

B. Received by (Printed Name)
LISA W CRM



C. Date of Delivery
6-14-24

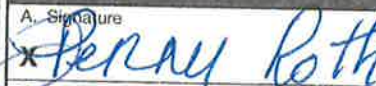

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

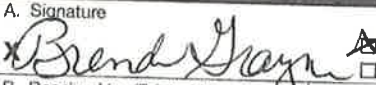

3. Service Type

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


Ex.A-8-600

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) Paula Jo Allen Carrera</p> <p>C. Date of Delivery 6/24/24</p>	
<p>1. Article Addressed to:</p> <p>Paula Jo Allen Carrera 1419 Lawson Palm Ct Apopka, FL 32712</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>	
 9590 9402 8851 4005 3055 11	<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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7064 41</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	


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)</p> <p>C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Penny L. Grantham Roth 21 Oak Lane Springfield, IL 62717</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>	
 9590 9402 8851 4005 3055 28	<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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7064 34</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	

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) Brenda Grayson</p> <p>C. Date of Delivery 6-10-24</p>	
<p>Article Addressed to:</p> <p>Petro-Crown Resources, LP PO BOX 9289 Wichita Falls, TX 76308</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>	
 9590 9402 8851 4005 3055 35	<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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7064 27</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	

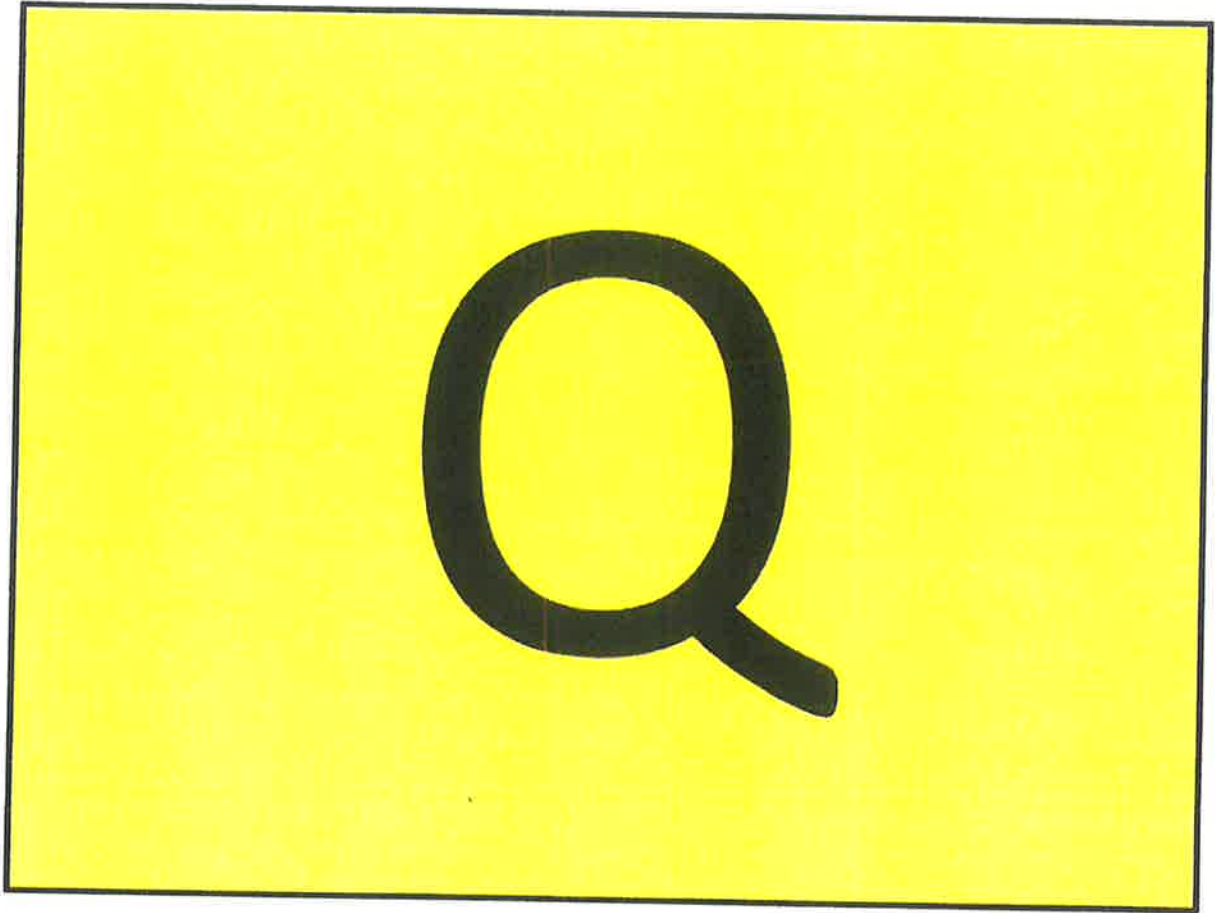
Ex.A-8-601

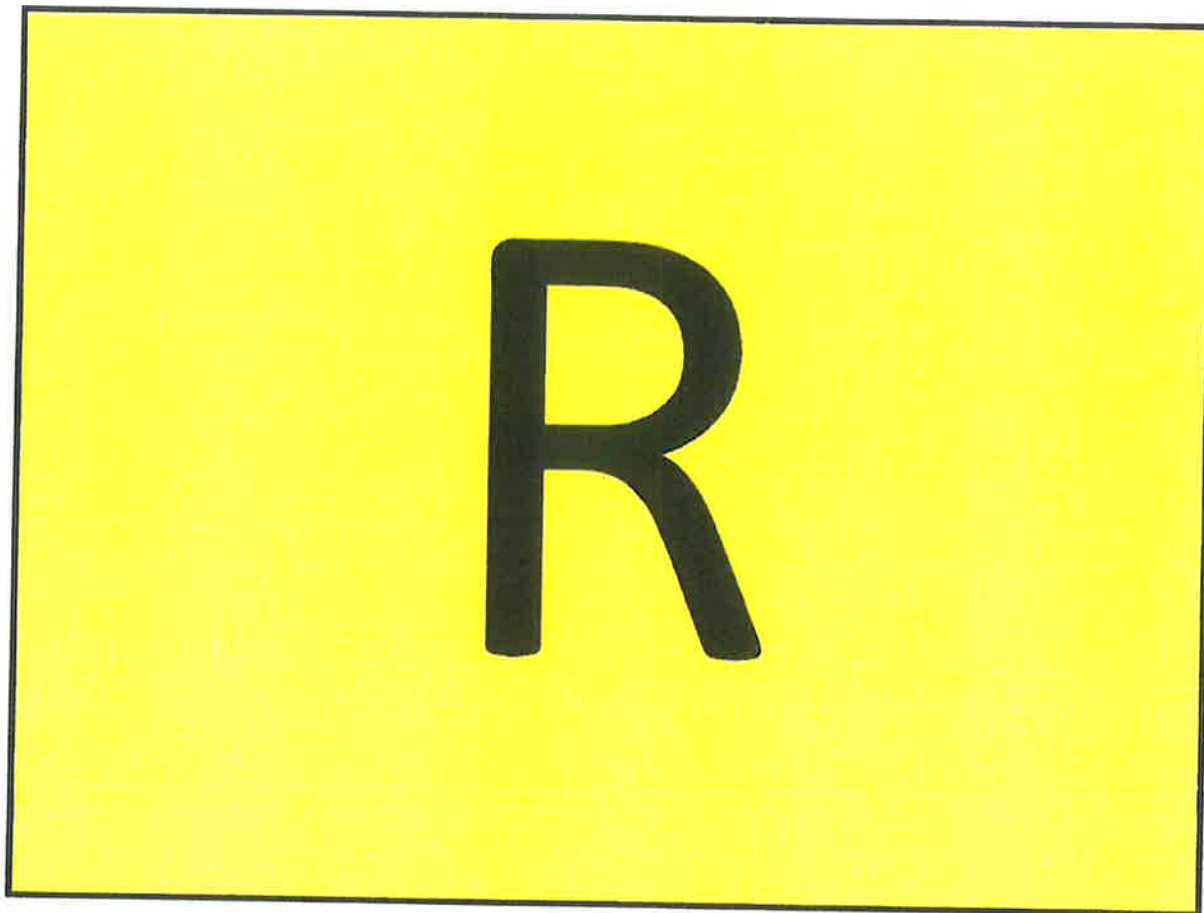
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Philip Lyle Williams and Cheryl Williams, as Co-Trustees of the Philip Lyle Williams and Cheryl Ann Williams 2016 Revocable Trust, u/t/a 6/1/2016, as Amended 1157 Mountain Canary Dr. South Lake Tahoe, CA 96150	B. Received by (Printed Name) C. Williams	C. Date of Delivery 8-10-24
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3055 42	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 PS Form 3811, July 2020 PSN 7530-02-000-9053	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"/> 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	


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Professional Investment and Trust Company PO Drawer 1599 Lovington, NM 88260	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3055 66	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 PS Form 3811, July 2020 PSN 7530-02-000-9053	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"/> 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	


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Purnell Morrow Company PO Box 823560 Dallas, TX 75382	B. Received by (Printed Name) Purnell Morrow	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3055 73	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 PS Form 3811, July 2020 PSN 7530-02-000-9053	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"/> 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	


Ex.A-8-602







SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete item <input checked="" type="checkbox"/> Print your name so that we can <input checked="" type="checkbox"/> Attach this card or on the front 1. Article Addressed to:	Signature <input checked="" type="checkbox"/> <i>Lewan P. Hufhines</i> Printed Name Lewan P. Hufhines	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee C. Date of Delivery 6/12/24 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, enter delivery address below:
Ray Hufhines 20039 Santa Rosa Dr Springdale, AR 72764			
 9590 9402 8851 4005 3056 03 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 59		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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	Rfort Mineral Properties, LLC 9716 Admiral Emerson Ave NE Albuquerque, NM 87111	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 8851 4005 3056 10 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 42		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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	Ricky D Raindt PO Box 142454 Irving, TX 75014	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Ricky D. Raindt C. Date of Delivery 6-11-24	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 8851 4005 3050 92 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7063 11		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"/> 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	

Ex.A-8-605

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert Denney</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>BRENDA DENNEY 6-8-2</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Robert Denney 1207 Ponderosa Dr Hobbs, NM 88242</p>		
 9590 9402 8851 4005 3056 58 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7062 98	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert Howe Mayse</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> 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>Robert Howe Mayse 1635 Paradise Ranch Rd Fredericksburg, TX 78624</p>		
 9590 9402 8851 4005 3056 65 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7062 81	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert M. Davenport, Jr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> 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>Robert M. Davenport, Jr 104 S Pecos Midland, TX 79701</p>		
 9590 9402 8851 4005 3056 72 2. Article Number (Transfer from service label) 9589 0710 5270 0131 7062 74	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	

Ex.A-8-606

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:

Robert Mitchell Raindl
PO Box 853
Tahoka, TX 79373



9590 9402 8851 4005 3056 89

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7062 67

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Mitch Raindl Agent
 Addressee

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

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Mail Restricted Delivery (50)

Domestic Return Receipt

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:

Robert N Jones
1351 NE Carlabay Way, Apt 131
Hillsboro, OR 97124



9590 9402 8851 4005 3056 96

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7062 50

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 RN Jones 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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Mail Restricted Delivery (0)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert P and Jeannine H Byron
PO Box 1562
Roswell, NM 88202



9590 9402 8851 4005 3057 02

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7062 43

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Robert P Byron Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery *6-12-24*

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Mail Restricted Delivery

Ex.A-8-607

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>Robertson Foley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Karen Foley</i></p> <p>C. Date of Delivery <i>6/10/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robertson B Foley 13121 Killenwood Dr Wichita, KS 67230</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"/> Certified 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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3060 06</p> <p>9589 0710 5270 0131 7062 36</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"/> Certified 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</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robin Leslie Yeager 6125 Luther Ln., Suite 385 Dallas, TX 75225</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"/> Certified 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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3060 13</p> <p>9589 0710 5270 0131 7062 29</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"/> Certified 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</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robin Leslie Yeager, in Trust 6125 Luther Ln., Suite 385 Dallas, TX 75225</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"/> Certified 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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3060 20</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"/> Certified 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</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Ex.A-8-608

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:
 Ronald M Harrison, Trustee of the Ronald M. Harrison Testamentary Trust
 739 Parkway Blvd.
 Coppell, TX 75019



9590 9402 8851 4005 3060 44

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7061 99

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) C. Date of Delivery

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

3. Service Type

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

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:
 Roxanne Rasher
 6038 S Ferdinand St
 Tacoma, WA 98409



9590 9402 8851 4005 3060 68

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7061 75

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) C. Date of Delivery

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

3. Service Type

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

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:
 Roxanne Zillner
 17704 Juniper St
 Hesperia, CA 92345



9590 9402 8851 4005 3060 75

2. Article Number (Transfer from service label)

9589 0710 5270 0131 7061 68

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) C. Date of Delivery

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

3. Service Type

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

Ex.A-8-609

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 X S. Baggio</p> <p>B. Received by (Printed Name) Sherry Ann Baggio C. Date of Delivery 16/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Roy G Barton, Jr 1919 N Turner St Hobbs, NM 88240</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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3060 82</p> <p>9589 0710 5270 0131 7061 51</p>	<p>1 Mail 1 Mail Restricted Delivery (300)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

Domestic Return Receipt

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 X R. Gieselman</p> <p>B. Received by (Printed Name) Randy Gieselman 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>RSG Properties, Ltd 2700 Racquet Club Dr Midland, TX 79705</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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3060 99</p> <p>9589 0710 5270 0131 7061 44</p>	<p>Mail Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

Domestic Return Receipt

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 X Russell King Jones</p> <p>B. Received by (Printed Name) R. Jones C. Date of Delivery 6/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Russell King Jones 3404 Alicia Ct Midland, TX 79707</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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3061 05</p> <p>9589 0710 5270 0131 7061 37</p>	<p>1 Mail Restricted Delivery</p>

Ex.A-8-610

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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Milagro Resources, LP 415 West Wall Ave., Ste. 1118 Midland, TX 79701</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3053 06</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Miller West, LTD PO Box 400 Benavides, TX 78341</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3053 13</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>MNA Enterprises LTD Co 106 W Alabama St Hobbs, NM 88242</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3053 37</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

Ex.A-8-611

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:
 Mobit Producing TX & NM, Inc
 22777 Springwoods Village Pkwy
 Spring, TX 77389



9590 9402 8851 4005 3053 44

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7066 94

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

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:
 Montgomery Petroleum
 1020 E Levee St, Ste 130
 Dallas, TX 75207



9590 9402 8851 4005 3053 75

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7066 63

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

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:
 Morgan Richardson Hubbard, Jr.
 PO Box 1961
 Abilene, TX 79604



9590 9402 8851 4005 3053 82

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7066 56

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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


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


3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery



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

Ex.A-8-612

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>1. Article Addressed to:</p> <p style="text-align: center;">Morgan Tyler Edwards 219 Treasure Way San Antonio, TX 78209</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; border: 2px solid black; border-radius: 50%; padding: 10px;"> JUN 1 2024 SAN ANTONIO, TX </p>
<p style="text-align: center;">  9590 9402 8851 4005 3053 99 </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</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7066 49</p>	<p>Mail Restricted Delivery (09)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>1. Article Addressed to:</p> <p style="text-align: center;">Mountain Lion Oil & Gas, LLC 7941 Katy Freeway #117 Houston, TX 77024</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;">  9590 9402 8851 4005 3054 05 </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</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7066 32</p>	<p>Mail Restricted Delivery (J0)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	



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:
 Nancy Warren Bentley
 248 Texas Drive
 Hideaway, TX 75711



9590 9402 8851 4005 3050 16

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7066 01

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Nancy Warren Bentley* 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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Mail Restricted Delivery (00)

Domestic Return Receipt

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:
 National Lease Co.
 100 French St Unit 115A
 Wilmington, DE 19801



9590 9402 8851 4005 3050 30

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7065 88

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Daniel L. Francis* 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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Mail Restricted Delivery (00)

Domestic Return Receipt

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:
 Nelson A. Fleck
 240 Greenwich Street
 New York, NY 10286



9590 9402 8851 4005 3050 47

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7065 88

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

COMPLETE THIS SECTION ON DELIVERY



A. Signature
 X *Nelson A. Fleck* 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

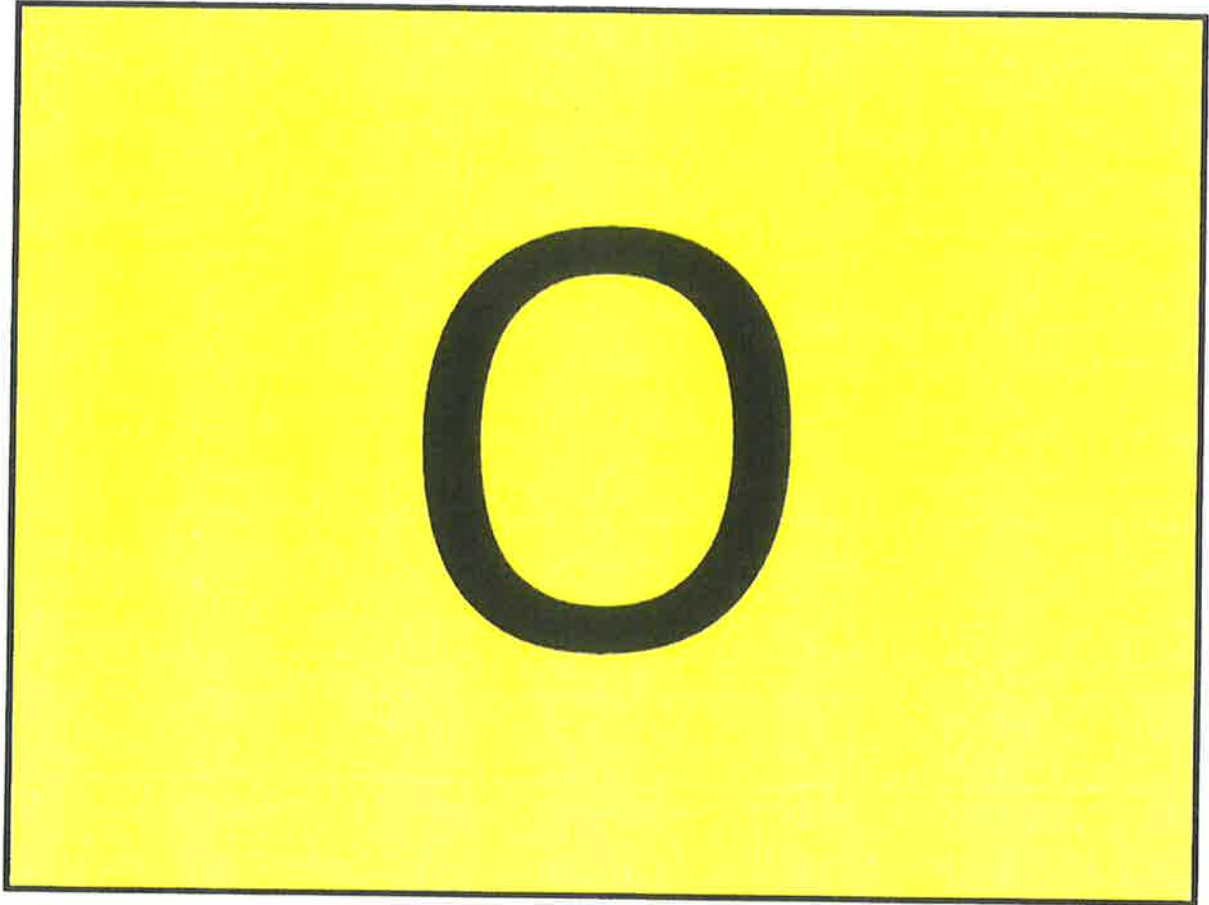
3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Mail Restricted Delivery (00)

Ex.A-8-615

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>1. Article Addressed to:</p> <p style="text-align: center;">New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87501</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;">  9590 9402 8851 4005 3050 54 </div>	<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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">9589 0710 5270 0131 7065 64</p>													

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

Domestic Return Receipt


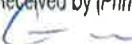


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>Article Addressed to:</p> <p>OBO INC PO Box 22577 Hialeah, FL 33002</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>OBO INC PO Box 22577 Hialeah, FL 33002</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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7065 40</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X</p> <p><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>Onez Norman Rooney Testamentary Trust PO Box 18757 Oklahoma City, OK 73154</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>Onez Norman Rooney Testamentary Trust PO Box 18757 Oklahoma City, OK 73154</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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0131 7065 26</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>Article Addressed to:</p> <p>Otis L. Jones & Lila U. Jones, Co-Trustees of the Jones Revocable Trust u/a/d October 4, 1993 44101 NW Wollen Road Banks, OR 97106</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>Otis L. Jones & Lila U. Jones, Co-Trustees of the Jones Revocable Trust u/a/d October 4, 1993 44101 NW Wollen Road Banks, OR 97106</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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3054 43</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

Ex.A-8-618

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to:</p> <p style="text-align: center;">OXY USA WTP LP 5 Greenway Plaza Suite 110 Houston, TX 77046</p>	<p>B. Received by (Printed Name) </p>	<p>C. Date of Delivery 6/8/24</p>												
<p>9590 9402 8851 4005 3054 67</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>2. Article Number (Transfer from service label) 9589 0710 5270 0131 7064 96</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery (\$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"/> Registered Mail Restricted Delivery (\$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"/> Registered Mail Restricted Delivery (\$500)													

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

Domestic Return Receipt



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 <i>x [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Monica Guerrero</i>	C. Date of Delivery
1. Article Addressed to: Russell T. Rudy Energy, LLC 320 Westcott Houston, TX 77007	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) 9590 9402 8851 4005 3061 12	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery (Mail Restricted Delivery 500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		

Domestic Return Receipt

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 <i>x [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Ruth Burney Pennebaker</i>	C. Date of Delivery
1. Article Addressed to: Ruth Burney Pennebaker 98 San Jacinto Blvd Austin, TX 78701	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) 9590 9402 8851 4005 3061 29	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery (Mail Restricted Delivery 500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		

Domestic Return Receipt



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:
 Sally Blaine Barnes
 226 Valmar St
 Kemah, TX 77565



9590 9402 8851 4005 3061 36

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7061 06

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

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

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:
 Schmidt Trust
 Michael W Elley & James C Williams,
 Successor Trustees
 117 Ripple Creek St
 Shavano Park, TX 78231



9590 9402 8851 4005 3061 50

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7060 83

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 M Elley 6/10/24

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

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

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:
 Sevenways Venture Capital, Ltd
 6125 Luther Ln., Suite 385
 Dallas, TX 75225



9590 9402 8851 4005 3061 67


COMPLETE THIS SECTION ON DELIVERY


A. Signature
 X Agent
 Addressee


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

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

3. Service Type
- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |

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>Andrew Schmidt</i></p> <p>C. Date of Delivery <i>6/10/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">SH Permian Minerals, LLC P. O. Box 470426 Fort Worth, TX 76147</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>
 9590 9402 8851 4005 3061 74	<p>3. Service Type</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
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7060 69</p>	<p>1 Mail 1 Mail Restricted Delivery (50)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Shelley M Cohn 3514 E Oregon Ave Phoenix, AZ 85018</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>
 9590 9402 8851 4005 3061 98	<p>3. Service Type</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
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0131 7060 45</p>	<p>Mail Mail Restricted Delivery (50)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Shelly Luskey Trust 4409 Balcones Dr Austin, TX 78731</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>
 9590 9402 8851 4005 3062 04	<p>3. Service Type</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
<p>2. Article Number (Transfer from service label)</p>	

Ex.A-8-624

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 X S. Baggo</p> <p>B. Received by (Printed Name) C. Date of Delivery Sherry Ann Baggo 06/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>													
<p>1. Article Addressed to:</p> <p style="text-align: center;">Sherry-Nevada Oil Royalty Co 1919 N Turner St Hobbs, NM 88240</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> </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"/> 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														
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3062 11</p> <p>9589 0710 5270 0131 7060 21</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>													

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 X Shirley Mims</p> <p>B. Received by (Printed Name) C. Date of Delivery Shirley Mims</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;">Shirley G Whitley Mims 3613 Brushwood Ln Corpus Christi, TX 78415</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> </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"/> 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														
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3062 28</p> <p>9589 0710 5270 0131 7060 14</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>													

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 X Janet Hefley</p> <p>B. Received by (Printed Name) C. Date of Delivery Janet Hefley 06/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>													
<p>1. Article Addressed to:</p> <p style="text-align: center;">Southern Cross Royalty, LP PO Box 100 Davis, OK 73030</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> </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"/> 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														
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8851 4005 3062 59</p> <p>9589 0710 5270 0131 7059 87</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>													

Ex.A-8-625

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>1. Article Addressed to: Special Exploration, LLC PO Box 369 Stillwater, OK 74076</p>	<p>B. Received by (Printed Name) <i>DON TERRY</i></p> <p>C. Date of Delivery <i>JUN 12 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>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3062 66</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: Speyside Resources, LLC PO Box 10458 Midland, TX 79702</p>	<p>B. Received by (Printed Name) <i>6/12/24 [Signature]</i></p> <p>C. Date of Delivery <i>6/12/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 9590 9402 8851 4005 3062 73</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>1. Article Addressed to: Stephen E. Dyer & Ludean E. Cantrell, Co-Trustees of the Ludean E. Cantrell Living Trust u/a/d May 20, 1991 PO Box 546 Ardmore, OK 73402</p>	<p>B. Received by (Printed Name) <i>STEPHEN DYER</i></p> <p>C. Date of Delivery <i>6/21/24</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>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>

Ex.A-8-626

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:
 Stovall Fam Trust, Francis Stoval, Trustee
 420 Ocean View
 Port Aransas, TX 78373

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7059 32

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 Kim Miller

C. Date of Delivery
 6-21-24

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

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

POST OFFICE TX 78373
 JUN 21 2024

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

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:
 Sue Richardson
 3338 FM 2952
 Bridgeport, TX 76426

2. Article Number (Transfer from service label)
 9589 0710 5270 0131 7059 25

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 Barbara Kay

C. Date of Delivery

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

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

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

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:
 Susan Elizabeth Bowen
 PO Box 584
 Verdugo City, CA 91046

2. Article Number (Transfer from service label)
 9590 9402 8851 4005 3063 27

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 BEN BIRGER

C. Date of Delivery


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


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

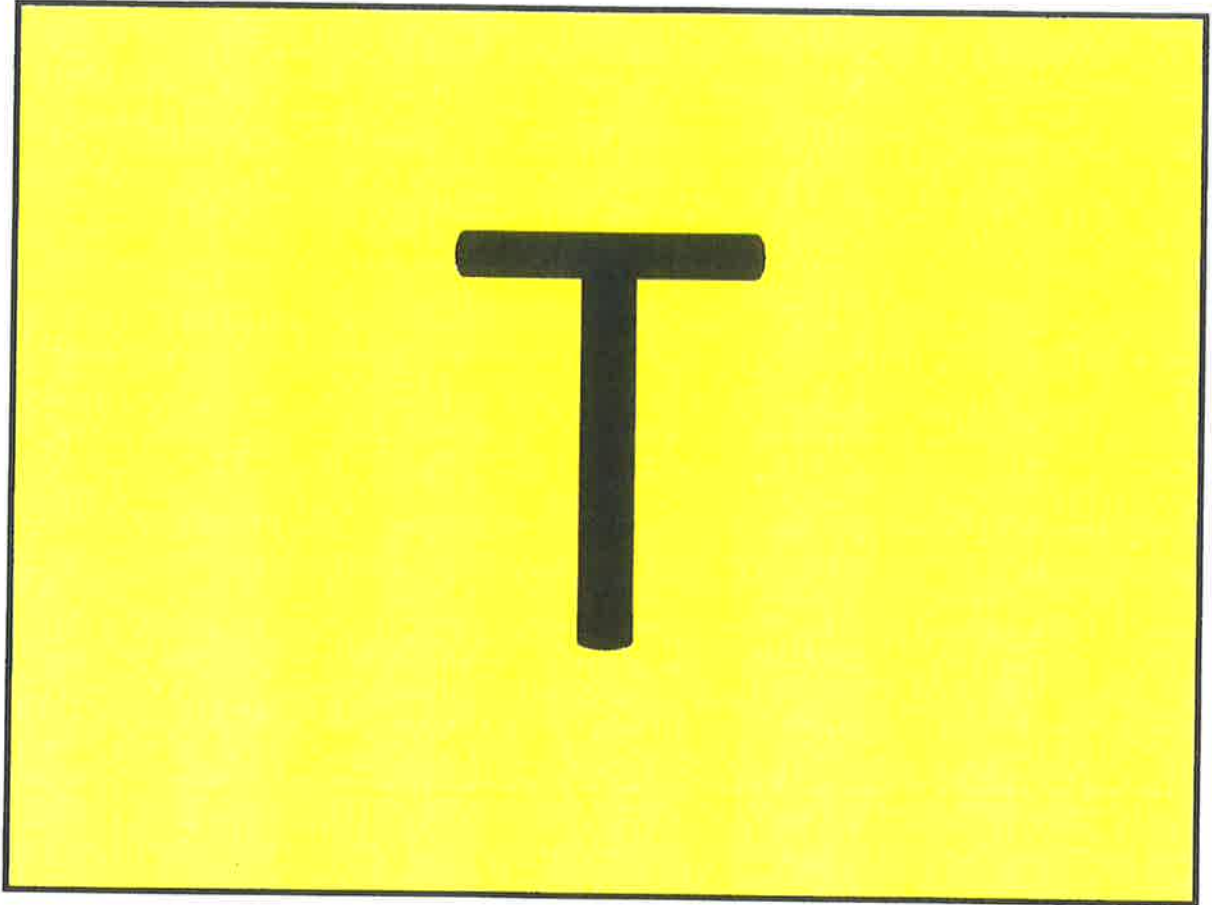
VERDUGO CITY CA 91046
 JUN 17 2024

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

Ex.A-8-627

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"/> Au. <i>MM</i></p> <p>B. Received by (Printed Name) C. Date of D</p>								
<p>1. Article Addressed to:</p> <p style="text-align: center;">SWMF Properties, Inc. PO Box 840738 Dallas, TX 75284</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; color: red; font-weight: bold;">JUN 10 2024</p>								
<p style="text-align: center;"></p> <p style="text-align: center;">9590</p> <p>2. Article Num</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> </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"/> 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™								
<p>PS Form 3877, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>									

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 <i>Jean L Stanberry</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Jean L Stanberry 6-17-2024</i></p>																
<p>Article Addressed to:</p> <p style="text-align: center;">Sylvia Jean Lechner Stanberry 3362 Fores Ln, Apt 305 Dallas, TX 75234</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;"></p> <p style="text-align: center;">9590 9422 8851 4005 3057 26</p> <p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PSN 7530-02-000-9053 Receipt</p>																	



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>Shady Morris</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Taryn N. Morris PO Box 7019 Abitene, TX 79608</p>	<p>3. Service Type</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"/> Mail Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3057 40</p> <p>9589 0710 5270 0389 0352 70</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<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>Jimmy H. [unclear]</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Texas Bank and Trust, Successor Trustee of the Dr. and Mrs. J. E. Watkins Scholarship Trust P.O. Box 2749 Longview, TX 75606</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3057 57</p> <p>9589 0710 5270 0389 0352 87</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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>Brett Croft</i></p> <p>C. Date of Delivery <i>6/8/24</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>Tharp Minerals LP 3766 Bee Caves Road, Suite 1, #128, Westlake Hills, TX 78746</p>	<p>3. Service Type</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"/> Mail
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3057 64</p> <p>9589 0710 5270 0389 0352 81</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-630

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>The Cumberland Rest Inc 1600 Texas St Fort Worth, TX 76102</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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3057 71</p> <p>9589 0710 5270 0389 0353 00</p>	<p>Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>The H and S Drilling Co. PO Box 701620 Tulsa, OK 74170</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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3057 88</p> <p>9589 0710 5270 0390 6650 15</p>	<p>Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>The McDaniel Company 12900 Preston Rd., #415 Dallas, TX 75230</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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8851 4005 3057 95</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

Ex.A-8-631


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 <i>M. ...</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: The Principia Corporation (Missouri Corp.) PO Box 1588 Tulsa, OK 74101	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (transfer from service label) 9590 9402 8851 4005 3058 01 9589 0710 5270 0389 0500 20	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

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 <i>[Signature]</i> <input checked="" type="checkbox"/> Agent* <input type="checkbox"/> Addressee	
1. Article Addressed to: Theodore August Swenson, Jr 187 N. Bay Dr. Bullard, TX 74016	B. Received by (Printed Name)	C. Date of Delivery 6/17/24
2. Article Number 9590 9402 8851 4005 3058 01 9589	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Thomas R Bina 12424 Wilshire Blvd, Ste 1150 Los Angeles, CA 90025	B. Received by (Printed Name)	C. Date of Delivery 06/10/24
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

Ex.A-8-632

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>Stamm Jefferson</u></p> <p>C. Date of Delivery <u>NOV 11 2024</u></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Tierra Media Resources LP PO Box 9758 Midland, TX 79708</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;"> 9590 9402 8851 4005 3058 32</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0500 51</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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>Ward</u></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Tommy L Fort 4914 Royal Oak Ct San Angelo, TX 76904</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;"> 9590 9402 8851 4005 3058 56</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0500 75 Restricted Delivery</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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>SA</u></p> <p>C. Date of Delivery <u>10/10/24</u></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">TREK Resources Inc 1020 E Levee St, Ste 130 Dallas, TX 75207</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>

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:

Tritex Production Company
 2882 Sandhill Rd, #117
 Menlo Park, CA 94025



9590 9402 8851 4005 3058 70

2. Article Number (Transfer from service label)

9589 0710 5270 0389 0500 99

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jose C. Ayala*

- Agent
- Addressee

B. Received by (Printed Name)

Jose C. Ayala

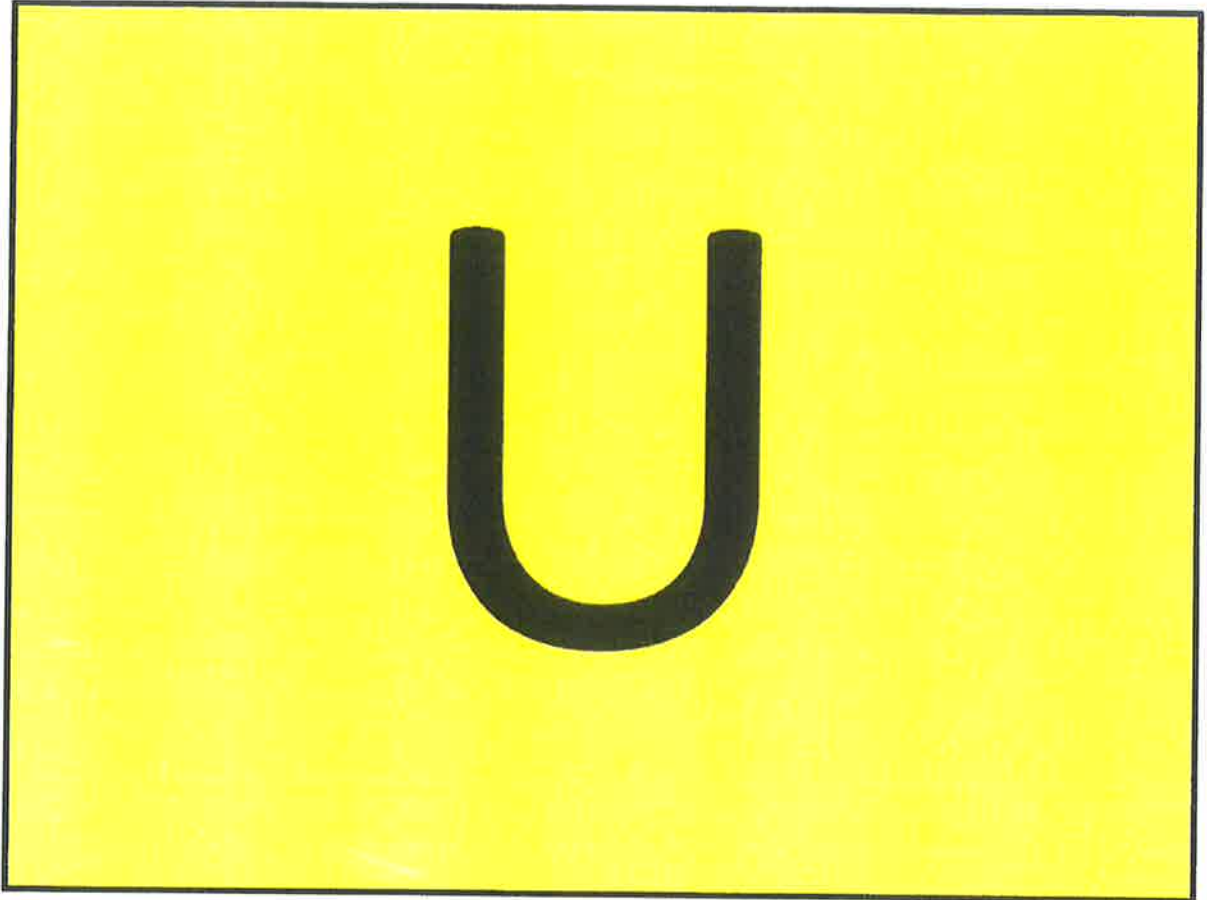
C. Date of Delivery

6-12-2024

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


3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery





Ex.A-8-636

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Ben Weaver</i> <input type="checkbox"/> Agent</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Vink Family Trust, David E & Margaret F Vink, Trustees 10 Andorra Trace Hot Springs Village, AR 71909</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Ben Weaver</i></p>
 <p>9590 9402 8851 4005 3058 87</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> N</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>9589071052700389050105</i></p>	<p>3. Service Type Express®</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Sign.</p> <p><input type="checkbox"/> Certified Mail Del.</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery 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>



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: W P & Bulah Luse Foundation PO Box 840738 Dallas, TX 75284	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3059 00	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No JUN 14 2024	
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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Wentz Production LLC PO Box 834 Davis, OK 73030	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3059 17	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Wentz Rocket LLC 6350 W Reno Oklahoma City, OK 73127	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 8851 4005 3059 24	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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"/> 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	

Ex.A-8-639

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:
 White Rock Royalty Partners No. 1
 427 S Boston Avenue, Suite 711
 Tulsa, OK 74103

2. Article Number (Transfer from service label)
 9590 9402 8851 4005 3059 31

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 MYRA Block

C. Date of Delivery
 6/12

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

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:
 Will Downing
 2607 Hodges St
 Midland, TX 79705

2. Article Number (Transfer from service label)
 9590 9402 8851 4005 3059 62

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 LATHYN DANNON

C. Date of Delivery
 6/20/24

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 William A. Lechner
 225 Rockford Rd
 Waco, TX 76172

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 W.A. Lechner

C. Date of Delivery
 8-10-24

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 William B. Watson, Agent o/b/o Archbishop
 New York
 PO Box 470425
 Fort Worth, TX 76147



9590 9402 8851 4005 3059 93

2. Article Number (Transfer from service label)
 9589 0710 5270 0389 0502 11

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 Anna M STIEDENS

C. Date of Delivery
 4-10-24

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

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 Restricted Delivery

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 William E & Edna D Kreps Memorial Trust, Bank
 of America, N.A., Trustee
 PO 830308
 Dallas, TX 75283



9590 9402 8851 4005 3063 34

2. Article Number (Transfer from service label)
 9589 0710 5270 0389 0502 28

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 MM

C. Date of Delivery

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

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 Restricted Delivery

JUN 10 2024

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

Domestic Return Receipt

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:
 Williams Revocable Living Trust
 824 Thomas Crossing Dr
 Burleson, TX 76028



9590 9402 8851 4005 3063 65

2. Article Number (Transfer from service label)
 9589 0710 5270 0389 0502 59

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 Linda Lauterbach

C. Date of Delivery
 5-11-24

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

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 Restricted Delivery

Ex.A-8-641

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:

Windom Royalties LLC
 PO Box 660082
 Dallas, TX 78645



9590 9402 8851 4005 3063 72

2. Article Number (Transfer from service label)

9589 0710 5270 0389 0502 66

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

DAVIN WOODS

C. Date of Delivery

6/10/24

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

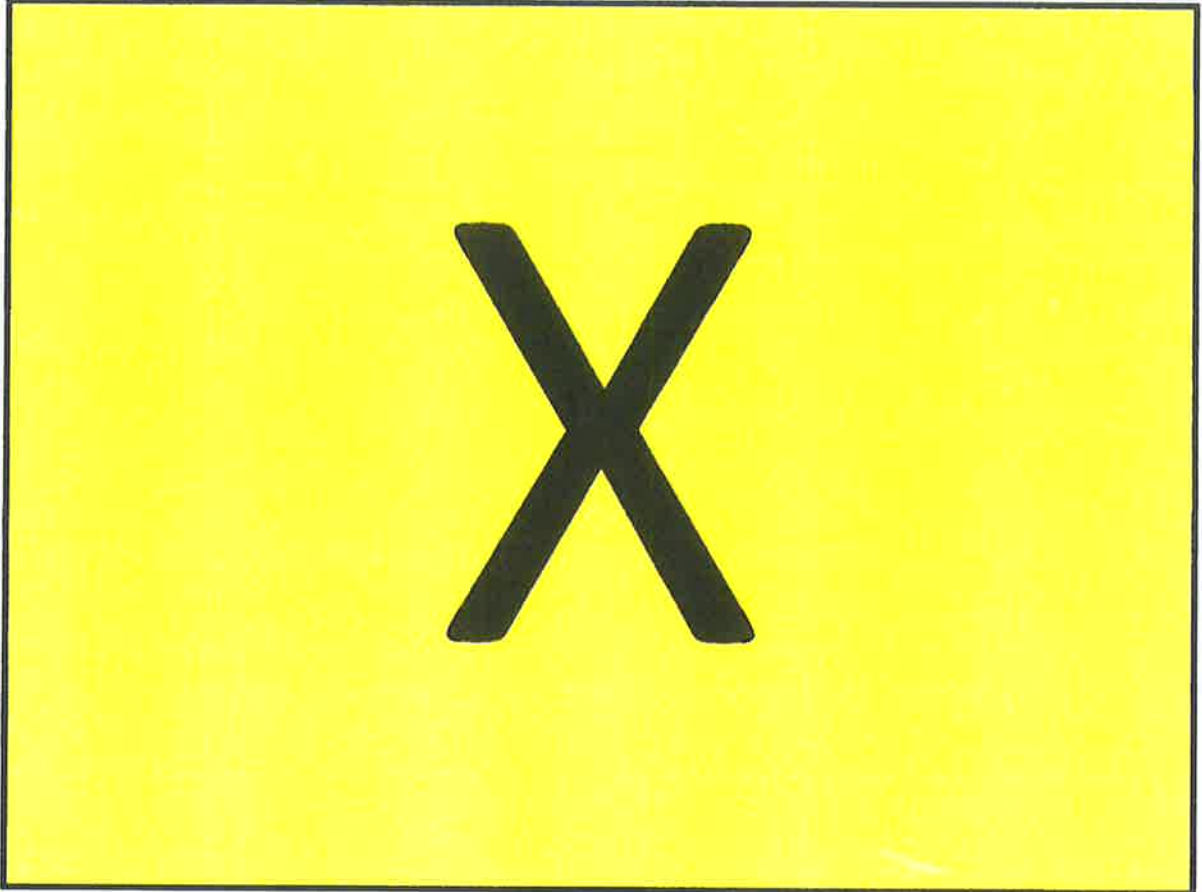
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

Ex.A-8-642



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>															
<p>1. Article Addressed to:</p> <p style="text-align: center;">XTO Holdings, LLC 22777 Springwoods Village Pkwy Spring, TX 77389</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>														
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9589 0710 5270 0389 0502 73</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Restricted Delivery</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"/> Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®															
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™															
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery															
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™															
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery															
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail															
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Restricted Delivery															



9590 9402 8851 4005 3063 89


Domestic Return Receipt



Ex.A-8-645

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>[Handwritten Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>															
<p>1. Article Addressed to:</p> <p style="text-align: center;">Yeager Resources, Ltd P. O. Box 53567 Midland, TX 79710</p>	<p>B. Received by (Printed Name) <i>Lisa J CRM</i></p>	<p>C. Date of Delivery <i>6-12-24</i></p>														
 <p>9590 9402 8851 4005 3063 96</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>2. Article Number (Transfer from service label) 9589 0710 5270 0389 0502 80</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™ Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail™</td> <td></td> </tr> </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"/> Restricted Delivery	<input type="checkbox"/> Insured Mail™	
<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™																
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Restricted Delivery Domestic Return Receipt</p>														



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>X <i>[Handwritten Signature]</i></p>															
<p>1. Article Addressed to:</p> <p style="text-align: center;">ZPZ Delaware I, LLC 2000 Post Oak Blvd, Ste. 100 Houston, TX 77056</p>	<p>B. Received by (Printed Name)</p> <p><i>[Handwritten Name]</i></p>	<p>C. Date of Delivery</p> <p><i>8/10</i></p>														
 <p style="text-align: center;">9590 9402 8851 4005 3064 02</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>2. Article Number (Transfer from container label)</p> <p style="text-align: center;">9589 0710 5270 0389 0502 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><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Registered 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"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Registered 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"/> Signature Confirmation Restricted Delivery															
<input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)																

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



United States Department of the Interior

BUREAU OF LAND MANAGEMENT
 New Mexico State Office
 301 Dinosaur Trail
 Santa Fe, New Mexico 87508
<https://www.blm.gov/new-mexico>



Exhibit A-9

In Reply Refer To:
 3180 (NM92500)
 NMNM106330119

Reference:
 Application and Request for Designation
 North Jal (Yates - Seven Rivers - Queen) Unit
 NMNM106330119

FAE II Operating, LLC
 Attn: Joe Kent
 11757 Katy Freeway, Suite 725
 Houston, TX 77079

Gentlemen:

Your application dated April 4, 2024, filed with the Bureau of Land Management (BLM) New Mexico State Office (NMSO), requests to amend the Unit designation of the North Jal (Yates - Seven Rivers - Queen) Unit known as the North Jal Unit area, will now be embracing **3,154.37 acres**, more or less, in Lea County, New Mexico, (25.37% Federal minerals, 20.29% State lands and 54.35% fee lands) as logically subject to the unitization provisions of the Mineral Leasing Act, as amended.

The secondary recovery study for this proposed unit estimates that successful secondary operations by waterflooding would result in an estimated 4.62 mmbo additional barrels of oil. Pursuant to public interest requirements and to unit plan regulations 43 CFR 3180, the land requested, as outlined on your plat marked "Exhibit "A", North Jal (Yates - Seven Rivers - Queen) Unit", is acceptable and is hereby designated as a logical unit area for the purpose of secondary recovery operations and has been assigned a pending agreement number **NMNM106330119**. This unit designation is for all oil and gas where the vertical limits of which extended from an upper limit described as the top of the Yates Formation to a lower limit at the base of the Queen Formation as defined in Section 2 (h) of the Unit Agreement and is valid for a period of one year from the date of this letter.

The unit agreement submitted for the area designated as stated in the initial plan of development (Exhibit E of Unit Agreement) the Unit Operator shall be required to commence secondary development within one calendar year of the effective date of the approved unitization agreement.

INTERIOR REGION 5 - MISSOURI BASIN
 Kansas, Most of Montana, North Dakota,
 Nebraska, South Dakota

**INTERIOR REGION 6 - ARKANSAS-
 RIO GRANDE-TEXAS GULF**
 Oklahoma, Texas

**INTERIOR REGION 7 - UPPER
 COLORADO BASIN**
 Colorado, New Mexico, Utah, Wyoming

Ex.A-9-649

All Unit wells will be required to have the Unit name, such as "North Jal Unit No. 1H" with consecutive well numbers. All unit wells shall be operated by the Unit Operator. As stated in Section 2 (h) in the unit agreement, unitized substances are as follows:

"Unitized Formation" shall mean that interval underlying the Unit Area, the vertical limits of which extended from an upper limit described as the top of the Yates Formation to a lower limit at the base of the Queen Formation; the geologic markers having been previously found to occur at 2,879 feet and 3,691 feet, respectively, in Skelly Oil Company's Sherrill No. 7 well (later renamed the Langlie Jal Unit #017) API #30-025-11301, located 1,980 feet FSL and 1,930 feet FEL of Section 31, T-24-S, R-37-E, Lea County, New Mexico) as recorded on the Frontier Perforators, Inc., Gamma Ray-Neutron log run on September 1, 1957 and measured from a Kelly Bushing elevation of 3,241 feet above sea level. A type log is provided in Exhibit "D" attached hereto and incorporated herein. ."

The use of the model form for a Bureau of Land Management (BLM) New Mexico State Office (NMSO) Federal Secondary Recovery Unit, modified as shown in your application, will be accepted. If conditions arise such that further modifications of said standard form are proposed, two (2) copies of the proposed modifications with appropriate justification must be re-submitted to this office for preliminary approval.

Please be advised that before this office can grant final approval of the North Jal (Yates - Seven Rivers - Queen) Unit, a statement must be submitted notifying this office as to what bonding will be used to cover operations under this unit and the intent to not horizontally segregate Federal leases.

In the event where a suspension or extension is needed, the unit operator must submit the application for a suspension or extension, prior to the expiration date, with thorough and detailed documentation of reasons for requesting a suspension or extension. Once the unit tracts are unitized, Suspensions of Federal oil and gas leases are outlined in 43 CFR 3103.4-4 and 43 CFR 3165.1. Federal oil and gas lease extensions are outlined in 43 CFR 3105.5-4 and 43 CFR 3107.

In the absence of any type of land requiring special provisions or of any objections not now apparent, a duly executed agreement identical with said form, modified as outlined above, will be approved if submitted in approvable status within a reasonable period of time. However, notice is hereby given that the right is reserved to deny final approval of any executed agreement submitted that, in our opinion, does not serve the public interest or does not have the full commitment of sufficient lands to afford effective control of operations in the unit area.

Inasmuch as this unit area contains State of New Mexico lands, we are sending a copy of this letter to the New Mexico State Land Office, and we hereby request that you contact the State promptly in connection with this letter before soliciting joinders. The designation of this unit by BLM shall only become valid and effective upon official like designation by the New Mexico State Land Commissioner.

Please include the latest status of all acreage along with a separate recapitulation table of the latest commitment status of the interests in each tract when the executed agreement is submitted for final approval.

In preparing Exhibits "A" and "B", the format of the included sample exhibits of the model form per 43 CFR 3186.1-1 and 43 CFR 3186.1-2 shall be followed with the NMSO revisions. The current draft Exhibit B submitted is not approved and a correct formatted Exhibit B will be required for final approve of the unit agreement. A minimum of three (3) copies of the executed agreement shall be submitted with your request for final approval.

As provided in 43 CFR 3165.3(b), you may request an administrative review of this decision before the State Director. Per 43 CFR 3165.4, you may appeal any instructions, orders, or decisions issued by the BLM New Mexico State Office directly to the Interior Board of Land Appeals pursuant to the regulations found at 43 CFR 4. A copy of Form 1842-1, *Information on Taking Appeals to the Interior Board of Land Appeals*, is enclosed.

Please contact Edward G Fernandez, Petroleum Engineer, at efernand@blm.gov if you have any questions.

Sincerely,

KYLE
PARADIS

Digitally signed by
KYLE PARADIS
Date: 2024.04.23
13:49:12 -06'00'

Kyle Paradis
Branch Chief of Reservoir Management
Division of Minerals

Enclosures

- 1 - North Jal BLM Request for Amended Designation 4-2-2024
- 2 - NJU Exhibit A- No LJU draft 3-3-2024 v4
- 2 - DRAFT- NORTH JAL EXHIBIT B 4.10.2024
- 2 - Form 1842-1

cc: w/enclosure
NMP0220, CFO Chris Walls
NM92500, Unit File

New Mexico State Land Office
Baylin Lamkin - blamkin@slo.state.nm.us

Ex.A-9-651



Stephanie Garcia Richard
COMMISSIONER

State of New Mexico
Commissioner of Public Lands

310 OLD SANTA FE TRAIL
P.O. BOX 1148
SANTA FE, NEW MEXICO 87504-1148

COMMISSIONER'S OFFICE

Phone (505) 827-5760

Fax (505) 827-5766

www.nmstatelands.org

June 12, 2024

FAE II Operating, LLC
ATTN: Mr. Joe Kent
11757 Katy Freeway, Suite 725
Houston, TX 77079

Re: Preliminary Approval
North Jal Unit
Lea County, New Mexico

Dear Mr. Kent,

We have received your letter dated April 4, 2024 requesting an amendment to the designated unit area for the North Jal Unit in Lea County, New Mexico. The designation of the original unit area was made on December 18, 2023 and was contingent on the incorporation of the Langlie Jal Unit acreage into the newly designated North Jal Unit. An agreement between FAE and the operator of the Langlie Jal Unit could not be reached, which prompted the unit area amendment to exclude that acreage. Removal of this acreage results in a decrease in unit size from 7,859.35 acres to 3,154.37 acres, more or less. No new lands were added to the unit outline. The mineral ownership breakdown under the revised North Jal unit outline consists of 25.37% federal lands, 20.29% state lands, and 54.35% fee lands.

Preliminary approval shall not be construed to mean final approval of this agreement in any way and will not extend any short-term leases until final approval and an effective date have been given.

When submitting your agreement for final approval, please include the following:

1. Application for final approval by the Commissioner setting forth the tracts that have been committed and the tracts that have not been committed.
2. One copy of the updated Unit Agreement on the latest available version of the form.
3. Pursuant to Rule 19.2.100.51, a statement of facts showing that:
 - a. The agreement will tend to promote the conservation of oil and gas and the better utilization of reservoir energy.
 - b. Under the proposed unit operation, the State of New Mexico will receive its fair and equitable share of the recoverable oil and gas in place under its lands in the proposed unit area.

Ex.A-9-652

- c. Each beneficiary institution of the State of New Mexico will receive its fair and equitable share of the recoverable oil and gas under its lands within the unit area.
- d. The unit agreement is in other respects for the best interest of the Trust.
3. All ratifications from the Lessees of Record and Working Interest Owners. The documents must contain original signatures that are acknowledged by a notary.
4. Approval order from the New Mexico Oil Conservation Division. State Land Office approval is conditioned upon approval by the New Mexico Oil Conservation Division.
5. Final approval letter from the Bureau of Land Management.
6. One copy of the Unit Operating Agreement.
7. A \$1,000.00 total filing fee. The filing fee is \$100 for each section or partial section included in the unit, whether federal, state, or privately owned.

If you have any questions or if we may be of further assistance, please contact the Baylen Lamkin at 505.827.6628 or blamkin@slo.state.nm.us.

Respectfully,



Stephanie Garcia Richard
Commissioner of Public Lands

SGR/bl

cc: NMOCD – Attn: Mr. Leonard Lowe
RMD – Attn: Ms. Jeri Birge
BLM – Mr. Kyle Paradis, Mr. Ed Fernandez, Mr. Chris Walls
Units Reader File

Forty Acres Energy
11757 Katy Freeway, Suite 725
Houston, Texas 77079



NORTH JAL (YATES - SEVEN RIVERS – QUEEN) UNIT

**WORKING INTEREST (COST-BEARING INTEREST)
OWNER'S ELECTION BALLOT**
(Please return one copy)

Working Interest Owner: Bevi Childress
Estimated WI*: 0.000085075%
Estimated NRI*: 0.0000462795%

elects TO PARTICIPATE in the North Jal (Yates - Seven Rivers – Queen) Unit.

elects NOT TO PARTICIPATE in the North Jal (Yates - Seven Rivers - Queen) Unit.

By: Bevi Childress

Printed Name: BEVI CHILDRESS

Title (if applicable): OWNER

**Working Interests and Net Revenue Interests are estimates only and subject to change*

**RATIFICATION AND
JOINDER OF UNIT AGREEMENT & UNIT OPERATING AGREEMENT**

In consideration of the execution of the Unit Agreement for the Development and Operation of the **North Jal (Yates - Seven Rivers - Queen) Unit Area** located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, and in consideration of the execution or ratification by other working interest owners of the contemporary Unit Operating Agreement which relates to said Unit Agreement, the undersigned (whether one or more) hereby expressly ratifies, approves, confirms, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original instruments.

This Ratification and Joinder shall be effective as to the undersigned's interest in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any and all of the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this 11 day of APRIL, 2024.

Interest Owner: Bevi Childress


OWNER SIGNATURE

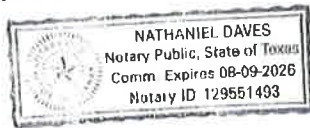
Acknowledgement in an Individual Capacity

STATE OF Texas §
§
COUNTY OF Tarrant §

The foregoing instrument was acknowledged before me this 11 day of Apr. 1, 2024, by Bevi Childress.

Notary Public

My commission expires: 08/09/2026
(Notarial Seal)



Acknowledgement in a Representative Capacity

STATE OF _____ §
§
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____, by _____ in their capacity as _____ on behalf of _____.

Notary Public

My commission expires: _____
(Notarial Seal)

RATIFICATION AND JOINDER OF UNIT AGREEMENT & UNIT OPERATING AGREEMENT

In consideration of the execution of the Unit Agreement for the Development and Operation of the **North Jal (Yates - Seven Rivers - Queen) Unit Area** located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, and in consideration of the execution or ratification by other working interest owners of the contemporary Unit Operating Agreement which relates to said Unit Agreement, the undersigned (whether one or more) hereby expressly ratifies, approves, confirms, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original instruments.

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This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this 11 day of APRIL, 2024.

Interest Owner: Bevi Childress

Bevi Childress
OWNER SIGNATURE

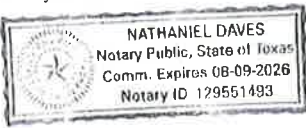
Acknowledgement in an Individual Capacity

STATE OF Texas §
 §
COUNTY OF Tarrant §

The foregoing instrument was acknowledged before me this 11 day of April, 2024, by Bevi Childress.

Notary Public

My commission expires: 08/09/2024.
(Notarial Seal)



Acknowledgement in a Representative Capacity

STATE OF _____ §
 §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____, by _____, in their capacity as _____ on behalf of _____.

Notary Public

My commission expires: _____
(Notarial Seal)

Forty Acres Energy
11757 Katy Freeway, Suite 725
Houston, Texas 77079



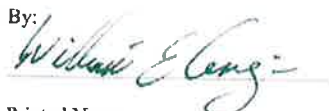
NORTH JAL (YATES - SEVEN RIVERS - QUEEN) UNIT

**WORKING INTEREST (COST-BEARING INTEREST)
OWNER'S ELECTION BALLOT
(Please return one copy)**

Working Interest Owner: Corrigan Southern Land and Cattle Company, LLC
Estimated WI*: 0.0009946551%
Estimated NRI*: 0.0025934415%

elects TO PARTICIPATE in the North Jal (Yates - Seven Rivers - Queen) Unit

elects NOT TO PARTICIPATE in the North Jal (Yates - Seven Rivers - Queen) Unit.

By: 

Printed Name:
Corrigan Southern Land & Cattle Co LLC
William E. Corrigan, Manager
8117 Preston Road, Suite 610
Dallas, Texas 75225
TAX ID: 30-0705638

**Working Interests and Net Revenue Interests are estimates only and subject to change*

RATIFICATION AND JOINDER OF UNIT AGREEMENT & UNIT OPERATING AGREEMENT

In consideration of the execution of the Unit Agreement for the Development and Operation of the North Jal (Yates - Seven Rivers - Queen) Unit Area located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, and in consideration of the execution or ratification by other working interest owners of the contemporary Unit Operating Agreement which relates to said Unit Agreement, the undersigned (whether one or more) hereby expressly ratifies, approves, confirms, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original instruments.

This Ratification and Joinder shall be effective as to the undersigned's interest in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any and all of the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this 18th day of July, 2024

William E. Corrigan
OWNER:
Owner Na Corrigan Southern Land & Cattle Co LLC
William E. Corrigan, Manager
8117 Preston Road, Suite 610
Dallas, Texas 75225
TAX ID: 30-0705638

Acknowledgement in an Individual Capacity

STATE OF _____ §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____, by _____.

Notary Public

My commission expires: _____
(Notarial Seal)

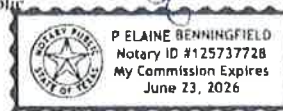
Acknowledgement in a Representative Capacity

STATE OF Texas §
COUNTY OF Dallas §

The foregoing instrument was acknowledged before me this 18th day of July, 2024 by William E. Corrigan their capacity as Manager on behalf of Corrigan Southern Land & Cattle Co.

P. Elaine Benningfield
Notary Public

My commission expires June 23, 2026
(Notarial Seal)



**RATIFICATION AND
JOINER OF UNIT AGREEMENT & UNIT OPERATING AGREEMENT**

In consideration of the execution of the Unit Agreement for the Development and Operation of the **North Jal (Yates - Seven Rivers - Queen) Unit Area** located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, and in consideration of the execution or ratification by other working interest owners of the contemporary Unit Operating Agreement which relates to said Unit Agreement, the undersigned (whether one or more) hereby expressly ratifies, approves, confirms, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original instruments.

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This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this 18th day of July, 2024.

William E. Corrigan
OWNER'S
Owner Name: **Corrigan Southern Land & Cattle Co LLC**
William E. Corrigan, Manager
8117 Preston Road, Suite 610
Dallas, Texas 75225
TAX ID: 30-0705638

Acknowledgement in an Individual Capacity

STATE OF _____ §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____, by _____.

Notary Public

My commission expires: _____
(Notarial Seal)

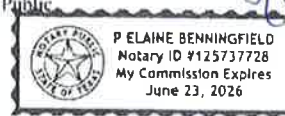
Acknowledgement in a Representative Capacity

STATE OF Texas §
COUNTY OF Dallas §

The foregoing instrument was acknowledged before me this 18th day of July, 2024, by William E. Corrigan, in their capacity as Manager of Corrigan Southern Land & Cattle Co on behalf

P. Elaine Benningfield
Notary Public

My commission expires: June 23, 2026
(Notarial Seal)



**RATIFICATION AND
JOINDER OF UNIT AGREEMENT & UNIT OPERATING AGREEMENT**

In consideration of the execution of the Unit Agreement for the Development and Operation of the North Jal (Yates - Seven Rivers - Queen) Unit Area located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, and in consideration of the execution or ratification by other working interest owners of the contemporary Unit Operating Agreement which relates to said Unit Agreement, the undersigned (whether one or more) hereby expressly ratifies, approves, confirms, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original instruments.

This Ratification and Joinder shall be effective as to the undersigned's interest in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any and all of the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this 18th day of July, 2024.


OWNER Corrigan Southern Land & Cattle Co LLC
Owner N. William E. Corrigan, Manager
8117 Preston Road, Suite 610
Dallas, Texas 75225
TAX ID: 30-0705638

Acknowledgement in an Individual Capacity

STATE OF _____ §
 §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____, by _____.

Notary Public

My commission expires: _____
(Notarial Seal)

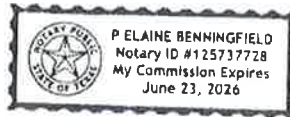
Acknowledgement in a Representative Capacity

STATE OF Texas §
 §
COUNTY OF Dallas §

The foregoing instrument was acknowledged before me this 18th day of July, 2024, by William E. Corrigan, in their capacity as Manager on behalf of Corrigan Southern Land & Cattle Co.


Notary Public

My commission expires: June 23, 2026
(Notarial Seal)



Russell T. Rudy Energy, LLC
320 Westcott
Houston, TX 77007

April 29, 2024

FAE II, LLC
11757 Katy Freeway, Suite 725
Houston, TX 77079

Attn: Land Department

RE: Proposed North Jal Unit
Lea Co., NM

Land Department:

Enclosed please find a fully executed Ratification and Joinder of Unit Agreement in triplicate, as well as a signed election to participate in the North Jal (Yates-Seven Rivers-Queen) Unit.

Please make note of our new address and forward all future correspondence to:

Russell T. Rudy Energy, LLC
320 Westcott
Houston, TX 77007

If you have any questions you may email me at mherring@rudyenergy.com or you may call me at 713-822-3612.

Sincerely,



Michael Herrin, CPE
Russell T. Rudy Energy, LLC

Ex.A-9-662

Forty Acres Energy
11757 Katy Freeway, Suite 725
Houston, Texas 77079



NORTH JAL (YATES - SEVEN RIVERS - QUEEN) UNIT

**WORKING INTEREST (COST-BEARING INTEREST)
OWNER'S ELECTION BALLOT**
(Please return one copy)

Working Interest Owner: Russell T. Rudy Energy, LLC
Estimated WI*: 0.0012250821%
Estimated NRI*: 0.001271441 %

elects **TO PARTICIPATE** in the North Jal (Yates - Seven Rivers - Queen) Unit.

elects **NOT TO PARTICIPATE** in the North Jal (Yates - Seven Rivers - Queen) Unit.

By: 

Printed Name:
Russell T. Rudy
Manager

Title (if applicable):

**Working Interests and Net Revenue Interests are estimates only and subject to change*

RATIFICATION AND JOINDER OF UNIT AGREEMENT & UNIT OPERATING AGREEMENT

In consideration of the execution of the Unit Agreement for the Development and Operation of the **North Jal (Yates - Seven Rivers - Queen) Unit Area** located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, and in consideration of the execution or ratification by other working interest owners of the contemporary Unit Operating Agreement which relates to said Unit Agreement, the undersigned (whether one or more) hereby expressly ratifies, approves, confirms, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original instruments.

This Ratification and Joinder shall be effective as to the undersigned's interest in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any and all of the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this _____ day of _____.

Interest Owner: Russell T. Rudy Energy, LLC

OWNER SIGNATURE

Acknowledgement in an Individual Capacity

STATE OF _____ §
 §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____ by _____.

Notary Public

My commission expires: _____
(Notarial Seal)

Acknowledgement in a Representative Capacity

STATE OF Texas §
 §
COUNTY OF Harris §

The foregoing instrument was acknowledged before me this 26th day of April, 2024, by Russell T. Rudy in their capacity as Manager on behalf of Russell T. Rudy Energy LLC.

Notary Public

My commission expires: 11/13/2024
(Notarial Seal)



**RATIFICATION AND
JOINDER OF UNIT AGREEMENT & UNIT OPERATING AGREEMENT**

In consideration of the execution of the Unit Agreement for the Development and Operation of the **North Jal (Yates - Seven Rivers - Queen) Unit Area** located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, and in consideration of the execution or ratification by other working interest owners of the contemporary Unit Operating Agreement which relates to said Unit Agreement, the undersigned (whether one or more) hereby expressly ratifies, approves, confirms, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original instruments.

This Ratification and Joinder shall be effective as to the undersigned's interest in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any and all of the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this _____ day of _____

Interest Owner: Russell T. Rudy Energy, LLC

OWNER SIGNATURE

Acknowledgement in an Individual Capacity

STATE OF _____ §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____ by _____

Notary Public

My commission expires: _____
(Notarial Seal)

Acknowledgement in a Representative Capacity

STATE OF Texas §
COUNTY OF Harris §

The foregoing instrument was acknowledged before me this 26th day of April, 2024, by Russell T. Rudy in their capacity as Manager on behalf of Russell T. Rudy Energy LLC

Notary Public

My commission expires: 11/13/2024
(Notarial Seal)



Forty Acres Energy
11757 Katy Freeway, Suite 725
Houston, Texas 77079



NORTH JAL (YATES - SEVEN RIVERS - QUEEN) UNIT

**WORKING INTEREST (COST-BEARING INTEREST)
OWNER'S ELECTION BALLOT**
(Please return one copy)

Working Interest Owner: The Corrigan-Goddard Ranch Family Limited Partnership
Estimated WI*: 0.0013298534%
Estimated NRI*: 0.0010877388%

X elects TO PARTICIPATE in the North Jal (Yates - Seven Rivers - Queen) Unit.

_____ elects NOT TO PARTICIPATE in the North Jal (Yates - Seven Rivers - Queen) Unit.

By: 

Printed Name:

Corrigan-Goddard Ranch FLP
Corrigan-Goddard Ranch, LLC, GP
William E. Corrigan, Manager
8117 Preston Road, Suite 610
Dallas, Texas 75225
TAX ID: 27-0672669

**Working Interests and Net Revenue Interests are estimates only and subject to change*

**RATIFICATION AND
JOINER OF UNIT AGREEMENT**

In consideration of the execution of the Unit Agreement for the Development and Operation of the North Jal (Yates - Seven Rivers - Queen) Unit Area located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, confirms, and adopts said Unit Agreement as fully as though the undersigned had executed the original instrument.

This Ratification and Joinder shall be effective as to the undersigned's interests in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any and all of the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this 18th day of July, 2024.

William E. Corrigan
OWNER
Owner of **Corrigan-Goddard Ranch FLP**
Corrigan-Goddard Ranch, LLC, GP
William E. Corrigan, Manager
8117 Preston Road, Suite 610
Dallas, Texas 75225
TAX ID: 27-0672669

Acknowledgement in an Individual Capacity

STATE OF _____ §
 §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____, by _____.

Notary Public

My commission expires: _____
(Notarial Seal)

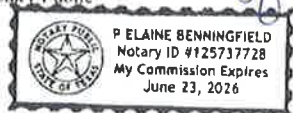
Acknowledgement in a Representative Capacity

STATE OF Texas §
 §
COUNTY OF Dallas §

The foregoing instrument was acknowledged before me this 18th day of July, 2024, by William E. Corrigan in their capacity as Manager of GP of Corrigan-Goddard Ranch FLP on behalf of _____.

P. Elaine Benningfield
Notary Public

My commission expires: June 23, 2026
(Notarial Seal)



**RATIFICATION AND
JOINDER OF UNIT AGREEMENT**

In consideration of the execution of the Unit Agreement for the Development and Operation of the **North Jal (Yates - Seven Rivers - Queen) Unit Area** located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, the undersigned (whether one or more) hereby expressly joins said Unit Agreement and ratifies, approves, confirms, and adopts said Unit Agreement as fully as though the undersigned had executed the original instrument.

This Ratification and Joinder shall be effective as to the undersigned's interests in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any and all of the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this 18th day of July, 2024.


OWNER
Own **Corrigan-Goddard Ranch FLP**
Corrigan-Goddard Ranch, LLC, GP
William E. Corrigan, Manager
8117 Preston Road, Suite 610
Dallas, Texas 75225
TAX ID: 27-0672669

Acknowledgement in an Individual Capacity

STATE OF _____ §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____, by _____.

Notary Public

My commission expires: _____
(Notarial Seal)

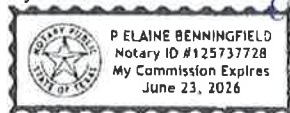
Acknowledgement in a Representative Capacity

STATE OF Texas §
COUNTY OF Dallas §

The foregoing instrument was acknowledged before me this 18th day of July, 2024 by William E. Corrigan in their capacity as Manager of GP on behalf of Corrigan-Goddard Ranch FLP.


Notary Public

My commission expires: June 23, 2026
(Notarial Seal)



Forty Acres Energy
11757 Katy Freeway, Suite 725
Houston, Texas 77079



NORTH JAL (YATES - SEVEN RIVERS - QUEEN) UNIT

**WORKING INTEREST (COST-BEARING INTEREST)
OWNER'S ELECTION BALLOT**
(Please return one copy)

Working Interest Owner: Tritex Production Company
Estimated WI*: 0.000000099 %
Estimated NRI*: 0.0000069999%

elects **TO PARTICIPATE** in the North Jal (Yates - Seven Rivers - Queen) Unit.

elects **NOT TO PARTICIPATE** in the North Jal (Yates - Seven Rivers - Queen) Unit.

By: ROBERT COURSON
Printed Name: Robert Courson
Title (if applicable): President

**Working Interests and Net Revenue Interests are estimates only and subject to change*

**RATIFICATION AND
JOINDER OF UNIT AGREEMENT & UNIT OPERATING AGREEMENT**

In consideration of the execution of the Unit Agreement for the Development and Operation of the **North Jal (Yates - Seven Rivers - Queen) Unit Area** located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, and in consideration of the execution or ratification by other working interest owners of the contemporary Unit Operating Agreement which relates to said Unit Agreement, the undersigned (whether one or more) hereby expressly ratifies, approves, confirms, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original instruments.

This Ratification and Joinder shall be effective as to the undersigned's interest in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any and all of the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this 22 day of April 2024

Interest Owner: Titus Production Company

[Signature]
OWNER SIGNATURE

Acknowledgement in an Individual Capacity

STATE OF California §
COUNTY OF San Mateo §

The foregoing instrument was acknowledged before me this 23rd day of April 2024 by Robert Cowson

[Signature]
Notary Public

My commission expires: NOV 20, 24
(Notarial Seal)



Acknowledgement in a Representative Capacity

STATE OF _____ §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____ by _____ in their capacity as _____ on behalf of _____

Notary Public

My commission expires: _____
(Notarial Seal)

**RATIFICATION AND
JOINDER OF UNIT AGREEMENT & UNIT OPERATING AGREEMENT**

In consideration of the execution of the Unit Agreement for the Development and Operation of the **North Jal (Yates - Seven Rivers - Queen) Unit Area** located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, and in consideration of the execution or ratification by other working interest owners of the contemporary Unit Operating Agreement which relates to said Unit Agreement, the undersigned (whether one or more) hereby expressly ratifies, approves, confirms, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original instruments.

This Ratification and Joinder shall be effective as to the undersigned's interest in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any and all of the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this 20 day of APRIL 2024

Interest Owner: Enex Production Company

[Handwritten Signature]
OWNER SIGNATURE

Acknowledgement in an Individual Capacity

STATE OF California §
COUNTY OF San Mateo §

The foregoing instrument was acknowledged before me this 23rd day of April 2024 by Robert Courson

[Handwritten Signature]
Notary Public

My commission expires: NOV 20, 2026
(Notarial Seal)



Acknowledgement in a Representative Capacity

STATE OF _____ §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____ by _____, in their capacity as _____ on behalf of _____

Notary Public

My commission expires: _____
(Notarial Seal)

**RATIFICATION AND
JOINDER OF UNIT AGREEMENT & UNIT OPERATING AGREEMENT**

In consideration of the execution of the Unit Agreement for the Development and Operation of the **North Jal (Yates - Seven Rivers - Queen) Unit Area** located in Lea County, New Mexico, dated _____, in form approved on behalf of the Secretary of the Interior, and in consideration of the execution or ratification by other working interest owners of the contemporary Unit Operating Agreement which relates to said Unit Agreement, the undersigned (whether one or more) hereby expressly ratifies, approves, confirms, and adopts said Unit Agreement, and also said Unit Operating Agreement as fully as though the undersigned had executed the original instruments.

This Ratification and Joinder shall be effective as to the undersigned's interest in any lands and leases, or interests therein, and royalties presently held or which may arise under existing option agreements or other interests in unitized substances, covering any and all of the lands within the Unit Area in which the undersigned may be found to have an oil or gas interest.

This Ratification and Joinder shall be binding upon the undersigned, their heirs, executors, devisees, assigns, and/or successors in interest.

EXECUTED this 22 day of APRIL 2024

Interest Owner: Tiles Production Company

[Signature]
OWNER SIGNATURE

Acknowledgement in an Individual Capacity

STATE OF California §
COUNTY OF San Mateo §

The foregoing instrument was acknowledged before me this 23rd day of April 2024, by Robert Cousson

[Signature]
Notary Public

My commission expires: NOV 20, 2026
(Notarial Seal)



Acknowledgement in a Representative Capacity

STATE OF _____ §
COUNTY OF _____ §

The foregoing instrument was acknowledged before me this _____ day of _____, by _____, in their capacity as _____ on behalf of _____

Notary Public

My commission expires: _____
(Notarial Seal)

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

**APPLICATION OF FAE II OPERATING, LLC
FOR STATUTORY UNITIZATION OF THE PROPOSED
NORTH JAL UNIT FOR ENHANCED OIL RECOVERY
OPERATIONS, LEA COUNTY, NEW MEXICO**

CASE NO. 24606

SELF-AFFIRMED STATEMENT OF CHARLES HOOPER

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein. I am employed by FAE II Operating, LLC (“FAE”) as a geologist. I am familiar with the Application in this case and with the geology matters pertaining to this Application. I have previously testified before the New Mexico Oil Conservation Division (“Division”), and my credentials as an expert in petroleum geology matters were accepted and made a matter of record. A copy of my curriculum vitae is attached as **Exhibit B-1**.

2. FAE’s application seeks an order granting the statutory unitization of the proposed enhanced oil recovery (secondary and tertiary) North Jal Unit (“Unit”), which comprises approximately 3,154.37 acres of federal, state, and fee lands located in Sections 25 (S2), 26 (E2SE), 35 (E2NE), 36 (All), Township 24 South, Range 36 East; Sections 19 (E2), 20 (SWNW, SW4), 29 (W2), 30 (NE4, S2), 31 (N2NW), Township 24 South, Range 37 East; and, Section 1 (All), Township 25 South, Range 36 East Lea County, New Mexico.

3. **Exhibit B-2** contains a the specific well log for the “unitized interval,” defined in Unit documentation as the Yates, Seven Rivers, and Queen formations, with upper and lower geologic markers having been previously found to occur at 2,879 feet and 3,691 feet, respectively, in Skelly Oil Company’s Sherrill No. 7 well (later renamed the Langlie Jal Unit #017) API #30-

025-11301, located 1,980 feet FSL and 1,930 feet FEL of Section 31, T-24-S, R-37-E, Lea County, New Mexico) as recorded on the Frontier Perforators, Inc., Gamma Ray-Neutron log run on September 1, 1957 and measured from a Kelly Bushing elevation of 3,241 feet above sea level.

4. **Exhibit B-3** contains a type log, C D Woolworth #005, of the Yates-Seven Rivers-Queen unitized interval. The interval consists primarily of sandstones interbedded with dolomites and anhydrites. The log shows the interval top at 2905' and which is top sealed by a low porosity/low permeability non-oil bearing Tansil anhydrite layer. The bottom of the interval is sealed by a low porosity/low permeability section of the Penrose Formation and Grayburg carbonate, starting at 3726' (base of Queen formation). There is no fracturing and essentially no vugular porosity fabric evident in cores or on the openhole wireline log data. Productive porosity typically ranges from 10% to 20% throughout the interval.

5. **Exhibit B-4** contains a structure map of the Unit. The map shows the structural contours for the top of the Yates formation, measured in subsea true vertical depth (SSTVD). Broadly speaking, the Yates formation in the unit area gently dips to the WSW towards the Delaware Basin, with the exception of a local anticlinal ridge on the western side of the proposed unit area. The Seven Rivers and Queen formations below the Yates follow similar structural profiles.

6. **Exhibit B-5** contains a structural cross-section covering the unit area from NE-SW, of the interval to be unitized, specifically the Yates, Seven Rivers and Queen formations. The cross-section demonstrates the injection interval is consistent and continuous across the target interval underlying the Project area. The cross-section also shows all lands within the proposed unit contain porous reservoir rock and therefore, all lands within the proposed unit appear capable of contributing additional secondary and tertiary recovery reserves.

7. Accordingly, from geologic studies performed over this area, the unit area is well suited for secondary and tertiary recovery operations and the entire Project area should continue to contribute enhanced recovery reserves. More detailed information can be found in the attached Feasibility Report (**Exhibit C-2**).

8. There are no faults or other geologic impediments that would impede the efficiency of the Project.

9. Based on my professional training and experience, it is my opinion that the proposed injection operations will not impair any hydrocarbon-bearing zones. It is also my opinion that injection fluids will be confined to the injection interval as a result of the stratigraphic confining layers above and below the injection zone.

10. **Exhibit B-6a** is a water sample report for two (2) fresh water wells and one (1) produced water battery location in the initial area of development within the proposed unit area. **Exhibit B-6b** is a map of the fresh and produced water sample locations. The fresh water wells are also discussed in the accompanying C-108 documents/case. Generally, fresh water wells reported to the state have maximum depths of 250-350' from the surface. At a depth of 850-1200' from the surface is the top of the Rustler formation (measured at 1100' in the Langlie Jal Unit #017), which is an impermeable anhydrite that acts as a seal (along with the Saldo formation and Tansil formation, totaling 1500'+) below the alluvium strata above, which is assumed to be and treated as entirely fresh water. The two sources of water tested, fresh and produced, are compositionally distinct and hydrologically separate.

11. I have examined the available geological and engineering data and have found no evidence of open faults or hydrological connection between the proposed Yates-Seven Rivers-Queen unitized interval and any underground sources of drinking water.

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

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

14. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 13 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 signature below.



Charles Hooper

8/16/2024

Date

CHARLES J. HOOPER**SENIOR GEOLOGIST**

Geologist with 10+ years of experience in extracting value from mature assets via highly detailed reservoir studies, reservoir simulation, and waterflood design. Dual masters' degrees in business and geology provide a unique ability to incorporate technical findings with practical economics to deliver the maximum yield on assets.

WORK EXPERIENCE**Forty Acres Energy, LLC. (2019-present)**

Houston, TX

Senior Geologist

- Produce and refine large-scale reservoir studies of the New Mexico Central Basin Platform utilizing tens of thousands of wells, well logs, completions data, and well histories to analyze potential EOR and workover prospectivity.
- Generate workover opportunities for up to a 10-rig workover program by identifying bypassed and/or partially depleted pay in wells, ranking PDNP opportunities, and working with operations to effectively and efficiently complete wells.
- Evaluate and recommend potential waterflood/EOR projects utilizing reservoir simulation and detailed geologic studies.
- Provide/present technical review presentations for regulatory agencies, investors, and third-party reserves auditors.

Durango Resources Corp. (2012-2019)

Houston, TX

Senior Geologist & Business Development Officer (2016-2019)

- Prospected a horizontal well play and oversaw geosteering for two successful pilot wells in a mature Gulf Coast field; lateral portion of the wells were kept within a 2 ft. window of the targeted reservoir path.
- Played a primary role in identifying, evaluating, valuing, presenting, and securing a capital partner for a \$22MM conventional assets acquisition in the Delaware Basin and Central Basin Platform.
- Generated financial models for PDP valuation, field upside development valuation, and specific investor requests.
- Authored and presented investor presentations covering company highlights, financial models, reservoir characterization, upside potential, and reservoir simulation (via ReservoirGrail).
- Developed and managed a comprehensive prioritized workflow for newly acquired assets to quickly and accurately conduct large-scale reservoir studies (sourcing data, generating databases, correlating stratigraphy, mapping of individual reservoir segments, locating and quantifying current hydrocarbons in place).
- Conducted field development plans utilizing field studies and reservoir simulation to design the most economical approaches for upside exploitation, including recompletions, infill drilling, and waterflood.

Senior Geologist (2016)

- Spearheaded acquisition due diligence, including geologic interpretation audits, reservoir simulation, and upside evaluation on a pre-bid basis.
- Performed field studies in the Gulf Coast Basin and Hardeman Basin (Oklahoma) and due diligence in the Anadarko Basin, Denver Basin, East Texas, Green River Basin, Louisiana salt domes, North Texas, Permian Basin, and Powder River Basin.
- Recommend projects within the company's existing assets such as new-drills, recompletions, re-entries and waterflood/pressure maintenance programs.
- Assisted in proving projects as PDNP/PUD reserves to 3rd party reserves engineers.
- Generated waterflood EOR prospects in mature and abandoned oil fields.
- Oversaw various field operations as "company man" including wireline logging, perforations, and workovers.

Geologist (2013-2016)

- Interpreted well logs, production data, 3D seismic, and other relevant data to create regional and local geologic maps and cross-sections. Map types include fault plane, gross facies, net sand, net pay, structure, porosity, and saturation.
- Utilized reservoir simulation to identify and quantify current-oil-in-place in the company's existing assets.
- Incorporated new data to re-interpret the company's existing field/reservoir studies.

Geologist Intern (2012)

Ex.B-1-679

- Created an Eagle Ford asset report for a public oil company analyzing improvements in drilling and completion techniques, production decline rates and EUR's, and gross revenue scenarios for specific time periods. The report was used as supporting documentation to recommend the sale of the asset.
- Utilized ReservoirGrail software to simulate and analyze horizontal multi-stage well depletion rates.

GrailQuest Corp. (a subsidiary of Durango Resources) (2014-2019)

Houston, TX

Geomodeling Consultant (2014-2019)

- Provided consulting services using ReservoirGrail reservoir simulation software to identify, quantify, and design upside exploitation, including infill drilling, offset drilling, and/or waterflood/EOR applications.
 - Services rendered: regional and local geologic studies, review of geologic and engineering interpretations, reservoir simulation to present conditions, reservoir simulation to design and quantify future field development, real-time waterflood progress feedback, financial modeling, unit participation formulation, and assistance with 3rd party reserves documentation.
- Conducted and updated market analysis for ReservoirGrail, including strengths, weaknesses, competitors, competitive advantages, marketing tactics, promotional ideas, and pricing regimes.
- Assisted in software sales and new user training of ReservoirGrail.
- Conceptualized software enhancements and identified software maintenance needs.

DrillingInfo (2011)

Austin, TX

Energy Strategy Partners Junior Analyst

- Performed geoscience research and data analysis in unconventional plays for play-specific reports.
- Provided troubleshooting, data input, and research for a developmental geologic basin modeling software program which used domestic basins as an analog for international basins.
- Served as Administrator for operator updates and highlights in unconventional plays.

EDUCATION

University of Houston, College of Natural Sciences and Mathematics

Master of Science in Geology, 2015

University of Houston, C. T. Bauer College of Business

Master of Business Administration, 2015

University of Texas at Austin, Jackson School of Geosciences

Bachelor of Science in Geology, 2010

SKILLS

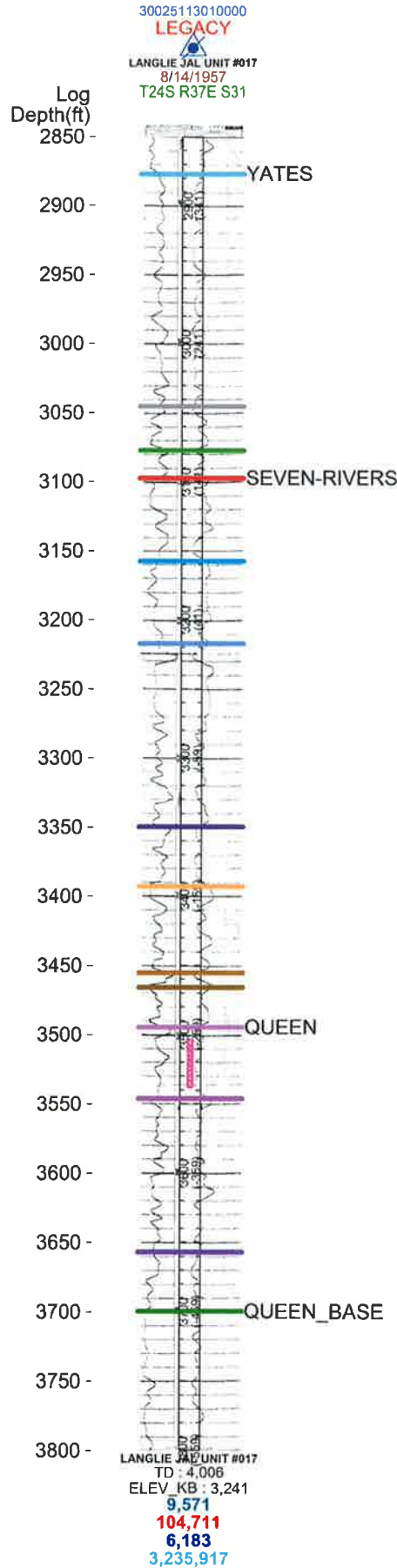
Software

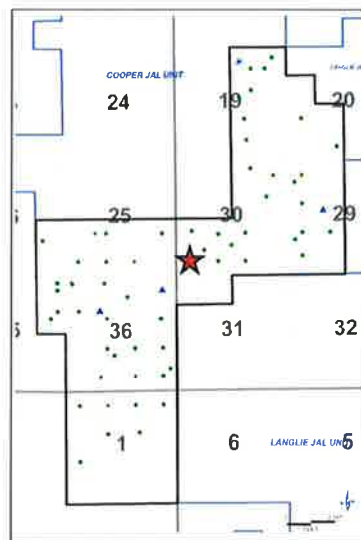
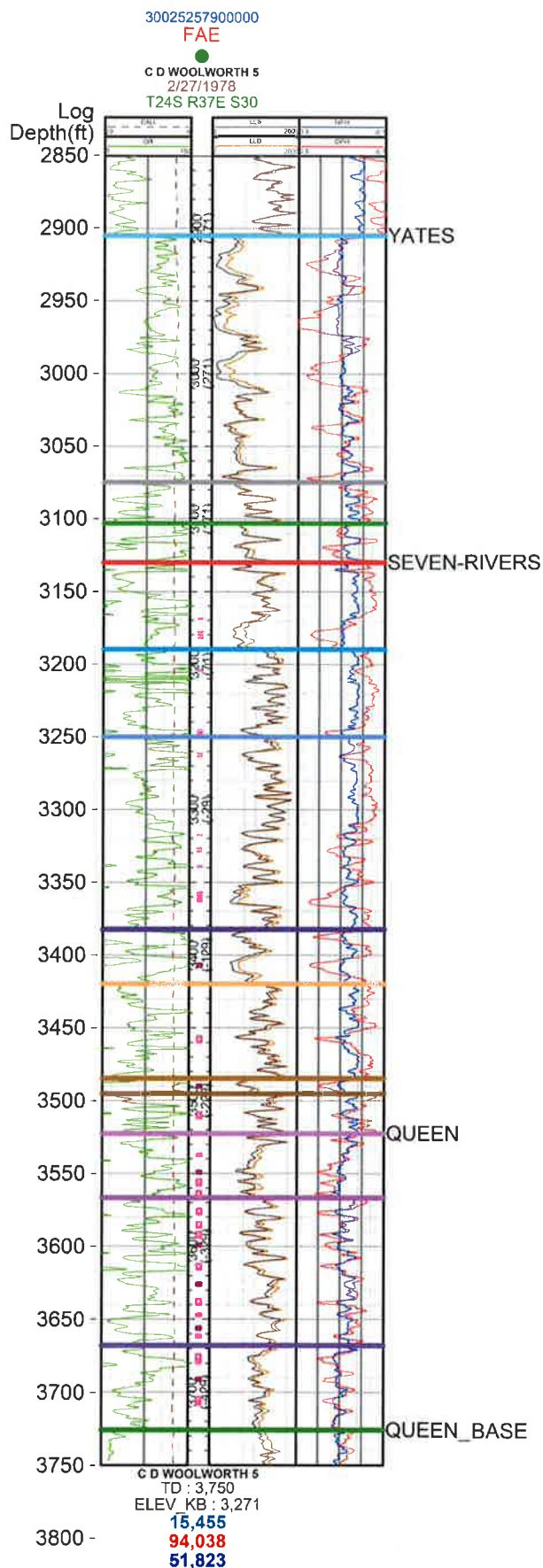
- IHS Petra
- GrailQuest ReservoirGrail
- IHS Kingdom
- Schlumberger Petrel
- Esri ArcGIS
- Golden Software Didger & Surfer
- Paint.net (graphic design)
- Microsoft Office

Geoscience

- Reservoir simulation
- Seismic interpretation
- Well log interpretation
- Well history interpretation
- Geologic mapping
- Sequence stratigraphy and sedimentology
- Structural interpretation
- Petroleum systems analysis

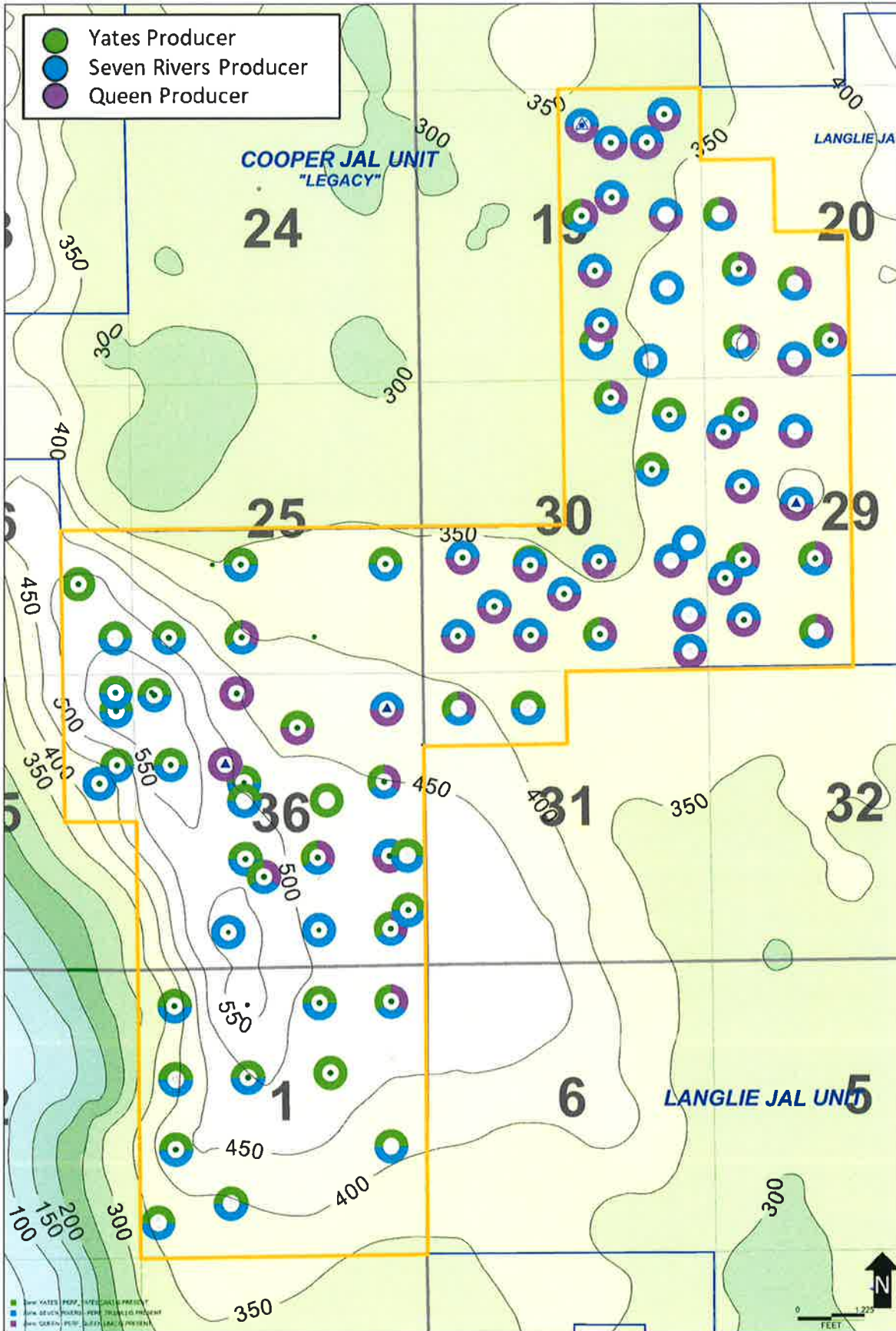
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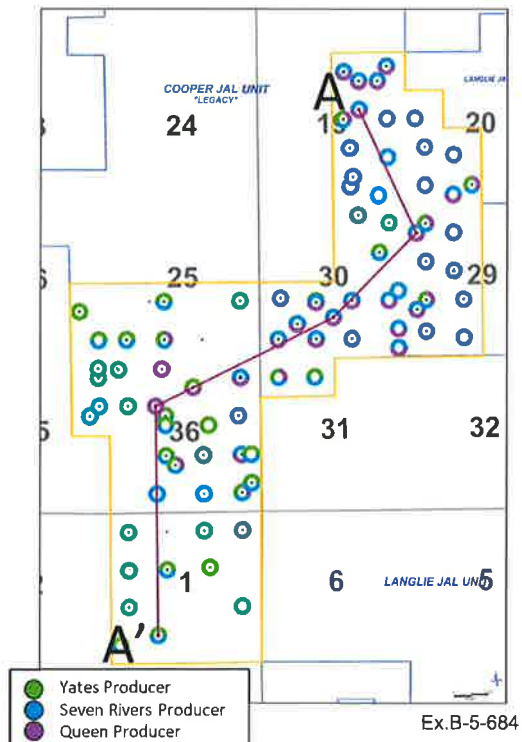
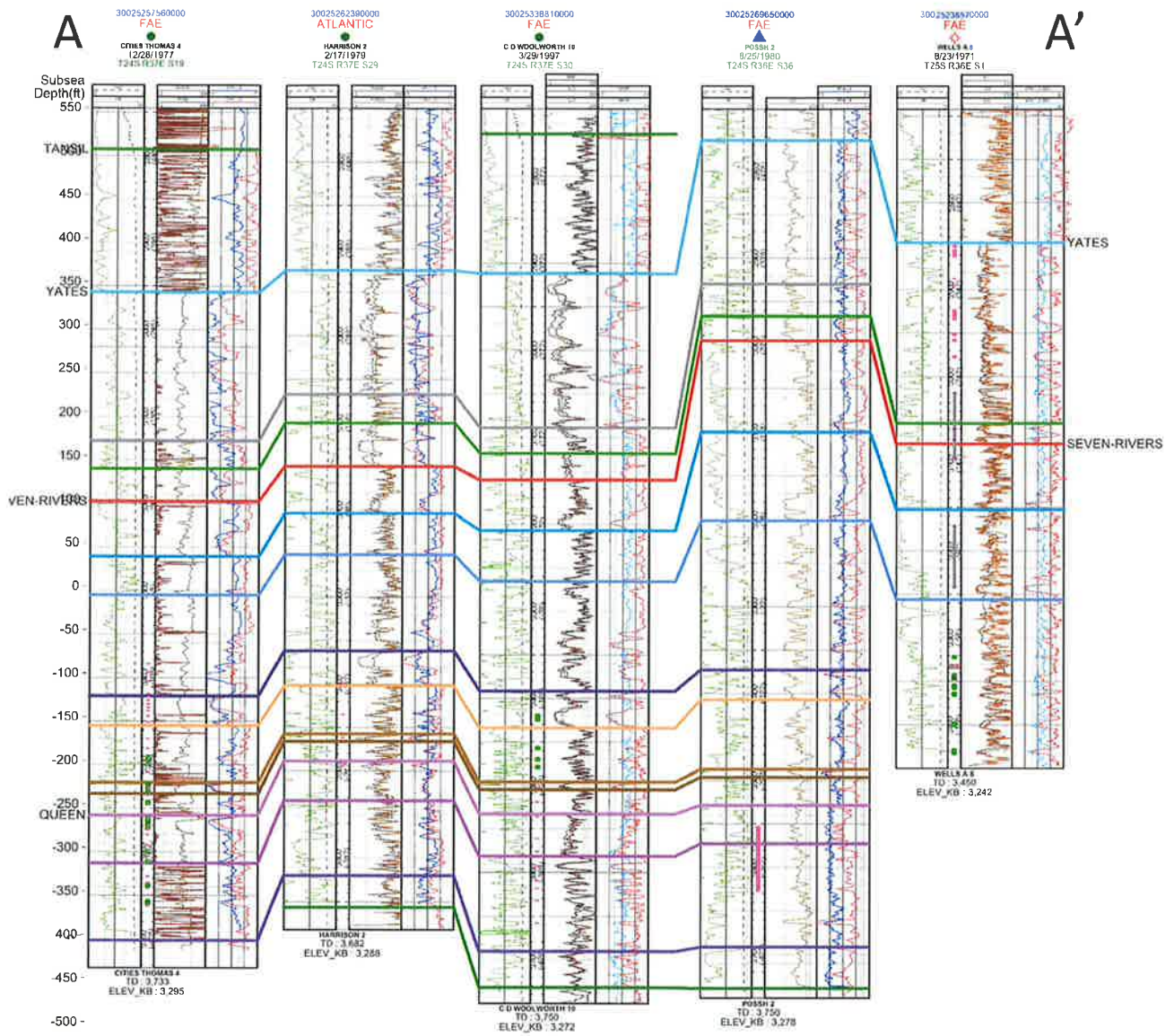


Ex.B-3-682

YATES STRUCTURE & COMPLETIONS MAP



Ex.B-4-683



EX.B-5-684



PHONE (575) 393-2326 ° 101 E. MARLAND ° HOBBS, NM 88240

October 11, 2021

JAMES MARTINEZ
FORTY ACRES ENERGY
11777 KATY FREEWAY STE. 305 B
HOUSTON, TX 77079

RE: NORTH OF JAL NM

Enclosed are the results of analyses for samples received by the laboratory on 10/07/21 13:00.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-21-14. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (*). For a complete list of accredited analytes and matrices visit the TCEQ website at www.tceq.texas.gov/field/qa/lab_accred_certif.html.

Cardinal Laboratories is accredited through the State of Colorado Department of Public Health and Environment for:

Method EPA 552.2	Haloacetic Acids (HAA-5)
Method EPA 524.2	Total Trihalomethanes (TTHM)
Method EPA 524.4	Regulated VOCs (V1, V2, V3)

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Celey D. Keene
Lab Director/Quality Manager

Ex.B-6-685

Page 1 of 4



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

Analytical Results For:

FORTY ACRES ENERGY
 JAMES MARTINEZ
 11777 KATY FREEWAY STE. 305 B
 HOUSTON TX, 77079
 Fax To:

Received:	10/07/2021	Sampling Date:	10/06/2021
Reported:	10/11/2021	Sampling Type:	Water
Project Name:	NORTH OF JAL NM	Sampling Condition:	** (See Notes)
Project Number:	NONE GIVEN	Sample Received By:	Jodi Henson
Project Location:	NOT GIVEN		

Sample ID: SOUTH OF ADELE SOWELL #1 (H212799-01)

Chloride, SM4500Cl-B		mg/L		Analyzed By: GM						
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier	
Chloride*	372	4.00	10/08/2021	ND	100	100	100	0.00		

TDS 160.1		mg/L		Analyzed By: AC						
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier	
TDS*	1070	5.00	10/11/2021	ND	252	84.0	300	0.278		

Sample ID: EAST OF ADELE SOWELL #1 (H212799-02)

Chloride, SM4500Cl-B		mg/L		Analyzed By: GM						
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier	
Chloride*	160	4.00	10/08/2021	ND	100	100	100	0.00		

TDS 160.1		mg/L		Analyzed By: AC						
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier	
TDS*	809	5.00	10/11/2021	ND	252	84.0	300	0.278		

Sample ID: CITI THOMAS #4 PW (H212799-03)

Chloride, SM4500Cl-B		mg/L		Analyzed By: GM						
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier	
Chloride*	35000	4.00	10/08/2021	ND	100	100	100	0.00		

TDS 160.1		mg/L		Analyzed By: AC						
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier	
TDS*	64600	5.00	10/11/2021	ND	252	84.0	300	0.278		

Cardinal Laboratories

*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

Ex.B-6-686

Page 2 of 4



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Notes and Definitions

- ND Analyte NOT DETECTED at or above the reporting limit
- RPD Relative Percent Difference
- ** Samples not received at proper temperature of 6°C or below.
- *** Insufficient time to reach temperature.
- Chloride by SM4500Cl-B does not require samples be received at or below 6°C
Samples reported on an as received basis (wet) unless otherwise noted on report

Cardinal Laboratories

*=Accredited Analyte

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of the services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise. Results relate only to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.

Celey D. Keene

Celey D. Keene, Lab Director/Quality Manager

Ex.B-6-687

Page 3 of 4



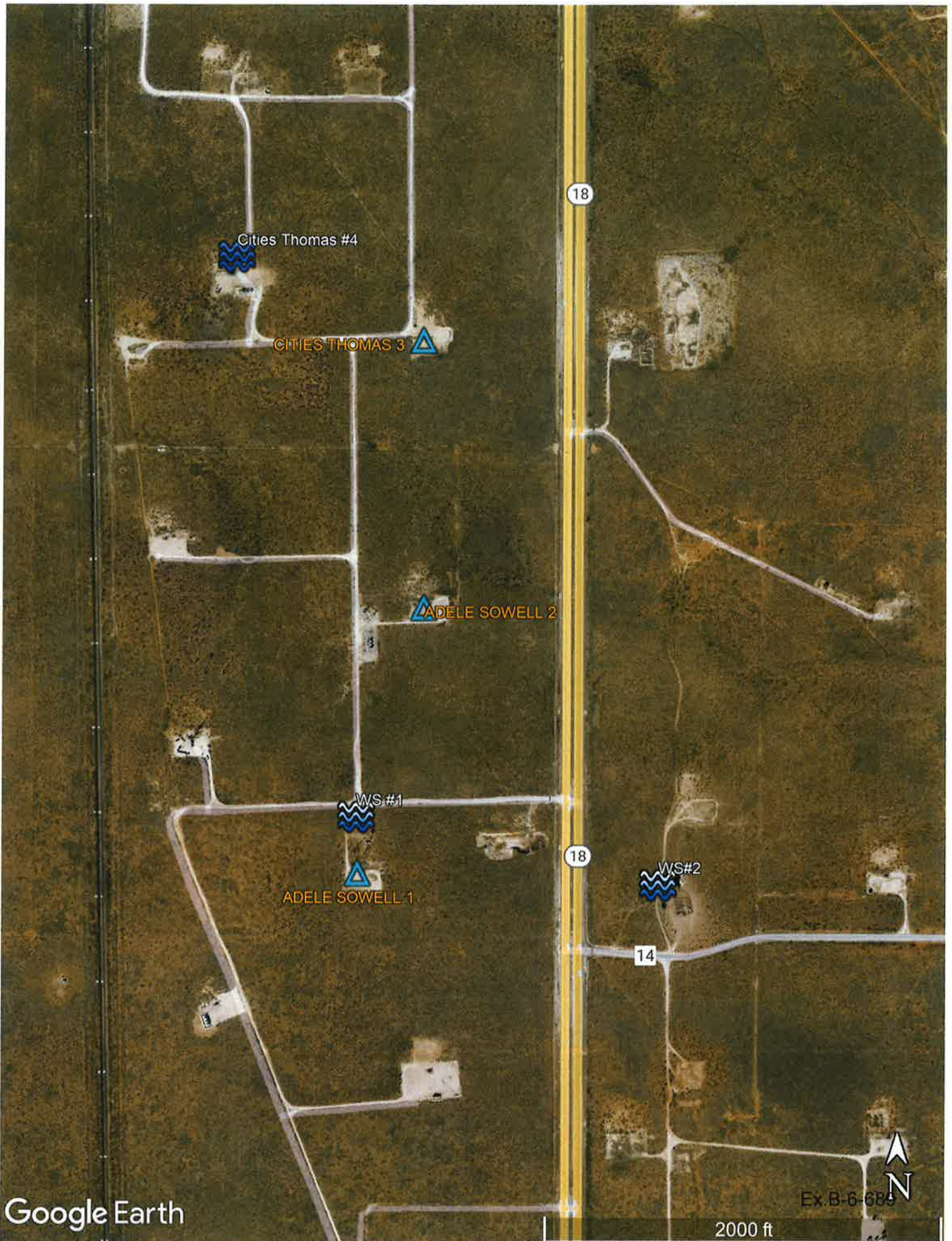
101 East Marland, Hobbs, NM 88240
 (575) 393-2326 FAX (575) 393-2476

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

08
 09
 10
 11

Company Name: Fortu Acres Energy Project Manager: J. Thomas Moore		P.O. #: Company:	
Address: City: Houston State: TX Zip:		Attn: Address:	
Phone #: Fax #:		City:	
Project #: Project Owner:		State: Zip:	
Project Location:		Phone #:	
Sampler Name:		Fax #:	
FOR LAB USE ONLY			
Lab I.D. H212799	Sample I.D. 1 South of Adele Sewell #1 2 East of Adele Sewell #1 3 Citi. Thomas #4 PW	(G)RAB OR (C)OMP # CONTAINERS GROUNDWATER WASTEWATER SOIL OIL SLUDGE OTHER : ACID/BASE ICE / COOL OTHER :	DATE TIME
			10-6-21 10:00 AM 10-6-21 10:15 10-6-21 10:30
PLEASE NOTE: Laboratory liability and claims exclusions removed for any claim arising whether based in contract or tort, shall be limited to the amount paid by the client for the analyses. All claims including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within 30 days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services provided by Cardinal. Restrictions of whatever nature claims in stated above any of the above stated limitations or exclusions.		Verbal Result: <input type="checkbox"/> Yes <input type="checkbox"/> No Add'l Phone #: All Results are emailed. Please provide Email address:	
Relinquished By: [Signature] Date: 10-6-21 Time: 1:00 P.M.		Received By: [Signature] Date: 10-6-21 Time: 1:00 P.M.	
Delivered By: (Circle One) Sampler - UPS - Bus - Other:		Observed Temp. °C: 21.10 Corrected Temp. °C: 21.1 Sample Condition: Cool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Intact <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Turnaround Time: Standard <input type="checkbox"/> RUSH <input checked="" type="checkbox"/> Thermometer ID #113 Correction Factor Meas -0.5°C		Bacteria (only) <input type="checkbox"/> Cool Intact <input type="checkbox"/> Yes <input type="checkbox"/> No Sample Condition <input type="checkbox"/> Yes <input type="checkbox"/> No Observed Temp. °C Corrected Temp. °C	
REMARKS: james@faenergyus.com		CHECKED BY: [Signature]	

† Cardinal cannot accept verbal changes. Please email changes to celey.keene@cardinallabsnm.com



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

**APPLICATION OF FAE II OPERATING, LLC
FOR STATUTORY UNITIZATION OF THE PROPOSED
NORTH JAL UNIT FOR ENHANCED OIL RECOVERY
OPERATIONS, LEA COUNTY, NEW MEXICO**

CASE NO. 24606

SELF-AFFIRMED STATEMENT OF VANESSA NEAL

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein. I am the Sr Reservoir Engineer for FAE II Operating, LLC (“FAE”). I am familiar with the Application filed by FAE in this case and with the engineering matters pertaining to this Application. I have previously testified before the New Mexico Oil Conservation Division (“Division”). A copy of my curriculum vitae is attached as **Exhibit C-1**.

2. FAE’s application seeks an order granting the statutory unitization of the proposed enhanced oil recovery (secondary and tertiary) North Jal Unit (“Unit”), which comprises approximately 3,154.37 acres of federal, state, and fee lands located in Sections 25 (S2), 26 (E2SE), 35 (E2NE), 36 (All), Township 24 South, Range 36 East; Sections 19 (E2), 20 (SWNW, SW4), 29 (W2), 30 (NE4, S2), 31 (N2NW), Township 24 South, Range 37 East; and, Section 1 (All), Township 25 South, Range 36 East Lea County, New Mexico.

3. The “unitized formation” was defined in Unit documentation as the interval underlying the Unit Area, from the top of the Yates to the base of the Queen formation, which has a depth of 2,879’ MD and 3,691’ MD, respectively, in Skelly Oil Company’s Sherrill No. 7 well (later renamed the Langlie Jal Unit #017) API #30-025-11301, located 1,980 feet FSL and 1,930 feet FEL of Section 31, T-24-S, R-37-E, Lea County, New Mexico) as recorded on the Frontier Perforators, Inc., Gamma Ray-Neutron log run on September 1, 1957 and measured from a Kelly

Bushing elevation of 3,241 feet above sea level. This interval includes the Yates, Seven Rivers and Queen formations.

PURPOSE OF UNITIZATION

4. Based on my training and experience, it is my professional opinion that enhanced oil recovery (“EOR”) through secondary and tertiary recovery projects are a method of extending the life of a reservoir.

5. Unitization and EOR benefit the working interest and royalty owners in this Unit. Unitized management and operation of this reservoir is required to develop the secondary and tertiary reserves that can only be recovered using EOR methods with current technology.

6. The granting of this application is in the interests of conservation and the prevention of waste as EOR development reactivates shut-in wells, increases recovery of existing leases and prevents premature plugging and abandonment of useful wellbores.

HISTORY OF FIELD

7. The Unit area was initially discovered in the 1930s and actively developed from discovery through the 1970s with development centered within the unitized interval. Oil development occurred across the entire Unit area and continued at a reduced rate in the 1980s to finally trailing off in the early 2000s. Several SWDs began injection within the unitized interval during the mid-1990s; only two SWDs currently remain active, they continue to dispose of water produced from the same unitized interval. Since the 2000s, active well count has continually declined from approximately 60 to 30 wells in the Unit area. Most wells in the Unit area would be considered “stripper” wells, each producing less than 5 bopd and approaching their economic limit.

8. As of December 2023, the Unit area has produced 4.38 mmbo, 86.27 Bcf, and 32.93 mmbw from the unitized interval.

RESERVOIR STUDY

9. A study of the reservoir was performed using data including, but not limited to: pre-1970s cumulative production data and post-1970s monthly production data from IHS Enerdeq; logs across the Central Basin Platform (“CBP”) located in Lea County, New Mexico; core data from wells drilled in the Unit and surrounding areas; offset analogous waterfloods; and, historical reservoir studies in the Unit and surrounding areas. From these sources, FAE was able to characterize the reservoir, interpret structure, net sand and net pay, and determine an ideal secondary development strategy.

10. The reservoir’s drive mechanism is solution gas drive. In areas where primary production has occurred, the pressure in the reservoir is depleted. Introducing EOR methods in depleted areas is crucial for recovering remaining reserves.

11. EOR methods are technically and economically feasible in the proposed Unit. A full feasibility study was performed for the proposed Unit and is provided in **Exhibit C-2** with associated Appendixes in **Exhibit C-2a** through **Exhibit C-2e**.

12. After extensive research into the topic of induced seismicity, it is my professional opinion the Unit is at low risk for inducing earthquakes. A full induced seismicity assessment was performed and is provided in **Exhibit C-3**.

ENHANCED OIL RECOVERY ESTIMATES

13. Secondary reserves are estimated to be approximately 4.62 mmbo for the Unit.

14. Secondary reserves were calculated using offset analogous waterfloods. Analog floods with a development plan similar to FAE’s plan of development (“POD”) recovered between 1.2 and 2.0 times secondary reserves when compared to their primary reserves; this ratio is referred to as the S/P ratio in the industry. Secondary reserves for the Unit were calculated for proposed

injector assuming a 1.6 S/P ratio (the average of the analogs). Original oil in place (“OOIP”) was mapped per core/log data and used to quality check (“QC”) the calculated secondary reserves. For each 40ac location centered on an injector in the Unit: 1) recoverable reserves were calculated by applying an ultimate (primary, secondary & tertiary) recovery factor (“RF”) to the location’s OOIP; 2) maximum secondary reserves was calculated by subtracting the cumulative primary production and potential tertiary recovery from the recoverable reserves; and, 3) the maximum secondary reserves were then applied as a cap to the secondary reserves from the S/P ratio.

15. Tertiary reserves are estimated to be 9.388 mmbo for the Unit.

16. Tertiary reserves were calculated based on a published study performed on the Rock Queen Unit located in Chaves and Lea County, New Mexico. Tertiary recovery via waggging water and gas (CO2 flood) was implemented after the waterflood was mature. It estimated that tertiary recovery reached 12.5-15% RF before the program was prematurely ended. Tertiary reserves for the Unit were calculated applying a ~18% RF range to the OOIP.

17. This additional production would qualify the Unit for the Recovered Oil Tax Rate.

PLAN OF DEVELOPMENT

18. Based on a comparison of the S/P ratios from surrounding analogous waterfloods, it was determined that the highest performing development was 40ac 5-spot patterns (20ac well spacing). FAE intends to develop the Unit with these patterns utilizing existing wellbores where possible and prioritizing injectors as new drills. Drilling injectors as new wells allows for greater vertical control of injection and reduced risk of directional flow from previously fraced intervals. Full development would require ~36 new drill injectors, ~14 new drill producers, ~22 re-entries, ~5 convert to injection (“CTI”), and various workovers/recompletions to ensure pattern conformance. Full development would take a minimum of 9 years to complete.

19. All new drills, whether producer or injector, will be drilled with surface and production casing. The surface casing will be set ~1,650' to cover all the freshwater zones with cement circulated to surface. The 5-1/2" production casing will be run to TD, majority of the time this is expected to be ~4000'. Production casing will also be cemented in place with volume of cement pumped to reach a minimum of 500' above the top of the unitized interval. Cemented casing will be pressure tested to 500 psi before continuing operations. For injection wells, cement bond logs ("CBL") will be run to determine cement quality behind casing. Proposed completion intervals will be perforated 2-4 shots per foot ("SPF") and perforations will be acidized with 20-50 gals/ft.

20. Full development costs for secondary recovery were estimated to total \$60 million. Well work included in this total assumes the following costs: new drill injector ~\$876k; new drill producer ~\$954k; injector re-entry ~\$380k; producer re-entry ~\$345k; CTI ~\$241k; and, recompletion ~\$125k. Facility costs included in this total assume \$2 million per injection facility that can support up to 40 injection wells and \$35k/injector for flowlines.

21. This project is economic. **Exhibit C-2e** is the economics run for this project.

22. This project's life is expected to exceed 40 years before reaching economic limit.

23. **Exhibit C-4** lists wells within the Unit boundaries whose status is listed as "Expired Temporary Abandonment", "Plugged, Not Released", or "Active" but last production was reported prior to 2023. To avoid waste, FAE has incorporated most of these inactive wells into the Unit development and noted the plan for each in the Exhibit.

24. FAE has submitted a C-108 packet (REF: CASE NO 24605) for the initial three years of development of the proposed Unit Area:

a. Produced water will be injected into the unitized interval found at the depth interval of 2,879' MD and 3,691' MD, in Skelly Oil Company's Sherrill No. 7 well (later renamed the

Langlie Jal Unit #017) API #30-025-11301 well log for the purpose of increasing the ultimate recovery of oil within the interval underlying the Unit area.

b. The proposed average injection pressure through the wells in the Project Area is expected to be approximately 350-500 psi. The expected maximum injection pressure will be calculated relative to the depth of the highest perforation, using a factor of 0.25 psi/ft. The proposed Project Area wells will have perforation depths between approximately 3400' and 3750' (or 850 psi and 938 psi maximum injection pressure, respectively). Pending results of a step rate test, the maximum injection pressure could potentially be increased to a factor of 0.6 psi/ft (or 2040 psi at 3400' and 2250 psi at 3750').

c. The proposed average injection rate is expected to be approximately 600 barrels of water per day. The maximum daily injection rate will be 1,500 barrels of water per day or as permitted by the Division.

d. FAE proposed to acidize the injectors with 1,500 gals 15% NEFE HCl for each set of perforations. Based on my professional training and experience, it is my professional opinion that acidizing each set of well perforations will break down well perforations and cause injection at lower pressures to maximize injection rates. The injectors will not be sand frac'd to allow for better vertical conformance and areal sweep.

e. It is my opinion that injection operations within the Project Area is economically and technically feasible and that it is prudent to utilize secondary recovery operations to maximize oil recovery. It is also my opinion that the proposed conversion and/or drilling of wells within the Project Area from producers to injectors for waterflood operations is not premature.

f. FAE will run an MIT test prior to commencing injection and will monitor pressure during injection.

UNITIZATION

25. The proposed tract allocation formula strikes a balance between honoring current producing cashflow and future reserved cashflow. In my opinion, the formula allocates produced and reserved hydrocarbons to each tract on a fair, reasonable, and equitable basis.

26. The participation parameters for the proposed tract allocation formula are 10% production (Jul-Dec 2023) and 90% remaining recoverable oil in place. These parameters were chosen as they represent the current cashflow/value of the Unit today and the potential value of the Unit fully developed. Due to the amount of potential value, the formula is weighted to remaining recoverable oil in place. The 10% production factor is meant to sustain those with current cashflow, prevent them from being negatively impacted from the initial formation of the Unit and reward them for the infrastructure that the Unit may utilize.

27. The exhibits referenced above were either prepared by me or under my supervision or were compiled from company business records.

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

29. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 28 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.



Vanessa Neal

07/19/2024

Date

VANESSA GLASS NEAL

979-255-3476 • Houston, TX • vanessa.g.neal@gmail.com

RESERVOIR ENGINEER ADVISOR

Motivated reservoir engineer of integrity with 15+ years experience delivering value to E&P operators in the oil industry. Demonstrated history of servant leadership with excellent interpersonal skills. Proven record of managing projects from concept to completion, building relationships and coaching young professionals to success. Confident hands-on problem solver focused on developing opportunities that further organizational goals.

WORK EXPERIENCE

FORTY ACRES ENERGY LLC

SEPT 2020 – PRESENT

Sr Reservoir Engineer

Houston, TX

- Lead subsurface team in development planning, implementation, surveillance and optimization of multiple waterflood fields in the Central Basin Platform (CBP). Capital projects are identified for improving sweep efficiency and evaluated based on economics. Recommendations are presented to management for approval.
- Reserve management of ~900 wells between two independent entities. Forecast proven developed producing (PDP) reserves of 750+ wells using decline curve analysis (DCA) in PHDWin. Create typecurves for future waterflood development and capture economic value in proven developed non-producing (PDNP), probable (2P) and possible (3P) forecasts. Represent company in annual third-party audits and mid-year bank reviews.
- Manage workover portfolio and plan rig schedule based on capital restrictions and project lead time.
- Collaborate with Land and Legal teams for unitization of two proposed EOR units. Present technical review, development plan, estimated reserves, capital costs and economics of proposed units in BLM/SLO area and depth meetings, working interest owners meeting and NMOCD hearings. Testify as Reservoir Engineering Expert Witness in NMOCD hearings.

SETHLANS ENERGY LLC

MAR – SEPT 2020

Founder | Managing Director | Reservoir Engineer Consultant

Houston/San Antonio, TX

- Collaborated on an interdisciplinary team to evaluate international assets in a \$1.4 Billion acquisition. Generated economic forecasts for 265 wells using DCA in PHDWin database. Conducted technical assessment of portfolio assets provided in virtual data room (VDR), identified upside potential of 9.6 MMBO reserves.
- Directed thermal waterflood development plan for shallow heavy oil field in East Texas with expected 25% incremental secondary recovery. Designed waterflood pilot including waterflood pattern, injector locations, and setting target injection rates. Injection increased field oil production 500% and reduced watercut 13%.

APACHE CORPORATION

NOV 2010 – MAR 2020

Reservoir Engineer III – North American Unconventional Resources

San Antonio, TX

- Led asset teams to increase internal communication and cooperation. Broke down silo walls and united subsurface team in development plans and recommendations. Directed technical team analysis of innovative ways to optimized horizontal well development by altering well spacing, wellbore orientation and completion design. Reduced development costs by 50%, minimized offset frac hits, reduced well hit recovery time from 4 months to 2 weeks, and increased individual well reserves up to 43%.
- Modeled horizontal wells in Harmony and CMG. Used rate-transient analysis (RTA) to estimate minimum drainage areas of hydraulically fraced wells. Anchored DCA to simulated forecasts. Audited economics in ARIES and ran sensitivities with planning group. Generated type-curves for Delaware Basin exploration in shale gas plays with high-yield condensate. Populated inventory with Tier I, II, and III well locations.
- Evaluated offsetting Delaware Basin acreage for pending land deals. Analyzed public data of surrounding acreage to estimate initial rates, reserves, development costs and overall value of assets.

Reservoir Engineer II, III – Improved Recovery

Houston, TX

- Conducted technical assessments of existing assets in company's portfolio through reservoir simulation. Modeled fields to optimize mature and develop immature waterfloods. Investigated historical performance and prompted field (re)development scenarios in Egypt, North Sea, Permian Basin (Midland & Central Basin Platform), Anadarko Basin, and the Gulf of Mexico (GOM) Shelf and State Waters. Prepared technical reports of asset assessments and presented optimization projects totaling 82.5 MMBO incremental reserves.
- Directed Apache's 2018 Summer Field Engineering Intern Program for 16 petroleum engineers. Piloted office engineering mentor program and made return offer recommendations. Supported 2014-2017 Summer Engineering Intern Programs. Utilized Excel/VBA to streamline ranking process, reducing manager selection meetings length from more than 6 hours down to 2 hours.

Ex.-C-1-697

- Mentored and trained rotating engineers and interns in various modeling software, waterflood evaluation, field development and forecasting. Guided them in individual project evaluation and optimization planning.
- Assessed the effects of longitudinal and transverse hydraulic fractures on a horizontal producer in an Egyptian waterflooded field. Showcased optimum location for supporting injectors with Eclipse.

Reservoir Engineer I – Engineering Development Program

Houston/Midland, TX

- Planned development of Midland Basin field to maximize potential based on reservoir drainage and permeability trends. Gained approval to drill five locations and upgrade facilities, total EUR 400 MBO, 2.1 BCF and 350 MBNGL.
- Utilized ARIES to perform economic evaluation on workover and recompletion projects in Argentina fields. Forecasted base line production using DCA in ARIES database for annual budget planning.
- Evaluated economics of a GOM Deepwater prospect on open acreage and recommended bid for upcoming lease sale. Apache was high bidder and was awarded the block.
- Performed technical lookback on infill drilling program in mature Permian waterflood field to identify reason(s) for economic failure. Identified reason for economic failure and proposed recommendations for correction. Executed projects with 287 MBO incremental reserves.

MARINER ENERGY INC

JUL 2007 – NOV 2010

Associate Production Engineer

Houston, TX

- Managed production of multiple offshore fields on the Eastern GOM Shelf. Identified severe paraffin issues and implemented routine well and pipeline maintenance programs which resulted in 200 BOPD increased production and 2,000 BWIPD increased salt-water disposal (SWD) capacity.
- Evaluated behind pipe potential within an interdisciplinary asset team to identify capital and LOE projects. Prepared procedures, AFEs, and oversaw workovers and recompletions to increase production 300 BOPD.

BAKER HUGHES INTEQ

JUL 2006 – JUN 2007

MWD Operator III

Broussard, LA

- Traveled to onshore and offshore rigs to operate downhole logging and measurement tools while drilling (LWD/MWD). Prioritized safety while in the field to avoid injuries and reduce lost time incidents (LTI). Decoded tool signals to provide clients with real-time downhole conditions and logs while drilling.
- Developed MS Excel calculator for MWD battery-powered tools which increased accuracy of battery life tracker, reduced premature tripping and prevented data loss from battery power expiration.

EDUCATION & CERTIFICATIONS

PMP, PROJECT MANAGEMENT INSTITUTE

2020

- PMP Number: 2804053
- Project Management Institute – Houston Chapter, Member

MBA, UNIVERSITY OF HOUSTON

2018

- Concentration: Leadership Development, Global Management and Human Resources Management
- C.T. Bauer College of Business Dean's Award for Academic Excellence
- National Association of Women MBAs, Member

B.S. OF PETROLEUM ENGINEER, TEXAS A&M UNIVERSITY

2006

- Society of Petroleum Engineers, Student Member

TECHNICAL SKILLS

- ARIES ▪ PHDWin ▪ IHS Enerdeq ▪ OFM ▪ Harmony (Fekete) ▪ Expert Witness ▪ MS Office Suite (VBA) ▪ Eclipse ▪ Petrel RE ▪ tNavigator ▪ Reservoir Grail ▪ 3DSL Streamline Surveillance ▪ MBAL ▪ Spotfire ▪

PUBLICATIONS & PRESENTATIONS

- *Improving Waterflood Efficiency by Understanding Pressure Boundaries and Balancing Patterns.* InSite EEGS Suez University Student Chapter Magazine, Feb 2021.
- *Basic Concepts on Waterfloods.* SPE Beirut Section Webinar, 29 Jul 2020.
- *The Role of Surveillance Plots in Diagnosing Waterfloods.* SPE The Way Ahead Magazine, 29 Apr 2020.
- *The Effects of Longitudinal and Transverse Hydraulic Fractures on Horizontal Wells in a Waterflood Setting.* ATF: Apache's Technical Forum, 2014.

Ex.-C-1-698

faeIIoperating

North Jal [Y-7R-Q] Unit

Proposed Enhanced Oil Recovery Unit

EOR Feasibility & Unitization Study

25 March 2024

Ex.-C-2-699

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EOR Feasibility and Unitization Study

Proposed North Jal Unit, Lea Co., New Mexico

Purpose

The purpose of this report is to determine the feasibility of enhanced oil recovery (EOR), i.e. waterflooding and CO2 flooding the Yates-Seven Rivers-Queen formations in the North Jal Unit, Lea County, New Mexico, and to present a proposed EOR unitization and development plan.

Conclusions

1. Based on the multiple analog field studies; the Yates-Seven Rivers-Queen formations in the North Jal Unit can be successfully waterflooded and CO2 flooded.
2. Undeveloped primary oil recovery is estimated at 1.438 million barrels of oil, including both behind pipe and undrilled reserves. This would give the proposed North Jal Unit an ultimate primary recovery of 12.63%.
3. Estimated remaining secondary reserves are 4.620 mmbo based on a secondary to primary ratio (S/P ratio) of 1.6 which is within the proven range of S/P ratios known for surrounding Yates-Seven Rivers-Queen waterfloods, 1.2 to 2.0. Estimated undeveloped tertiary reserves range from 9.397 mmbo based on recovery seen in CO2 flood of the Rock Queen Unit.
4. Estimated investment for the waterflood project is \$59.9 million. This capital investment includes drilling of new wells, conversions to injection, re-entry of TA and P&A wells, deepening of existing wells, recompletions, and surface facilities installation/expansion. Capital expenditures for tertiary recovery (CO2 flood) are to be determined.
5. Present net worth, discounted 10%, for undeveloped primary and remaining secondary reserves is \$32.9 million as compared to a 10% discounted present net worth of developed producing reserves of \$12.4 million.
6. The most efficient way to economically recover remaining primary, secondary and tertiary reserves is to unitize the North Jal Unit as an enhanced oil recovery unit.

1.0 Field History

1.1 Location

The North Jal Unit, Lea County, New Mexico is located approximately 5 miles north-northwest of the city of Jal, on the Central Basin Platform (CBP) of the Permian Basin in T24S and T25S, R36E and R37E. The field lies near the northwestern edge of the CBP that runs in a NW-SE direction from New Mexico into West Texas. The area of focus includes the Northwest Eumont Unit, West Eumont Unit, Jalmat Field Yates Sand Unit, Cooper Jal Unit, Skelly Penrose A Unit, Langlie Mattix Penrose Sand Unit, Seven Rivers Queen Unit, South Eunice Unit, Seven Rivers Queen Unit, South Leonard Unit, Rhodes Yates Unit, Langlie Jal Unit and many other units in the Monument-Jal Oil Field (Fig 1).

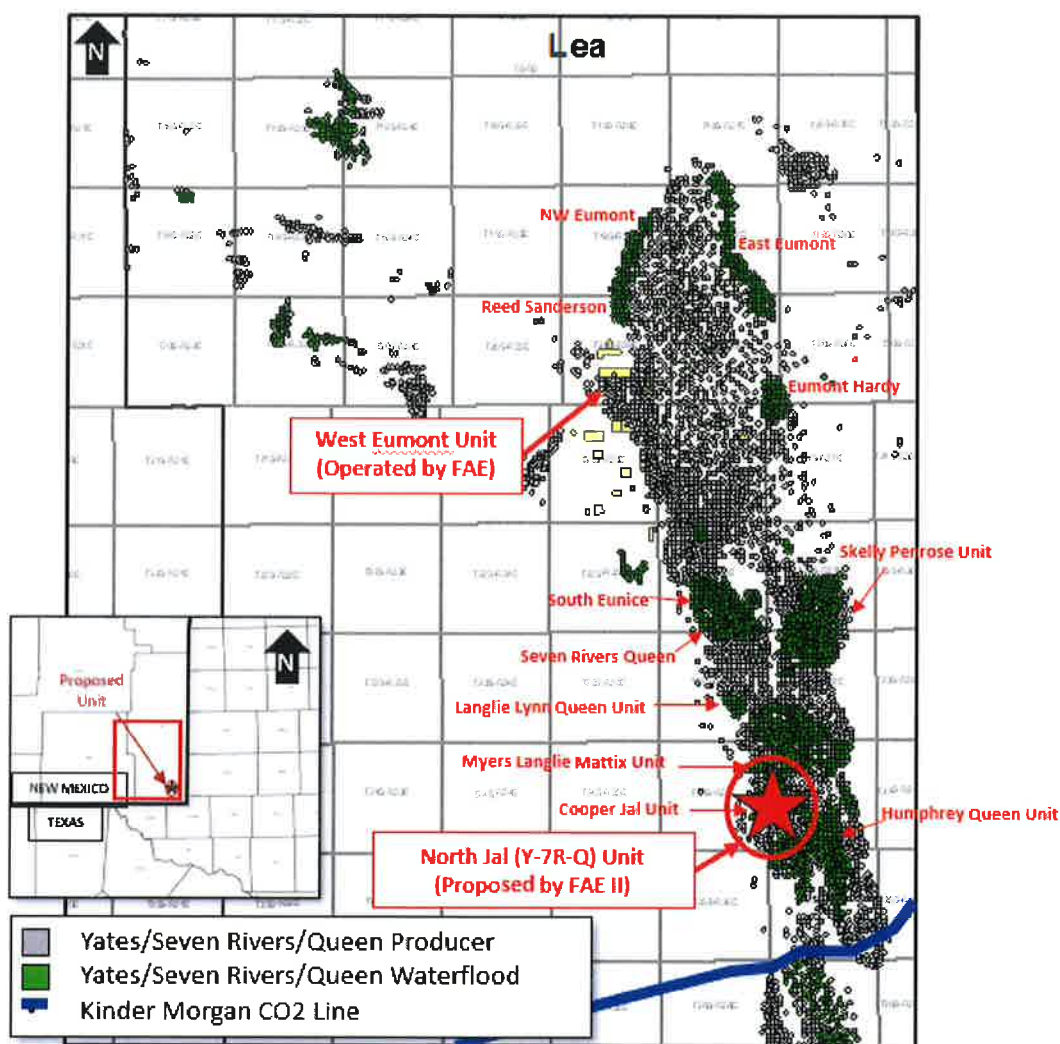


Fig 1 — Yates-Seven Rivers-Queen producers and waterfloods within the Central Basin Platform (CBP).

1.2 Producing Zones

North Jal Unit’s productive oil-bearing reservoirs are the Yates, Seven Rivers, and Queen formations. The zones occur at depths from 2,700 to 3,800 feet with gross thicknesses averaging 850 feet for the combined interval. Across the Unit, the lower Seven Rivers and upper Queen are the primary targets for secondary recovery, with the west side having additional upper Seven Rivers and Yates potential.

1.3 Discovery and Development

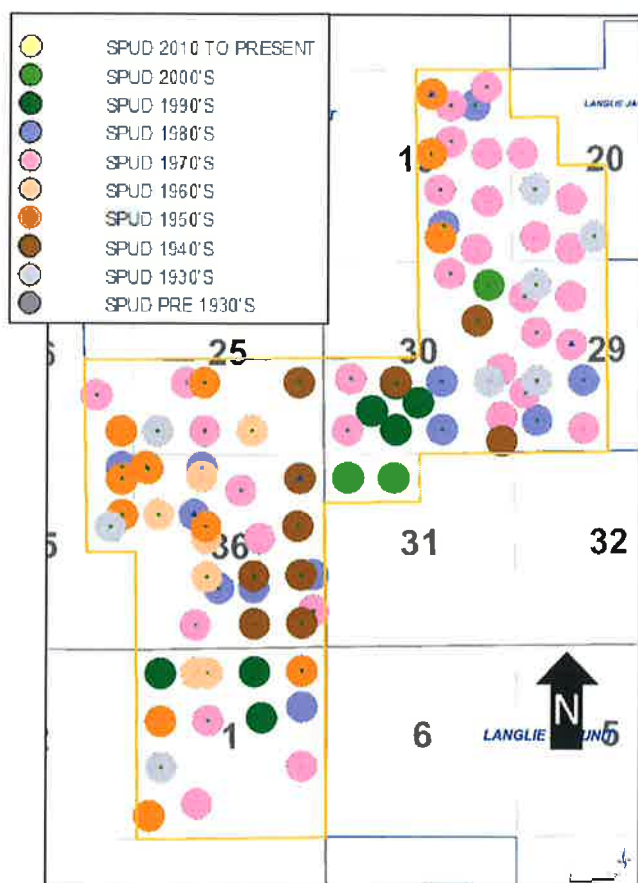


Fig 2 — Base map of the North Jal Unit with wells colored by spud date. No new drilling activity has occurred since the early 2000s.

Initially discovered in the 1920s, development of the North Jal Unit area was focused on oil with the Yates-Seven Rivers-Queen formations being heavily developed in the 1930s through the 1950s. Heavy development occurred at 40 acre well spacing in the area in the 1970s, around which time multiple waterflood units were formed in the area (Fig 2).

The Yates is generally oil productive on the west side of the unit area and gas productive to the east. The Seven Rivers is oil and gas productive across the majority of the unit area. Queen development focused on the eastern half of the unit area where it is oil productive; to the very southwest, the Queen becomes wet. The field has maintained an active well count between 20-60 wells for the majority of its history, though this count began a steady drop in 2012 and fell below 40 active wells in 2019.

North Jal’s production history for the Yates-Seven Rivers-Queen formations (Fig 3) shows peak oil production occurring March 1980 coinciding with the peak number of active wells. Oil rate peaked at 415 bopd, generally declining to present day. Other than a handful of wells drilled each decade up to 2010, no major development has occurred in the proposed North Jal Unit area since the 1970s.

As of December 31, 2023, the proposed unit area had average daily production of 97 bopd, 227 mcfpd, and 1,417 bwpd with average daily injection of 1,299 bwipd. Cumulative field production at the same date was 4.460 mmbo, 108.628 bcf, 35.265 mmbw, and 7.731 mmbwi. With an Original Oil in Place (OOIP) of 52.0 mmbo, this puts the recovery factor (RF) at 8.35% reserves recovered.

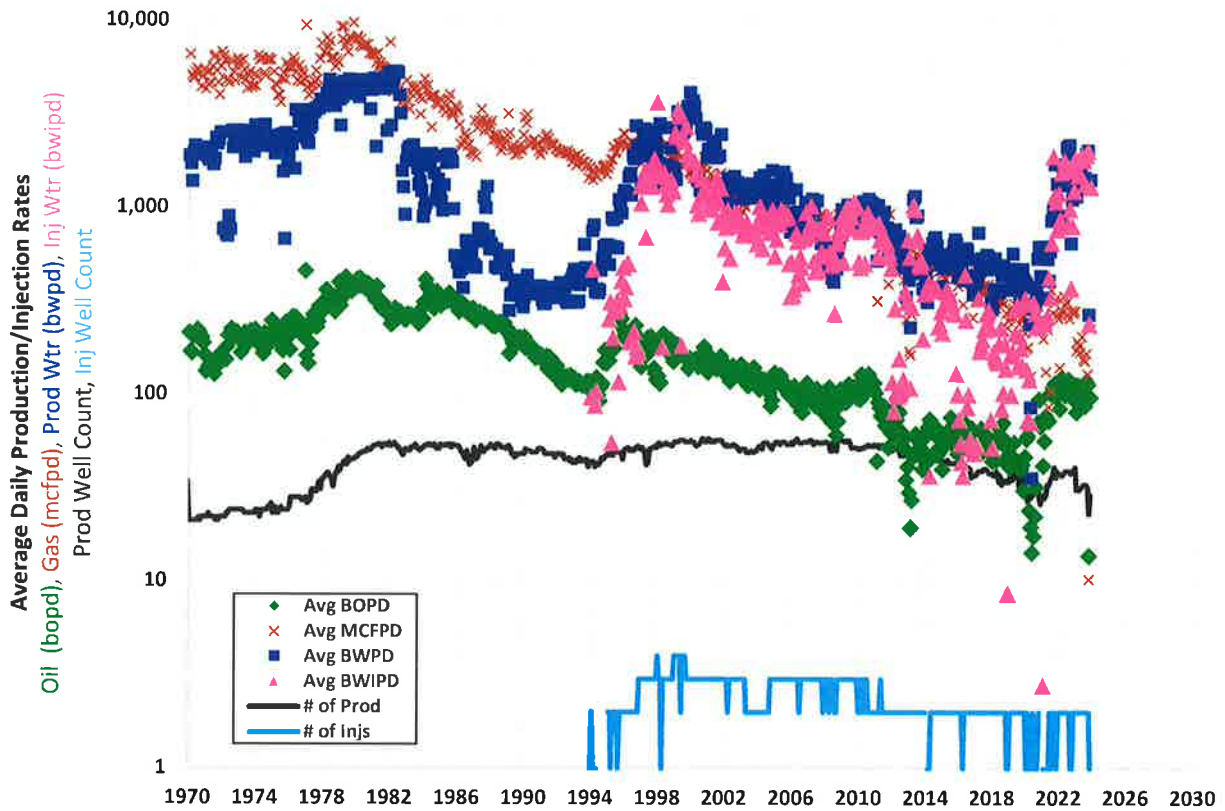


Fig 3 — North Jal Unit production history of the Yates-Seven Rivers-Queen formations. Production data sources are a combination of electronic records from IHS (post 1970's) and hard copied data from the New Mexico OCD District (NMOCD) Office in Hobbs, NM (pre-1970's).

1.4 Log Data

Approximately 90% of the total wells (including P&A wells) have a well log, with 85% of the wells having either density porosity, neutron porosity and/or sonic porosity logs. 49% of wells have digital LAS files (distribution skewed to the east) and 38% of wells have a LAS file with density porosity. Note: most well logs do not cover the entire proposed Yates-Seven Rivers-Queen unitized interval, as most TD somewhere in the unitized interval.

1.5 Completions

Depending on the year that the wells were drilled, the completion type differed greatly. In many early wells (1930-1950s), 7" production casing was set directly above oil-bearing reservoirs and 50 to 150 feet of pay left as open hole. In the cases where there were no open hole intervals, 7" production casing was run to TD and the targeted intervals were perforated. It was common to stimulate both perfs and open hole intervals with 1000 to 5000 gallons of 15% HCl acid. Wells drilled after the 1970s often had 5.5" production casing run to TD. There were also several re-entries to older wells in which 4.5" casing/liner was run across the open hole interval.

In the 1980s and 1990s operators went back to producing wells and re-stimulated the wells by hydraulic fracture. The frac sizes ranged from 6000# of sand with 6000 gallons of lease oil to 250,000# of sand with 150,000 gallons of slick water. Since many of the existing wells have been hydraulically fractured, FAE II intends to minimize the number of conversions to injection and primarily drill new wells for injection. This will allow for a more uniform and efficient flood front expanding out from around the injector wells.

2.0 Geology

2.1 Geologic Setting

The Yates-Seven Rivers-Queen formations are part of the Artesia Group and were deposited during the Permian period. These formations are part of stratigraphic sequences which exhibits prograding shelf-edge systems tracts caused by fluctuations in paleo-sea level and regional subsidence. Generally, they are laterally continuous porous back reef sandstones and dolomites that rim the Delaware Basin (Fig 4A). To the west and south (downdip) of the proposed unit area, reservoir rocks change facies to the Goat Seep and Capitan Reefs, which are generally not oil or gas bearing; to the east and north (updip), reservoir rocks transition into impermeable evaporites which act as stratigraphic traps/seals (Fig 4B).

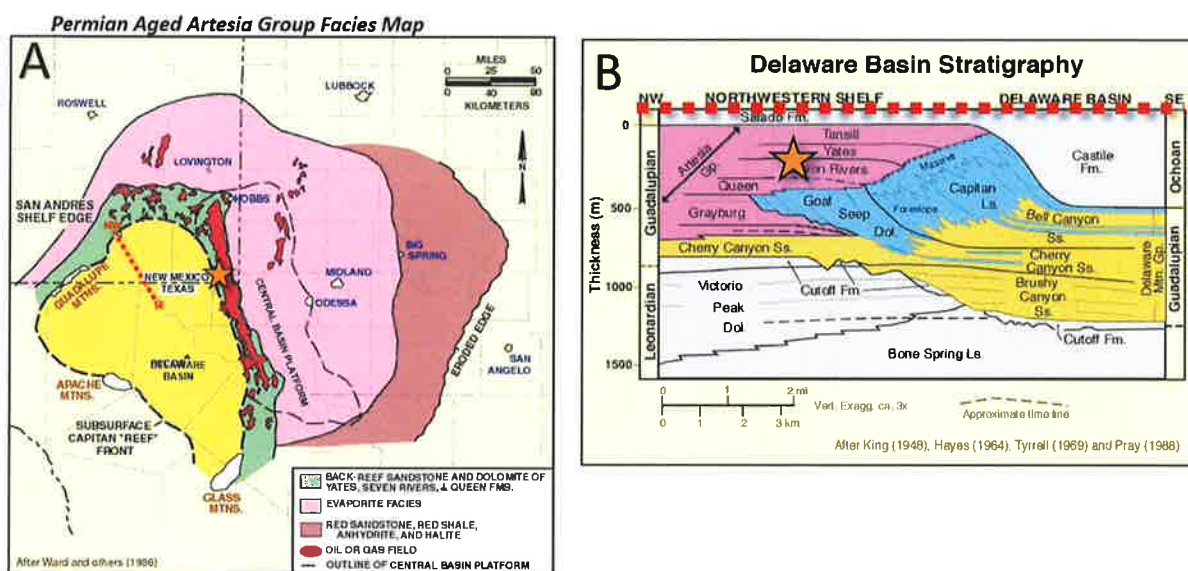


Fig 4 — (A) Map of Central Basin Platform Yates-Seven Rivers-Queen oil and gas fields. Orange star represents the SJU location. (B) Stratigraphic representation of the Y-7R-Q on the Northwest Shelf, which is similar in deposition, stratigraphy, and reservoir properties to the NJU area.

2.2 Structure

Figure 5 is a structure map that shows the Yates formation top, measured in subsea true vertical depth (SSTVD). The Yates formation in the unit area gently dips to the WSW with the exception of a local anticlinal ridge on the western side of the proposed unit area. The Seven Rivers and Queen formations below the Yates follow similar structural profiles.

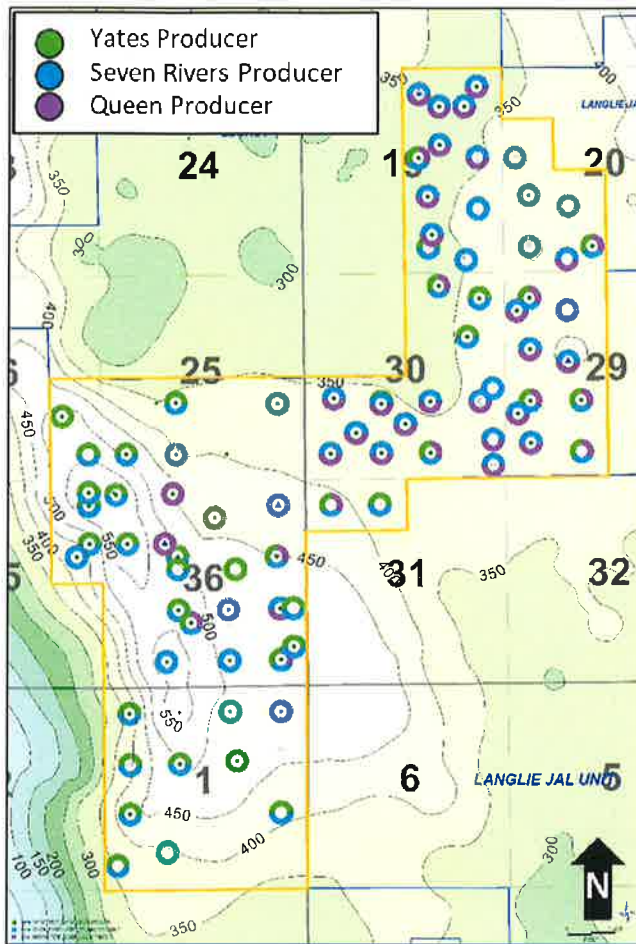


Fig 5 — Structure map of the top of the Yates formation, with Yates, Seven Rivers, and Queen completions. Values are subsea TVD.

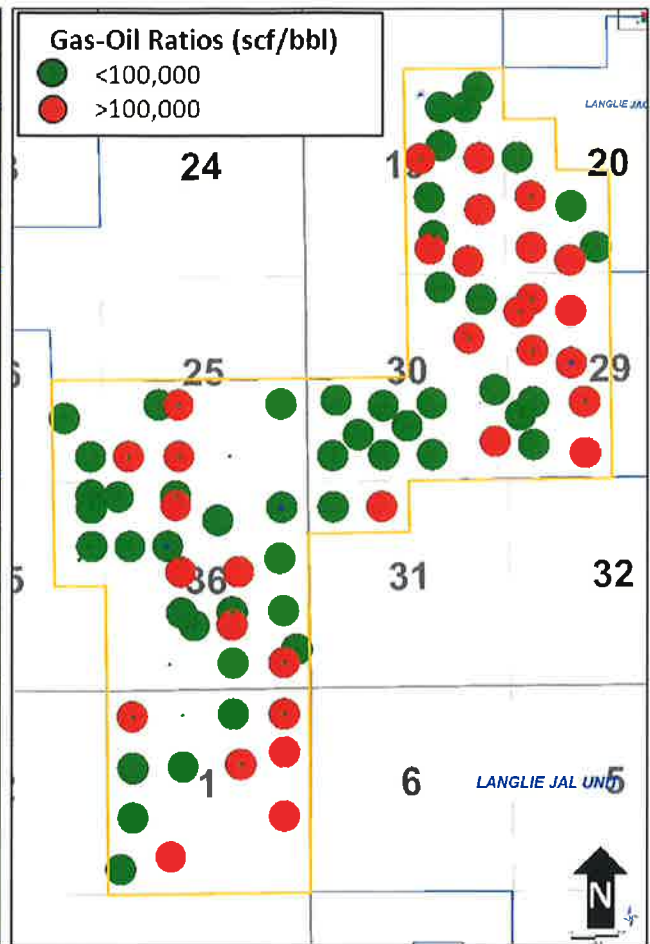


Fig 6 – Map illustrating GOR in wells with Yates, Seven Rivers, and/or Queen completions. Wells with Green circles indicate oil wells, and wells with Red circles indicate gas wells in accordance with NMOCD standard classifications.

2.3 Unit Productive Limits

The proposed North Jal Unit was configured to span the productive intervals of the Yates-Seven Rivers-Queen formations. Figure 6 shows the classified oil or gas wells completed in the Yates, Seven Rivers, and/or Queen formations, according to the NMOCD standard gas-oil ratio cutoff of 100,000 scf/bbl. The Yates formation is oil productive on the west side of the unit, and gas productive everywhere else. The Seven Rivers formation is oil productive in various reservoirs over the majority of the unit area. The Queen formation is oil productive in the central and eastern half of the unit and wet downdip towards the southwest of the unit area.

2.4 Porosity vs. Permeability

Based on published research, analysis of historical production vs. completed intervals, and recompletion results from FAE II's own wells, FAE II has established productive reservoir petrophysical cutoffs of 10% porosity and permeability greater than 0.5 mD for the Yates-Seven Rivers-Queen interval. For EOR purposes, the permeability requirement increases to 3 mD while the porosity cutoff remains unchanged. Core samples, like from the C D Woolworth #10 (Fig 7), a FAE II operated well within the proposed NJU unit area, show the rock to exceed the minimum requirements for EOR.

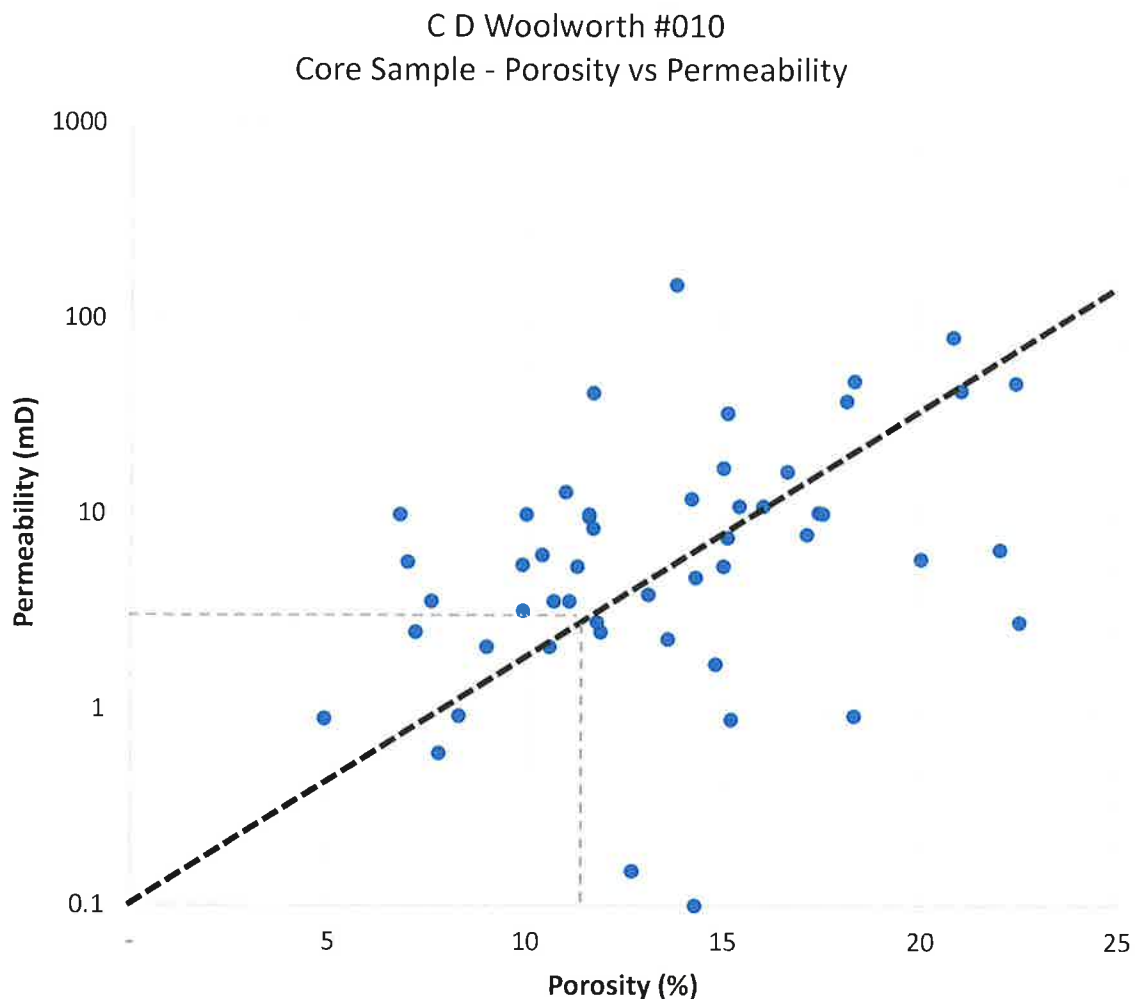


Fig 7 — C D Woolworth 10 Core Samples Permeability vs. Porosity plot. Porosity and permeability have a positive, correlative relationship; generally speaking, the higher the porosity, the higher the permeability.

2.5 Definition of Reservoir & Net Pay

Across the unit, the combined gross interval thickness of the Yates-Seven Rivers-Queen formations is approximately 850 feet. Given the vintage of the data available, reservoir rock is typically identified using a 10% cutoff on modern density porosity logs. Reservoir-quality rock with 10% or greater porosity is highlighted on logs in green (Fig 8). Older neutron and acoustic logs are less accurate in quantifying porosity than the density logs, therefore neutron and acoustic logs are correlated to density logs to determine reservoir-quality rock.

Net pay is determined by rock that meets both the 10% porosity threshold and contains 40% or greater oil saturation. Historical production, research papers, analogous field studies, and Archie’s law calculations were used to calculate an average of 50% oil saturation. In this report, net pay is limited to oil-bearing reservoirs and does not include gas reservoirs or gas caps, thus existing between the oil-water contact (OWC) and gas-oil contact (GOC).

2.6 Original Oil in Place Mapping

Original Oil in Place (OOIP) mapping was performed by reducing the Yates, Seven Rivers, and Queen net reservoir maps (net sand) to net pay, defined as the oil-bearing reservoirs between gas-oil and oil-water contacts. Oil-bearing reservoirs within formations were identified, tabulated and mapped to create net pay maps for each formation.

To generate OOIP values, the net pay maps were first run through a volumetrics calculator in Petra, a geological evaluation

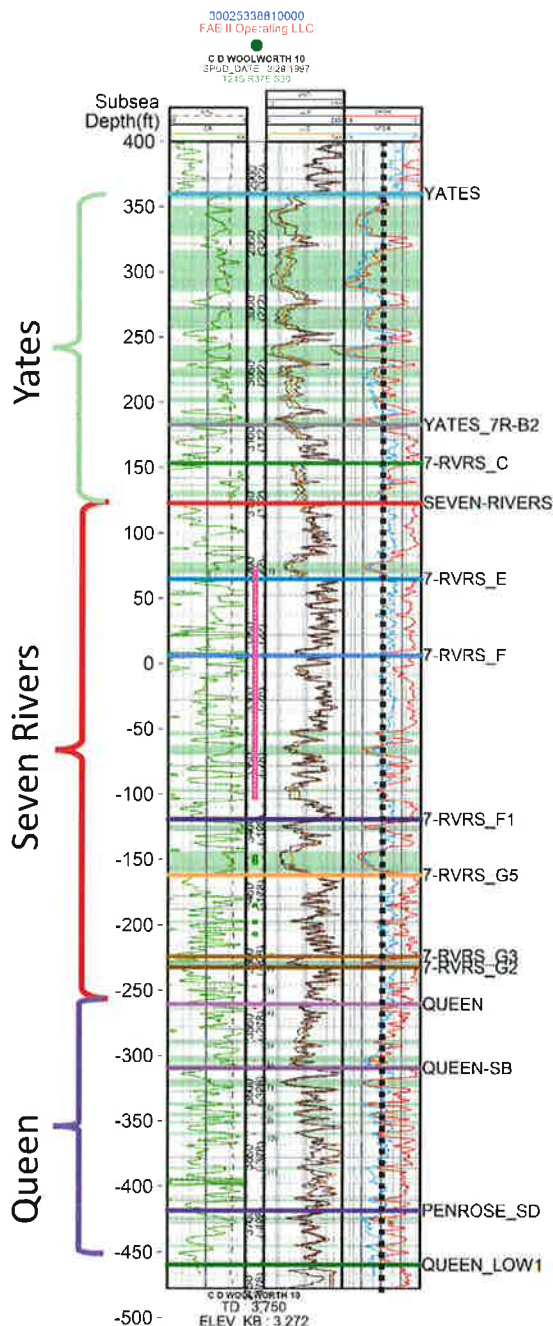


Fig 8 — C D Woolworth #10 Density log curves (right) with rock meeting or exceeding the 10% porosity threshold highlighted in green. For reference, the dotted black vertical line indicates 10% porosity.

software, with volumetric polygons existing every 40 acres for the entirety of the unit area. This process produced rock volumes in acre-ft (“Ah” variables in the OOIP calculation formula) for each hydrocarbon bearing formation at a 40-acre polygon resolution. The rock volumes were multiplied by the average calculated porosity and oil saturation values, and divided by the oil formation volume factor, resulting in OOIP per 40-acre tract per formation. The 40-acre tract OOIP values were then summed within each formation to generate formation OOIP values within the unit area. Formation OOIP values were summed for a total OOIP for the unitized interval.

$$OOIP = \frac{7758 * Ah * \phi * So}{Bo}$$

OOIP – Original Oil in Place (stb)

So – Initial Reservoir Oil Saturation (fraction)

Ah – Bulk Rock Volume (acre-feet)

Bo – Initial Oil Formation Volume Factor (rb/stb)

φ – Reservoir Porosity (fraction)

Formula 1 – Industry standard formula for calculating OOIP. Each formation’s oil net pay map is used to calculate the bulk rock volume for use in the formula.

Average values were used for oil saturation, and initial oil formation volume factor (oil FVF) due to insufficient unit-wide coverage of quality data. Porosity was mapped using a calculated value from wells with digital LAS density porosity logs as the average value in each interval per well with <10% and >30% cutoff parameters (below 10% = not considered reservoir quality rock, above 30% deemed erroneous data). Oil saturation was determined to be 50%, based on historical oil and water production and calculations in modern logs. Initial oil FVF was assumed to be 1.3 rb/stb, based on initial producing GORs and reservoir pressure. Table 1 shows a break-down of oil in place by formation.

OOIP by Formation				
Formation	YATES	SEVEN RIVERS	QUEEN	Total
Porosity (%)	17	16	14	-
OOIP (mmbbls)	3.5	22.0	26.5	52.0
Percentage of Total OOIP	6.7%	42.4%	50.9%	100%

Table 1 – Table shows the bulk rock volume from the oil net pay maps for each formation, the average porosity for each formation, the calculated OOIP using Formula 1 and the totals for the entire proposed unitized interval.

3.0 Engineering

3.1 Determination of Remaining Reserves

Individual well production histories were generated from IHS's electronic records (post 1970's) and paper records from the New Mexico OCD District Office in Hobbs, NM (pre-1970's) were matched to pre-1970s cumulative volumes. Decline curve analysis (DCA) was used to determine the remaining reserves of active wells within the proposed unit boundaries (Appendix F-4). Reserve forecasts were typically represented with exponential decline curves to the well's economic limit. Annual decline rates ranged from 3-15% with an average of 6.6%. This unit has 0.751 mmbo remaining developed reserves.

3.2 Determination of Undeveloped Reserves

Undeveloped primary reserves were calculated based on the cumulative primary production of offset producers. In areas where there was no previous oil development, the unit's average RF was applied to the OOIP to calculate undeveloped primary reserves at 40 ac well spacing; the unit's total undeveloped primary reserves are calculated as 1.438 mmbo.

Remaining secondary reserves were determined through in-depth studies performed on 26 analogs, i.e. surrounding waterflood units. These studies analyzed the secondary performance and influencing factors, identifying well spacing and pattern design as the most controllable influencers. Development of 40-acre 5-spot patterns (20-acre well spacing) consistently showing the best secondary recovery as measured by the secondary to primary ratios (S/P ratios); analogs S/P ratios ranged from 1.2 to 2.0, with an average S/P ratio of 1.6, shown in Table 2. This development has been tested in the offsetting Cooper Jal and Langlie Jal Units with positive results in both.

With this high secondary performance development plan in mind, injector centered 5-spot patterns were identified and primary production of the surrounding producers was used to calculate expected secondary reserves. Calculated secondary reserves were then compared to the estimated remaining recoverable oil in place for each 40-acre location to ensure recoveries were reasonable. This unit's total remaining secondary reserves are calculated as 4.620 mmbo.

Tertiary recovery estimates are tied to the Queen formation – the Rock Queen Unit in Chaves & Lea Counties, New Mexico (Fig 9). This unit was a mature waterflood on decline when CO₂ was introduced

in late 2010, the start of tertiary recovery. Oil rate responded within six months of initial CO2 injection. The reasons the operator reduced and then stopped CO2 injection are unknown, but shortly after the field oil rate declined back to its original secondary trend. Tertiary recovery was 12.5-15% EUR in its short span at the Rock Queen Unit. Using ~18% incremental RF, North Jal Unit's total undeveloped tertiary reserves are calculated as 9.397 mmbbl.

Lease Name	Well Spacing	Oil EUR		S/P
		Primary	Secondary	
JALMAT FIELD YATES SAND UNIT	20	1.9	3.8	2.0
COOPER JAL UNIT	20	6.8	12.3	1.8
SKELLY PENROSE A UNIT	20/40	4.0	7.2	1.8
LANGLIE MATTIX PENROSE SAND UNIT	20/40	6.5	11.2	1.7
SEVEN RIVERS QUEEN UNIT	20	3.0	4.5	1.5
JALMAT YATES UNIT	20	1.3	2.0	1.5
SOUTH EUNICE SEVEN RIVERS QUEEN UNIT	20/40	2.4	3.6	1.5
SOUTH LANGLIE JAL UNIT	20/40	1.3	1.9	1.5
RHODES YATES UNIT	20	1.1	1.7	1.5
SOUTH LEONARD UNIT	20/40	0.6	0.8	1.4
LANGLIE JAL UNIT	20/40	4.6	6.1	1.3
SKELLY PENROSE B UNIT	20/40	1.7	2.2	1.3
CONE JALMAT YATES POOL UNIT	20/40	1.7	2.2	1.2
WEST DOLLARHIDE QUEEN SAND UNIT	20	3.1	3.7	1.2

Table 2 — Waterflood performance comparison of analogous waterfloods along the Central Basin Platform.

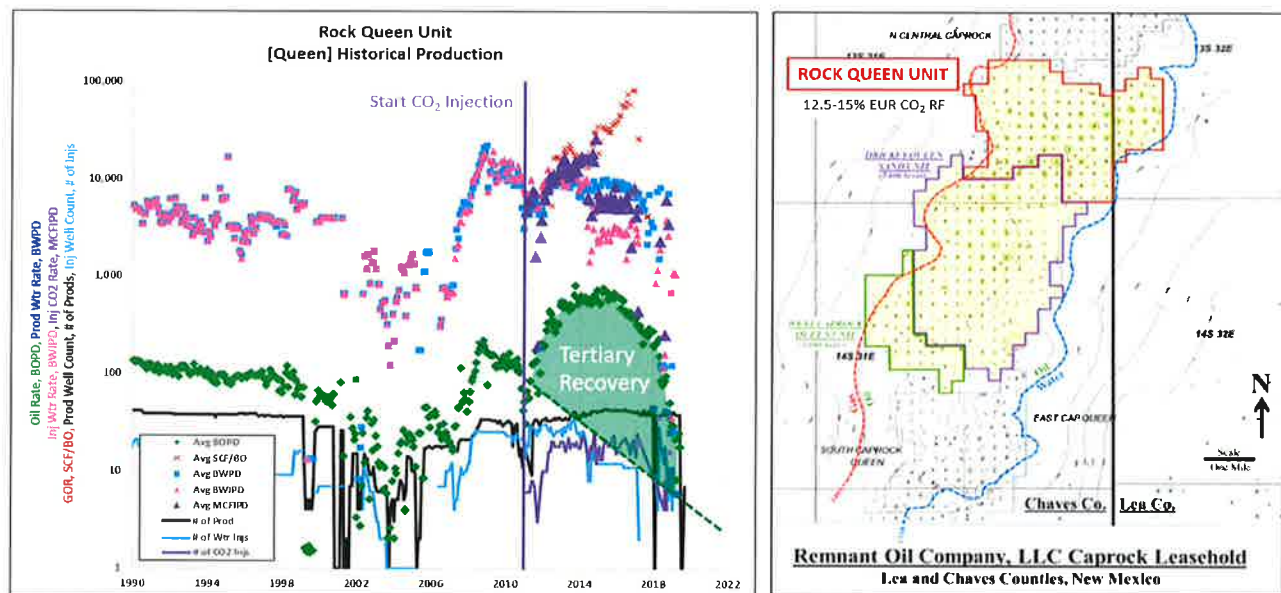


Fig 9 — The Rock Queen Unit is the only public reported study of a CO2 flood of the Queen formation in the surrounding area. No CO2 floods were found for the Yates-Seven River formations.

3.3 Original Oil in Place (OOIP) and Remaining Reserves

A total of 52.0 mmbo of original oil in place (OOIP) is contained in the Yates-Seven Rivers-Queen formations. A bulk volume oil map was constructed for each of the Yates-Seven Rivers-Queen formations using the porosity and saturation cutoffs previously discussed to determine net pay at each well location. The resultant bulk oil map yielded OOIP.

Cumulative production was 4.460 mmbo as of December 2023, meaning the North Jal Unit has only recovered 8.58% of the OOIP. Forecasts of the active producing wells determined estimate ultimate recovery (EUR) of the unit to date is 5.211 mmbo, leaving 0.751 mmbo remaining reserves under the current development. Unperforated intervals in existing wells and undrilled acreage at 40-acre well spacing leave an estimated 1.438 mmbo undeveloped primary reserves in the ground.

Secondary reserves from unit-wide water injection are based on surrounding analogs' performance. Remaining secondary reserves for the proposed unit area are 4.620 mmbo; an incremental 8.88% of the OOIP. This would give North Jal Unit an ultimate secondary recovery (secondary + primary) of 21.67% of the OOIP.

3.4 Development Plan

An additional 50 wells (36 injectors, 14 producers) will be drilled on undeveloped acreage to create 40-acre inverted 5-spot patterns for waterflooding. Additional conformance work to ensure injection support reaches surrounding producers will include re-entries, recompletions, workovers and conversions to injection. These wells will develop an estimated 6.058 mmbo offsetting producing Yates-Seven Rivers-Queen wells. The unit outline was drawn around 40-acre locations with a producer, around recommended and probable undrilled locations and around the open undrilled spots deemed reasonable by geology and to protect the unit.

Development is scheduled to start within one calendar year of unitization approval, building patterns in the unit with water injection commencing immediately after injection wells are brought online. After these areas are evaluated and prioritized, the development program would maintain a single drilling rig and single workover rig to complete the development of the unit. The full development of the unit is estimated to take 9 years. Partial oil production response is expected to occur mid-Year 2 with peak response late Year 9 or early Year 10. Total investment for the North Jal Unit waterflood development

of 6.058 mmbo in incremental proven secondary and undeveloped primary reserves is estimated to be \$59.9 million (Fig 10) with a finding and development (F&D) cost of \$9.89 per barrel.

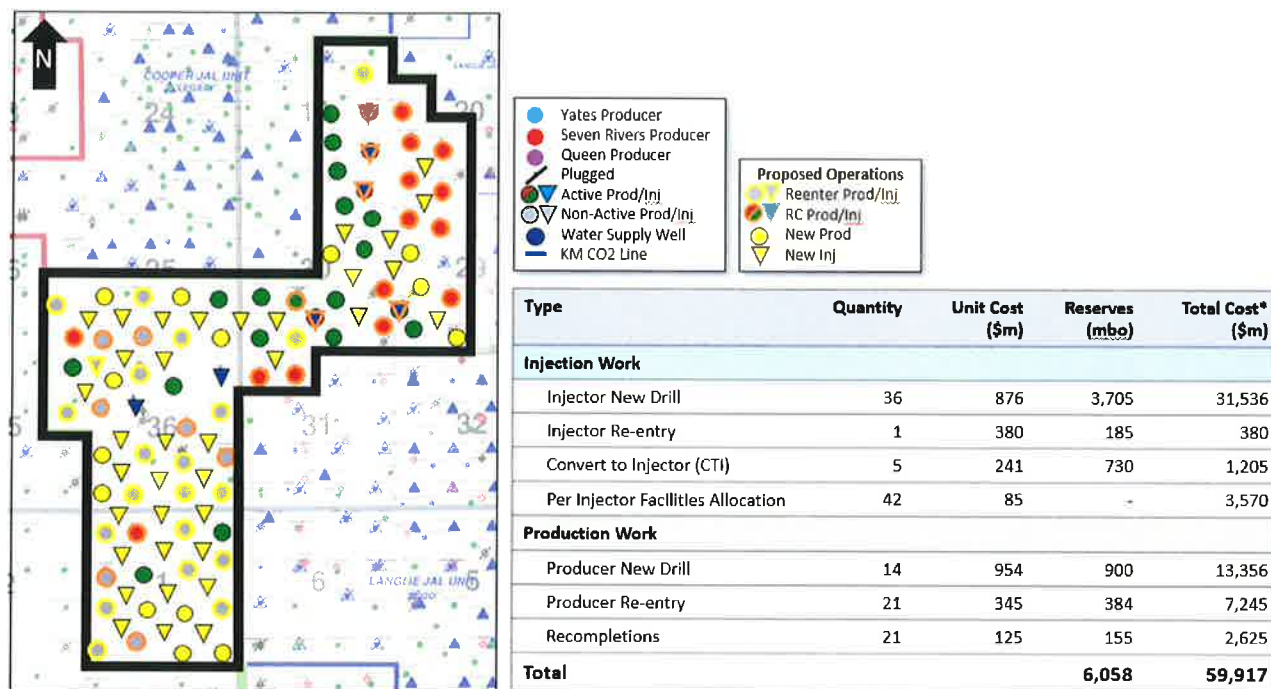


Fig 10 — Development plan for North Jal Unit waterflood of Yates-Seven River formations. Start development within one calendar of unitization approval and maintain 1 drilling rig and 1 workover rig program that is expected to last approximately 9 years.

3.5 Unitization Participation Formula

$$WI = 0.10 * A + 0.90 * B$$

WI – Working Interest

A – Current Production Rate, BOE

B – Remaining Recoverable Oil in Place (RROIP)

The unitization participation formula applies to all tracts and consists of two variables, i.e. current production rate in BOE and remaining recoverable oil in place (RROIP), to accurately distribute the ownership of the unit based upon current and future value, respectively. The current production rate is represented by the average production rate converted to BOE over the six-month time period of July 2023 through December 2023 (Appendix C). Per BLM guidance, the barrels of oil equivalent (BOE) conversion used (25:1 mcf/bo) was tied to current oil and gas prices to maintain cashflow value of the active producers.

Remaining recoverable oil in place (RROIP) represents the future value of the proposed unit and focuses on giving credit to those tracts whose reserves have yet to be fully developed. RROIP is calculated based on the OOIP previously discussed (see Section 2.6). OOIP is taken from the 40-acre squares across the unit and summed into designated tracts. Recoverable oil in place (ROIP) is calculated on a per tract basis by applying an estimated ultimate RF of 51.3% (primary + secondary + tertiary) to each tract's OOIP. Cumulative production through December 2023 is then subtracted from each tract's ROIP to yield each tract's RROIP.

Appendix F-1

Cumulative production by well (1940-2023)

Appendix F-2

Annual production by well (1940-2023)

Appendix F-3

Monthly production by well (Jul 2023 - Dec 2023)

Appendix F-4

Active well reserve estimates

Appendix F-5

Economics for full field development

Appendix F-1
Cumulative Production by Well (1940-2023)

Well Name	API	Location	Cum Oil, bo	Cum Gas, mcf	Cum Water, bw	Cum Inj, bwi
ADELE SOWELL #001	3002525630	24S-37E-19P	-	1,543,781	19,914	-
ADELE SOWELL #002	3002525755	24S-37E-19I	-	1,530,234	5,181	-
C D WOOLWORTH #004	3002525464	24S-37E-30L	81,582	249,862	254,929	-
C D WOOLWORTH #005	3002525790	24S-37E-30M	48,631	213,025	273,566	-
C D WOOLWORTH #006	3002528731	24S-37E-30O	38,395	428,430	336,150	-
C D WOOLWORTH #007	3002528798	24S-37E-30J	73,476	406,226	224,159	-
C D WOOLWORTH #008	3002532862	24S-37E-30K	108,124	178,812	234,910	-
C D WOOLWORTH #009	3002532863	24S-37E-30N	71,361	208,857	491,266	-
C D WOOLWORTH #010	3002533881	24S-37E-30J	22,188	102,941	191,867	-
C D WOOLWORTH #011	3002533882	24S-37E-30N	23,299	130,508	97,447	-
C D WOOLWORTH #3	3002511287	24S-37E-30K	-	5,903,983	-	-
CALLEY A #001	3002511175	24S-37E-20N	28,557	2,335,926	75,514	-
CITIES THOMAS #001	3002525400	24S-37E-19B	92,496	583,554	226,170	-
CITIES THOMAS #002	3002525512	24S-37E-19A	52,445	378,805	312,164	-
CITIES THOMAS #003	3002525608	24S-37E-19H	-	980,972	4,783	-
CITIES THOMAS #004	3002525756	24S-37E-19G	517,706	1,353,114	799,074	-
CITIES THOMAS #005	3002528626	24S-37E-19A	11,810	16,911	193,183	-
CUSTER STATE #001	3002526501	24S-36E-36G	-	798,686	38,104	-
E J WELLS #004	3002509717	25S-36E-1L	301,797	516,582	2,430,859	-
FLUOR HARRISON #001	3002525491	24S-37E-20M	1,179	677,384	774	-
GULF EDDIE CORRIGAN #001	3002526086	24S-37E-30P	5,032	1,590,961	74,839	-
GULF EDDIE CORRIGAN #002	3002526100	24S-37E-30I	22,423	1,582,463	72,406	-
HARRISON #001	3002509654	24S-36E-25M	25,787	2,751,980	37,412	-
HARRISON #002	3002525825	24S-36E-25N	4,947	601,414	162,112	-
HARRISON #1	3002526060	24S-37E-29E	1,897	285,182	139,940	-
HARRISON #3	3002509655	24S-36E-25K	3,697	284,287	71,461	-
HENRY HARRISON #001	3002526036	24S-37E-20N	-	1,343,934	13,495	-
JACK B 30 #001	3002511284	24S-37E-30H	22,681	6,442,219	64,188	-
JACK B 30 #002	3002525871	24S-37E-30B	80,424	557,762	113,501	-
JACK B 30 #003	3002535139	24S-37E-30A	38,041	610,268	84,644	-
KIMMY #003	3002526437	24S-37E-29L	70,003	356,838	459,688	-
KIMMY #004	3002526638	24S-37E-29M	35,733	273,336	313,592	-
KIMMY K #001	3002526243	24S-37E-29C	1,247	310,954	88,429	-
KIMMY K #002	3002526490	24S-37E-29F	34	32,782	62,976	497,006
KING HARRISON C #001	3002525629	24S-37E-20E	32,237	387,851	322,920	-
KING HARRISON C #003	3002511168	24S-37E-20L	4,366	4,837,238	61	-
KING HARRISON C #005	3002524071	24S-37E-20K	62,741	305,197	285,838	-
LANGLIE A STATE #001	3002509710	24S-36E-36I	123,356	127,757	1,151,582	-
LANGLIE A STATE #002Y	3002509714	24S-36E-36H	116,771	1,016,308	162,313	-
LANGLIE A STATE #003	3002528067	24S-36E-36I	-	1,141,302	214,354	-
MARTIN B #003	3002537959	24S-37E-31C	587	426,405	85,778	-
MARTIN B #004	3002538883	24S-37E-31D	19,950	99,530	405,322	-
MCKINNEY #001	3002509709	24S-36E-36A	23,360	334,792	23,316	2,146,008
POSSH #001	3002526760	24S-36E-36C	14,808	138,208	194,293	-
POSSH #002	3002526965	24S-36E-36F	2,824	19,043	25,061	5,130,143
POSSH #003	3002527044	24S-36E-36K	12,836	94,915	1,002,823	-
POSSH #004	3002526536	24S-36E-36B	28,839	201,637	1,177,116	-
SHELL STATE #1	3002522721	24S-36E-36K	21,981	717,130	226,566	-
SHELL STATE #2	3002522913	24S-36E-36F	-	16,907	-	-
STATE A-36 #001Y	3002509715	24S-36E-36D	190,563	5,787,062	884,953	-
STATE A-36 #002	3002521872	24S-36E-36E	36,751	1,470,762	102,447	-
STATE W #001	3002509707	24S-36E-36P	26,831	1,806,680	73,323	-
STATE W #002	3002509708	24S-36E-36O	60,941	671,713	606,165	-

Appendix F-1
Cumulative Production by Well (1940-2023)

Well Name	API	Location	Cum Oil, bo	Cum Gas, mcf	Cum Water, bw	Cum Inj, bwi
STATE W #003	3002524740	24S-36E-36P	6,275	342,045	40,538	-
THOMAS #002	3002511164	24S-37E-19G	23,372	5,262,833	10,628	-
THOMAS #1	3002511163	24S-37E-19O	833	957,515	-	-
THOMAS A #003	3002526139	24S-37E-19J	351,129	222,093	320,475	-
THOMAS A #004	3002528464	24S-37E-19O	282,837	203,388	191,454	-
Uknown well	PRE-1970s	24S-36E-25J	30,508	108,458	13	-
Uknown well	PRE-1970s	24S-36E-25K	11,727	213,685	13,483	-
Uknown well	PRE-1970s	24S-37E-29C	2,169	3,328	-	-
Uknown well	PRE-1970s	24S-36E-36H	-	544,294	-	-
VAN ZANDT #001	3002509656	24S-36E-25I	28,847	3,043,312	67,749	-
VERNON #1	3002509711	24S-36E-36J	99,785	178,976	74,504	-
W H HARRISON A WN COM #002	3002511282	24S-37E-29D	3,912	1,292,253	54,401	-
WATKINS #001	3002509698	24S-36E-35A	391,778	1,429,364	11,830,453	-
WATKINS #002	3002509699	24S-36E-35H	40,719	1,335,903	2,963	-
WATKINS #003	3002527946	24S-36E-35A	98,405	179,410	1,212,127	-
WELLS A #002	3002509720	25S-36E-1E	2,198	204,993	288,386	-
WELLS A #007	3002523600	25S-36E-1F	149,882	999,302	334,926	-
WELLS A #008	3002523857	25S-36E-1N	357	328,939	45,297	-
WELLS A #010	3002532938	25S-36E-1D	-	253,029	259,256	-
WELLS A #1	3002509719	25S-36E-1M	31,267	-	-	-
WELLS B 1 #001	3002509718	25S-36E-1A	49,714	1,352,541	368,772	-
WELLS B 1 #003	3002521460	25S-36E-1C	68,048	611,006	561,802	-
WELLS B 1 #004	3002525532	25S-36E-1I	4,827	857,678	378,471	-
WELLS B 1 #006	3002532345	25S-36E-1B	38,828	269,102	1,110,579	-
WELLS B 1 #007	3002532756	25S-36E-1G	-	376,033	433,098	-
WILLIAM H HARRISON A WN #2PI	3002526239	24S-37E-29D	1,792	752,120	-	-
WM H HARRISON D WN COM #001	3002511283	24S-37E-29L	8,481	3,729,723	1,040	-
WM H HARRISON D WN COM #006	3002524669	24S-37E-29N	2,143	1,667,038	8,066	-
WM H HARRISON D WN COM #007	3002527367	24S-37E-29K	1,774	321,813	1,693	-
WOOLWORTH #001	3002509672	24S-36E-26P	50,399	3,987,722	381,744	-
WOOLWORTH #002	3002525876	24S-36E-26I	17,366	210,246	132,005	-
WOOLWORTH #1	3002509706	24S-36E-35H	63,843	-	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
ADELE SOWELL #001	3002525630	1977	-	54,585	-	-
ADELE SOWELL #001	3002525630	1978	-	210,538	-	-
ADELE SOWELL #001	3002525630	1979	-	167,485	-	-
ADELE SOWELL #001	3002525630	1980	-	140,037	-	-
ADELE SOWELL #001	3002525630	1981	-	122,967	-	-
ADELE SOWELL #001	3002525630	1982	-	95,921	-	-
ADELE SOWELL #001	3002525630	1983	-	76,068	-	-
ADELE SOWELL #001	3002525630	1984	-	66,274	105	-
ADELE SOWELL #001	3002525630	1985	-	57,102	108	-
ADELE SOWELL #001	3002525630	1986	-	52,988	69	-
ADELE SOWELL #001	3002525630	1987	-	46,226	42	-
ADELE SOWELL #001	3002525630	1988	-	42,154	87	-
ADELE SOWELL #001	3002525630	1989	-	37,472	33	-
ADELE SOWELL #001	3002525630	1990	-	34,356	-	-
ADELE SOWELL #001	3002525630	1991	-	29,451	-	-
ADELE SOWELL #001	3002525630	1992	-	31,166	432	-
ADELE SOWELL #001	3002525630	1993	-	27,321	15	-
ADELE SOWELL #001	3002525630	1994	-	26,503	15	-
ADELE SOWELL #001	3002525630	1995	-	23,438	-	-
ADELE SOWELL #001	3002525630	1996	-	20,015	49	-
ADELE SOWELL #001	3002525630	1997	-	13,809	2	-
ADELE SOWELL #001	3002525630	1998	-	12,213	453	-
ADELE SOWELL #001	3002525630	1999	-	19,964	550	-
ADELE SOWELL #001	3002525630	2000	-	18,397	1,800	-
ADELE SOWELL #001	3002525630	2001	-	13,161	1,864	-
ADELE SOWELL #001	3002525630	2002	-	14,989	3,838	-
ADELE SOWELL #001	3002525630	2003	-	13,674	3,626	-
ADELE SOWELL #001	3002525630	2004	-	11,372	3,077	-
ADELE SOWELL #001	3002525630	2005	-	10,572	3,555	-
ADELE SOWELL #001	3002525630	2006	-	6,987	-	-
ADELE SOWELL #001	3002525630	2007	-	5,353	24	-
ADELE SOWELL #001	3002525630	2008	-	4,145	-	-
ADELE SOWELL #001	3002525630	2009	-	3,781	12	-
ADELE SOWELL #001	3002525630	2010	-	3,755	-	-
ADELE SOWELL #001	3002525630	2011	-	3,516	-	-
ADELE SOWELL #001	3002525630	2012	-	2,845	-	-
ADELE SOWELL #001	3002525630	2013	-	2,893	-	-
ADELE SOWELL #001	3002525630	2014	-	2,502	-	-
ADELE SOWELL #001	3002525630	2015	-	2,732	-	-
ADELE SOWELL #001	3002525630	2016	-	2,717	-	-
ADELE SOWELL #001	3002525630	2017	-	2,357	-	-
ADELE SOWELL #001	3002525630	2018	-	2,667	-	-
ADELE SOWELL #001	3002525630	2019	-	2,449	-	-
ADELE SOWELL #001	3002525630	2020	-	1,513	158	-
ADELE SOWELL #001	3002525630	2021	-	691	-	-
ADELE SOWELL #001	3002525630	2022	-	1,190	-	-
ADELE SOWELL #001	3002525630	2023	-	1,355	-	-
ADELE SOWELL #002	3002525755	1978	-	239,417	-	-
ADELE SOWELL #002	3002525755	1979	-	177,730	-	-
ADELE SOWELL #002	3002525755	1980	-	141,017	-	-
ADELE SOWELL #002	3002525755	1981	-	116,837	-	-
ADELE SOWELL #002	3002525755	1982	-	87,913	-	-
ADELE SOWELL #002	3002525755	1983	-	78,982	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
ADELE SOWELL #002	3002525755	1984	-	72,998	33	-
ADELE SOWELL #002	3002525755	1985	-	61,688	-	-
ADELE SOWELL #002	3002525755	1986	-	50,291	3	-
ADELE SOWELL #002	3002525755	1987	-	40,570	-	-
ADELE SOWELL #002	3002525755	1988	-	35,257	-	-
ADELE SOWELL #002	3002525755	1989	-	29,757	-	-
ADELE SOWELL #002	3002525755	1990	-	26,947	-	-
ADELE SOWELL #002	3002525755	1991	-	22,616	-	-
ADELE SOWELL #002	3002525755	1992	-	19,573	-	-
ADELE SOWELL #002	3002525755	1993	-	16,629	-	-
ADELE SOWELL #002	3002525755	1994	-	17,158	-	-
ADELE SOWELL #002	3002525755	1995	-	16,131	-	-
ADELE SOWELL #002	3002525755	1996	-	15,649	-	-
ADELE SOWELL #002	3002525755	1997	-	12,033	-	-
ADELE SOWELL #002	3002525755	1998	-	15,858	-	-
ADELE SOWELL #002	3002525755	1999	-	14,808	-	-
ADELE SOWELL #002	3002525755	2000	-	13,363	-	-
ADELE SOWELL #002	3002525755	2001	-	13,023	25	-
ADELE SOWELL #002	3002525755	2002	-	14,494	58	-
ADELE SOWELL #002	3002525755	2003	-	15,289	-	-
ADELE SOWELL #002	3002525755	2004	-	15,749	18	-
ADELE SOWELL #002	3002525755	2005	-	16,476	-	-
ADELE SOWELL #002	3002525755	2006	-	15,681	-	-
ADELE SOWELL #002	3002525755	2007	-	14,036	-	-
ADELE SOWELL #002	3002525755	2008	-	13,268	556	-
ADELE SOWELL #002	3002525755	2009	-	12,552	1,545	-
ADELE SOWELL #002	3002525755	2010	-	11,925	1,960	-
ADELE SOWELL #002	3002525755	2011	-	6,780	510	-
ADELE SOWELL #002	3002525755	2012	-	4,276	-	-
ADELE SOWELL #002	3002525755	2013	-	4,697	-	-
ADELE SOWELL #002	3002525755	2014	-	5,366	-	-
ADELE SOWELL #002	3002525755	2015	-	5,058	-	-
ADELE SOWELL #002	3002525755	2016	-	4,999	35	-
ADELE SOWELL #002	3002525755	2017	-	5,106	-	-
ADELE SOWELL #002	3002525755	2018	-	5,444	-	-
ADELE SOWELL #002	3002525755	2019	-	5,125	-	-
ADELE SOWELL #002	3002525755	2020	-	5,098	438	-
ADELE SOWELL #002	3002525755	2021	-	2,598	-	-
ADELE SOWELL #002	3002525755	2022	-	4,458	-	-
ADELE SOWELL #002	3002525755	2023	-	5,083	-	-
C D WOOLWORTH #004	3002525464	1977	4,792	8,485	3,282	-
C D WOOLWORTH #004	3002525464	1978	6,638	12,367	2,957	-
C D WOOLWORTH #004	3002525464	1979	5,658	7,665	3,201	-
C D WOOLWORTH #004	3002525464	1980	5,739	10,112	5,130	-
C D WOOLWORTH #004	3002525464	1981	5,073	10,529	3,669	-
C D WOOLWORTH #004	3002525464	1982	4,264	8,400	2,796	-
C D WOOLWORTH #004	3002525464	1983	3,851	6,443	2,254	-
C D WOOLWORTH #004	3002525464	1984	2,947	9,316	3,402	-
C D WOOLWORTH #004	3002525464	1985	2,445	1,666	2,096	-
C D WOOLWORTH #004	3002525464	1986	2,315	4,937	2,105	-
C D WOOLWORTH #004	3002525464	1987	2,302	15,583	1,944	-
C D WOOLWORTH #004	3002525464	1988	1,685	5,216	1,184	-
C D WOOLWORTH #004	3002525464	1989	1,879	4,060	1,010	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
C D WOOLWORTH #004	3002525464	1990	1,289	3,181	1,819	-
C D WOOLWORTH #004	3002525464	1991	1,393	3,967	1,455	-
C D WOOLWORTH #004	3002525464	1992	278	1,282	486	-
C D WOOLWORTH #004	3002525464	1993	-	177	-	-
C D WOOLWORTH #004	3002525464	1994	388	3,634	763	-
C D WOOLWORTH #004	3002525464	1995	1,535	7,575	3,906	-
C D WOOLWORTH #004	3002525464	1996	988	3,093	2,467	-
C D WOOLWORTH #004	3002525464	1997	855	3,207	4,743	-
C D WOOLWORTH #004	3002525464	1998	1,577	18,048	5,523	-
C D WOOLWORTH #004	3002525464	1999	2,148	18,328	8,670	-
C D WOOLWORTH #004	3002525464	2000	1,732	13,808	6,329	-
C D WOOLWORTH #004	3002525464	2001	1,386	8,939	8,125	-
C D WOOLWORTH #004	3002525464	2002	1,117	6,056	8,531	-
C D WOOLWORTH #004	3002525464	2003	1,111	4,752	8,754	-
C D WOOLWORTH #004	3002525464	2004	979	3,988	4,989	-
C D WOOLWORTH #004	3002525464	2005	1,447	3,321	11,912	-
C D WOOLWORTH #004	3002525464	2006	1,273	3,654	11,292	-
C D WOOLWORTH #004	3002525464	2007	1,488	2,924	11,514	-
C D WOOLWORTH #004	3002525464	2008	915	4,239	8,106	-
C D WOOLWORTH #004	3002525464	2009	682	2,594	7,052	-
C D WOOLWORTH #004	3002525464	2010	2,229	3,774	8,694	-
C D WOOLWORTH #004	3002525464	2011	667	1,981	9,218	-
C D WOOLWORTH #004	3002525464	2012	572	2,588	9,999	-
C D WOOLWORTH #004	3002525464	2013	384	1,987	8,442	-
C D WOOLWORTH #004	3002525464	2014	649	1,896	12,472	-
C D WOOLWORTH #004	3002525464	2015	503	1,815	12,719	-
C D WOOLWORTH #004	3002525464	2016	513	1,813	11,696	-
C D WOOLWORTH #004	3002525464	2017	478	1,079	6,745	-
C D WOOLWORTH #004	3002525464	2018	799	1,884	3,185	-
C D WOOLWORTH #004	3002525464	2019	1,111	2,212	8,700	-
C D WOOLWORTH #004	3002525464	2020	662	2,853	2,556	-
C D WOOLWORTH #004	3002525464	2021	223	2,218	1,788	-
C D WOOLWORTH #004	3002525464	2022	178	1,087	2,604	-
C D WOOLWORTH #004	3002525464	2023	289	871	3,021	-
C D WOOLWORTH #004	3002525464	2023	113	142	1,173	-
C D WOOLWORTH #005	3002525790	1978	1,641	7,022	5,695	-
C D WOOLWORTH #005	3002525790	1979	1,942	11,240	9,946	-
C D WOOLWORTH #005	3002525790	1980	1,106	10,809	3,050	-
C D WOOLWORTH #005	3002525790	1981	949	6,915	2,575	-
C D WOOLWORTH #005	3002525790	1982	881	8,544	2,467	-
C D WOOLWORTH #005	3002525790	1983	946	8,839	4,287	-
C D WOOLWORTH #005	3002525790	1984	1,074	7,951	3,555	-
C D WOOLWORTH #005	3002525790	1985	874	179	2,701	-
C D WOOLWORTH #005	3002525790	1986	961	2,903	3,750	-
C D WOOLWORTH #005	3002525790	1987	1,204	11,344	3,022	-
C D WOOLWORTH #005	3002525790	1988	937	5,067	2,665	-
C D WOOLWORTH #005	3002525790	1989	879	4,497	2,285	-
C D WOOLWORTH #005	3002525790	1990	838	3,184	2,340	-
C D WOOLWORTH #005	3002525790	1991	981	4,010	2,537	-
C D WOOLWORTH #005	3002525790	1992	242	1,372	948	-
C D WOOLWORTH #005	3002525790	1993	-	162	-	-
C D WOOLWORTH #005	3002525790	1994	1,322	9,115	2,447	-
C D WOOLWORTH #005	3002525790	1995	2,347	9,665	14,786	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
C D WOOLWORTH #005	3002525790	1996	749	3,266	9,230	-
C D WOOLWORTH #005	3002525790	1997	404	5,930	9,303	-
C D WOOLWORTH #005	3002525790	1998	1,441	12,610	6,896	-
C D WOOLWORTH #005	3002525790	1999	2,100	8,992	7,454	-
C D WOOLWORTH #005	3002525790	2000	1,727	7,607	6,058	-
C D WOOLWORTH #005	3002525790	2001	1,311	5,800	7,692	-
C D WOOLWORTH #005	3002525790	2002	1,119	5,124	8,109	-
C D WOOLWORTH #005	3002525790	2003	1,112	4,275	7,968	-
C D WOOLWORTH #005	3002525790	2004	879	3,383	7,078	-
C D WOOLWORTH #005	3002525790	2005	1,157	3,316	10,400	-
C D WOOLWORTH #005	3002525790	2006	1,025	3,655	9,048	-
C D WOOLWORTH #005	3002525790	2007	1,343	2,598	9,203	-
C D WOOLWORTH #005	3002525790	2008	263	998	3,732	-
C D WOOLWORTH #005	3002525790	2009	669	2,465	7,300	-
C D WOOLWORTH #005	3002525790	2010	1,825	3,919	8,042	-
C D WOOLWORTH #005	3002525790	2011	601	1,930	6,994	-
C D WOOLWORTH #005	3002525790	2012	372	1,758	4,896	-
C D WOOLWORTH #005	3002525790	2013	126	841	2,703	-
C D WOOLWORTH #005	3002525790	2014	374	1,568	8,036	-
C D WOOLWORTH #005	3002525790	2015	608	2,344	10,101	-
C D WOOLWORTH #005	3002525790	2016	684	2,348	10,193	-
C D WOOLWORTH #005	3002525790	2017	608	1,085	7,263	-
C D WOOLWORTH #005	3002525790	2018	1,225	1,974	3,875	-
C D WOOLWORTH #005	3002525790	2019	1,497	2,479	9,693	-
C D WOOLWORTH #005	3002525790	2020	1,097	1,497	5,034	-
C D WOOLWORTH #005	3002525790	2021	1,805	3,182	3,526	-
C D WOOLWORTH #005	3002525790	2022	2,286	3,156	5,783	-
C D WOOLWORTH #005	3002525790	2023	1,100	2,107	8,900	-
C D WOOLWORTH #006	3002528731	1984	79	105	93	-
C D WOOLWORTH #006	3002528731	1985	785	56,536	60	-
C D WOOLWORTH #006	3002528731	1986	647	35,126	42	-
C D WOOLWORTH #006	3002528731	1987	651	71,550	-	-
C D WOOLWORTH #006	3002528731	1988	392	38,181	-	-
C D WOOLWORTH #006	3002528731	1989	405	28,367	-	-
C D WOOLWORTH #006	3002528731	1990	110	28,068	-	-
C D WOOLWORTH #006	3002528731	1991	100	27,789	-	-
C D WOOLWORTH #006	3002528731	1992	-	19,908	-	-
C D WOOLWORTH #006	3002528731	1993	53	14,237	-	-
C D WOOLWORTH #006	3002528731	1994	2,215	8,885	2,934	-
C D WOOLWORTH #006	3002528731	1995	1,067	7,583	4,227	-
C D WOOLWORTH #006	3002528731	1996	2,073	11,667	26,232	-
C D WOOLWORTH #006	3002528731	1997	1,745	7,370	28,915	-
C D WOOLWORTH #006	3002528731	1998	2,625	11,667	24,986	-
C D WOOLWORTH #006	3002528731	1999	1,565	7,885	9,270	-
C D WOOLWORTH #006	3002528731	2000	1,643	6,263	7,308	-
C D WOOLWORTH #006	3002528731	2001	1,447	5,971	8,468	-
C D WOOLWORTH #006	3002528731	2002	1,122	5,196	8,685	-
C D WOOLWORTH #006	3002528731	2003	1,111	4,753	7,766	-
C D WOOLWORTH #006	3002528731	2004	865	3,309	6,010	-
C D WOOLWORTH #006	3002528731	2005	1,157	2,712	14,364	-
C D WOOLWORTH #006	3002528731	2006	1,024	2,984	9,048	-
C D WOOLWORTH #006	3002528731	2007	1,464	2,455	8,451	-
C D WOOLWORTH #006	3002528731	2008	869	1,104	8,509	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
C D WOOLWORTH #006	3002528731	2009	669	1,160	9,094	-
C D WOOLWORTH #006	3002528731	2010	2,045	4,232	11,392	-
C D WOOLWORTH #006	3002528731	2011	890	2,922	9,206	-
C D WOOLWORTH #006	3002528731	2012	425	2,016	6,873	-
C D WOOLWORTH #006	3002528731	2013	129	895	3,237	-
C D WOOLWORTH #006	3002528731	2014	478	1,655	15,474	-
C D WOOLWORTH #006	3002528731	2015	705	1,585	22,853	-
C D WOOLWORTH #006	3002528731	2016	660	1,740	18,544	-
C D WOOLWORTH #006	3002528731	2017	553	1,384	9,750	-
C D WOOLWORTH #006	3002528731	2018	56	51	572	-
C D WOOLWORTH #006	3002528731	2019	-	17	-	-
C D WOOLWORTH #006	3002528731	2020	-	15	-	-
C D WOOLWORTH #006	3002528731	2021	1,427	132	10,341	-
C D WOOLWORTH #006	3002528731	2022	2,456	200	21,019	-
C D WOOLWORTH #006	3002528731	2023	2,537	515	20,781	-
C D WOOLWORTH #007	3002528798	1984	1,162	8,892	3,548	-
C D WOOLWORTH #007	3002528798	1985	3,180	43,960	6,868	-
C D WOOLWORTH #007	3002528798	1986	5,407	73,512	6,441	-
C D WOOLWORTH #007	3002528798	1987	4,767	18,788	4,544	-
C D WOOLWORTH #007	3002528798	1988	4,883	17,333	6,589	-
C D WOOLWORTH #007	3002528798	1989	3,517	14,789	5,487	-
C D WOOLWORTH #007	3002528798	1990	3,378	22,240	4,855	-
C D WOOLWORTH #007	3002528798	1991	2,657	18,351	4,265	-
C D WOOLWORTH #007	3002528798	1992	3,076	21,198	4,393	-
C D WOOLWORTH #007	3002528798	1993	3,442	19,373	5,954	-
C D WOOLWORTH #007	3002528798	1994	1,116	18,478	2,395	-
C D WOOLWORTH #007	3002528798	1995	4,046	19,073	12,245	-
C D WOOLWORTH #007	3002528798	1996	4,044	8,839	6,812	-
C D WOOLWORTH #007	3002528798	1997	3,640	7,181	9,492	-
C D WOOLWORTH #007	3002528798	1998	5,082	26,756	10,468	-
C D WOOLWORTH #007	3002528798	1999	1,237	7,480	1,806	-
C D WOOLWORTH #007	3002528798	2000	1,511	6,289	1,622	-
C D WOOLWORTH #007	3002528798	2001	967	5,798	1,938	-
C D WOOLWORTH #007	3002528798	2002	840	5,198	2,789	-
C D WOOLWORTH #007	3002528798	2003	835	4,753	2,799	-
C D WOOLWORTH #007	3002528798	2004	584	3,511	2,554	-
C D WOOLWORTH #007	3002528798	2005	579	3,277	4,790	-
C D WOOLWORTH #007	3002528798	2006	525	2,983	3,013	-
C D WOOLWORTH #007	3002528798	2007	538	2,456	3,066	-
C D WOOLWORTH #007	3002528798	2008	158	1,099	1,899	-
C D WOOLWORTH #007	3002528798	2009	1,272	2,460	5,351	-
C D WOOLWORTH #007	3002528798	2010	2,154	4,166	9,397	-
C D WOOLWORTH #007	3002528798	2011	820	2,666	9,265	-
C D WOOLWORTH #007	3002528798	2012	359	1,636	4,683	-
C D WOOLWORTH #007	3002528798	2013	270	1,620	4,419	-
C D WOOLWORTH #007	3002528798	2014	472	2,504	6,328	-
C D WOOLWORTH #007	3002528798	2015	589	4,166	6,675	-
C D WOOLWORTH #007	3002528798	2016	452	2,606	6,006	-
C D WOOLWORTH #007	3002528798	2017	217	910	2,595	-
C D WOOLWORTH #007	3002528798	2018	13	40	70	-
C D WOOLWORTH #007	3002528798	2019	-	20	3	-
C D WOOLWORTH #007	3002528798	2020	-	29	-	-
C D WOOLWORTH #007	3002528798	2021	1,231	299	9,784	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
C D WOOLWORTH #007	3002528798	2022	1,962	374	19,913	-
C D WOOLWORTH #007	3002528798	2023	758	784	5,904	-
C D WOOLWORTH #007	3002528798	2023	1,539	106	11,991	-
C D WOOLWORTH #008	3002532862	1995	8,016	20,452	5,301	-
C D WOOLWORTH #008	3002532862	1996	7,508	17,413	9,439	-
C D WOOLWORTH #008	3002532862	1997	2,787	7,113	9,918	-
C D WOOLWORTH #008	3002532862	1998	5,370	15,930	14,508	-
C D WOOLWORTH #008	3002532862	1999	6,513	10,817	9,786	-
C D WOOLWORTH #008	3002532862	2000	5,800	10,782	7,817	-
C D WOOLWORTH #008	3002532862	2001	4,590	7,248	7,450	-
C D WOOLWORTH #008	3002532862	2002	4,086	6,200	6,390	-
C D WOOLWORTH #008	3002532862	2003	3,335	5,940	6,304	-
C D WOOLWORTH #008	3002532862	2004	2,714	5,318	6,140	-
C D WOOLWORTH #008	3002532862	2005	3,471	7,062	14,382	-
C D WOOLWORTH #008	3002532862	2006	3,042	7,460	9,048	-
C D WOOLWORTH #008	3002532862	2007	3,347	6,080	8,603	-
C D WOOLWORTH #008	3002532862	2008	2,507	6,214	6,007	-
C D WOOLWORTH #008	3002532862	2009	1,185	2,818	5,537	-
C D WOOLWORTH #008	3002532862	2010	2,884	5,129	12,733	-
C D WOOLWORTH #008	3002532862	2011	900	2,671	8,031	-
C D WOOLWORTH #008	3002532862	2012	687	2,083	8,192	-
C D WOOLWORTH #008	3002532862	2013	469	2,569	6,629	-
C D WOOLWORTH #008	3002532862	2014	439	1,778	9,280	-
C D WOOLWORTH #008	3002532862	2015	2,834	2,235	5,776	-
C D WOOLWORTH #008	3002532862	2016	5,274	2,495	9,435	-
C D WOOLWORTH #008	3002532862	2017	4,283	1,673	6,038	-
C D WOOLWORTH #008	3002532862	2018	5,988	2,281	9,545	-
C D WOOLWORTH #008	3002532862	2019	4,811	3,492	8,767	-
C D WOOLWORTH #008	3002532862	2020	3,256	2,162	5,718	-
C D WOOLWORTH #008	3002532862	2021	3,379	4,247	3,079	-
C D WOOLWORTH #008	3002532862	2022	3,506	4,640	5,793	-
C D WOOLWORTH #008	3002532862	2023	4,740	4,161	8,392	-
C D WOOLWORTH #009	3002532863	1995	7,229	7,304	17,623	-
C D WOOLWORTH #009	3002532863	1996	10,776	11,544	21,456	-
C D WOOLWORTH #009	3002532863	1997	4,803	10,996	26,018	-
C D WOOLWORTH #009	3002532863	1998	5,057	15,671	23,238	-
C D WOOLWORTH #009	3002532863	1999	5,738	26,109	36,816	-
C D WOOLWORTH #009	3002532863	2000	5,541	22,155	33,057	-
C D WOOLWORTH #009	3002532863	2001	4,748	16,629	30,965	-
C D WOOLWORTH #009	3002532863	2002	4,214	12,354	34,906	-
C D WOOLWORTH #009	3002532863	2003	3,704	10,688	31,738	-
C D WOOLWORTH #009	3002532863	2004	2,899	6,170	29,997	-
C D WOOLWORTH #009	3002532863	2005	2,894	13,476	43,169	-
C D WOOLWORTH #009	3002532863	2006	2,518	12,413	25,844	-
C D WOOLWORTH #009	3002532863	2007	2,809	10,232	27,265	-
C D WOOLWORTH #009	3002532863	2008	2,396	11,731	28,692	-
C D WOOLWORTH #009	3002532863	2009	1,396	7,730	31,397	-
C D WOOLWORTH #009	3002532863	2010	2,671	6,230	24,055	-
C D WOOLWORTH #009	3002532863	2011	919	2,757	9,479	-
C D WOOLWORTH #009	3002532863	2012	375	1,871	6,621	-
C D WOOLWORTH #009	3002532863	2013	388	1,976	5,043	-
C D WOOLWORTH #009	3002532863	2014	286	821	3,887	-
C D WOOLWORTH #010	3002533881	1997	3,004	10,387	9,990	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
C D WOOLWORTH #010	3002533881	1998	671	9,159	14,666	-
C D WOOLWORTH #010	3002533881	1999	2,696	12,040	9,940	-
C D WOOLWORTH #010	3002533881	2000	2,060	10,964	7,501	-
C D WOOLWORTH #010	3002533881	2001	1,461	9,025	8,034	-
C D WOOLWORTH #010	3002533881	2002	1,145	7,518	8,511	-
C D WOOLWORTH #010	3002533881	2003	1,110	4,752	7,630	-
C D WOOLWORTH #010	3002533881	2004	831	3,917	7,078	-
C D WOOLWORTH #010	3002533881	2005	867	3,579	10,349	-
C D WOOLWORTH #010	3002533881	2006	748	3,559	6,199	-
C D WOOLWORTH #010	3002533881	2007	805	2,346	5,834	-
C D WOOLWORTH #010	3002533881	2008	214	1,029	2,509	-
C D WOOLWORTH #010	3002533881	2009	169	738	3,135	-
C D WOOLWORTH #010	3002533881	2010	-	4,162	12,955	-
C D WOOLWORTH #010	3002533881	2011	519	2,769	9,226	-
C D WOOLWORTH #010	3002533881	2012	348	1,780	6,356	-
C D WOOLWORTH #010	3002533881	2013	243	1,620	5,162	-
C D WOOLWORTH #010	3002533881	2014	546	1,774	10,709	-
C D WOOLWORTH #010	3002533881	2015	639	835	11,294	-
C D WOOLWORTH #010	3002533881	2016	595	1,076	8,837	-
C D WOOLWORTH #010	3002533881	2017	224	916	3,983	-
C D WOOLWORTH #010	3002533881	2018	534	901	1,760	-
C D WOOLWORTH #010	3002533881	2019	97	266	1,516	-
C D WOOLWORTH #010	3002533881	2020	-	25	-	-
C D WOOLWORTH #010	3002533881	2021	-	185	-	-
C D WOOLWORTH #010	3002533881	2022	474	1,806	3,179	-
C D WOOLWORTH #010	3002533881	2023	249	3,975	1,752	-
C D WOOLWORTH #010	3002533881	2023	1,825	1,547	12,850	-
C D WOOLWORTH #011	3002533882	1997	3,126	13,149	5,562	-
C D WOOLWORTH #011	3002533882	1998	5,171	9,197	12,434	-
C D WOOLWORTH #011	3002533882	1999	4,116	35,396	9,480	-
C D WOOLWORTH #011	3002533882	2000	1,937	21,678	7,576	-
C D WOOLWORTH #011	3002533882	2001	1,674	15,159	10,134	-
C D WOOLWORTH #011	3002533882	2002	1,096	4,953	6,248	-
C D WOOLWORTH #011	3002533882	2003	1,105	4,663	5,213	-
C D WOOLWORTH #011	3002533882	2004	992	3,775	4,827	-
C D WOOLWORTH #011	3002533882	2005	867	3,266	4,839	-
C D WOOLWORTH #011	3002533882	2006	750	3,345	3,017	-
C D WOOLWORTH #011	3002533882	2007	804	3,304	3,063	-
C D WOOLWORTH #011	3002533882	2008	522	4,240	3,904	-
C D WOOLWORTH #011	3002533882	2009	167	1,109	2,508	-
C D WOOLWORTH #011	3002533882	2010	-	1,204	-	-
C D WOOLWORTH #011	3002533882	2011	229	1,834	3,373	-
C D WOOLWORTH #011	3002533882	2012	327	1,773	7,106	-
C D WOOLWORTH #011	3002533882	2013	327	1,970	6,331	-
C D WOOLWORTH #011	3002533882	2014	89	493	1,832	-
C D WOOLWORTH #3	3002511287	pre-1970	-	4,985,112	-	-
C D WOOLWORTH #3	3002511287	1970	-	152,052	-	-
C D WOOLWORTH #3	3002511287	1971	-	151,594	-	-
C D WOOLWORTH #3	3002511287	1972	-	117,083	-	-
C D WOOLWORTH #3	3002511287	1973	-	17,798	-	-
C D WOOLWORTH #3	3002511287	1974	-	99,810	-	-
C D WOOLWORTH #3	3002511287	1975	-	112,350	-	-
C D WOOLWORTH #3	3002511287	1976	-	155,731	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
C D WOOLWORTH #3	3002511287	1977	-	48,328	-	-
C D WOOLWORTH #3	3002511287	1978	-	64,125	-	-
CALLEY A #001	3002511175	pre-1970	25,086	1,559,561	-	-
CALLEY A #001	3002511175	1970	1,464	95,512	6,906	-
CALLEY A #001	3002511175	1971	1,023	154,746	32,260	-
CALLEY A #001	3002511175	1972	948	142,237	35,548	-
CALLEY A #001	3002511175	1973	36	118,810	800	-
CALLEY A #001	3002511175	1974	-	124,240	-	-
CALLEY A #001	3002511175	1975	-	89,726	-	-
CALLEY A #001	3002511175	1976	-	46,877	-	-
CALLEY A #001	3002511175	1977	-	4,217	-	-
CITIES THOMAS #001	3002525400	1977	6,974	40,975	17	-
CITIES THOMAS #001	3002525400	1978	4,858	28,211	2,599	-
CITIES THOMAS #001	3002525400	1979	19,585	67,792	7,833	-
CITIES THOMAS #001	3002525400	1980	22,284	102,183	9,216	-
CITIES THOMAS #001	3002525400	1981	11,440	52,895	13,779	-
CITIES THOMAS #001	3002525400	1982	8,749	31,607	18,649	-
CITIES THOMAS #001	3002525400	1983	5,437	31,374	20,194	-
CITIES THOMAS #001	3002525400	1984	2,303	32,291	17,161	-
CITIES THOMAS #001	3002525400	1985	2,184	28,297	19,612	-
CITIES THOMAS #001	3002525400	1986	1,707	22,954	20,012	-
CITIES THOMAS #001	3002525400	1987	1,401	18,690	17,773	-
CITIES THOMAS #001	3002525400	1988	1,281	18,500	12,086	-
CITIES THOMAS #001	3002525400	1989	791	23,181	11,643	-
CITIES THOMAS #001	3002525400	1990	1,083	25,656	13,751	-
CITIES THOMAS #001	3002525400	1991	890	22,641	12,597	-
CITIES THOMAS #001	3002525400	1992	670	18,926	10,488	-
CITIES THOMAS #001	3002525400	1993	702	15,607	10,534	-
CITIES THOMAS #001	3002525400	1994	139	1,523	2,600	-
CITIES THOMAS #001	3002525400	1995	18	251	5,626	-
CITIES THOMAS #002	3002525512	1977	4,004	126,212	8,329	-
CITIES THOMAS #002	3002525512	1978	4,672	116,578	6,730	-
CITIES THOMAS #002	3002525512	1979	9,072	61,792	3,970	-
CITIES THOMAS #002	3002525512	1980	7,985	8,776	3,790	-
CITIES THOMAS #002	3002525512	1981	3,602	16,280	4,154	-
CITIES THOMAS #002	3002525512	1982	1,311	11,676	2,798	-
CITIES THOMAS #002	3002525512	1983	964	5,009	3,587	-
CITIES THOMAS #002	3002525512	1984	2,852	2,729	18,854	-
CITIES THOMAS #002	3002525512	1985	1,940	2,307	24,162	-
CITIES THOMAS #002	3002525512	1986	1,616	2,175	16,906	-
CITIES THOMAS #002	3002525512	1987	1,386	1,588	12,710	-
CITIES THOMAS #002	3002525512	1988	1,137	1,690	7,798	-
CITIES THOMAS #002	3002525512	1989	830	1,834	3,098	-
CITIES THOMAS #002	3002525512	1990	943	2,655	8,327	-
CITIES THOMAS #002	3002525512	1991	1,079	1,556	11,362	-
CITIES THOMAS #002	3002525512	1992	120	103	1,140	-
CITIES THOMAS #002	3002525512	1993	3	-	-	-
CITIES THOMAS #002	3002525512	1995	1,117	699	6,050	-
CITIES THOMAS #002	3002525512	1996	1,180	398	11,340	-
CITIES THOMAS #002	3002525512	1997	907	759	9,717	-
CITIES THOMAS #002	3002525512	1998	1,062	1,004	15,313	-
CITIES THOMAS #002	3002525512	1999	872	2,030	12,301	-
CITIES THOMAS #002	3002525512	2000	730	1,439	26,813	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
CITIES THOMAS #002	3002525512	2001	789	1,239	31,254	-
CITIES THOMAS #002	3002525512	2002	606	1,459	21,130	-
CITIES THOMAS #002	3002525512	2003	670	2,488	18,531	-
CITIES THOMAS #002	3002525512	2004	661	2,579	13,446	-
CITIES THOMAS #002	3002525512	2005	333	1,751	8,554	-
CITIES THOMAS #002	3002525512	2006	2	-	-	-
CITIES THOMAS #003	3002525608	1977	-	50,178	-	-
CITIES THOMAS #003	3002525608	1978	-	151,094	-	-
CITIES THOMAS #003	3002525608	1979	-	64,382	-	-
CITIES THOMAS #003	3002525608	1980	-	46,946	-	-
CITIES THOMAS #003	3002525608	1981	-	45,642	-	-
CITIES THOMAS #003	3002525608	1982	-	42,835	-	-
CITIES THOMAS #003	3002525608	1983	-	39,169	-	-
CITIES THOMAS #003	3002525608	1984	-	41,543	185	-
CITIES THOMAS #003	3002525608	1985	-	42,337	93	-
CITIES THOMAS #003	3002525608	1986	-	41,397	72	-
CITIES THOMAS #003	3002525608	1987	-	37,729	63	-
CITIES THOMAS #003	3002525608	1988	-	34,665	66	-
CITIES THOMAS #003	3002525608	1989	-	34,150	-	-
CITIES THOMAS #003	3002525608	1990	-	29,849	-	-
CITIES THOMAS #003	3002525608	1991	-	25,989	-	-
CITIES THOMAS #003	3002525608	1992	-	22,942	516	-
CITIES THOMAS #003	3002525608	1993	-	16,286	24	-
CITIES THOMAS #003	3002525608	1994	-	17,267	156	-
CITIES THOMAS #003	3002525608	1995	-	17,607	-	-
CITIES THOMAS #003	3002525608	1996	-	13,549	196	-
CITIES THOMAS #003	3002525608	1997	-	8,922	24	-
CITIES THOMAS #003	3002525608	1998	-	19,005	-	-
CITIES THOMAS #003	3002525608	1999	-	16,273	-	-
CITIES THOMAS #003	3002525608	2000	-	15,624	-	-
CITIES THOMAS #003	3002525608	2001	-	15,405	-	-
CITIES THOMAS #003	3002525608	2002	-	14,533	836	-
CITIES THOMAS #003	3002525608	2003	-	12,337	1,619	-
CITIES THOMAS #003	3002525608	2004	-	9,719	831	-
CITIES THOMAS #003	3002525608	2005	-	7,574	12	-
CITIES THOMAS #003	3002525608	2006	-	6,184	15	-
CITIES THOMAS #003	3002525608	2007	-	5,763	63	-
CITIES THOMAS #003	3002525608	2008	-	4,220	12	-
CITIES THOMAS #003	3002525608	2009	-	4,167	-	-
CITIES THOMAS #003	3002525608	2010	-	3,519	-	-
CITIES THOMAS #003	3002525608	2011	-	3,129	-	-
CITIES THOMAS #003	3002525608	2012	-	2,666	-	-
CITIES THOMAS #003	3002525608	2013	-	2,777	-	-
CITIES THOMAS #003	3002525608	2014	-	2,917	-	-
CITIES THOMAS #003	3002525608	2015	-	2,817	-	-
CITIES THOMAS #003	3002525608	2016	-	2,642	-	-
CITIES THOMAS #003	3002525608	2017	-	2,299	-	-
CITIES THOMAS #003	3002525608	2018	-	1,392	-	-
CITIES THOMAS #003	3002525608	2019	-	527	-	-
CITIES THOMAS #003	3002525608	2020	-	165	-	-
CITIES THOMAS #003	3002525608	2021	-	174	-	-
CITIES THOMAS #003	3002525608	2022	-	298	-	-
CITIES THOMAS #003	3002525608	2023	-	339	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
CITIES THOMAS #004	3002525756	1978	28,086	177,823	351	-
CITIES THOMAS #004	3002525756	1979	23,358	172,764	755	-
CITIES THOMAS #004	3002525756	1980	18,745	129,859	1,756	-
CITIES THOMAS #004	3002525756	1981	19,683	106,586	2,789	-
CITIES THOMAS #004	3002525756	1982	21,430	91,208	3,752	-
CITIES THOMAS #004	3002525756	1983	24,413	76,031	3,831	-
CITIES THOMAS #004	3002525756	1984	28,232	54,887	3,946	-
CITIES THOMAS #004	3002525756	1985	27,849	44,464	16,325	-
CITIES THOMAS #004	3002525756	1986	26,708	36,948	18,192	-
CITIES THOMAS #004	3002525756	1987	23,469	34,184	17,269	-
CITIES THOMAS #004	3002525756	1988	21,302	27,280	11,439	-
CITIES THOMAS #004	3002525756	1989	18,037	29,096	13,005	-
CITIES THOMAS #004	3002525756	1990	16,245	24,078	14,020	-
CITIES THOMAS #004	3002525756	1991	13,943	20,928	15,019	-
CITIES THOMAS #004	3002525756	1992	10,985	16,787	14,651	-
CITIES THOMAS #004	3002525756	1993	9,422	16,626	14,875	-
CITIES THOMAS #004	3002525756	1994	8,183	15,413	13,276	-
CITIES THOMAS #004	3002525756	1995	7,701	13,609	13,482	-
CITIES THOMAS #004	3002525756	1996	9,328	16,951	14,772	-
CITIES THOMAS #004	3002525756	1997	7,606	13,625	13,359	-
CITIES THOMAS #004	3002525756	1998	7,736	15,875	23,942	-
CITIES THOMAS #004	3002525756	1999	8,555	15,840	21,240	-
CITIES THOMAS #004	3002525756	2000	8,906	24,052	34,365	-
CITIES THOMAS #004	3002525756	2001	8,028	17,165	22,101	-
CITIES THOMAS #004	3002525756	2002	8,675	17,653	34,660	-
CITIES THOMAS #004	3002525756	2003	8,805	12,060	32,760	-
CITIES THOMAS #004	3002525756	2004	8,315	11,314	29,723	-
CITIES THOMAS #004	3002525756	2005	7,887	9,103	27,465	-
CITIES THOMAS #004	3002525756	2006	7,589	8,761	27,521	-
CITIES THOMAS #004	3002525756	2007	7,231	8,610	23,511	-
CITIES THOMAS #004	3002525756	2008	6,779	7,063	14,695	-
CITIES THOMAS #004	3002525756	2009	6,264	5,839	26,510	-
CITIES THOMAS #004	3002525756	2010	6,003	6,392	26,150	-
CITIES THOMAS #004	3002525756	2011	6,629	5,931	32,920	-
CITIES THOMAS #004	3002525756	2012	5,770	4,951	26,690	-
CITIES THOMAS #004	3002525756	2013	5,736	3,837	24,516	-
CITIES THOMAS #004	3002525756	2014	6,856	8,351	29,804	-
CITIES THOMAS #004	3002525756	2015	5,644	9,224	25,299	-
CITIES THOMAS #004	3002525756	2016	5,287	10,065	26,165	-
CITIES THOMAS #004	3002525756	2017	5,744	10,395	27,038	-
CITIES THOMAS #004	3002525756	2018	3,180	6,738	19,101	-
CITIES THOMAS #004	3002525756	2019	23	3,078	14	-
CITIES THOMAS #004	3002525756	2020	140	3,661	4,044	-
CITIES THOMAS #004	3002525756	2021	1,486	1,731	7,436	-
CITIES THOMAS #004	3002525756	2022	2,441	2,857	9,612	-
CITIES THOMAS #004	3002525756	2023	3,033	3,134	13,986	-
CITIES THOMAS #005	3002528626	1984	1,746	2,128	20,841	-
CITIES THOMAS #005	3002528626	1985	1,928	2,303	25,711	-
CITIES THOMAS #005	3002528626	1986	1,590	2,174	26,069	-
CITIES THOMAS #005	3002528626	1987	1,384	1,588	31,651	-
CITIES THOMAS #005	3002528626	1988	1,138	1,690	34,915	-
CITIES THOMAS #005	3002528626	1989	787	2,098	17,498	-
CITIES THOMAS #005	3002528626	1990	1,180	2,650	9,123	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
CITIES THOMAS #005	3002528626	1991	719	1,472	7,214	-
CITIES THOMAS #005	3002528626	1992	611	759	8,657	-
CITIES THOMAS #005	3002528626	1993	602	38	8,390	-
CITIES THOMAS #005	3002528626	1994	125	11	3,114	-
CUSTER STATE #001	3002526501	1979	-	1,057	-	-
CUSTER STATE #001	3002526501	1980	-	93,163	-	-
CUSTER STATE #001	3002526501	1981	-	68,252	153	-
CUSTER STATE #001	3002526501	1982	-	58,527	-	-
CUSTER STATE #001	3002526501	1983	-	54,928	-	-
CUSTER STATE #001	3002526501	1984	-	46,943	610	-
CUSTER STATE #001	3002526501	1985	-	59,707	605	-
CUSTER STATE #001	3002526501	1986	-	18,608	301	-
CUSTER STATE #001	3002526501	1987	-	56,392	2,515	-
CUSTER STATE #001	3002526501	1988	-	33,645	2,643	-
CUSTER STATE #001	3002526501	1989	-	28,130	536	-
CUSTER STATE #001	3002526501	1990	-	60,203	-	-
CUSTER STATE #001	3002526501	1991	-	55,303	391	-
CUSTER STATE #001	3002526501	1992	-	29,972	1,990	-
CUSTER STATE #001	3002526501	1993	-	19,156	533	-
CUSTER STATE #001	3002526501	1994	-	14,795	1,275	-
CUSTER STATE #001	3002526501	1995	-	13,312	471	-
CUSTER STATE #001	3002526501	1996	-	10,520	648	-
CUSTER STATE #001	3002526501	1997	-	12,668	1,181	-
CUSTER STATE #001	3002526501	1998	-	9,373	1,038	-
CUSTER STATE #001	3002526501	1999	-	7,779	1,432	-
CUSTER STATE #001	3002526501	2000	-	10,738	2,539	-
CUSTER STATE #001	3002526501	2001	-	9,041	3,600	-
CUSTER STATE #001	3002526501	2002	-	6,923	3,398	-
CUSTER STATE #001	3002526501	2003	-	4,838	3,247	-
CUSTER STATE #001	3002526501	2004	-	3,965	3,145	-
CUSTER STATE #001	3002526501	2005	-	2,844	3,162	-
CUSTER STATE #001	3002526501	2006	-	2,947	2,322	-
CUSTER STATE #001	3002526501	2007	-	1,104	369	-
CUSTER STATE #001	3002526501	2008	-	552	-	-
CUSTER STATE #001	3002526501	2009	-	506	-	-
CUSTER STATE #001	3002526501	2010	-	539	-	-
CUSTER STATE #001	3002526501	2011	-	428	-	-
CUSTER STATE #001	3002526501	2012	-	330	-	-
CUSTER STATE #001	3002526501	2013	-	256	-	-
CUSTER STATE #001	3002526501	2014	-	306	-	-
CUSTER STATE #001	3002526501	2015	-	254	-	-
CUSTER STATE #001	3002526501	2016	-	145	-	-
CUSTER STATE #001	3002526501	2017	-	73	-	-
CUSTER STATE #001	3002526501	2023	-	454	-	-
E J WELLS #004	3002509717	pre-1970	196,941	399,139	417,430	-
E J WELLS #004	3002509717	1970	11,112	40,711	23,453	-
E J WELLS #004	3002509717	1971	5,692	16,114	35,782	-
E J WELLS #004	3002509717	1972	8,236	11,307	126,974	-
E J WELLS #004	3002509717	1973	11,236	9,374	75,531	-
E J WELLS #004	3002509717	1974	15,244	5,045	132,083	-
E J WELLS #004	3002509717	1975	11,211	4,428	70,684	-
E J WELLS #004	3002509717	1976	11,285	4,948	87,438	-
E J WELLS #004	3002509717	1977	7,788	3,327	84,191	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
E J WELLS #004	3002509717	1978	2,716	2,684	42,908	-
E J WELLS #004	3002509717	1979	1,688	2,981	1,688	-
E J WELLS #004	3002509717	1980	520	151	8,139	-
E J WELLS #004	3002509717	1981	6,357	3,401	163,025	-
E J WELLS #004	3002509717	1982	4,422	712	344,316	-
E J WELLS #004	3002509717	1983	2,797	843	214,437	-
E J WELLS #004	3002509717	1984	2,175	4,162	240,566	-
E J WELLS #004	3002509717	1985	1,118	4,522	265,949	-
E J WELLS #004	3002509717	1987	1,191	2,345	72,835	-
E J WELLS #004	3002509717	1988	19	75	6,600	-
E J WELLS #004	3002509717	1989	25	228	2,200	-
E J WELLS #004	3002509717	1990	20	75	1,300	-
E J WELLS #004	3002509717	1991	4	10	200	-
E J WELLS #004	3002509717	1994	-	-	13,130	-
FLUOR HARRISON #001	3002525491	1977	1,179	55,951	766	-
FLUOR HARRISON #001	3002525491	1978	-	96,367	-	-
FLUOR HARRISON #001	3002525491	1979	-	70,292	-	-
FLUOR HARRISON #001	3002525491	1980	-	36,298	-	-
FLUOR HARRISON #001	3002525491	1981	-	29,720	-	-
FLUOR HARRISON #001	3002525491	1982	-	41,446	-	-
FLUOR HARRISON #001	3002525491	1983	-	25,090	-	-
FLUOR HARRISON #001	3002525491	1984	-	21,209	-	-
FLUOR HARRISON #001	3002525491	1985	-	22,772	-	-
FLUOR HARRISON #001	3002525491	1986	-	8,163	3	-
FLUOR HARRISON #001	3002525491	1987	-	27,947	-	-
FLUOR HARRISON #001	3002525491	1988	-	18,282	-	-
FLUOR HARRISON #001	3002525491	1989	-	14,570	-	-
FLUOR HARRISON #001	3002525491	1990	-	24,927	-	-
FLUOR HARRISON #001	3002525491	1991	-	18,115	-	-
FLUOR HARRISON #001	3002525491	1992	-	14,694	-	-
FLUOR HARRISON #001	3002525491	1993	-	15,089	-	-
FLUOR HARRISON #001	3002525491	1994	-	14,372	2	-
FLUOR HARRISON #001	3002525491	1995	-	13,615	2	-
FLUOR HARRISON #001	3002525491	1996	-	10,413	1	-
FLUOR HARRISON #001	3002525491	1997	-	11,370	-	-
FLUOR HARRISON #001	3002525491	1998	-	10,001	-	-
FLUOR HARRISON #001	3002525491	1999	-	9,327	-	-
FLUOR HARRISON #001	3002525491	2000	-	9,087	-	-
FLUOR HARRISON #001	3002525491	2001	-	8,240	-	-
FLUOR HARRISON #001	3002525491	2002	-	4,555	-	-
FLUOR HARRISON #001	3002525491	2003	-	1,651	-	-
FLUOR HARRISON #001	3002525491	2004	-	1,418	-	-
FLUOR HARRISON #001	3002525491	2005	-	4,017	-	-
FLUOR HARRISON #001	3002525491	2006	-	6,029	-	-
FLUOR HARRISON #001	3002525491	2007	-	5,190	-	-
FLUOR HARRISON #001	3002525491	2008	-	4,612	-	-
FLUOR HARRISON #001	3002525491	2009	-	2,785	-	-
FLUOR HARRISON #001	3002525491	2010	-	3,153	-	-
FLUOR HARRISON #001	3002525491	2011	-	3,138	-	-
FLUOR HARRISON #001	3002525491	2012	-	3,183	-	-
FLUOR HARRISON #001	3002525491	2013	-	1,420	-	-
FLUOR HARRISON #001	3002525491	2014	-	1,602	-	-
FLUOR HARRISON #001	3002525491	2015	-	2,347	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
FLUOR HARRISON #001	3002525491	2016	-	2,158	-	-
FLUOR HARRISON #001	3002525491	2017	-	246	-	-
FLUOR HARRISON #001	3002525491	2018	-	264	-	-
FLUOR HARRISON #001	3002525491	2019	-	270	-	-
FLUOR HARRISON #001	3002525491	2020	-	257	-	-
FLUOR HARRISON #001	3002525491	2021	-	246	-	-
FLUOR HARRISON #001	3002525491	2022	-	39	-	-
FLUOR HARRISON #001	3002525491	2023	-	1,384	-	-
GULF EDDIE CORRIGAN #001	3002526086	1978	-	13,198	-	-
GULF EDDIE CORRIGAN #001	3002526086	1979	-	162,967	-	-
GULF EDDIE CORRIGAN #001	3002526086	1980	480	149,145	26	-
GULF EDDIE CORRIGAN #001	3002526086	1981	718	130,240	41	-
GULF EDDIE CORRIGAN #001	3002526086	1982	6	130,655	3	-
GULF EDDIE CORRIGAN #001	3002526086	1983	-	119,406	-	-
GULF EDDIE CORRIGAN #001	3002526086	1984	-	101,699	-	-
GULF EDDIE CORRIGAN #001	3002526086	1985	-	100,312	453	-
GULF EDDIE CORRIGAN #001	3002526086	1986	-	90,818	251	-
GULF EDDIE CORRIGAN #001	3002526086	1987	-	80,680	-	-
GULF EDDIE CORRIGAN #001	3002526086	1988	-	72,472	-	-
GULF EDDIE CORRIGAN #001	3002526086	1989	-	58,043	257	-
GULF EDDIE CORRIGAN #001	3002526086	1990	-	37,975	1,667	-
GULF EDDIE CORRIGAN #001	3002526086	1991	798	21,346	551	-
GULF EDDIE CORRIGAN #001	3002526086	1992	939	23,965	392	-
GULF EDDIE CORRIGAN #001	3002526086	1993	715	24,912	1,112	-
GULF EDDIE CORRIGAN #001	3002526086	1994	348	25,619	1,142	-
GULF EDDIE CORRIGAN #001	3002526086	1995	242	18,599	2,141	-
GULF EDDIE CORRIGAN #001	3002526086	1996	244	16,374	2,937	-
GULF EDDIE CORRIGAN #001	3002526086	1997	90	13,261	4,521	-
GULF EDDIE CORRIGAN #001	3002526086	1998	-	18,170	4,774	-
GULF EDDIE CORRIGAN #001	3002526086	1999	-	19,305	5,541	-
GULF EDDIE CORRIGAN #001	3002526086	2000	-	15,859	6,115	-
GULF EDDIE CORRIGAN #001	3002526086	2001	-	14,890	10,802	-
GULF EDDIE CORRIGAN #001	3002526086	2002	171	13,256	8,643	-
GULF EDDIE CORRIGAN #001	3002526086	2003	105	13,311	8,685	-
GULF EDDIE CORRIGAN #001	3002526086	2004	53	11,904	7,197	-
GULF EDDIE CORRIGAN #001	3002526086	2005	-	9,023	1,613	-
GULF EDDIE CORRIGAN #001	3002526086	2006	22	4,263	2,304	-
GULF EDDIE CORRIGAN #001	3002526086	2007	53	9,597	2,381	-
GULF EDDIE CORRIGAN #001	3002526086	2008	48	9,137	1,285	-
GULF EDDIE CORRIGAN #001	3002526086	2009	-	5,795	-	-
GULF EDDIE CORRIGAN #001	3002526086	2010	-	6,533	-	-
GULF EDDIE CORRIGAN #001	3002526086	2011	-	6,727	-	-
GULF EDDIE CORRIGAN #001	3002526086	2012	-	3,611	-	-
GULF EDDIE CORRIGAN #001	3002526086	2013	-	3,187	-	-
GULF EDDIE CORRIGAN #001	3002526086	2014	-	5,380	-	-
GULF EDDIE CORRIGAN #001	3002526086	2015	-	5,309	-	-
GULF EDDIE CORRIGAN #001	3002526086	2016	-	4,586	-	-
GULF EDDIE CORRIGAN #001	3002526086	2017	-	3,717	-	-
GULF EDDIE CORRIGAN #001	3002526086	2018	-	3,495	-	-
GULF EDDIE CORRIGAN #001	3002526086	2019	-	2,838	-	-
GULF EDDIE CORRIGAN #001	3002526086	2020	-	2,076	5	-
GULF EDDIE CORRIGAN #001	3002526086	2021	-	2,543	-	-
GULF EDDIE CORRIGAN #001	3002526086	2022	-	1,912	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
GULF EDDIE CORRIGAN #001	3002526086	2023	-	2,771	-	-
GULF EDDIE CORRIGAN #002	3002526100	1977	-	396,044	-	-
GULF EDDIE CORRIGAN #002	3002526100	1978	-	13,198	-	-
GULF EDDIE CORRIGAN #002	3002526100	1979	2,359	162,969	66	-
GULF EDDIE CORRIGAN #002	3002526100	1980	2,758	149,143	162	-
GULF EDDIE CORRIGAN #002	3002526100	1981	1,441	89,509	112	-
GULF EDDIE CORRIGAN #002	3002526100	1982	516	60,754	153	-
GULF EDDIE CORRIGAN #002	3002526100	1983	689	55,539	159	-
GULF EDDIE CORRIGAN #002	3002526100	1984	552	47,217	866	-
GULF EDDIE CORRIGAN #002	3002526100	1985	283	45,213	300	-
GULF EDDIE CORRIGAN #002	3002526100	1986	385	40,802	574	-
GULF EDDIE CORRIGAN #002	3002526100	1987	1,138	38,160	1,067	-
GULF EDDIE CORRIGAN #002	3002526100	1988	1,390	32,561	1,166	-
GULF EDDIE CORRIGAN #002	3002526100	1989	1,843	35,753	956	-
GULF EDDIE CORRIGAN #002	3002526100	1990	2,625	40,220	1,756	-
GULF EDDIE CORRIGAN #002	3002526100	1991	1,907	41,294	566	-
GULF EDDIE CORRIGAN #002	3002526100	1992	1,135	27,474	573	-
GULF EDDIE CORRIGAN #002	3002526100	1993	496	19,381	1,062	-
GULF EDDIE CORRIGAN #002	3002526100	1994	500	15,764	1,139	-
GULF EDDIE CORRIGAN #002	3002526100	1995	288	14,754	1,670	-
GULF EDDIE CORRIGAN #002	3002526100	1996	163	17,683	2,987	-
GULF EDDIE CORRIGAN #002	3002526100	1997	139	14,512	3,930	-
GULF EDDIE CORRIGAN #002	3002526100	1998	304	18,515	3,454	-
GULF EDDIE CORRIGAN #002	3002526100	1999	288	17,998	4,204	-
GULF EDDIE CORRIGAN #002	3002526100	2000	222	17,082	3,280	-
GULF EDDIE CORRIGAN #002	3002526100	2001	125	15,446	4,465	-
GULF EDDIE CORRIGAN #002	3002526100	2002	23	8,893	7,908	-
GULF EDDIE CORRIGAN #002	3002526100	2003	24	10,482	10,275	-
GULF EDDIE CORRIGAN #002	3002526100	2004	62	10,368	7,356	-
GULF EDDIE CORRIGAN #002	3002526100	2005	118	10,400	2,702	-
GULF EDDIE CORRIGAN #002	3002526100	2006	107	14,507	219	-
GULF EDDIE CORRIGAN #002	3002526100	2007	85	9,995	-	-
GULF EDDIE CORRIGAN #002	3002526100	2008	99	8,064	425	-
GULF EDDIE CORRIGAN #002	3002526100	2009	101	10,243	2,798	-
GULF EDDIE CORRIGAN #002	3002526100	2010	98	9,925	2,364	-
GULF EDDIE CORRIGAN #002	3002526100	2011	101	8,652	2,229	-
GULF EDDIE CORRIGAN #002	3002526100	2012	44	9,751	1,333	-
GULF EDDIE CORRIGAN #002	3002526100	2013	15	10,192	116	-
GULF EDDIE CORRIGAN #002	3002526100	2014	-	5,142	-	-
GULF EDDIE CORRIGAN #002	3002526100	2015	-	5,631	-	-
GULF EDDIE CORRIGAN #002	3002526100	2016	-	5,204	-	-
GULF EDDIE CORRIGAN #002	3002526100	2017	-	4,193	-	-
GULF EDDIE CORRIGAN #002	3002526100	2018	-	3,944	-	-
GULF EDDIE CORRIGAN #002	3002526100	2019	-	3,050	-	-
GULF EDDIE CORRIGAN #002	3002526100	2020	-	2,146	6	-
GULF EDDIE CORRIGAN #002	3002526100	2021	-	1,764	8	-
GULF EDDIE CORRIGAN #002	3002526100	2022	-	1,178	-	-
GULF EDDIE CORRIGAN #002	3002526100	2023	-	1,705	-	-
HARRISON #001	3002509654	pre-1970	17,486	2,285,131	-	-
HARRISON #001	3002509654	1970	164	56,051	-	-
HARRISON #001	3002509654	1971	617	48,667	-	-
HARRISON #001	3002509654	1972	715	47,103	-	-
HARRISON #001	3002509654	1973	419	35,049	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
HARRISON #001	3002509654	1974	655	39,100	-	-
HARRISON #001	3002509654	1975	458	42,718	-	-
HARRISON #001	3002509654	1976	336	28,942	240	-
HARRISON #001	3002509654	1977	590	17,003	1,664	-
HARRISON #001	3002509654	1978	403	5,077	138	-
HARRISON #001	3002509654	1979	368	20,126	2,947	-
HARRISON #001	3002509654	1980	586	24,046	6,005	-
HARRISON #001	3002509654	1981	572	16,563	3,331	-
HARRISON #001	3002509654	1982	505	12,456	3,544	-
HARRISON #001	3002509654	1983	426	10,235	2,690	-
HARRISON #001	3002509654	1984	500	6,996	2,237	-
HARRISON #001	3002509654	1985	219	6,442	3,680	-
HARRISON #001	3002509654	1986	39	4,548	663	-
HARRISON #001	3002509654	1987	19	3,800	3,216	-
HARRISON #001	3002509654	1988	-	1,829	2,590	-
HARRISON #001	3002509654	1989	19	408	1,057	-
HARRISON #001	3002509654	1990	-	10	-	-
HARRISON #001	3002509654	1996	233	2,123	-	-
HARRISON #001	3002509654	1997	31	1,926	-	-
HARRISON #001	3002509654	1998	54	1,946	-	-
HARRISON #001	3002509654	1999	-	5,991	-	-
HARRISON #001	3002509654	2000	-	4,596	-	-
HARRISON #001	3002509654	2001	-	2,919	-	-
HARRISON #001	3002509654	2003	276	2,064	2,279	-
HARRISON #001	3002509654	2004	97	1,476	1,131	-
HARRISON #001	3002509654	2005	-	2,030	-	-
HARRISON #001	3002509654	2006	-	1,738	-	-
HARRISON #001	3002509654	2007	-	1,308	-	-
HARRISON #001	3002509654	2008	-	1,410	-	-
HARRISON #001	3002509654	2009	-	1,477	-	-
HARRISON #001	3002509654	2010	-	1,263	-	-
HARRISON #001	3002509654	2011	-	582	-	-
HARRISON #001	3002509654	2012	-	939	-	-
HARRISON #001	3002509654	2013	-	945	-	-
HARRISON #001	3002509654	2014	-	2,070	-	-
HARRISON #001	3002509654	2015	-	691	-	-
HARRISON #001	3002509654	2016	-	185	-	-
HARRISON #001	3002509654	2017	-	950	-	-
HARRISON #001	3002509654	2018	-	659	-	-
HARRISON #001	3002509654	2019	-	232	-	-
HARRISON #001	3002509654	2021	-	2	-	-
HARRISON #001	3002509654	2023	-	158	-	-
HARRISON #002	3002525825	1978	1,120	2,850	1,089	-
HARRISON #002	3002525825	1979	104	43,729	4,351	-
HARRISON #002	3002525825	1980	-	99,082	-	-
HARRISON #002	3002525825	1981	-	64,463	-	-
HARRISON #002	3002525825	1982	-	49,633	-	-
HARRISON #002	3002525825	1983	43	43,736	1,896	-
HARRISON #002	3002525825	1984	124	30,931	2,626	-
HARRISON #002	3002525825	1985	126	29,229	882	-
HARRISON #002	3002525825	1986	18	21,221	1,240	-
HARRISON #002	3002525825	1987	59	24,657	9,717	-
HARRISON #002	3002525825	1988	57	20,642	19,926	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
HARRISON #002	3002525825	1989	29	28,733	17,784	-
HARRISON #002	3002525825	1990	-	22,927	16,547	-
HARRISON #002	3002525825	1991	-	23,093	17,045	-
HARRISON #002	3002525825	1992	74	22,277	8,254	-
HARRISON #002	3002525825	1993	104	19,404	2,624	-
HARRISON #002	3002525825	1994	90	16,513	1,559	-
HARRISON #002	3002525825	1995	116	15,725	1,608	-
HARRISON #002	3002525825	1996	106	17,200	1,608	-
HARRISON #002	3002525825	1997	65	4,003	3,875	-
HARRISON #002	3002525825	1998	-	329	330	-
HARRISON #002	3002525825	1999	348	152	2,481	-
HARRISON #002	3002525825	2000	339	373	6,351	-
HARRISON #002	3002525825	2001	150	267	6,767	-
HARRISON #002	3002525825	2002	39	180	-	-
HARRISON #002	3002525825	2004	24	-	438	-
HARRISON #002	3002525825	2005	204	-	2,796	-
HARRISON #002	3002525825	2006	156	-	2,781	-
HARRISON #002	3002525825	2007	106	-	4,893	-
HARRISON #002	3002525825	2008	185	-	4,566	-
HARRISON #002	3002525825	2009	111	-	4,386	-
HARRISON #002	3002525825	2010	152	-	5,655	-
HARRISON #002	3002525825	2011	113	-	3,600	-
HARRISON #002	3002525825	2012	85	-	-	-
HARRISON #002	3002525825	2013	28	-	243	-
HARRISON #002	3002525825	2014	87	-	1,190	-
HARRISON #002	3002525825	2015	39	-	620	-
HARRISON #002	3002525825	2016	1	-	-	-
HARRISON #002	3002525825	2018	163	-	1,784	-
HARRISON #002	3002525825	2019	232	-	464	-
HARRISON #002	3002525825	2020	150	-	136	-
HARRISON #002	3002525825	2023	-	65	-	-
HARRISON #1	3002526060	1978	42	22,627	942	-
HARRISON #1	3002526060	1979	167	128,807	8,537	-
HARRISON #1	3002526060	1980	7	71,850	6,480	-
HARRISON #1	3002526060	1981	-	14,621	12,265	-
HARRISON #1	3002526060	1982	-	13,754	12,046	-
HARRISON #1	3002526060	1983	-	8,117	15,592	-
HARRISON #1	3002526060	1984	-	5,431	18,052	-
HARRISON #1	3002526060	1985	616	4,226	11,970	-
HARRISON #1	3002526060	1986	646	7,284	21,210	-
HARRISON #1	3002526060	1987	329	5,889	23,820	-
HARRISON #1	3002526060	1988	90	2,576	9,026	-
HARRISON #3	3002509655	pre-1970	358	218,701	-	-
HARRISON #3	3002509655	1970	-	2,709	-	-
HARRISON #3	3002509655	1971	-	2,297	-	-
HARRISON #3	3002509655	1972	-	2,439	-	-
HARRISON #3	3002509655	1973	-	1,854	-	-
HARRISON #3	3002509655	1974	-	1,506	-	-
HARRISON #3	3002509655	1975	-	722	-	-
HARRISON #3	3002509655	1976	-	551	-	-
HARRISON #3	3002509655	1977	-	445	-	-
HARRISON #3	3002509655	1978	191	5,630	537	-
HARRISON #3	3002509655	1979	971	15,367	13,128	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
HARRISON #3	3002509655	1980	753	10,089	16,635	-
HARRISON #3	3002509655	1981	763	10,909	22,056	-
HARRISON #3	3002509655	1982	535	10,736	13,205	-
HARRISON #3	3002509655	1983	126	332	5,900	-
HENRY HARRISON #001	3002526036	1978	-	51,827	-	-
HENRY HARRISON #001	3002526036	1979	-	178,848	-	-
HENRY HARRISON #001	3002526036	1980	-	153,622	-	-
HENRY HARRISON #001	3002526036	1981	-	113,345	-	-
HENRY HARRISON #001	3002526036	1982	-	86,180	-	-
HENRY HARRISON #001	3002526036	1983	-	88,890	-	-
HENRY HARRISON #001	3002526036	1984	-	81,713	-	-
HENRY HARRISON #001	3002526036	1985	-	82,403	195	-
HENRY HARRISON #001	3002526036	1986	-	75,096	117	-
HENRY HARRISON #001	3002526036	1987	-	70,049	99	-
HENRY HARRISON #001	3002526036	1988	-	55,261	18	-
HENRY HARRISON #001	3002526036	1989	-	43,606	-	-
HENRY HARRISON #001	3002526036	1990	-	28,564	-	-
HENRY HARRISON #001	3002526036	1991	-	32,680	255	-
HENRY HARRISON #001	3002526036	1992	-	23,908	283	-
HENRY HARRISON #001	3002526036	1993	-	17,483	100	-
HENRY HARRISON #001	3002526036	1994	-	5,917	82	-
HENRY HARRISON #001	3002526036	1995	-	14,287	31	-
HENRY HARRISON #001	3002526036	1996	-	12,871	1	-
HENRY HARRISON #001	3002526036	1997	-	12,770	-	-
HENRY HARRISON #001	3002526036	1998	-	10,637	-	-
HENRY HARRISON #001	3002526036	1999	-	9,906	-	-
HENRY HARRISON #001	3002526036	2000	-	10,075	1,125	-
HENRY HARRISON #001	3002526036	2001	-	8,620	1,245	-
HENRY HARRISON #001	3002526036	2002	-	6,861	638	-
HENRY HARRISON #001	3002526036	2003	-	5,953	728	-
HENRY HARRISON #001	3002526036	2004	-	5,328	728	-
HENRY HARRISON #001	3002526036	2005	-	6,420	728	-
HENRY HARRISON #001	3002526036	2006	-	5,938	730	-
HENRY HARRISON #001	3002526036	2007	-	5,378	714	-
HENRY HARRISON #001	3002526036	2008	-	5,808	740	-
HENRY HARRISON #001	3002526036	2009	-	6,003	712	-
HENRY HARRISON #001	3002526036	2010	-	4,897	726	-
HENRY HARRISON #001	3002526036	2011	-	3,894	732	-
HENRY HARRISON #001	3002526036	2012	-	3,272	666	-
HENRY HARRISON #001	3002526036	2013	-	4,656	716	-
HENRY HARRISON #001	3002526036	2014	-	4,215	841	-
HENRY HARRISON #001	3002526036	2015	-	2,261	545	-
HENRY HARRISON #001	3002526036	2017	-	1,537	-	-
HENRY HARRISON #001	3002526036	2018	-	929	-	-
HENRY HARRISON #001	3002526036	2019	-	430	-	-
HENRY HARRISON #001	3002526036	2020	-	83	-	-
HENRY HARRISON #001	3002526036	2021	-	316	-	-
HENRY HARRISON #001	3002526036	2022	-	897	-	-
HENRY HARRISON #001	3002526036	2023	-	287	-	-
JACK B 30 #001	3002511284	pre-1970	-	4,132,367	-	-
JACK B 30 #001	3002511284	1970	-	166,952	-	-
JACK B 30 #001	3002511284	1971	-	177,367	-	-
JACK B 30 #001	3002511284	1972	-	177,802	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
JACK B 30 #001	3002511284	1973	-	180,504	-	-
JACK B 30 #001	3002511284	1974	-	138,417	-	-
JACK B 30 #001	3002511284	1975	-	127,118	-	-
JACK B 30 #001	3002511284	1976	-	111,331	-	-
JACK B 30 #001	3002511284	1977	-	93,231	-	-
JACK B 30 #001	3002511284	1978	-	83,302	-	-
JACK B 30 #001	3002511284	1979	-	71,278	-	-
JACK B 30 #001	3002511284	1980	-	61,768	-	-
JACK B 30 #001	3002511284	1981	-	56,655	-	-
JACK B 30 #001	3002511284	1982	-	27,268	-	-
JACK B 30 #001	3002511284	1983	-	8,781	-	-
JACK B 30 #001	3002511284	1984	-	34,445	-	-
JACK B 30 #001	3002511284	1985	-	40,227	-	-
JACK B 30 #001	3002511284	1986	-	6,091	-	-
JACK B 30 #001	3002511284	1987	-	8,187	-	-
JACK B 30 #001	3002511284	1988	-	28,413	-	-
JACK B 30 #001	3002511284	1989	-	33,135	-	-
JACK B 30 #001	3002511284	1990	-	25,957	-	-
JACK B 30 #001	3002511284	1991	-	14,530	-	-
JACK B 30 #001	3002511284	1992	-	20,560	-	-
JACK B 30 #001	3002511284	1993	-	20,502	-	-
JACK B 30 #001	3002511284	1994	-	17,349	-	-
JACK B 30 #001	3002511284	1995	-	15,814	-	-
JACK B 30 #001	3002511284	1996	-	7,054	-	-
JACK B 30 #001	3002511284	1997	-	562	-	-
JACK B 30 #001	3002511284	2000	2,000	23,361	126	-
JACK B 30 #001	3002511284	2001	5,700	17,241	102	-
JACK B 30 #001	3002511284	2002	5,075	10,334	168	-
JACK B 30 #001	3002511284	2003	1,870	55,430	945	-
JACK B 30 #001	3002511284	2004	949	54,278	689	-
JACK B 30 #001	3002511284	2005	535	41,361	512	-
JACK B 30 #001	3002511284	2006	298	37,572	400	-
JACK B 30 #001	3002511284	2007	160	32,408	322	-
JACK B 30 #001	3002511284	2008	247	31,950	258	-
JACK B 30 #001	3002511284	2009	294	29,640	279	-
JACK B 30 #001	3002511284	2010	372	24,428	580	-
JACK B 30 #001	3002511284	2011	281	19,583	968	-
JACK B 30 #001	3002511284	2012	299	19,226	1,163	-
JACK B 30 #001	3002511284	2013	274	19,359	1,114	-
JACK B 30 #001	3002511284	2014	254	19,902	1,493	-
JACK B 30 #001	3002511284	2015	227	16,623	1,654	-
JACK B 30 #001	3002511284	2016	94	17,373	2,901	-
JACK B 30 #001	3002511284	2017	98	18,624	4,922	-
JACK B 30 #001	3002511284	2018	12	15,505	661	-
JACK B 30 #001	3002511284	2019	-	16,318	-	-
JACK B 30 #001	3002511284	2020	2	12,422	1,372	-
JACK B 30 #001	3002511284	2021	695	10,136	13,830	-
JACK B 30 #001	3002511284	2022	939	8,841	16,098	-
JACK B 30 #001	3002511284	2023	90	2,620	2,446	-
JACK B 30 #001	3002511284	2023	1,722	291	9,794	-
JACK B 30 #002	3002525871	1978	385	42,480	60	-
JACK B 30 #002	3002525871	1979	1,544	79,946	254	-
JACK B 30 #002	3002525871	1980	1,472	56,260	1,572	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
JACK B 30 #002	3002525871	1981	1,638	35,072	689	-
JACK B 30 #002	3002525871	1982	1,362	21,512	15	-
JACK B 30 #002	3002525871	1983	2,083	18,761	56	-
JACK B 30 #002	3002525871	1984	2,489	14,299	54	-
JACK B 30 #002	3002525871	1985	2,425	13,113	99	-
JACK B 30 #002	3002525871	1986	2,336	10,499	198	-
JACK B 30 #002	3002525871	1987	2,189	9,767	88	-
JACK B 30 #002	3002525871	1988	2,358	10,832	222	-
JACK B 30 #002	3002525871	1989	2,191	9,803	-	-
JACK B 30 #002	3002525871	1990	1,740	8,857	215	-
JACK B 30 #002	3002525871	1991	1,171	5,536	-	-
JACK B 30 #002	3002525871	1992	1,552	6,729	649	-
JACK B 30 #002	3002525871	1993	1,621	7,053	568	-
JACK B 30 #002	3002525871	1994	1,454	5,862	478	-
JACK B 30 #002	3002525871	1995	1,211	5,199	586	-
JACK B 30 #002	3002525871	1996	1,174	4,526	1,047	-
JACK B 30 #002	3002525871	1997	979	4,049	1,374	-
JACK B 30 #002	3002525871	1998	1,117	4,594	1,964	-
JACK B 30 #002	3002525871	1999	990	4,331	1,683	-
JACK B 30 #002	3002525871	2000	791	3,613	1,962	-
JACK B 30 #002	3002525871	2001	135	1,322	1,699	-
JACK B 30 #002	3002525871	2002	448	2,205	335	-
JACK B 30 #002	3002525871	2003	1,902	16,353	-	-
JACK B 30 #002	3002525871	2004	2,519	25,296	2,759	-
JACK B 30 #002	3002525871	2005	2,926	18,292	4,269	-
JACK B 30 #002	3002525871	2006	1,807	14,012	3,389	-
JACK B 30 #002	3002525871	2007	1,750	11,130	3,042	-
JACK B 30 #002	3002525871	2008	1,787	10,406	2,970	-
JACK B 30 #002	3002525871	2009	2,161	11,964	4,556	-
JACK B 30 #002	3002525871	2010	2,024	13,277	7,553	-
JACK B 30 #002	3002525871	2011	1,574	6,615	6,349	-
JACK B 30 #002	3002525871	2012	2,711	3,990	10,521	-
JACK B 30 #002	3002525871	2013	719	4,906	5,521	-
JACK B 30 #002	3002525871	2014	982	7,341	4,761	-
JACK B 30 #002	3002525871	2015	717	6,998	2,519	-
JACK B 30 #002	3002525871	2016	553	3,697	2,239	-
JACK B 30 #002	3002525871	2017	213	2,677	454	-
JACK B 30 #002	3002525871	2018	-	2,027	-	-
JACK B 30 #002	3002525871	2019	-	2,549	186	-
JACK B 30 #002	3002525871	2020	3,407	3,361	8,432	-
JACK B 30 #002	3002525871	2021	7,324	2,638	11,973	-
JACK B 30 #002	3002525871	2022	4,509	2,851	7,754	-
JACK B 30 #002	3002525871	2023	3,740	528	7,686	-
JACK B 30 #002	3002525871	2023	-	528	-	-
JACK B 30 #003	3002535139	2000	1,584	25,941	2,390	-
JACK B 30 #003	3002535139	2001	4,359	77,568	6,503	-
JACK B 30 #003	3002535139	2002	2,689	61,319	5,389	-
JACK B 30 #003	3002535139	2003	2,230	54,725	3,251	-
JACK B 30 #003	3002535139	2004	2,095	42,236	5,051	-
JACK B 30 #003	3002535139	2005	1,783	33,040	7,062	-
JACK B 30 #003	3002535139	2006	1,725	26,191	4,696	-
JACK B 30 #003	3002535139	2007	1,423	22,950	3,501	-
JACK B 30 #003	3002535139	2008	1,339	22,462	2,648	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
JACK B 30 #003	3002535139	2009	1,394	23,305	2,370	-
JACK B 30 #003	3002535139	2010	1,434	24,065	2,859	-
JACK B 30 #003	3002535139	2011	1,431	19,735	2,799	-
JACK B 30 #003	3002535139	2012	1,337	19,842	2,727	-
JACK B 30 #003	3002535139	2013	852	16,071	1,870	-
JACK B 30 #003	3002535139	2014	1,242	20,413	2,384	-
JACK B 30 #003	3002535139	2015	1,070	18,448	2,111	-
JACK B 30 #003	3002535139	2016	1,053	18,277	2,149	-
JACK B 30 #003	3002535139	2017	1,063	22,384	2,160	-
JACK B 30 #003	3002535139	2018	770	19,500	1,690	-
JACK B 30 #003	3002535139	2019	-	11,940	-	-
JACK B 30 #003	3002535139	2020	2	6,494	624	-
JACK B 30 #003	3002535139	2021	130	7,313	1,420	-
JACK B 30 #003	3002535139	2022	4,489	11,395	8,120	-
JACK B 30 #003	3002535139	2023	988	3,804	1,555	-
JACK B 30 #003	3002535139	2023	1,365	424	8,156	-
KIMMY #003	3002526437	1979	1,591	17,230	172	-
KIMMY #003	3002526437	1980	9,205	97,837	143	-
KIMMY #003	3002526437	1981	6,766	55,145	258	-
KIMMY #003	3002526437	1982	6,671	42,243	150	-
KIMMY #003	3002526437	1983	5,350	33,158	210	-
KIMMY #003	3002526437	1984	4,302	10,588	280	-
KIMMY #003	3002526437	1985	5,300	7,846	3,915	-
KIMMY #003	3002526437	1986	4,810	12,068	6,339	-
KIMMY #003	3002526437	1987	3,236	7,964	10,216	-
KIMMY #003	3002526437	1988	3,099	5,561	8,382	-
KIMMY #003	3002526437	1989	2,171	4,755	8,638	-
KIMMY #003	3002526437	1990	1,847	4,188	9,324	-
KIMMY #003	3002526437	1991	1,289	4,423	8,687	-
KIMMY #003	3002526437	1992	1,718	12,362	13,543	-
KIMMY #003	3002526437	1993	1,598	14,372	19,875	-
KIMMY #003	3002526437	1994	1,324	10,495	20,236	-
KIMMY #003	3002526437	1995	924	2,307	18,653	-
KIMMY #003	3002526437	1996	788	1,587	26,502	-
KIMMY #003	3002526437	1997	625	1,033	27,792	-
KIMMY #003	3002526437	1998	849	2,326	26,311	-
KIMMY #003	3002526437	1999	634	1,497	32,402	-
KIMMY #003	3002526437	2000	581	864	30,753	-
KIMMY #003	3002526437	2001	362	1,066	32,249	-
KIMMY #003	3002526437	2002	63	464	6,571	-
KIMMY #003	3002526437	2003	30	207	2,848	-
KIMMY #003	3002526437	2004	327	358	11,763	-
KIMMY #003	3002526437	2005	346	409	14,962	-
KIMMY #003	3002526437	2006	369	374	9,213	-
KIMMY #003	3002526437	2007	394	517	-	-
KIMMY #003	3002526437	2008	309	468	6,250	-
KIMMY #003	3002526437	2009	325	566	17,064	-
KIMMY #003	3002526437	2010	345	847	17,350	-
KIMMY #003	3002526437	2011	219	494	7,283	-
KIMMY #003	3002526437	2012	328	819	14,838	-
KIMMY #003	3002526437	2013	232	176	9,647	-
KIMMY #003	3002526437	2014	149	44	7,460	-
KIMMY #003	3002526437	2016	3	-	160	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
KIMMY #003	3002526437	2018	315	-	9,070	-
KIMMY #003	3002526437	2019	381	5	5,898	-
KIMMY #003	3002526437	2020	337	-	3,868	-
KIMMY #003	3002526437	2021	228	16	4,531	-
KIMMY #003	3002526437	2022	171	109	3,389	-
KIMMY #003	3002526437	2023	91	50	2,484	-
KIMMY #004	3002526638	1980	2,560	52,786	174	-
KIMMY #004	3002526638	1981	2,648	33,583	119	-
KIMMY #004	3002526638	1982	4,216	29,253	150	-
KIMMY #004	3002526638	1983	4,355	22,267	210	-
KIMMY #004	3002526638	1984	3,040	33,779	-	-
KIMMY #004	3002526638	1985	3,681	29,016	-	-
KIMMY #004	3002526638	1986	1,242	16,191	2,838	-
KIMMY #004	3002526638	1987	710	9,692	4,528	-
KIMMY #004	3002526638	1988	1,412	6,788	3,933	-
KIMMY #004	3002526638	1989	1,220	2,675	4,857	-
KIMMY #004	3002526638	1990	1,039	2,356	5,245	-
KIMMY #004	3002526638	1991	721	2,489	4,889	-
KIMMY #004	3002526638	1992	968	6,953	7,616	-
KIMMY #004	3002526638	1993	901	8,088	11,178	-
KIMMY #004	3002526638	1994	744	5,905	11,384	-
KIMMY #004	3002526638	1995	520	1,297	10,492	-
KIMMY #004	3002526638	1996	443	892	14,908	-
KIMMY #004	3002526638	1997	351	579	15,632	-
KIMMY #004	3002526638	1998	478	1,309	14,799	-
KIMMY #004	3002526638	1999	358	842	18,228	-
KIMMY #004	3002526638	2000	328	488	17,301	-
KIMMY #004	3002526638	2001	204	599	18,139	-
KIMMY #004	3002526638	2002	37	264	3,660	-
KIMMY #004	3002526638	2003	16	170	1,602	-
KIMMY #004	3002526638	2004	325	355	11,760	-
KIMMY #004	3002526638	2005	339	412	14,963	-
KIMMY #004	3002526638	2006	377	379	9,223	-
KIMMY #004	3002526638	2007	389	510	-	-
KIMMY #004	3002526638	2008	302	461	6,250	-
KIMMY #004	3002526638	2009	319	559	17,064	-
KIMMY #004	3002526638	2010	339	842	17,350	-
KIMMY #004	3002526638	2011	216	488	7,280	-
KIMMY #004	3002526638	2012	321	813	14,833	-
KIMMY #004	3002526638	2013	228	170	9,645	-
KIMMY #004	3002526638	2014	145	40	7,454	-
KIMMY #004	3002526638	2016	2	-	158	-
KIMMY #004	3002526638	2018	48	-	8,950	-
KIMMY #004	3002526638	2019	84	-	9,623	-
KIMMY #004	3002526638	2020	75	-	6,311	-
KIMMY #004	3002526638	2021	6	2	259	-
KIMMY #004	3002526638	2022	17	14	338	-
KIMMY #004	3002526638	2023	9	30	248	-
KIMMY K #001	3002526243	1979	415	44,994	10,022	-
KIMMY K #001	3002526243	1980	73	37,203	3,305	-
KIMMY K #001	3002526243	1981	-	18,539	9,543	-
KIMMY K #001	3002526243	1982	29	17,055	4,910	-
KIMMY K #001	3002526243	1983	-	18,698	729	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
KIMMY K #001	3002526243	1984	-	14,314	535	-
KIMMY K #001	3002526243	1985	-	12,980	714	-
KIMMY K #001	3002526243	1986	-	12,535	948	-
KIMMY K #001	3002526243	1987	-	9,291	970	-
KIMMY K #001	3002526243	1988	-	9,033	999	-
KIMMY K #001	3002526243	1989	-	5,900	850	-
KIMMY K #001	3002526243	1990	-	5,199	931	-
KIMMY K #001	3002526243	1991	-	5,586	867	-
KIMMY K #001	3002526243	1992	-	6,973	1,351	-
KIMMY K #001	3002526243	1993	-	5,811	1,981	-
KIMMY K #001	3002526243	1994	-	4,680	-	-
KIMMY K #001	3002526243	1995	-	4,568	-	-
KIMMY K #001	3002526243	1996	-	4,484	-	-
KIMMY K #001	3002526243	1997	-	4,229	-	-
KIMMY K #001	3002526243	1998	-	3,973	-	-
KIMMY K #001	3002526243	1999	-	3,212	-	-
KIMMY K #001	3002526243	2000	-	3,564	-	-
KIMMY K #001	3002526243	2001	-	2,800	-	-
KIMMY K #001	3002526243	2002	-	1,799	-	-
KIMMY K #001	3002526243	2003	-	905	-	-
KIMMY K #001	3002526243	2004	54	3,529	475	-
KIMMY K #001	3002526243	2005	58	3,617	935	-
KIMMY K #001	3002526243	2006	-	6,070	742	-
KIMMY K #001	3002526243	2007	-	5,080	160	-
KIMMY K #001	3002526243	2008	-	5,556	3,385	-
KIMMY K #001	3002526243	2009	-	5,949	746	-
KIMMY K #001	3002526243	2010	-	5,385	1,447	-
KIMMY K #001	3002526243	2011	-	4,465	1,014	-
KIMMY K #001	3002526243	2012	-	4,037	1,057	-
KIMMY K #001	3002526243	2013	-	3,041	1,377	-
KIMMY K #001	3002526243	2014	-	1,843	1,150	-
KIMMY K #001	3002526243	2015	-	1,989	529	-
KIMMY K #001	3002526243	2016	-	983	506	-
KIMMY K #001	3002526243	2018	-	682	936	-
KIMMY K #001	3002526243	2021	-	49	-	-
KIMMY K #001	3002526243	2022	347	334	17,917	-
KIMMY K #001	3002526243	2023	270	20	17,338	-
KIMMY K #002	3002526490	1979	11	1,380	910	-
KIMMY K #002	3002526490	1980	11	12,026	24,531	-
KIMMY K #002	3002526490	1981	-	13,018	19,452	-
KIMMY K #002	3002526490	1982	12	6,358	18,083	-
KIMMY K #002	3002526490	1994	-	-	-	14,409
KIMMY K #002	3002526490	1995	-	-	-	27,232
KIMMY K #002	3002526490	1996	-	-	-	41,410
KIMMY K #002	3002526490	1997	-	-	-	43,424
KIMMY K #002	3002526490	1998	-	-	-	41,110
KIMMY K #002	3002526490	1999	-	-	-	50,630
KIMMY K #002	3002526490	2000	-	-	-	48,054
KIMMY K #002	3002526490	2001	-	-	-	50,388
KIMMY K #002	3002526490	2002	-	-	-	10,231
KIMMY K #002	3002526490	2003	-	-	-	4,450
KIMMY K #002	3002526490	2004	-	-	-	8,498
KIMMY K #002	3002526490	2005	-	-	-	30,109

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
KIMMY K #002	3002526490	2006	-	-	-	20,309
KIMMY K #002	3002526490	2007	-	-	-	32,277
KIMMY K #002	3002526490	2008	-	-	-	23,822
KIMMY K #002	3002526490	2009	-	-	-	33,424
KIMMY K #002	3002526490	2010	-	-	-	17,099
KIMMY K #002	3002526490	2011	-	-	-	130
KING HARRISON C #001	3002525629	1977	4,371	14,274	14,427	-
KING HARRISON C #001	3002525629	1978	10,528	41,263	75,283	-
KING HARRISON C #001	3002525629	1979	7,764	31,635	81,446	-
KING HARRISON C #001	3002525629	1980	6,198	17,836	94,421	-
KING HARRISON C #001	3002525629	1981	3,245	7,748	57,079	-
KING HARRISON C #001	3002525629	1982	131	1,553	264	-
KING HARRISON C #001	3002525629	1990	-	53,773	-	-
KING HARRISON C #001	3002525629	1991	-	33,336	-	-
KING HARRISON C #001	3002525629	1992	-	26,929	-	-
KING HARRISON C #001	3002525629	1993	-	18,377	-	-
KING HARRISON C #001	3002525629	1994	-	14,449	-	-
KING HARRISON C #001	3002525629	1995	-	13,504	-	-
KING HARRISON C #001	3002525629	1996	-	11,924	-	-
KING HARRISON C #001	3002525629	1997	-	11,628	-	-
KING HARRISON C #001	3002525629	1998	-	10,690	-	-
KING HARRISON C #001	3002525629	1999	-	9,771	-	-
KING HARRISON C #001	3002525629	2000	-	9,926	-	-
KING HARRISON C #001	3002525629	2001	-	8,733	-	-
KING HARRISON C #001	3002525629	2002	-	5,400	-	-
KING HARRISON C #001	3002525629	2003	-	5,122	-	-
KING HARRISON C #001	3002525629	2004	-	4,394	-	-
KING HARRISON C #001	3002525629	2005	-	3,603	-	-
KING HARRISON C #001	3002525629	2006	-	3,191	-	-
KING HARRISON C #001	3002525629	2007	-	4,939	-	-
KING HARRISON C #001	3002525629	2008	-	4,362	-	-
KING HARRISON C #001	3002525629	2009	-	3,284	-	-
KING HARRISON C #001	3002525629	2010	-	2,816	-	-
KING HARRISON C #001	3002525629	2011	-	3,011	-	-
KING HARRISON C #001	3002525629	2012	-	2,215	-	-
KING HARRISON C #001	3002525629	2013	-	1,672	-	-
KING HARRISON C #001	3002525629	2014	-	1,160	-	-
KING HARRISON C #001	3002525629	2015	-	1,169	-	-
KING HARRISON C #001	3002525629	2016	-	179	-	-
KING HARRISON C #001	3002525629	2017	-	567	-	-
KING HARRISON C #001	3002525629	2018	-	602	-	-
KING HARRISON C #001	3002525629	2019	-	508	-	-
KING HARRISON C #001	3002525629	2020	-	640	-	-
KING HARRISON C #001	3002525629	2021	-	893	-	-
KING HARRISON C #001	3002525629	2022	-	775	-	-
KING HARRISON C #003	3002511168	pre-1970	4,366	1,370,538	-	-
KING HARRISON C #003	3002511168	1970	-	176,095	-	-
KING HARRISON C #003	3002511168	1971	-	284,909	-	-
KING HARRISON C #003	3002511168	1972	-	433,437	-	-
KING HARRISON C #003	3002511168	1973	-	275,793	-	-
KING HARRISON C #003	3002511168	1974	-	453,734	-	-
KING HARRISON C #003	3002511168	1975	-	262,343	-	-
KING HARRISON C #003	3002511168	1976	-	289,164	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
KING HARRISON C #003	3002511168	1977	-	287,820	-	-
KING HARRISON C #003	3002511168	1978	-	233,300	-	-
KING HARRISON C #003	3002511168	1979	-	170,107	-	-
KING HARRISON C #003	3002511168	1980	-	116,321	-	-
KING HARRISON C #003	3002511168	1981	-	67,715	-	-
KING HARRISON C #003	3002511168	1982	-	45,083	-	-
KING HARRISON C #003	3002511168	1983	-	23,573	-	-
KING HARRISON C #003	3002511168	1984	-	48,706	-	-
KING HARRISON C #003	3002511168	1985	-	41,674	-	-
KING HARRISON C #003	3002511168	1986	-	6,234	-	-
KING HARRISON C #003	3002511168	1987	-	2,627	-	-
KING HARRISON C #003	3002511168	1988	-	24,564	-	-
KING HARRISON C #003	3002511168	1989	-	30,808	61	-
KING HARRISON C #003	3002511168	1990	-	17,667	-	-
KING HARRISON C #003	3002511168	1991	-	31,562	-	-
KING HARRISON C #003	3002511168	1992	-	25,089	-	-
KING HARRISON C #003	3002511168	1993	-	17,657	-	-
KING HARRISON C #003	3002511168	1994	-	14,746	-	-
KING HARRISON C #003	3002511168	1995	-	13,956	-	-
KING HARRISON C #003	3002511168	1996	-	12,408	-	-
KING HARRISON C #003	3002511168	1997	-	12,103	-	-
KING HARRISON C #003	3002511168	1998	-	9,556	-	-
KING HARRISON C #003	3002511168	1999	-	2,574	-	-
KING HARRISON C #003	3002511168	2000	-	3,111	-	-
KING HARRISON C #003	3002511168	2001	-	2,409	-	-
KING HARRISON C #003	3002511168	2002	-	2,212	-	-
KING HARRISON C #003	3002511168	2003	-	1,942	-	-
KING HARRISON C #003	3002511168	2004	-	1,484	-	-
KING HARRISON C #003	3002511168	2005	-	1,314	-	-
KING HARRISON C #003	3002511168	2006	-	1,272	-	-
KING HARRISON C #003	3002511168	2007	-	1,775	-	-
KING HARRISON C #003	3002511168	2008	-	1,763	-	-
KING HARRISON C #003	3002511168	2009	-	2,249	-	-
KING HARRISON C #003	3002511168	2010	-	2,020	-	-
KING HARRISON C #003	3002511168	2011	-	2,108	-	-
KING HARRISON C #003	3002511168	2012	-	1,548	-	-
KING HARRISON C #003	3002511168	2013	-	1,619	-	-
KING HARRISON C #003	3002511168	2014	-	2,213	-	-
KING HARRISON C #003	3002511168	2015	-	2,000	-	-
KING HARRISON C #003	3002511168	2016	-	308	-	-
KING HARRISON C #003	3002511168	2017	-	880	-	-
KING HARRISON C #003	3002511168	2018	-	362	-	-
KING HARRISON C #003	3002511168	2019	-	485	-	-
KING HARRISON C #003	3002511168	2020	-	637	-	-
KING HARRISON C #003	3002511168	2021	-	889	-	-
KING HARRISON C #003	3002511168	2022	-	775	-	-
KING HARRISON C #005	3002524071	1972	14,305	11,607	7,924	-
KING HARRISON C #005	3002524071	1973	14,160	16,073	40,317	-
KING HARRISON C #005	3002524071	1974	9,748	11,275	22,746	-
KING HARRISON C #005	3002524071	1975	7,273	17,473	17,417	-
KING HARRISON C #005	3002524071	1976	5,012	10,095	21,190	-
KING HARRISON C #005	3002524071	1977	3,645	2,588	29,700	-
KING HARRISON C #005	3002524071	1978	3,237	2,051	67,686	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
KING HARRISON C #005	3002524071	1979	3,037	1,303	27,333	-
KING HARRISON C #005	3002524071	1980	2,222	17,926	27,911	-
KING HARRISON C #005	3002524071	1981	102	58,597	698	-
KING HARRISON C #005	3002524071	1982	-	28	-	-
KING HARRISON C #005	3002524071	1983	-	6,047	2,792	-
KING HARRISON C #005	3002524071	1984	-	16,620	4,062	-
KING HARRISON C #005	3002524071	1985	-	18,796	3,095	-
KING HARRISON C #005	3002524071	1986	-	9,179	270	-
KING HARRISON C #005	3002524071	1987	-	1,194	15	-
KING HARRISON C #005	3002524071	1988	-	8,643	340	-
KING HARRISON C #005	3002524071	1989	-	8,827	1,555	-
KING HARRISON C #005	3002524071	1990	-	26,924	2,139	-
KING HARRISON C #005	3002524071	1991	-	5,886	2,229	-
KING HARRISON C #005	3002524071	1992	-	3,770	2,316	-
KING HARRISON C #005	3002524071	1993	-	3,211	2,328	-
KING HARRISON C #005	3002524071	1994	-	2,879	899	-
KING HARRISON C #005	3002524071	1995	-	2,739	300	-
KING HARRISON C #005	3002524071	1996	-	2,460	576	-
KING HARRISON C #005	3002524071	1997	-	2,135	-	-
KING HARRISON C #005	3002524071	1998	-	2,096	-	-
KING HARRISON C #005	3002524071	1999	-	2,124	-	-
KING HARRISON C #005	3002524071	2000	-	1,801	-	-
KING HARRISON C #005	3002524071	2001	-	2,041	-	-
KING HARRISON C #005	3002524071	2002	-	1,788	-	-
KING HARRISON C #005	3002524071	2003	-	1,960	-	-
KING HARRISON C #005	3002524071	2004	-	1,546	-	-
KING HARRISON C #005	3002524071	2005	-	1,137	-	-
KING HARRISON C #005	3002524071	2006	-	795	-	-
KING HARRISON C #005	3002524071	2007	-	2,184	-	-
KING HARRISON C #005	3002524071	2008	-	1,824	-	-
KING HARRISON C #005	3002524071	2009	-	1,927	-	-
KING HARRISON C #005	3002524071	2010	-	1,693	-	-
KING HARRISON C #005	3002524071	2011	-	1,806	-	-
KING HARRISON C #005	3002524071	2012	-	1,329	-	-
KING HARRISON C #005	3002524071	2013	-	1,390	-	-
KING HARRISON C #005	3002524071	2014	-	1,889	-	-
KING HARRISON C #005	3002524071	2015	-	1,705	-	-
KING HARRISON C #005	3002524071	2016	-	259	-	-
KING HARRISON C #005	3002524071	2017	-	835	-	-
KING HARRISON C #005	3002524071	2018	-	565	-	-
KING HARRISON C #005	3002524071	2019	-	652	-	-
KING HARRISON C #005	3002524071	2020	-	1,049	-	-
KING HARRISON C #005	3002524071	2021	-	980	-	-
KING HARRISON C #005	3002524071	2022	-	770	-	-
KING HARRISON C #005	3002524071	2023	-	357	-	-
LANGLIE A STATE #001	3002509710	pre-1970	123,356	127,757	1,151,582	-
LANGLIE A STATE #002Y	3002509714	pre-1970	113,625	862,313	154,566	-
LANGLIE A STATE #002Y	3002509714	1970	3,026	19,803	7,740	-
LANGLIE A STATE #002Y	3002509714	1971	120	6,310	-	-
LANGLIE A STATE #002Y	3002509714	1972	-	15,301	-	-
LANGLIE A STATE #002Y	3002509714	1973	-	14,948	-	-
LANGLIE A STATE #002Y	3002509714	1974	-	11,534	-	-
LANGLIE A STATE #002Y	3002509714	1975	-	12,114	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
LANGLIE A STATE #002Y	3002509714	1976	-	13,407	-	-
LANGLIE A STATE #002Y	3002509714	1977	-	9,405	-	-
LANGLIE A STATE #002Y	3002509714	1978	-	13,259	-	-
LANGLIE A STATE #002Y	3002509714	1979	-	10,389	-	-
LANGLIE A STATE #002Y	3002509714	1980	-	5,212	-	-
LANGLIE A STATE #002Y	3002509714	1981	-	5,085	-	-
LANGLIE A STATE #002Y	3002509714	1982	-	4,421	-	-
LANGLIE A STATE #002Y	3002509714	1983	-	3,872	-	-
LANGLIE A STATE #002Y	3002509714	1984	-	1,883	-	-
LANGLIE A STATE #002Y	3002509714	1985	-	31	-	-
LANGLIE A STATE #002Y	3002509714	1986	-	351	7	-
LANGLIE A STATE #002Y	3002509714	1987	-	3,005	-	-
LANGLIE A STATE #002Y	3002509714	1988	-	3,359	-	-
LANGLIE A STATE #002Y	3002509714	1989	-	306	-	-
LANGLIE A STATE #003	3002528067	1983	-	89,106	-	-
LANGLIE A STATE #003	3002528067	1984	-	58,755	7,152	-
LANGLIE A STATE #003	3002528067	1985	-	2,005	4,787	-
LANGLIE A STATE #003	3002528067	1986	-	3,047	1,509	-
LANGLIE A STATE #003	3002528067	1987	-	47,580	3,587	-
LANGLIE A STATE #003	3002528067	1988	-	30,922	38	-
LANGLIE A STATE #003	3002528067	1989	-	26,256	2,826	-
LANGLIE A STATE #003	3002528067	1990	-	58,539	3,325	-
LANGLIE A STATE #003	3002528067	1991	-	92,946	-	-
LANGLIE A STATE #003	3002528067	1992	-	98,303	-	-
LANGLIE A STATE #003	3002528067	1993	-	82,266	-	-
LANGLIE A STATE #003	3002528067	1994	-	55,707	-	-
LANGLIE A STATE #003	3002528067	1995	-	54,570	-	-
LANGLIE A STATE #003	3002528067	1996	-	54,067	3,030	-
LANGLIE A STATE #003	3002528067	1997	-	46,678	5,820	-
LANGLIE A STATE #003	3002528067	1998	-	42,921	5,239	-
LANGLIE A STATE #003	3002528067	1999	-	42,902	4,218	-
LANGLIE A STATE #003	3002528067	2000	-	37,111	13,594	-
LANGLIE A STATE #003	3002528067	2001	-	32,786	16,380	-
LANGLIE A STATE #003	3002528067	2002	-	34,542	20,441	-
LANGLIE A STATE #003	3002528067	2003	-	31,929	20,886	-
LANGLIE A STATE #003	3002528067	2004	-	29,439	21,738	-
LANGLIE A STATE #003	3002528067	2005	-	22,088	20,018	-
LANGLIE A STATE #003	3002528067	2006	-	20,846	20,610	-
LANGLIE A STATE #003	3002528067	2007	-	17,084	17,822	-
LANGLIE A STATE #003	3002528067	2008	-	16,519	13,170	-
LANGLIE A STATE #003	3002528067	2009	-	6,685	8,151	-
LANGLIE A STATE #003	3002528067	2010	-	2,409	-	-
LANGLIE A STATE #003	3002528067	2011	-	1,055	-	-
LANGLIE A STATE #003	3002528067	2012	-	378	-	-
LANGLIE A STATE #003	3002528067	2013	-	241	-	-
LANGLIE A STATE #003	3002528067	2014	-	194	-	-
LANGLIE A STATE #003	3002528067	2015	-	76	-	-
LANGLIE A STATE #003	3002528067	2017	-	188	-	-
LANGLIE A STATE #003	3002528067	2018	-	243	-	-
LANGLIE A STATE #003	3002528067	2019	-	60	-	-
LANGLIE A STATE #003	3002528067	2020	-	54	5	-
LANGLIE A STATE #003	3002528067	2021	-	1	8	-
LANGLIE A STATE #003	3002528067	2023	-	788	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
MARTIN B #003	3002537959	2007	-	55,197	9,252	-
MARTIN B #003	3002537959	2008	-	42,870	5,742	-
MARTIN B #003	3002537959	2009	-	47,526	5,247	-
MARTIN B #003	3002537959	2010	-	36,832	3,384	-
MARTIN B #003	3002537959	2011	-	30,047	2,646	-
MARTIN B #003	3002537959	2012	-	28,445	2,288	-
MARTIN B #003	3002537959	2013	-	21,463	1,799	-
MARTIN B #003	3002537959	2014	-	21,920	2,517	-
MARTIN B #003	3002537959	2015	-	18,355	2,743	-
MARTIN B #003	3002537959	2016	-	18,612	6,193	-
MARTIN B #003	3002537959	2017	-	21,593	5,440	-
MARTIN B #003	3002537959	2018	-	19,585	5,672	-
MARTIN B #003	3002537959	2019	-	20,474	5,493	-
MARTIN B #003	3002537959	2020	262	14,367	2,645	-
MARTIN B #003	3002537959	2021	296	11,274	18,305	-
MARTIN B #003	3002537959	2022	29	14,068	6,353	-
MARTIN B #003	3002537959	2023	-	3,315	59	-
MARTIN B #004	3002538883	2008	1,697	6,441	1,909	-
MARTIN B #004	3002538883	2009	8,970	27,359	103,441	-
MARTIN B #004	3002538883	2010	6,953	34,410	117,402	-
MARTIN B #004	3002538883	2011	1,806	17,364	78,113	-
MARTIN B #004	3002538883	2012	27	3,103	6,743	-
MARTIN B #004	3002538883	2013	54	-	52,349	-
MARTIN B #004	3002538883	2015	-	-	7	-
MARTIN B #004	3002538883	2019	-	-	108	-
MARTIN B #004	3002538883	2020	260	-	1	-
MARTIN B #004	3002538883	2021	183	3,444	13,563	-
MARTIN B #004	3002538883	2022	-	6,153	31,686	-
MARTIN B #004	3002538883	2023	-	1,141	-	-
MCKINNEY #001	3002509709	pre-1970	23,360	334,792	23,316	-
MCKINNEY #001	3002509709	1994	-	-	-	11,634
MCKINNEY #001	3002509709	1995	-	-	-	64,497
MCKINNEY #001	3002509709	1996	-	-	-	55,866
MCKINNEY #001	3002509709	1997	-	-	-	33,282
MCKINNEY #001	3002509709	1998	-	-	-	16,062
MCKINNEY #001	3002509709	1999	-	-	-	22,023
MCKINNEY #001	3002509709	2000	-	-	-	42,301
MCKINNEY #001	3002509709	2001	-	-	-	101,198
MCKINNEY #001	3002509709	2002	-	-	-	50,328
MCKINNEY #001	3002509709	2003	-	-	-	55,018
MCKINNEY #001	3002509709	2004	-	-	-	50,286
MCKINNEY #001	3002509709	2005	-	-	-	64,662
MCKINNEY #001	3002509709	2006	-	-	-	49,560
MCKINNEY #001	3002509709	2007	-	-	-	46,545
MCKINNEY #001	3002509709	2008	-	-	-	47,710
MCKINNEY #001	3002509709	2009	-	-	-	130,958
MCKINNEY #001	3002509709	2010	-	-	-	89,432
MCKINNEY #001	3002509709	2011	-	-	-	76,127
MCKINNEY #001	3002509709	2012	-	-	-	28,120
MCKINNEY #001	3002509709	2013	-	-	-	75,253
MCKINNEY #001	3002509709	2014	-	-	-	7,042
MCKINNEY #001	3002509709	2015	-	-	-	6,745
MCKINNEY #001	3002509709	2016	-	-	-	3,694

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
MCKINNEY #001	3002509709	2017	-	-	-	3,156
MCKINNEY #001	3002509709	2018	-	-	-	3,156
MCKINNEY #001	3002509709	2019	-	-	-	3,156
MCKINNEY #001	3002509709	2020	-	-	-	56,389
MCKINNEY #001	3002509709	2021	-	-	-	162,687
MCKINNEY #001	3002509709	2022	-	-	-	267,291
MCKINNEY #001	3002509709	2023	-	-	-	481,390
POSSH #001	3002526760	1980	4,576	8,382	14,738	-
POSSH #001	3002526760	1981	4,321	8,039	8,371	-
POSSH #001	3002526760	1982	4,887	11,841	20,330	-
POSSH #001	3002526760	1983	515	13,118	62,595	-
POSSH #001	3002526760	1984	9	18,300	3,465	-
POSSH #001	3002526760	1985	-	14,239	9,914	-
POSSH #001	3002526760	1986	-	13,229	2,387	-
POSSH #001	3002526760	1987	-	10,714	1,955	-
POSSH #001	3002526760	1988	-	7,599	5,340	-
POSSH #001	3002526760	1989	-	5,613	5,853	-
POSSH #001	3002526760	1990	-	4,380	3,120	-
POSSH #001	3002526760	1991	-	5,584	3,170	-
POSSH #001	3002526760	1992	-	6,184	3,240	-
POSSH #001	3002526760	1993	42	4,751	5,582	-
POSSH #001	3002526760	1994	122	2,222	2,338	-
POSSH #001	3002526760	1995	-	34	-	-
POSSH #001	3002526760	1996	271	3,226	30,405	-
POSSH #001	3002526760	1997	65	753	11,490	-
POSSH #002	3002526965	1980	93	376	300	-
POSSH #002	3002526965	1981	1,211	2,034	3,458	-
POSSH #002	3002526965	1982	946	2,067	5,452	-
POSSH #002	3002526965	1983	401	10,850	10,936	-
POSSH #002	3002526965	1984	173	3,716	4,915	-
POSSH #002	3002526965	1996	-	-	-	34,414
POSSH #002	3002526965	1997	-	-	-	441,394
POSSH #002	3002526965	1998	-	-	-	469,507
POSSH #002	3002526965	1999	-	-	-	770,412
POSSH #002	3002526965	2000	-	-	-	409,520
POSSH #002	3002526965	2001	-	-	-	235,077
POSSH #002	3002526965	2002	-	-	-	242,968
POSSH #002	3002526965	2003	-	-	-	214,129
POSSH #002	3002526965	2004	-	-	-	245,396
POSSH #002	3002526965	2005	-	-	-	186,013
POSSH #002	3002526965	2006	-	-	-	139,394
POSSH #002	3002526965	2007	-	-	-	179,001
POSSH #002	3002526965	2008	-	-	-	158,774
POSSH #002	3002526965	2009	-	-	-	173,516
POSSH #002	3002526965	2010	-	-	-	162,792
POSSH #002	3002526965	2011	-	-	-	162,792
POSSH #002	3002526965	2012	-	-	-	48,803
POSSH #002	3002526965	2013	-	-	-	119,761
POSSH #002	3002526965	2014	-	-	-	96,734
POSSH #002	3002526965	2015	-	-	-	94,922
POSSH #002	3002526965	2016	-	-	-	35,838
POSSH #002	3002526965	2017	-	-	-	66,954
POSSH #002	3002526965	2018	-	-	-	46,244

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
POSSH #002	3002526965	2019	-	-	-	64,531
POSSH #002	3002526965	2020	-	-	-	14,346
POSSH #002	3002526965	2021	-	-	-	45,818
POSSH #002	3002526965	2022	-	-	-	175,603
POSSH #002	3002526965	2023	-	-	-	93,550
POSSH #003	3002527044	1981	1,051	3,702	6,192	-
POSSH #003	3002527044	1982	592	2,882	3,726	-
POSSH #003	3002527044	1983	2,170	7,251	64,671	-
POSSH #003	3002527044	1984	665	3,285	18,638	-
POSSH #003	3002527044	1996	3,003	7,888	65,178	-
POSSH #003	3002527044	1997	2,925	15,902	98,714	-
POSSH #003	3002527044	1998	1,591	10,089	4,680	-
POSSH #003	3002527044	1999	634	5,138	170,630	-
POSSH #003	3002527044	2000	25	3,459	335,352	-
POSSH #003	3002527044	2001	-	108	206,546	-
POSSH #003	3002527044	2006	108	2,055	4,755	-
POSSH #003	3002527044	2007	72	3,851	23,741	-
POSSH #003	3002527044	2008	-	4,941	-	-
POSSH #003	3002527044	2009	-	8,845	-	-
POSSH #003	3002527044	2010	-	9,132	-	-
POSSH #003	3002527044	2011	-	6,387	-	-
POSSH #004	3002526536	1980	-	1,809	-	-
POSSH #004	3002526536	1981	2,105	4,942	4,780	-
POSSH #004	3002526536	1982	332	11,574	3,236	-
POSSH #004	3002526536	1983	2,674	7,815	39,196	-
POSSH #004	3002526536	1984	797	3,863	14,308	-
POSSH #004	3002526536	1985	1,156	10,738	9,698	-
POSSH #004	3002526536	1986	1,209	10,852	25,089	-
POSSH #004	3002526536	1987	849	8,402	20,748	-
POSSH #004	3002526536	1988	792	5,950	13,871	-
POSSH #004	3002526536	1989	607	4,415	10,998	-
POSSH #004	3002526536	1990	632	3,675	8,520	-
POSSH #004	3002526536	1991	619	3,389	8,420	-
POSSH #004	3002526536	1992	620	3,330	8,280	-
POSSH #004	3002526536	1993	517	3,563	11,046	-
POSSH #004	3002526536	1994	291	4,434	5,190	-
POSSH #004	3002526536	1995	485	6,154	8,490	-
POSSH #004	3002526536	1996	3,314	27,671	102,093	-
POSSH #004	3002526536	1997	1,432	17,906	101,507	-
POSSH #004	3002526536	1998	1,309	11,595	38,900	-
POSSH #004	3002526536	1999	1,247	10,261	286,552	-
POSSH #004	3002526536	2000	58	-	-	-
POSSH #004	3002526536	2001	-	236	-	-
POSSH #004	3002526536	2002	-	315	-	-
POSSH #004	3002526536	2006	309	2,496	47,806	-
POSSH #004	3002526536	2007	548	2,691	25,976	-
POSSH #004	3002526536	2008	584	1,305	-	-
POSSH #004	3002526536	2009	681	-	-	-
POSSH #004	3002526536	2010	875	-	-	-
POSSH #004	3002526536	2011	429	-	-	-
POSSH #004	3002526536	2012	482	3,592	-	-
POSSH #004	3002526536	2013	607	4,562	-	-
POSSH #004	3002526536	2014	205	2,121	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
POSSH #004	3002526536	2015	201	832	16,930	-
POSSH #004	3002526536	2016	72	437	20,364	-
POSSH #004	3002526536	2017	560	2,055	67,593	-
POSSH #004	3002526536	2018	549	3,760	39,400	-
POSSH #004	3002526536	2019	467	4,327	38,730	-
POSSH #004	3002526536	2020	540	1,712	47,449	-
POSSH #004	3002526536	2021	274	5,235	71,534	-
POSSH #004	3002526536	2022	161	2,266	27,552	-
POSSH #004	3002526536	2023	250	1,357	52,860	-
SHELL STATE #1	3002522721	pre-1970	1,451	49,671	6,532	-
SHELL STATE #1	3002522721	1970	4,472	177,714	27,707	-
SHELL STATE #1	3002522721	1971	3,324	141,057	31,590	-
SHELL STATE #1	3002522721	1972	2,760	111,787	32,959	-
SHELL STATE #1	3002522721	1973	2,075	91,021	33,028	-
SHELL STATE #1	3002522721	1974	1,056	58,368	32,660	-
SHELL STATE #1	3002522721	1975	1,981	50,314	33,488	-
SHELL STATE #1	3002522721	1976	600	30,026	25,116	-
SHELL STATE #1	3002522721	1977	1,302	2,212	112	-
SHELL STATE #1	3002522721	1978	298	1,600	-	-
SHELL STATE #1	3002522721	1979	881	1,237	-	-
SHELL STATE #1	3002522721	1980	790	1,244	2,740	-
SHELL STATE #1	3002522721	1981	934	879	634	-
SHELL STATE #1	3002522721	1982	57	-	-	-
SHELL STATE #2	3002522913	pre-1970	-	16,907	-	-
STATE A-36 #001Y	3002509715	pre-1970	98,704	3,668,402	52,680	-
STATE A-36 #001Y	3002509715	1970	10,967	301,184	51,938	-
STATE A-36 #001Y	3002509715	1971	4,653	163,633	31,049	-
STATE A-36 #001Y	3002509715	1972	7,172	150,936	37,121	-
STATE A-36 #001Y	3002509715	1973	8,336	162,696	37,466	-
STATE A-36 #001Y	3002509715	1974	9,145	151,578	35,364	-
STATE A-36 #001Y	3002509715	1975	13,254	161,614	41,678	-
STATE A-36 #001Y	3002509715	1976	13,938	203,075	36,181	-
STATE A-36 #001Y	3002509715	1977	8,066	158,828	49,271	-
STATE A-36 #001Y	3002509715	1978	5,047	137,160	61,227	-
STATE A-36 #001Y	3002509715	1979	3,261	113,576	73,707	-
STATE A-36 #001Y	3002509715	1980	2,039	98,749	73,261	-
STATE A-36 #001Y	3002509715	1981	1,082	86,041	73,011	-
STATE A-36 #001Y	3002509715	1982	344	55,983	33,107	-
STATE A-36 #001Y	3002509715	1983	2,817	100,443	100,440	-
STATE A-36 #001Y	3002509715	1984	1,326	58,694	80,035	-
STATE A-36 #001Y	3002509715	1985	388	12,645	17,224	-
STATE A-36 #001Y	3002509715	1987	15	1,825	193	-
STATE A-36 #001Y	3002509715	1996	9	-	-	-
STATE A-36 #002	3002521872	pre-1970	20,339	691,323	79	-
STATE A-36 #002	3002521872	1970	2,414	82,038	401	-
STATE A-36 #002	3002521872	1971	1,618	71,010	314	-
STATE A-36 #002	3002521872	1972	2,227	74,787	417	-
STATE A-36 #002	3002521872	1973	1,675	45,779	407	-
STATE A-36 #002	3002521872	1974	1,601	39,921	368	-
STATE A-36 #002	3002521872	1975	1,588	44,685	31,485	-
STATE A-36 #002	3002521872	1976	967	25,535	3,295	-
STATE A-36 #002	3002521872	1977	174	8,210	387	-
STATE A-36 #002	3002521872	1985	13	12,583	1,127	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
STATE A-36 #002	3002521872	1986	163	22,369	2,412	-
STATE A-36 #002	3002521872	1987	46	20,885	1,353	-
STATE A-36 #002	3002521872	1988	189	17,223	2,988	-
STATE A-36 #002	3002521872	1989	217	30,396	2,608	-
STATE A-36 #002	3002521872	1990	117	18,490	2,197	-
STATE A-36 #002	3002521872	1991	252	18,679	1,795	-
STATE A-36 #002	3002521872	1992	228	17,981	996	-
STATE A-36 #002	3002521872	1993	247	28,076	3,528	-
STATE A-36 #002	3002521872	1994	322	27,256	693	-
STATE A-36 #002	3002521872	1995	163	26,130	891	-
STATE A-36 #002	3002521872	1996	121	23,343	515	-
STATE A-36 #002	3002521872	1997	176	25,164	317	-
STATE A-36 #002	3002521872	1998	310	24,779	478	-
STATE A-36 #002	3002521872	1999	225	15,578	560	-
STATE A-36 #002	3002521872	2000	372	10,054	8,899	-
STATE A-36 #002	3002521872	2001	261	2,254	6,705	-
STATE A-36 #002	3002521872	2002	125	4,185	5,617	-
STATE A-36 #002	3002521872	2003	143	3,218	3,595	-
STATE A-36 #002	3002521872	2004	-	1,405	993	-
STATE A-36 #002	3002521872	2005	182	3,014	2,204	-
STATE A-36 #002	3002521872	2006	-	3,755	753	-
STATE A-36 #002	3002521872	2007	-	4,970	1,169	-
STATE A-36 #002	3002521872	2008	117	3,900	663	-
STATE A-36 #002	3002521872	2009	35	5,520	3,282	-
STATE A-36 #002	3002521872	2010	-	5,486	2,646	-
STATE A-36 #002	3002521872	2011	5	2,814	2,193	-
STATE A-36 #002	3002521872	2012	114	5,390	2,084	-
STATE A-36 #002	3002521872	2013	5	794	100	-
STATE A-36 #002	3002521872	2014	-	1,538	1,240	-
STATE A-36 #002	3002521872	2015	-	245	693	-
STATE W #001	3002509707	pre-1970	17,907	1,430,970	-	-
STATE W #001	3002509707	1970	-	2,058	-	-
STATE W #001	3002509707	1971	-	6,834	-	-
STATE W #001	3002509707	1972	-	2,846	-	-
STATE W #001	3002509707	1973	-	3,589	-	-
STATE W #001	3002509707	1976	1,302	44,620	7,239	-
STATE W #001	3002509707	1977	1,553	46,719	3,799	-
STATE W #001	3002509707	1978	1,411	60,803	7,586	-
STATE W #001	3002509707	1979	808	46,016	3,918	-
STATE W #001	3002509707	1980	961	31,738	15,488	-
STATE W #001	3002509707	1981	720	24,753	10,665	-
STATE W #001	3002509707	1982	346	10,995	2,366	-
STATE W #001	3002509707	1983	337	20,901	3,596	-
STATE W #001	3002509707	1984	329	20,695	3,885	-
STATE W #001	3002509707	1985	245	18,038	2,623	-
STATE W #001	3002509707	1986	213	9,245	2,306	-
STATE W #001	3002509707	1987	183	6,802	1,868	-
STATE W #001	3002509707	1988	69	5,767	864	-
STATE W #001	3002509707	1989	57	5,913	889	-
STATE W #001	3002509707	1990	95	4,969	759	-
STATE W #001	3002509707	1991	-	785	107	-
STATE W #001	3002509707	1995	295	-	-	-
STATE W #001	3002509707	1996	-	-	5,365	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
STATE W #001	3002509707	1997	-	1,624	-	-
STATE W #002	3002509708	1974	-	83,584	40,742	-
STATE W #002	3002509708	1975	-	89	140	-
STATE W #002	3002509708	1976	11,636	51,662	-	-
STATE W #002	3002509708	1977	10,843	31,605	-	-
STATE W #002	3002509708	1978	9,698	47,194	-	-
STATE W #002	3002509708	1979	7,705	65,730	-	-
STATE W #002	3002509708	1980	5,441	62,344	-	-
STATE W #002	3002509708	1981	3,326	54,792	603	-
STATE W #002	3002509708	1982	2,065	29,069	584	-
STATE W #002	3002509708	1983	1,267	20,049	1,044	-
STATE W #002	3002509708	1984	829	3,294	1,227	-
STATE W #002	3002509708	1985	498	1,977	1,026	-
STATE W #002	3002509708	1986	320	3,755	853	-
STATE W #002	3002509708	1987	228	4,064	729	-
STATE W #002	3002509708	1988	309	5,179	779	-
STATE W #002	3002509708	1989	211	3,991	602	-
STATE W #002	3002509708	1990	122	3,364	515	-
STATE W #002	3002509708	1991	11	544	62	-
STATE W #002	3002509708	1992	569	6,129	2,096	-
STATE W #002	3002509708	1993	255	16,092	177	-
STATE W #002	3002509708	1994	475	13,338	353	-
STATE W #002	3002509708	1995	473	15,680	2,929	-
STATE W #002	3002509708	1996	910	20,520	21,888	-
STATE W #002	3002509708	1997	1,848	19,461	142,971	-
STATE W #002	3002509708	1998	1,031	26,564	139,704	-
STATE W #002	3002509708	1999	525	23,933	135,345	-
STATE W #002	3002509708	2000	250	14,537	74,778	-
STATE W #002	3002509708	2001	47	8,072	6,713	-
STATE W #002	3002509708	2002	-	1,157	-	-
STATE W #002	3002509708	2003	-	251	-	-
STATE W #002	3002509708	2004	49	5,900	9,750	-
STATE W #002	3002509708	2005	-	8,334	9,037	-
STATE W #002	3002509708	2006	-	4,823	7,672	-
STATE W #002	3002509708	2007	-	2,770	3,696	-
STATE W #002	3002509708	2008	-	255	150	-
STATE W #002	3002509708	2009	-	2,897	-	-
STATE W #002	3002509708	2010	-	2,541	-	-
STATE W #002	3002509708	2011	-	2,117	-	-
STATE W #002	3002509708	2012	-	1,245	-	-
STATE W #002	3002509708	2013	-	39	-	-
STATE W #002	3002509708	2014	-	1,372	-	-
STATE W #002	3002509708	2015	-	994	-	-
STATE W #002	3002509708	2016	-	406	-	-
STATE W #003	3002524740	1974	364	600	4,855	-
STATE W #003	3002524740	1975	97	332	3,480	-
STATE W #003	3002524740	1976	1,502	50,578	1,414	-
STATE W #003	3002524740	1977	1,078	41,771	780	-
STATE W #003	3002524740	1978	283	27,237	537	-
STATE W #003	3002524740	1979	258	35,947	489	-
STATE W #003	3002524740	1980	385	26,518	582	-
STATE W #003	3002524740	1981	321	16,919	406	-
STATE W #003	3002524740	1982	174	8,086	174	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
STATE W #003	3002524740	1983	274	27,184	275	-
STATE W #003	3002524740	1984	328	30,779	233	-
STATE W #003	3002524740	1985	246	24,518	199	-
STATE W #003	3002524740	1986	211	10,637	289	-
STATE W #003	3002524740	1987	172	6,396	391	-
STATE W #003	3002524740	1988	59	4,866	729	-
STATE W #003	3002524740	1989	54	4,881	734	-
STATE W #003	3002524740	1990	85	4,111	628	-
STATE W #003	3002524740	1991	-	3,896	432	-
STATE W #003	3002524740	1992	6	1,405	698	-
STATE W #003	3002524740	1993	31	1,787	22	-
STATE W #003	3002524740	1994	54	1,480	117	-
STATE W #003	3002524740	1995	12	655	37	-
STATE W #003	3002524740	1999	134	1,944	11,231	-
STATE W #003	3002524740	2000	147	1,613	8,308	-
STATE W #003	3002524740	2001	-	218	-	-
STATE W #003	3002524740	2005	-	198	289	-
STATE W #003	3002524740	2006	-	1,652	1,357	-
STATE W #003	3002524740	2007	-	1,465	1,272	-
STATE W #003	3002524740	2008	-	1,483	580	-
STATE W #003	3002524740	2009	-	684	-	-
STATE W #003	3002524740	2010	-	636	-	-
STATE W #003	3002524740	2011	-	528	-	-
STATE W #003	3002524740	2012	-	325	-	-
STATE W #003	3002524740	2013	-	11	-	-
STATE W #003	3002524740	2014	-	343	-	-
STATE W #003	3002524740	2015	-	254	-	-
STATE W #003	3002524740	2016	-	108	-	-
THOMAS #002	3002511164	pre-1970	2,376	3,495,196	-	-
THOMAS #002	3002511164	1970	53	257,340	-	-
THOMAS #002	3002511164	1971	18	229,024	-	-
THOMAS #002	3002511164	1972	62	213,367	-	-
THOMAS #002	3002511164	1973	-	186,081	-	-
THOMAS #002	3002511164	1974	-	182,026	-	-
THOMAS #002	3002511164	1975	-	143,551	-	-
THOMAS #002	3002511164	1976	-	110,843	-	-
THOMAS #002	3002511164	1977	255	94,115	-	-
THOMAS #002	3002511164	1978	73	17,387	-	-
THOMAS #002	3002511164	1980	1,253	11,679	-	-
THOMAS #002	3002511164	1981	2,077	40,380	-	-
THOMAS #002	3002511164	1982	1,701	28,506	-	-
THOMAS #002	3002511164	1983	851	18,186	-	-
THOMAS #002	3002511164	1984	941	19,057	-	-
THOMAS #002	3002511164	1985	1,473	9,429	-	-
THOMAS #002	3002511164	1986	1,611	9,058	-	-
THOMAS #002	3002511164	1987	1,324	7,909	-	-
THOMAS #002	3002511164	1988	799	6,519	-	-
THOMAS #002	3002511164	1989	447	6,501	168	-
THOMAS #002	3002511164	1990	169	4,197	220	-
THOMAS #002	3002511164	1991	472	16,632	749	-
THOMAS #002	3002511164	1992	328	17,082	488	-
THOMAS #002	3002511164	1993	68	10,800	45	-
THOMAS #002	3002511164	1994	102	13,425	102	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
THOMAS #002	3002511164	1995	248	12,866	248	-
THOMAS #002	3002511164	1996	1,101	16,902	1,101	-
THOMAS #002	3002511164	1997	2,079	16,744	949	-
THOMAS #002	3002511164	1998	1,741	9,694	364	-
THOMAS #002	3002511164	1999	1,104	9,428	168	-
THOMAS #002	3002511164	2000	292	9,919	-	-
THOMAS #002	3002511164	2001	116	8,887	-	-
THOMAS #002	3002511164	2002	102	9,134	1,963	-
THOMAS #002	3002511164	2003	81	7,130	2,382	-
THOMAS #002	3002511164	2004	55	7,095	1,304	-
THOMAS #002	3002511164	2005	-	2,331	265	-
THOMAS #002	3002511164	2006	-	1,174	-	-
THOMAS #002	3002511164	2007	-	1,254	17	-
THOMAS #002	3002511164	2008	-	1,150	95	-
THOMAS #002	3002511164	2009	-	835	-	-
THOMAS #1	3002511163	pre-1970	1,661	957,515	-	-
THOMAS A #003	3002526139	1979	12,663	8,217	-	-
THOMAS A #003	3002526139	1980	18,342	19,138	-	-
THOMAS A #003	3002526139	1981	16,008	15,223	10,577	-
THOMAS A #003	3002526139	1982	17,733	11,842	1,249	-
THOMAS A #003	3002526139	1983	23,532	9,903	676	-
THOMAS A #003	3002526139	1984	25,630	20,911	1,033	-
THOMAS A #003	3002526139	1985	25,442	1,891	942	-
THOMAS A #003	3002526139	1986	23,773	9,029	77	-
THOMAS A #003	3002526139	1987	21,510	11,221	4,791	-
THOMAS A #003	3002526139	1988	18,343	9,066	8,438	-
THOMAS A #003	3002526139	1989	14,045	9,450	1,935	-
THOMAS A #003	3002526139	1990	13,993	8,702	3,533	-
THOMAS A #003	3002526139	1991	11,360	7,738	2,859	-
THOMAS A #003	3002526139	1992	5,192	5,316	12,048	-
THOMAS A #003	3002526139	1993	6,352	4,915	5,274	-
THOMAS A #003	3002526139	1994	6,934	4,967	19,628	-
THOMAS A #003	3002526139	1995	6,226	4,887	20,928	-
THOMAS A #003	3002526139	1996	5,747	3,839	18,149	-
THOMAS A #003	3002526139	1997	5,230	3,433	6,965	-
THOMAS A #003	3002526139	1998	3,297	3,622	9,827	-
THOMAS A #003	3002526139	1999	3,920	3,651	7,058	-
THOMAS A #003	3002526139	2000	6,385	3,479	-	-
THOMAS A #003	3002526139	2001	6,330	2,909	17	-
THOMAS A #003	3002526139	2002	5,602	2,362	8,036	-
THOMAS A #003	3002526139	2003	5,026	2,721	7,792	-
THOMAS A #003	3002526139	2004	2,969	1,916	9,628	-
THOMAS A #003	3002526139	2005	2,899	1,513	9,088	-
THOMAS A #003	3002526139	2006	2,658	1,022	10,131	-
THOMAS A #003	3002526139	2007	2,840	1,436	8,976	-
THOMAS A #003	3002526139	2008	3,683	1,875	9,930	-
THOMAS A #003	3002526139	2009	2,795	2,104	9,234	-
THOMAS A #003	3002526139	2010	2,007	1,857	10,703	-
THOMAS A #003	3002526139	2011	1,959	5,740	11,532	-
THOMAS A #003	3002526139	2012	1,787	1,633	13,203	-
THOMAS A #003	3002526139	2013	974	1,145	10,251	-
THOMAS A #003	3002526139	2014	1,951	1,599	9,008	-
THOMAS A #003	3002526139	2015	2,149	1,839	5,613	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
THOMAS A #003	3002526139	2016	1,769	1,476	4,742	-
THOMAS A #003	3002526139	2017	2,146	1,272	4,218	-
THOMAS A #003	3002526139	2018	1,581	1,013	8,747	-
THOMAS A #003	3002526139	2019	1,745	1,119	7,758	-
THOMAS A #003	3002526139	2020	2,002	1,470	7,713	-
THOMAS A #003	3002526139	2021	630	606	4,706	-
THOMAS A #003	3002526139	2022	2,181	2,026	8,990	-
THOMAS A #003	3002526139	2023	1,644	1,000	3,931	-
THOMAS A #004	3002528464	1984	31,486	9,919	806	-
THOMAS A #004	3002528464	1985	24,132	22,571	909	-
THOMAS A #004	3002528464	1986	21,486	13,501	80	-
THOMAS A #004	3002528464	1987	20,218	12,113	1,746	-
THOMAS A #004	3002528464	1988	18,243	10,565	164	-
THOMAS A #004	3002528464	1989	14,323	10,737	1,025	-
THOMAS A #004	3002528464	1990	10,133	10,351	3,014	-
THOMAS A #004	3002528464	1991	7,669	7,452	3,803	-
THOMAS A #004	3002528464	1992	10,478	8,734	8,062	-
THOMAS A #004	3002528464	1993	9,697	9,504	3,774	-
THOMAS A #004	3002528464	1994	8,340	9,562	2,382	-
THOMAS A #004	3002528464	1995	7,540	9,163	2,075	-
THOMAS A #004	3002528464	1996	7,174	6,516	2,921	-
THOMAS A #004	3002528464	1997	6,798	5,111	7,125	-
THOMAS A #004	3002528464	1998	7,945	5,405	7,086	-
THOMAS A #004	3002528464	1999	8,003	4,792	5,043	-
THOMAS A #004	3002528464	2000	5,506	3,428	-	-
THOMAS A #004	3002528464	2001	5,642	2,889	15	-
THOMAS A #004	3002528464	2002	5,514	2,767	7,155	-
THOMAS A #004	3002528464	2003	5,519	2,183	5,525	-
THOMAS A #004	3002528464	2004	5,434	2,056	7,876	-
THOMAS A #004	3002528464	2005	5,516	2,578	8,042	-
THOMAS A #004	3002528464	2006	3,462	1,056	7,395	-
THOMAS A #004	3002528464	2007	3,060	1,338	8,177	-
THOMAS A #004	3002528464	2008	2,418	1,234	8,402	-
THOMAS A #004	3002528464	2009	2,514	1,454	5,057	-
THOMAS A #004	3002528464	2010	2,711	1,666	4,094	-
THOMAS A #004	3002528464	2011	2,383	8,223	2,374	-
THOMAS A #004	3002528464	2012	1,700	1,720	9,594	-
THOMAS A #004	3002528464	2013	1,114	1,436	8,915	-
THOMAS A #004	3002528464	2014	2,288	2,300	9,267	-
THOMAS A #004	3002528464	2015	1,882	2,268	3,223	-
THOMAS A #004	3002528464	2016	1,513	1,248	3,711	-
THOMAS A #004	3002528464	2017	1,236	767	2,476	-
THOMAS A #004	3002528464	2019	1,427	1,541	8,377	-
THOMAS A #004	3002528464	2020	2,209	1,953	13,108	-
THOMAS A #004	3002528464	2021	732	517	3,792	-
THOMAS A #004	3002528464	2022	2,818	1,758	10,954	-
THOMAS A #004	3002528464	2023	2,385	1,012	3,507	-
VAN ZANDT #001	3002509656	pre-1970	-	2,726,165	-	-
VAN ZANDT #001	3002509656	1970	-	9,448	-	-
VAN ZANDT #001	3002509656	1971	-	18,949	-	-
VAN ZANDT #001	3002509656	1972	-	16,850	-	-
VAN ZANDT #001	3002509656	1973	-	5,014	-	-
VAN ZANDT #001	3002509656	1974	-	1,755	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
VAN ZANDT #001	3002509656	1975	-	1,732	-	-
VAN ZANDT #001	3002509656	1976	7,184	139,213	1,092	-
VAN ZANDT #001	3002509656	1977	294	674	2,471	-
VAN ZANDT #001	3002509656	1978	1,973	400	2,618	-
VAN ZANDT #001	3002509656	1979	1,356	444	2,064	-
VAN ZANDT #001	3002509656	1980	983	444	1,837	-
VAN ZANDT #001	3002509656	1981	679	669	2,666	-
VAN ZANDT #001	3002509656	1982	666	1,002	3,574	-
VAN ZANDT #001	3002509656	1983	616	1,095	1,616	-
VAN ZANDT #001	3002509656	1984	624	626	1,799	-
VAN ZANDT #001	3002509656	1985	587	333	1,854	-
VAN ZANDT #001	3002509656	1986	508	116	1,367	-
VAN ZANDT #001	3002509656	1987	494	-	1,117	-
VAN ZANDT #001	3002509656	1988	525	-	1,049	-
VAN ZANDT #001	3002509656	1989	620	-	426	-
VAN ZANDT #001	3002509656	1990	507	-	679	-
VAN ZANDT #001	3002509656	1991	383	-	584	-
VAN ZANDT #001	3002509656	1992	339	-	359	-
VAN ZANDT #001	3002509656	1993	249	-	232	-
VAN ZANDT #001	3002509656	1994	441	3,803	1,658	-
VAN ZANDT #001	3002509656	1995	261	4,128	181	-
VAN ZANDT #001	3002509656	1996	597	5,128	762	-
VAN ZANDT #001	3002509656	1997	515	4,909	667	-
VAN ZANDT #001	3002509656	1998	408	4,636	672	-
VAN ZANDT #001	3002509656	1999	383	3,902	619	-
VAN ZANDT #001	3002509656	2000	270	2,761	632	-
VAN ZANDT #001	3002509656	2001	295	5,247	6,199	-
VAN ZANDT #001	3002509656	2002	250	4,086	737	-
VAN ZANDT #001	3002509656	2003	312	3,379	467	-
VAN ZANDT #001	3002509656	2004	283	4,270	597	-
VAN ZANDT #001	3002509656	2005	447	6,845	1,448	-
VAN ZANDT #001	3002509656	2006	375	5,613	1,015	-
VAN ZANDT #001	3002509656	2007	327	5,013	896	-
VAN ZANDT #001	3002509656	2008	327	5,504	1,421	-
VAN ZANDT #001	3002509656	2009	295	5,064	742	-
VAN ZANDT #001	3002509656	2010	364	4,315	777	-
VAN ZANDT #001	3002509656	2011	311	3,848	671	-
VAN ZANDT #001	3002509656	2012	373	3,756	586	-
VAN ZANDT #001	3002509656	2013	314	3,663	667	-
VAN ZANDT #001	3002509656	2014	302	3,860	366	-
VAN ZANDT #001	3002509656	2015	374	3,996	172	-
VAN ZANDT #001	3002509656	2016	308	3,487	691	-
VAN ZANDT #001	3002509656	2017	293	3,452	770	-
VAN ZANDT #001	3002509656	2018	-	241	162	-
VAN ZANDT #001	3002509656	2019	-	172	-	-
VAN ZANDT #001	3002509656	2020	100	528	1,175	-
VAN ZANDT #001	3002509656	2021	620	3,740	5,527	-
VAN ZANDT #001	3002509656	2022	569	4,543	6,430	-
VAN ZANDT #001	3002509656	2023	508	4,180	3,376	-
VERNON #1	3002509711	pre-1970	93,456	33,047	48,115	-
VERNON #1	3002509711	1970	1,590	7,697	4,338	-
VERNON #1	3002509711	1971	1,205	5,689	4,287	-
VERNON #1	3002509711	1972	1,086	4,387	4,628	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
VERNON #1	3002509711	1973	749	3,864	2,702	-
VERNON #1	3002509711	1974	587	2,944	2,526	-
VERNON #1	3002509711	1975	989	27,856	1,532	-
VERNON #1	3002509711	1976	83	36,324	1,671	-
VERNON #1	3002509711	1977	40	6,940	1,196	-
VERNON #1	3002509711	1978	-	7,585	397	-
VERNON #1	3002509711	1979	-	10,502	-	-
VERNON #1	3002509711	1980	-	7,866	-	-
VERNON #1	3002509711	1981	-	10,453	600	-
VERNON #1	3002509711	1982	-	3,257	1,864	-
VERNON #1	3002509711	1983	-	5,885	648	-
VERNON #1	3002509711	1984	-	4,680	-	-
W H HARRISON A WN COM #002	3002511282	1976	-	184,705	-	-
W H HARRISON A WN COM #002	3002511282	1977	-	143,016	-	-
W H HARRISON A WN COM #002	3002511282	1978	1,792	821,030	-	-
W H HARRISON A WN COM #002	3002511282	1979	938	140,279	5,821	-
W H HARRISON A WN COM #002	3002511282	1980	860	96,707	1,840	-
W H HARRISON A WN COM #002	3002511282	1981	285	64,925	3,694	-
W H HARRISON A WN COM #002	3002511282	1982	311	35,551	5,161	-
W H HARRISON A WN COM #002	3002511282	1983	238	36,818	7,156	-
W H HARRISON A WN COM #002	3002511282	1984	290	38,687	6,320	-
W H HARRISON A WN COM #002	3002511282	1985	433	32,457	4,206	-
W H HARRISON A WN COM #002	3002511282	1986	342	7,170	7,825	-
W H HARRISON A WN COM #002	3002511282	1987	167	19,506	9,039	-
W H HARRISON A WN COM #002	3002511282	1988	48	16,982	3,339	-
W H HARRISON A WN COM #002	3002511282	1989	-	12,462	-	-
W H HARRISON A WN COM #002	3002511282	1990	-	10,635	-	-
W H HARRISON A WN COM #002	3002511282	1991	-	6,875	-	-
W H HARRISON A WN COM #002	3002511282	1992	-	2,005	-	-
W H HARRISON A WN COM #002	3002511282	1993	-	2,024	-	-
W H HARRISON A WN COM #002	3002511282	1994	-	21,173	-	-
W H HARRISON A WN COM #002	3002511282	1995	-	21,583	-	-
W H HARRISON A WN COM #002	3002511282	1996	-	15,228	-	-
W H HARRISON A WN COM #002	3002511282	1997	-	11,225	-	-
W H HARRISON A WN COM #002	3002511282	1998	-	19,671	-	-
W H HARRISON A WN COM #002	3002511282	1999	-	20,321	-	-
W H HARRISON A WN COM #002	3002511282	2000	-	24,989	-	-
W H HARRISON A WN COM #002	3002511282	2001	-	18,190	-	-
W H HARRISON A WN COM #002	3002511282	2002	-	15,700	-	-
W H HARRISON A WN COM #002	3002511282	2003	-	15,708	-	-
W H HARRISON A WN COM #002	3002511282	2004	-	14,036	-	-
W H HARRISON A WN COM #002	3002511282	2005	-	12,061	-	-
W H HARRISON A WN COM #002	3002511282	2006	-	11,937	-	-
W H HARRISON A WN COM #002	3002511282	2007	-	10,745	-	-
W H HARRISON A WN COM #002	3002511282	2008	-	7,859	-	-
W H HARRISON A WN COM #002	3002511282	2009	-	6,713	-	-
W H HARRISON A WN COM #002	3002511282	2010	-	6,838	-	-
W H HARRISON A WN COM #002	3002511282	2011	-	6,793	-	-
W H HARRISON A WN COM #002	3002511282	2012	-	6,540	-	-
W H HARRISON A WN COM #002	3002511282	2013	-	6,939	-	-
W H HARRISON A WN COM #002	3002511282	2014	-	8,901	-	-
W H HARRISON A WN COM #002	3002511282	2015	-	12,744	-	-
W H HARRISON A WN COM #002	3002511282	2016	-	14,406	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
W H HARRISON A WN COM #002	3002511282	2017	-	11,919	-	-
W H HARRISON A WN COM #002	3002511282	2018	-	5,306	-	-
W H HARRISON A WN COM #002	3002511282	2019	-	9,604	-	-
W H HARRISON A WN COM #002	3002511282	2020	-	11,939	-	-
W H HARRISON A WN COM #002	3002511282	2021	-	8,041	-	-
W H HARRISON A WN COM #002	3002511282	2022	-	9,336	-	-
W H HARRISON A WN COM #002	3002511282	2023	-	6,094	-	-
WATKINS #001	3002509698	pre-1970	175,151	886,407	1,750,316	-
WATKINS #001	3002509698	1970	20,954	43,789	545,462	-
WATKINS #001	3002509698	1971	20,238	73,732	586,286	-
WATKINS #001	3002509698	1972	20,192	58,423	304,865	-
WATKINS #001	3002509698	1973	21,118	61,359	586,190	-
WATKINS #001	3002509698	1974	22,316	60,399	585,486	-
WATKINS #001	3002509698	1975	22,137	44,375	494,800	-
WATKINS #001	3002509698	1976	26,788	37,088	763,000	-
WATKINS #001	3002509698	1977	19,430	42,337	907,740	-
WATKINS #001	3002509698	1978	14,754	33,385	1,112,092	-
WATKINS #001	3002509698	1979	11,782	29,585	1,216,435	-
WATKINS #001	3002509698	1980	8,695	27,417	1,219,426	-
WATKINS #001	3002509698	1981	5,600	22,065	1,082,076	-
WATKINS #001	3002509698	1982	2,623	8,928	676,262	-
WATKINS #001	3002509698	1983	-	75	-	-
WATKINS #001	3002509698	1986	-	-	15	-
WATKINS #001	3002509698	1988	-	-	2	-
WATKINS #002	3002509699	pre-1970	28,070	737,432	-	-
WATKINS #002	3002509699	1970	1,316	96,193	-	-
WATKINS #002	3002509699	1971	1,151	91,785	63	-
WATKINS #002	3002509699	1972	1,667	92,394	162	-
WATKINS #002	3002509699	1973	1,727	101,335	311	-
WATKINS #002	3002509699	1974	1,856	90,936	363	-
WATKINS #002	3002509699	1975	1,726	76,891	357	-
WATKINS #002	3002509699	1976	1,505	47,225	302	-
WATKINS #002	3002509699	1977	1,338	1,195	976	-
WATKINS #002	3002509699	1978	363	517	429	-
WATKINS #003	3002527946	1983	1,331	7,086	31,103	-
WATKINS #003	3002527946	1984	2,057	17,632	593	-
WATKINS #003	3002527946	1985	1,321	11,642	447	-
WATKINS #003	3002527946	1986	976	9,202	557	-
WATKINS #003	3002527946	1987	1,002	7,940	554	-
WATKINS #003	3002527946	1988	1,281	6,984	526	-
WATKINS #003	3002527946	1989	1,224	8,950	902	-
WATKINS #003	3002527946	1990	892	5,552	1,139	-
WATKINS #003	3002527946	1991	1,381	7,511	1,557	-
WATKINS #003	3002527946	1992	1,264	7,156	551	-
WATKINS #003	3002527946	1993	1,297	6,103	739	-
WATKINS #003	3002527946	1994	1,040	5,450	768	-
WATKINS #003	3002527946	1995	1,092	4,730	765	-
WATKINS #003	3002527946	1996	1,462	5,127	801	-
WATKINS #003	3002527946	1997	1,420	3,801	611	-
WATKINS #003	3002527946	1998	1,076	3,708	863	-
WATKINS #003	3002527946	1999	1,552	3,650	1,721	-
WATKINS #003	3002527946	2000	1,968	3,341	4,232	-
WATKINS #003	3002527946	2001	1,669	4,483	9,273	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WATKINS #003	3002527946	2002	2,782	4,594	18,535	-
WATKINS #003	3002527946	2003	4,383	2,491	20,372	-
WATKINS #003	3002527946	2004	3,152	2,210	18,032	-
WATKINS #003	3002527946	2005	3,881	2,816	24,528	-
WATKINS #003	3002527946	2006	3,241	2,402	22,722	-
WATKINS #003	3002527946	2007	3,062	2,260	19,774	-
WATKINS #003	3002527946	2008	3,023	1,885	15,324	-
WATKINS #003	3002527946	2009	3,003	1,743	24,640	-
WATKINS #003	3002527946	2010	2,969	1,839	25,533	-
WATKINS #003	3002527946	2011	2,730	1,846	25,486	-
WATKINS #003	3002527946	2012	2,327	2,137	21,357	-
WATKINS #003	3002527946	2013	1,937	1,136	21,642	-
WATKINS #003	3002527946	2014	2,278	1,460	21,934	-
WATKINS #003	3002527946	2015	2,326	933	22,820	-
WATKINS #003	3002527946	2016	2,233	1,692	22,640	-
WATKINS #003	3002527946	2017	2,743	1,901	25,151	-
WATKINS #003	3002527946	2018	4,731	2,309	36,591	-
WATKINS #003	3002527946	2019	4,078	1,519	45,523	-
WATKINS #003	3002527946	2020	969	343	10,575	-
WATKINS #003	3002527946	2021	6,606	2,730	77,929	-
WATKINS #003	3002527946	2022	5,890	4,358	239,067	-
WATKINS #003	3002527946	2023	4,619	4,758	364,690	-
WELLS A #1	3002509719	pre-1970	31,267	-	-	-
WELLS A #002	3002509720	1981	-	88,191	-	-
WELLS A #002	3002509720	1982	89	24,129	8,571	-
WELLS A #002	3002509720	1983	2,109	22,768	108	-
WELLS A #002	3002509720	1984	-	15,830	304	-
WELLS A #002	3002509720	1985	-	12,721	809	-
WELLS A #002	3002509720	1986	-	2,104	57	-
WELLS A #002	3002509720	1987	-	-	122	-
WELLS A #002	3002509720	1988	-	4,512	291	-
WELLS A #002	3002509720	1989	-	9,412	29	-
WELLS A #002	3002509720	1990	-	1,342	-	-
WELLS A #002	3002509720	1991	-	1,297	-	-
WELLS A #002	3002509720	1992	-	787	-	-
WELLS A #002	3002509720	1993	-	5,451	6,446	-
WELLS A #002	3002509720	1994	-	-	1,050	-
WELLS A #002	3002509720	1995	-	828	8,616	-
WELLS A #002	3002509720	2006	-	818	13,121	-
WELLS A #002	3002509720	2007	-	1,383	32,493	-
WELLS A #002	3002509720	2008	-	2,524	26,319	-
WELLS A #002	3002509720	2009	-	2,562	25,321	-
WELLS A #002	3002509720	2010	-	2,524	27,278	-
WELLS A #002	3002509720	2011	-	2,035	24,241	-
WELLS A #002	3002509720	2012	-	2,430	28,201	-
WELLS A #002	3002509720	2013	-	497	4,267	-
WELLS A #002	3002509720	2014	-	589	28,272	-
WELLS A #002	3002509720	2015	-	-	34,983	-
WELLS A #002	3002509720	2016	-	-	12,741	-
WELLS A #002	3002509720	2017	-	-	4,716	-
WELLS A #002	3002509720	2018	-	-	22	-
WELLS A #002	3002509720	2019	-	-	8	-
WELLS A #002	3002509720	2022	-	54	-	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WELLS A #002	3002509720	2023	-	191	-	-
WELLS A #007	3002523600	1971	289	106,624	-	-
WELLS A #007	3002523600	1972	2,278	96,931	-	-
WELLS A #007	3002523600	1973	3,927	120,780	-	-
WELLS A #007	3002523600	1974	2,402	106,783	344	-
WELLS A #007	3002523600	1975	2,943	66,446	789	-
WELLS A #007	3002523600	1976	2,615	44,407	1,093	-
WELLS A #007	3002523600	1977	4,635	36,227	3,628	-
WELLS A #007	3002523600	1978	10,322	26,354	5,934	-
WELLS A #007	3002523600	1979	6,657	13,191	2,855	-
WELLS A #007	3002523600	1980	7,800	13,091	3,018	-
WELLS A #007	3002523600	1981	6,388	16,474	2,441	-
WELLS A #007	3002523600	1982	5,470	10,964	3,845	-
WELLS A #007	3002523600	1983	2,680	4,272	5,686	-
WELLS A #007	3002523600	1984	6,619	6,923	17,861	-
WELLS A #007	3002523600	1985	4,512	3,443	11,978	-
WELLS A #007	3002523600	1986	3,701	2,822	14,799	-
WELLS A #007	3002523600	1987	3,464	396	10,625	-
WELLS A #007	3002523600	1988	4,539	4,790	7,101	-
WELLS A #007	3002523600	1989	3,809	4,783	5,550	-
WELLS A #007	3002523600	1990	3,984	5,054	6,685	-
WELLS A #007	3002523600	1991	3,475	4,761	4,940	-
WELLS A #007	3002523600	1992	3,211	4,431	10,020	-
WELLS A #007	3002523600	1993	3,124	3,563	15,025	-
WELLS A #007	3002523600	1994	2,834	4,427	12,192	-
WELLS A #007	3002523600	1995	2,400	13,946	3,648	-
WELLS A #007	3002523600	1996	2,165	4,332	2,953	-
WELLS A #007	3002523600	1997	1,741	3,229	3,865	-
WELLS A #007	3002523600	1998	1,714	45,640	6,189	-
WELLS A #007	3002523600	1999	1,501	38,154	6,350	-
WELLS A #007	3002523600	2000	1,429	27,406	6,195	-
WELLS A #007	3002523600	2001	1,329	21,900	6,395	-
WELLS A #007	3002523600	2002	1,257	17,932	5,047	-
WELLS A #007	3002523600	2003	1,508	14,619	5,570	-
WELLS A #007	3002523600	2004	1,444	12,872	3,328	-
WELLS A #007	3002523600	2005	1,738	12,621	847	-
WELLS A #007	3002523600	2006	1,588	11,586	1,547	-
WELLS A #007	3002523600	2007	1,397	8,773	1,316	-
WELLS A #007	3002523600	2008	1,052	4,326	1,067	-
WELLS A #007	3002523600	2009	1,443	5,909	1,013	-
WELLS A #007	3002523600	2010	1,888	5,177	1,090	-
WELLS A #007	3002523600	2011	1,311	4,485	967	-
WELLS A #007	3002523600	2012	1,558	4,168	1,089	-
WELLS A #007	3002523600	2013	1,634	4,408	1,259	-
WELLS A #007	3002523600	2014	1,446	5,316	1,131	-
WELLS A #007	3002523600	2015	1,600	7,369	1,398	-
WELLS A #007	3002523600	2016	1,801	7,355	509	-
WELLS A #007	3002523600	2017	526	2,416	186	-
WELLS A #007	3002523600	2018	-	-	12	-
WELLS A #007	3002523600	2019	-	-	8	-
WELLS A #007	3002523600	2020	602	-	2,598	-
WELLS A #007	3002523600	2021	4,119	-	26,408	-
WELLS A #007	3002523600	2022	3,906	2,865	61,897	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WELLS A #007	3002523600	2023	3,876	4,282	32,350	-
WELLS A #008	3002523857	1972	-	25,973	-	-
WELLS A #008	3002523857	1973	-	14,533	-	-
WELLS A #008	3002523857	1974	159	22,135	159	-
WELLS A #008	3002523857	1975	152	32,778	152	-
WELLS A #008	3002523857	1976	-	18,282	-	-
WELLS A #008	3002523857	1977	-	19,780	-	-
WELLS A #008	3002523857	1978	-	11,305	245	-
WELLS A #008	3002523857	1979	-	11,036	-	-
WELLS A #008	3002523857	1980	-	8,414	199	-
WELLS A #008	3002523857	1981	-	6,817	578	-
WELLS A #008	3002523857	1982	30	6,407	2,105	-
WELLS A #008	3002523857	1983	-	8,388	490	-
WELLS A #008	3002523857	1984	-	6,041	301	-
WELLS A #008	3002523857	1985	-	3,737	210	-
WELLS A #008	3002523857	1986	-	638	-	-
WELLS A #008	3002523857	1988	-	128	30	-
WELLS A #008	3002523857	1989	-	2,646	-	-
WELLS A #008	3002523857	1990	-	1,224	-	-
WELLS A #008	3002523857	1991	-	1,543	-	-
WELLS A #008	3002523857	1992	-	597	-	-
WELLS A #008	3002523857	1993	-	3,562	2,040	-
WELLS A #008	3002523857	1994	-	6,895	2,048	-
WELLS A #008	3002523857	1995	-	3,367	446	-
WELLS A #008	3002523857	1996	-	6,638	261	-
WELLS A #008	3002523857	1997	-	566	2,778	-
WELLS A #008	3002523857	1998	-	1,069	-	-
WELLS A #008	3002523857	1999	16	26,149	911	-
WELLS A #008	3002523857	2000	-	13,839	930	-
WELLS A #008	3002523857	2001	-	9,580	960	-
WELLS A #008	3002523857	2002	-	6,071	755	-
WELLS A #008	3002523857	2003	-	7,563	853	-
WELLS A #008	3002523857	2004	-	6,730	878	-
WELLS A #008	3002523857	2005	-	6,690	375	-
WELLS A #008	3002523857	2006	-	6,036	587	-
WELLS A #008	3002523857	2007	-	2,651	263	-
WELLS A #008	3002523857	2008	-	2,108	216	-
WELLS A #008	3002523857	2009	-	2,963	214	-
WELLS A #008	3002523857	2010	-	2,319	228	-
WELLS A #008	3002523857	2011	-	1,817	180	-
WELLS A #008	3002523857	2012	-	836	117	-
WELLS A #008	3002523857	2013	-	1,851	24,573	-
WELLS A #008	3002523857	2014	-	1,616	236	-
WELLS A #008	3002523857	2015	-	1,935	292	-
WELLS A #008	3002523857	2016	-	1,537	106	-
WELLS A #008	3002523857	2017	-	1,890	283	-
WELLS A #008	3002523857	2018	-	-	290	-
WELLS A #008	3002523857	2019	-	-	8	-
WELLS A #008	3002523857	2022	-	54	-	-
WELLS A #008	3002523857	2023	-	191	-	-
WELLS A #010	3002532938	1995	-	9,491	3,306	-
WELLS A #010	3002532938	1996	-	100,439	31,547	-
WELLS A #010	3002532938	1997	-	48,880	26,338	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WELLS A #010	3002532938	1998	-	35,325	30,934	-
WELLS A #010	3002532938	1999	-	24,625	32,111	-
WELLS A #010	3002532938	2000	-	18,669	30,977	-
WELLS A #010	3002532938	2001	-	7,640	31,979	-
WELLS A #010	3002532938	2002	-	3,013	25,215	-
WELLS A #010	3002532938	2003	-	135	-	-
WELLS A #010	3002532938	2004	-	2,323	29,387	-
WELLS A #010	3002532938	2005	-	2,023	16,354	-
WELLS A #010	3002532938	2006	-	466	1,108	-
WELLS B 1 #001	3002509718	pre-1970	39,153	1,019,173	278,433	-
WELLS B 1 #001	3002509718	1970	-	2,334	-	-
WELLS B 1 #001	3002509718	1971	-	1,870	-	-
WELLS B 1 #001	3002509718	1972	-	3,313	-	-
WELLS B 1 #001	3002509718	1973	-	3,969	-	-
WELLS B 1 #001	3002509718	1974	-	1,372	-	-
WELLS B 1 #001	3002509718	1975	2,600	11,406	3,118	-
WELLS B 1 #001	3002509718	1976	2,176	40,400	2,671	-
WELLS B 1 #001	3002509718	1977	1,053	28,643	801	-
WELLS B 1 #001	3002509718	1978	712	28,939	699	-
WELLS B 1 #001	3002509718	1979	483	15,757	440	-
WELLS B 1 #001	3002509718	1980	565	20,843	593	-
WELLS B 1 #001	3002509718	1981	352	20,682	555	-
WELLS B 1 #001	3002509718	1982	375	8,223	3,850	-
WELLS B 1 #001	3002509718	1983	270	8,165	2,181	-
WELLS B 1 #001	3002509718	1984	132	7,291	1,434	-
WELLS B 1 #001	3002509718	1985	102	9,116	756	-
WELLS B 1 #001	3002509718	1986	-	1,282	-	-
WELLS B 1 #001	3002509718	1987	258	8,968	2,630	-
WELLS B 1 #001	3002509718	1988	26	12,332	93	-
WELLS B 1 #001	3002509718	1989	-	13,025	304	-
WELLS B 1 #001	3002509718	1990	-	9,100	31	-
WELLS B 1 #001	3002509718	1991	-	8,359	233	-
WELLS B 1 #001	3002509718	1992	-	5,307	2,249	-
WELLS B 1 #001	3002509718	1993	65	7,011	10,320	-
WELLS B 1 #001	3002509718	1994	31	4,116	1,716	-
WELLS B 1 #001	3002509718	1995	145	2,108	2,278	-
WELLS B 1 #001	3002509718	1996	394	5,706	5,427	-
WELLS B 1 #001	3002509718	1997	227	6,419	5,557	-
WELLS B 1 #001	3002509718	1998	157	5,536	5,510	-
WELLS B 1 #001	3002509718	1999	105	2,992	3,729	-
WELLS B 1 #001	3002509718	2000	72	1,793	2,782	-
WELLS B 1 #001	3002509718	2001	42	1,090	4,625	-
WELLS B 1 #001	3002509718	2004	75	2,851	10,926	-
WELLS B 1 #001	3002509718	2005	144	2,314	518	-
WELLS B 1 #001	3002509718	2006	-	3,384	475	-
WELLS B 1 #001	3002509718	2007	-	391	1,496	-
WELLS B 1 #001	3002509718	2008	-	2,655	1,531	-
WELLS B 1 #001	3002509718	2009	-	3,642	1,513	-
WELLS B 1 #001	3002509718	2010	-	3,653	1,630	-
WELLS B 1 #001	3002509718	2011	-	1,957	1,050	-
WELLS B 1 #001	3002509718	2012	-	1,029	692	-
WELLS B 1 #001	3002509718	2013	-	584	1,503	-
WELLS B 1 #001	3002509718	2014	-	850	1,688	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WELLS B 1 #001	3002509718	2015	-	-	1,694	-
WELLS B 1 #001	3002509718	2016	-	-	760	-
WELLS B 1 #001	3002509718	2017	-	-	261	-
WELLS B 1 #001	3002509718	2018	-	-	12	-
WELLS B 1 #001	3002509718	2019	-	-	8	-
WELLS B 1 #001	3002509718	2021	-	2,563	-	-
WELLS B 1 #001	3002509718	2023	-	27	-	-
WELLS B 1 #003	3002521460	pre-1970	15,601	116,791	115,916	-
WELLS B 1 #003	3002521460	1970	12,063	46,962	12,425	-
WELLS B 1 #003	3002521460	1971	11,023	42,145	11,652	-
WELLS B 1 #003	3002521460	1972	7,417	23,712	11,347	-
WELLS B 1 #003	3002521460	1973	5,962	23,240	9,016	-
WELLS B 1 #003	3002521460	1974	4,404	12,967	14,739	-
WELLS B 1 #003	3002521460	1975	3,550	36,396	8,586	-
WELLS B 1 #003	3002521460	1976	1,970	23,118	6,062	-
WELLS B 1 #003	3002521460	1977	913	25,172	2,865	-
WELLS B 1 #003	3002521460	1978	743	16,228	3,209	-
WELLS B 1 #003	3002521460	1979	451	25,335	320	-
WELLS B 1 #003	3002521460	1980	466	15,308	494	-
WELLS B 1 #003	3002521460	1981	196	2,665	9,685	-
WELLS B 1 #003	3002521460	1982	87	1,336	4,218	-
WELLS B 1 #003	3002521460	1983	93	12,696	6,723	-
WELLS B 1 #003	3002521460	1984	225	13,152	25,847	-
WELLS B 1 #003	3002521460	1985	32	5,536	38,313	-
WELLS B 1 #003	3002521460	1986	-	3,103	1,330	-
WELLS B 1 #003	3002521460	1987	-	5,498	4,270	-
WELLS B 1 #003	3002521460	1988	-	170	12,810	-
WELLS B 1 #003	3002521460	1989	2	21	2,135	-
WELLS B 1 #003	3002521460	1990	-	6,367	5,430	-
WELLS B 1 #003	3002521460	1991	-	4,302	4,438	-
WELLS B 1 #003	3002521460	1992	-	5,515	7,955	-
WELLS B 1 #003	3002521460	1993	65	9,101	10,320	-
WELLS B 1 #003	3002521460	1994	31	6,351	6,102	-
WELLS B 1 #003	3002521460	1995	1,731	8,100	18,144	-
WELLS B 1 #003	3002521460	1996	394	20,953	18,515	-
WELLS B 1 #003	3002521460	1997	228	7,894	19,485	-
WELLS B 1 #003	3002521460	1998	92	10,059	22,227	-
WELLS B 1 #003	3002521460	1999	17	3,615	3,443	-
WELLS B 1 #003	3002521460	2000	48	2,347	9,458	-
WELLS B 1 #003	3002521460	2001	40	1,090	15,492	-
WELLS B 1 #003	3002521460	2004	76	2,849	23,284	-
WELLS B 1 #003	3002521460	2005	128	2,207	47,363	-
WELLS B 1 #003	3002521460	2006	-	6,627	26,788	-
WELLS B 1 #003	3002521460	2007	-	14,886	3,359	-
WELLS B 1 #003	3002521460	2008	-	9,024	1,818	-
WELLS B 1 #003	3002521460	2009	-	9,990	1,770	-
WELLS B 1 #003	3002521460	2010	-	8,300	1,907	-
WELLS B 1 #003	3002521460	2011	-	7,339	2,222	-
WELLS B 1 #003	3002521460	2012	-	6,247	2,012	-
WELLS B 1 #003	3002521460	2013	-	1,714	1,756	-
WELLS B 1 #003	3002521460	2014	-	1,982	1,974	-
WELLS B 1 #003	3002521460	2015	-	-	2,821	-
WELLS B 1 #003	3002521460	2016	-	-	890	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WELLS B 1 #003	3002521460	2017	-	-	847	-
WELLS B 1 #003	3002521460	2018	-	-	12	-
WELLS B 1 #003	3002521460	2019	-	-	8	-
WELLS B 1 #003	3002521460	2021	-	2,514	-	-
WELLS B 1 #003	3002521460	2023	-	77	-	-
WELLS B 1 #004	3002525532	1977	26	47,147	104	-
WELLS B 1 #004	3002525532	1978	45	66,264	2,108	-
WELLS B 1 #004	3002525532	1979	86	147,089	-	-
WELLS B 1 #004	3002525532	1980	-	94,865	-	-
WELLS B 1 #004	3002525532	1981	-	78,044	179	-
WELLS B 1 #004	3002525532	1982	-	45,965	37	-
WELLS B 1 #004	3002525532	1983	-	39,686	224	-
WELLS B 1 #004	3002525532	1984	-	53,006	-	-
WELLS B 1 #004	3002525532	1985	-	35,622	-	-
WELLS B 1 #004	3002525532	1986	-	12,746	-	-
WELLS B 1 #004	3002525532	1987	-	25,233	-	-
WELLS B 1 #004	3002525532	1988	7	19,340	-	-
WELLS B 1 #004	3002525532	1989	-	20,710	-	-
WELLS B 1 #004	3002525532	1990	-	19,363	-	-
WELLS B 1 #004	3002525532	1991	-	16,827	-	-
WELLS B 1 #004	3002525532	1992	-	10,796	-	-
WELLS B 1 #004	3002525532	1993	-	8,123	-	-
WELLS B 1 #004	3002525532	1994	-	4,401	-	-
WELLS B 1 #004	3002525532	1995	-	9,638	7,970	-
WELLS B 1 #004	3002525532	1996	1,477	28,622	31,734	-
WELLS B 1 #004	3002525532	1997	850	16,017	38,477	-
WELLS B 1 #004	3002525532	1998	671	13,223	38,573	-
WELLS B 1 #004	3002525532	1999	510	13,759	40,382	-
WELLS B 1 #004	3002525532	2000	566	10,059	40,578	-
WELLS B 1 #004	3002525532	2001	207	4,113	33,161	-
WELLS B 1 #004	3002525532	2002	151	6,114	40,774	-
WELLS B 1 #004	3002525532	2003	37	4,144	34,104	-
WELLS B 1 #004	3002525532	2004	121	3,703	38,542	-
WELLS B 1 #004	3002525532	2005	73	2,762	31,424	-
WELLS B 1 #004	3002525532	2006	-	297	100	-
WELLS B 1 #006	3002532345	1994	4,483	15,474	53,071	-
WELLS B 1 #006	3002532345	1995	18,996	75,849	76,453	-
WELLS B 1 #006	3002532345	1996	5,535	46,988	87,853	-
WELLS B 1 #006	3002532345	1997	3,032	33,302	113,247	-
WELLS B 1 #006	3002532345	1998	2,201	27,798	110,205	-
WELLS B 1 #006	3002532345	1999	1,619	15,725	109,824	-
WELLS B 1 #006	3002532345	2000	1,608	13,318	119,009	-
WELLS B 1 #006	3002532345	2001	536	8,820	94,725	-
WELLS B 1 #006	3002532345	2002	422	8,540	116,698	-
WELLS B 1 #006	3002532345	2003	114	11,438	125,290	-
WELLS B 1 #006	3002532345	2004	210	6,866	76,895	-
WELLS B 1 #006	3002532345	2005	72	4,984	25,434	-
WELLS B 1 #006	3002532345	2006	-	-	1,875	-
WELLS B 1 #007	3002532756	1995	-	91,160	21,771	-
WELLS B 1 #007	3002532756	1996	-	64,795	35,363	-
WELLS B 1 #007	3002532756	1997	-	49,508	36,506	-
WELLS B 1 #007	3002532756	1998	-	35,593	34,439	-
WELLS B 1 #007	3002532756	1999	-	28,060	34,415	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WELLS B 1 #007	3002532756	2000	-	22,820	36,699	-
WELLS B 1 #007	3002532756	2001	-	19,583	29,221	-
WELLS B 1 #007	3002532756	2002	-	17,337	36,475	-
WELLS B 1 #007	3002532756	2003	-	17,873	40,848	-
WELLS B 1 #007	3002532756	2004	-	13,591	46,231	-
WELLS B 1 #007	3002532756	2005	-	8,651	46,128	-
WELLS B 1 #007	3002532756	2006	-	6,454	26,344	-
WELLS B 1 #007	3002532756	2007	-	603	8,658	-
WELLS B 1 #007	3002532756	2009	-	5	-	-
WILLIAM H HARRISON A WN #2PI	3002526239	1974	1,792	752,120	-	-
WM H HARRISON D WN COM #001	3002511283	pre-1970	8,481	1,519,333	-	-
WM H HARRISON D WN COM #001	3002511283	1970	-	77,478	-	-
WM H HARRISON D WN COM #001	3002511283	1971	-	89,855	-	-
WM H HARRISON D WN COM #001	3002511283	1972	-	123,508	-	-
WM H HARRISON D WN COM #001	3002511283	1973	-	275,973	-	-
WM H HARRISON D WN COM #001	3002511283	1974	-	289,893	-	-
WM H HARRISON D WN COM #001	3002511283	1975	-	251,952	-	-
WM H HARRISON D WN COM #001	3002511283	1976	-	249,239	-	-
WM H HARRISON D WN COM #001	3002511283	1977	-	197,842	-	-
WM H HARRISON D WN COM #001	3002511283	1978	-	92,827	-	-
WM H HARRISON D WN COM #001	3002511283	1979	-	130,731	-	-
WM H HARRISON D WN COM #001	3002511283	1980	-	92,712	-	-
WM H HARRISON D WN COM #001	3002511283	1981	-	66,892	-	-
WM H HARRISON D WN COM #001	3002511283	1982	-	34,730	-	-
WM H HARRISON D WN COM #001	3002511283	1983	-	16,917	-	-
WM H HARRISON D WN COM #001	3002511283	1984	-	32,863	-	-
WM H HARRISON D WN COM #001	3002511283	1985	-	29,289	-	-
WM H HARRISON D WN COM #001	3002511283	1986	-	3,866	-	-
WM H HARRISON D WN COM #001	3002511283	1987	-	19,942	-	-
WM H HARRISON D WN COM #001	3002511283	1988	-	15,705	-	-
WM H HARRISON D WN COM #001	3002511283	1989	-	15,437	-	-
WM H HARRISON D WN COM #001	3002511283	1990	-	12,937	-	-
WM H HARRISON D WN COM #001	3002511283	1991	-	16,598	272	-
WM H HARRISON D WN COM #001	3002511283	1992	-	8,896	332	-
WM H HARRISON D WN COM #001	3002511283	1993	-	7,567	196	-
WM H HARRISON D WN COM #001	3002511283	1994	-	7,979	-	-
WM H HARRISON D WN COM #001	3002511283	1995	-	6,733	-	-
WM H HARRISON D WN COM #001	3002511283	1996	-	4,392	-	-
WM H HARRISON D WN COM #001	3002511283	1997	-	4,213	-	-
WM H HARRISON D WN COM #001	3002511283	1998	-	6,541	240	-
WM H HARRISON D WN COM #001	3002511283	1999	-	7,445	-	-
WM H HARRISON D WN COM #001	3002511283	2000	-	4,788	-	-
WM H HARRISON D WN COM #001	3002511283	2001	-	3,822	-	-
WM H HARRISON D WN COM #001	3002511283	2002	-	4,040	-	-
WM H HARRISON D WN COM #001	3002511283	2003	-	2,381	-	-
WM H HARRISON D WN COM #001	3002511283	2004	-	1,627	-	-
WM H HARRISON D WN COM #001	3002511283	2005	-	823	-	-
WM H HARRISON D WN COM #001	3002511283	2006	-	441	-	-
WM H HARRISON D WN COM #001	3002511283	2007	-	656	-	-
WM H HARRISON D WN COM #001	3002511283	2008	-	426	-	-
WM H HARRISON D WN COM #001	3002511283	2009	-	327	-	-
WM H HARRISON D WN COM #001	3002511283	2011	-	107	-	-
WM H HARRISON D WN COM #006	3002524669	1974	601	100,713	6	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WM H HARRISON D WN COM #006	3002524669	1975	835	97,982	1,107	-
WM H HARRISON D WN COM #006	3002524669	1976	693	45,489	5,817	-
WM H HARRISON D WN COM #006	3002524669	1977	14	112,605	336	-
WM H HARRISON D WN COM #006	3002524669	1978	-	120,537	-	-
WM H HARRISON D WN COM #006	3002524669	1979	-	168,680	-	-
WM H HARRISON D WN COM #006	3002524669	1980	-	109,609	-	-
WM H HARRISON D WN COM #006	3002524669	1981	-	107,476	-	-
WM H HARRISON D WN COM #006	3002524669	1982	-	71,362	-	-
WM H HARRISON D WN COM #006	3002524669	1983	-	27,813	-	-
WM H HARRISON D WN COM #006	3002524669	1984	-	72,266	-	-
WM H HARRISON D WN COM #006	3002524669	1985	-	72,543	-	-
WM H HARRISON D WN COM #006	3002524669	1986	-	9,009	-	-
WM H HARRISON D WN COM #006	3002524669	1987	-	54,727	-	-
WM H HARRISON D WN COM #006	3002524669	1988	-	54,465	-	-
WM H HARRISON D WN COM #006	3002524669	1989	-	58,217	-	-
WM H HARRISON D WN COM #006	3002524669	1990	-	46,957	-	-
WM H HARRISON D WN COM #006	3002524669	1991	-	38,918	272	-
WM H HARRISON D WN COM #006	3002524669	1992	-	34,921	332	-
WM H HARRISON D WN COM #006	3002524669	1993	-	32,677	196	-
WM H HARRISON D WN COM #006	3002524669	1994	-	25,080	-	-
WM H HARRISON D WN COM #006	3002524669	1995	-	27,883	-	-
WM H HARRISON D WN COM #006	3002524669	1996	-	29,089	-	-
WM H HARRISON D WN COM #006	3002524669	1997	-	25,974	-	-
WM H HARRISON D WN COM #006	3002524669	1998	-	25,045	-	-
WM H HARRISON D WN COM #006	3002524669	1999	-	23,870	-	-
WM H HARRISON D WN COM #006	3002524669	2000	-	21,379	-	-
WM H HARRISON D WN COM #006	3002524669	2001	-	14,441	-	-
WM H HARRISON D WN COM #006	3002524669	2002	-	10,993	-	-
WM H HARRISON D WN COM #006	3002524669	2003	-	9,931	-	-
WM H HARRISON D WN COM #006	3002524669	2004	-	2,681	-	-
WM H HARRISON D WN COM #006	3002524669	2005	-	2,754	-	-
WM H HARRISON D WN COM #006	3002524669	2006	-	3,558	-	-
WM H HARRISON D WN COM #006	3002524669	2007	-	3,851	-	-
WM H HARRISON D WN COM #006	3002524669	2008	-	2,279	-	-
WM H HARRISON D WN COM #006	3002524669	2009	-	247	-	-
WM H HARRISON D WN COM #006	3002524669	2010	-	27	-	-
WM H HARRISON D WN COM #006	3002524669	2011	-	253	-	-
WM H HARRISON D WN COM #006	3002524669	2012	-	289	-	-
WM H HARRISON D WN COM #006	3002524669	2013	-	179	-	-
WM H HARRISON D WN COM #006	3002524669	2014	-	100	-	-
WM H HARRISON D WN COM #006	3002524669	2015	-	78	-	-
WM H HARRISON D WN COM #006	3002524669	2016	-	82	-	-
WM H HARRISON D WN COM #006	3002524669	2017	-	9	-	-
WM H HARRISON D WN COM #007	3002527367	1982	1,028	46,705	-	-
WM H HARRISON D WN COM #007	3002527367	1983	338	57,085	-	-
WM H HARRISON D WN COM #007	3002527367	1984	143	26,921	13	-
WM H HARRISON D WN COM #007	3002527367	1985	46	17,445	18	-
WM H HARRISON D WN COM #007	3002527367	1986	15	2,562	-	-
WM H HARRISON D WN COM #007	3002527367	1987	-	11,666	-	-
WM H HARRISON D WN COM #007	3002527367	1988	-	13,632	-	-
WM H HARRISON D WN COM #007	3002527367	1989	51	10,172	-	-
WM H HARRISON D WN COM #007	3002527367	1990	90	8,940	-	-
WM H HARRISON D WN COM #007	3002527367	1991	11	7,914	303	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WM H HARRISON D WN COM #007	3002527367	1992	9	8,688	361	-
WM H HARRISON D WN COM #007	3002527367	1993	7	7,701	214	-
WM H HARRISON D WN COM #007	3002527367	1994	2	7,768	84	-
WM H HARRISON D WN COM #007	3002527367	1995	2	6,863	102	-
WM H HARRISON D WN COM #007	3002527367	1996	-	6,825	184	-
WM H HARRISON D WN COM #007	3002527367	1997	19	7,112	183	-
WM H HARRISON D WN COM #007	3002527367	1998	10	6,710	231	-
WM H HARRISON D WN COM #007	3002527367	1999	3	6,577	-	-
WM H HARRISON D WN COM #007	3002527367	2000	-	6,813	-	-
WM H HARRISON D WN COM #007	3002527367	2001	-	6,837	-	-
WM H HARRISON D WN COM #007	3002527367	2002	-	5,770	-	-
WM H HARRISON D WN COM #007	3002527367	2003	-	4,387	-	-
WM H HARRISON D WN COM #007	3002527367	2004	-	4,537	-	-
WM H HARRISON D WN COM #007	3002527367	2005	-	3,599	-	-
WM H HARRISON D WN COM #007	3002527367	2006	-	3,065	-	-
WM H HARRISON D WN COM #007	3002527367	2007	-	2,669	-	-
WM H HARRISON D WN COM #007	3002527367	2008	-	2,322	-	-
WM H HARRISON D WN COM #007	3002527367	2009	-	2,319	-	-
WM H HARRISON D WN COM #007	3002527367	2010	-	2,110	-	-
WM H HARRISON D WN COM #007	3002527367	2011	-	1,894	-	-
WM H HARRISON D WN COM #007	3002527367	2012	-	1,618	-	-
WM H HARRISON D WN COM #007	3002527367	2013	-	2,058	-	-
WM H HARRISON D WN COM #007	3002527367	2014	-	1,598	-	-
WM H HARRISON D WN COM #007	3002527367	2015	-	1,191	-	-
WM H HARRISON D WN COM #007	3002527367	2016	-	1,173	-	-
WM H HARRISON D WN COM #007	3002527367	2017	-	1,224	-	-
WM H HARRISON D WN COM #007	3002527367	2018	-	1,257	-	-
WM H HARRISON D WN COM #007	3002527367	2019	-	1,361	-	-
WM H HARRISON D WN COM #007	3002527367	2020	-	914	-	-
WM H HARRISON D WN COM #007	3002527367	2021	-	826	-	-
WM H HARRISON D WN COM #007	3002527367	2022	-	903	-	-
WM H HARRISON D WN COM #007	3002527367	2023	-	82	-	-
WOOLWORTH #001	3002509672	pre-1970	35,427	2,558,809	41,708	-
WOOLWORTH #001	3002509672	1970	1,763	77,420	24,009	-
WOOLWORTH #001	3002509672	1971	1,622	87,484	17,924	-
WOOLWORTH #001	3002509672	1972	1,536	76,660	17,042	-
WOOLWORTH #001	3002509672	1973	1,348	60,768	22,017	-
WOOLWORTH #001	3002509672	1974	1,006	40,248	18,495	-
WOOLWORTH #001	3002509672	1975	1,004	51,871	19,700	-
WOOLWORTH #001	3002509672	1976	1,006	45,802	18,804	-
WOOLWORTH #001	3002509672	1977	712	37,353	19,372	-
WOOLWORTH #001	3002509672	1978	711	28,754	27,498	-
WOOLWORTH #001	3002509672	1979	655	23,291	33,434	-
WOOLWORTH #001	3002509672	1980	410	17,407	36,732	-
WOOLWORTH #001	3002509672	1981	182	9,727	32,389	-
WOOLWORTH #001	3002509672	1982	-	4,297	14,217	-
WOOLWORTH #001	3002509672	1983	-	11,011	-	-
WOOLWORTH #001	3002509672	1984	-	41,788	-	-
WOOLWORTH #001	3002509672	1985	-	39,245	-	-
WOOLWORTH #001	3002509672	1986	-	17,049	3	-
WOOLWORTH #001	3002509672	1987	-	58,279	14	-
WOOLWORTH #001	3002509672	1988	-	39,394	2	-
WOOLWORTH #001	3002509672	1989	187	30,936	2	-

Appendix F-2
Annual production by well (1940-2023)

Well Name	API	Year	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WOOLWORTH #001	3002509672	1990	321	55,723	-	-
WOOLWORTH #001	3002509672	1991	471	59,163	348	-
WOOLWORTH #001	3002509672	1992	318	50,870	36	-
WOOLWORTH #001	3002509672	1993	444	44,843	86	-
WOOLWORTH #001	3002509672	1994	346	38,084	203	-
WOOLWORTH #001	3002509672	1995	264	32,629	84	-
WOOLWORTH #001	3002509672	1996	145	21,229	580	-
WOOLWORTH #001	3002509672	1997	54	25,057	924	-
WOOLWORTH #001	3002509672	1998	71	27,727	916	-
WOOLWORTH #001	3002509672	1999	39	19,947	366	-
WOOLWORTH #001	3002509672	2000	27	18,703	3	-
WOOLWORTH #001	3002509672	2001	51	18,095	724	-
WOOLWORTH #001	3002509672	2002	76	24,695	2,838	-
WOOLWORTH #001	3002509672	2003	45	22,875	3,410	-
WOOLWORTH #001	3002509672	2004	83	19,149	2,670	-
WOOLWORTH #001	3002509672	2005	38	18,499	3,058	-
WOOLWORTH #001	3002509672	2006	14	16,054	2,467	-
WOOLWORTH #001	3002509672	2007	10	14,070	2,415	-
WOOLWORTH #001	3002509672	2008	-	13,134	1,702	-
WOOLWORTH #001	3002509672	2009	3	12,427	2,971	-
WOOLWORTH #001	3002509672	2010	-	10,849	3,055	-
WOOLWORTH #001	3002509672	2011	-	10,007	895	-
WOOLWORTH #001	3002509672	2012	-	6,245	945	-
WOOLWORTH #001	3002509672	2013	-	8,514	1,073	-
WOOLWORTH #001	3002509672	2014	-	10,527	1,167	-
WOOLWORTH #001	3002509672	2015	2	8,210	749	-
WOOLWORTH #001	3002509672	2016	6	8,418	518	-
WOOLWORTH #001	3002509672	2017	-	7,187	103	-
WOOLWORTH #001	3002509672	2018	-	5,510	1,532	-
WOOLWORTH #001	3002509672	2019	-	40	1,904	-
WOOLWORTH #001	3002509672	2020	2	5	330	-
WOOLWORTH #001	3002509672	2021	-	240	-	-
WOOLWORTH #001	3002509672	2022	-	1,115	310	-
WOOLWORTH #001	3002509672	2023	-	289	-	-
WOOLWORTH #002	3002525876	1978	4,645	30,936	29,976	-
WOOLWORTH #002	3002525876	1979	6,663	47,071	18,885	-
WOOLWORTH #002	3002525876	1980	2,507	32,670	26,279	-
WOOLWORTH #002	3002525876	1981	943	28,324	22,065	-
WOOLWORTH #002	3002525876	1982	475	24,860	19,000	-
WOOLWORTH #002	3002525876	1983	525	19,146	10,125	-
WOOLWORTH #002	3002525876	1984	677	12,808	2,421	-
WOOLWORTH #002	3002525876	1985	687	7,663	3,041	-
WOOLWORTH #002	3002525876	1986	40	2,770	213	-
WOOLWORTH #002	3002525876	1987	-	2,303	-	-
WOOLWORTH #002	3002525876	1988	63	1,261	-	-
WOOLWORTH #002	3002525876	1989	141	434	-	-
WOOLWORTH #1	3002509706	pre-1970	63,843	-	-	-

Appendix F-3
 Monthly production by well (Jul 2023 - Dec 2023)

Well Name	API	Date	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
ADELE SOWELL #001	3002525630	7/1/2023	-	123	-	-
ADELE SOWELL #001	3002525630	8/1/2023	-	12	-	-
ADELE SOWELL #001	3002525630	9/1/2023	-	111	-	-
ADELE SOWELL #001	3002525630	10/1/2023	-	7	-	-
ADELE SOWELL #001	3002525630	11/1/2023	-	7	-	-
ADELE SOWELL #001	3002525630	12/1/2023	-	13	-	-
ADELE SOWELL #002	3002525755	7/1/2023	-	462	-	-
ADELE SOWELL #002	3002525755	8/1/2023	-	451	-	-
ADELE SOWELL #002	3002525755	9/1/2023	-	415	-	-
ADELE SOWELL #002	3002525755	10/1/2023	-	262	-	-
ADELE SOWELL #002	3002525755	11/1/2023	-	26	-	-
ADELE SOWELL #002	3002525755	12/1/2023	-	388	-	-
C D WOOLWORTH #004	3002525464	7/1/2023	15	34	233	-
C D WOOLWORTH #004	3002525464	8/1/2023	5	91	275	-
C D WOOLWORTH #004	3002525464	9/1/2023	10	24	325	-
C D WOOLWORTH #004	3002525464	10/1/2023	34	88	300	-
C D WOOLWORTH #004	3002525464	11/1/2023	79	18	1,004	-
C D WOOLWORTH #004	3002525464	12/1/2023	58	162	457	-
C D WOOLWORTH #005	3002525790	7/1/2023	72	169	522	-
C D WOOLWORTH #005	3002525790	8/1/2023	16	296	134	-
C D WOOLWORTH #005	3002525790	9/1/2023	178	33	1,185	-
C D WOOLWORTH #005	3002525790	10/1/2023	6	16	1,197	-
C D WOOLWORTH #005	3002525790	11/1/2023	2	-	54	-
C D WOOLWORTH #005	3002525790	12/1/2023	-	21	-	-
C D WOOLWORTH #006	3002528731	7/1/2023	218	17	1,894	-
C D WOOLWORTH #006	3002528731	8/1/2023	159	1	1,698	-
C D WOOLWORTH #006	3002528731	9/1/2023	313	31	239	-
C D WOOLWORTH #006	3002528731	10/1/2023	258	186	2,311	-
C D WOOLWORTH #006	3002528731	11/1/2023	118	-	1,211	-
C D WOOLWORTH #006	3002528731	12/1/2023	-	21	-	-
C D WOOLWORTH #007	3002528798	7/1/2023	187	41	1,898	-
C D WOOLWORTH #007	3002528798	8/1/2023	139	27	1,766	-
C D WOOLWORTH #007	3002528798	9/1/2023	275	49	2,354	-
C D WOOLWORTH #007	3002528798	10/1/2023	236	176	862	-
C D WOOLWORTH #007	3002528798	11/1/2023	255	162	1,461	-
C D WOOLWORTH #007	3002528798	12/1/2023	120	319	942	-
C D WOOLWORTH #008	3002532862	7/1/2023	31	578	524	-
C D WOOLWORTH #008	3002532862	8/1/2023	161	271	352	-
C D WOOLWORTH #008	3002532862	9/1/2023	455	465	697	-
C D WOOLWORTH #008	3002532862	10/1/2023	485	154	1,261	-
C D WOOLWORTH #008	3002532862	11/1/2023	596	142	1,612	-
C D WOOLWORTH #008	3002532862	12/1/2023	633	435	824	-
C D WOOLWORTH #010	3002533881	7/1/2023	97	398	763	-
C D WOOLWORTH #010	3002533881	8/1/2023	133	603	1,378	-
C D WOOLWORTH #010	3002533881	9/1/2023	224	665	1,474	-
C D WOOLWORTH #010	3002533881	10/1/2023	194	220	1,471	-
C D WOOLWORTH #010	3002533881	11/1/2023	209	204	1,756	-

Appendix F-3
Monthly production by well (Jul 2023 - Dec 2023)

Well Name	API	Date	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
C D WOOLWORTH #010	3002533881	12/1/2023	149	410	824	-
CITIES THOMAS #003	3002525608	7/1/2023	-	31	-	-
CITIES THOMAS #003	3002525608	8/1/2023	-	3	-	-
CITIES THOMAS #003	3002525608	9/1/2023	-	28	-	-
CITIES THOMAS #003	3002525608	10/1/2023	-	17	-	-
CITIES THOMAS #003	3002525608	11/1/2023	-	17	-	-
CITIES THOMAS #003	3002525608	12/1/2023	-	26	-	-
CITIES THOMAS #004	3002525756	7/1/2023	26	38	154	-
CITIES THOMAS #004	3002525756	8/1/2023	291	31	15	-
CITIES THOMAS #004	3002525756	9/1/2023	25	276	98	-
CITIES THOMAS #004	3002525756	10/1/2023	269	175	12	-
CITIES THOMAS #004	3002525756	11/1/2023	268	174	983	-
CITIES THOMAS #004	3002525756	12/1/2023	263	258	988	-
CUSTER STATE #001	3002526501	7/1/2023	-	14	-	-
CUSTER STATE #001	3002526501	8/1/2023	-	48	-	-
CUSTER STATE #001	3002526501	9/1/2023	-	44	-	-
CUSTER STATE #001	3002526501	10/1/2023	-	284	-	-
CUSTER STATE #001	3002526501	11/1/2023	-	64	-	-
CUSTER STATE #001	3002526501	12/1/2023	-	-	-	-
FLUOR HARRISON #001	3002525491	7/1/2023	-	19	-	-
FLUOR HARRISON #001	3002525491	8/1/2023	-	23	-	-
FLUOR HARRISON #001	3002525491	9/1/2023	-	11	-	-
FLUOR HARRISON #001	3002525491	10/1/2023	-	158	-	-
FLUOR HARRISON #001	3002525491	11/1/2023	-	113	-	-
FLUOR HARRISON #001	3002525491	12/1/2023	-	19	-	-
GULF EDDIE CORRIGAN #001	3002526086	7/1/2023	-	371	-	-
GULF EDDIE CORRIGAN #001	3002526086	8/1/2023	-	264	-	-
GULF EDDIE CORRIGAN #001	3002526086	9/1/2023	-	22	-	-
GULF EDDIE CORRIGAN #001	3002526086	10/1/2023	-	121	-	-
GULF EDDIE CORRIGAN #001	3002526086	11/1/2023	-	89	-	-
GULF EDDIE CORRIGAN #001	3002526086	12/1/2023	-	163	-	-
GULF EDDIE CORRIGAN #002	3002526100	7/1/2023	-	228	-	-
GULF EDDIE CORRIGAN #002	3002526100	8/1/2023	-	162	-	-
GULF EDDIE CORRIGAN #002	3002526100	9/1/2023	-	135	-	-
GULF EDDIE CORRIGAN #002	3002526100	10/1/2023	-	74	-	-
GULF EDDIE CORRIGAN #002	3002526100	11/1/2023	-	55	-	-
GULF EDDIE CORRIGAN #002	3002526100	12/1/2023	-	1	-	-
HARRISON #001	3002509654	7/1/2023	-	29	-	-
HARRISON #001	3002509654	8/1/2023	-	13	-	-
HARRISON #001	3002509654	9/1/2023	-	31	-	-
HARRISON #001	3002509654	10/1/2023	-	35	-	-
HARRISON #001	3002509654	11/1/2023	-	3	-	-
HARRISON #002	3002525825	7/1/2023	-	12	-	-
HARRISON #002	3002525825	8/1/2023	-	5	-	-
HARRISON #002	3002525825	9/1/2023	-	13	-	-
HARRISON #002	3002525825	10/1/2023	-	15	-	-
HARRISON #002	3002525825	11/1/2023	-	12	-	-

Appendix F-3
Monthly production by well (Jul 2023 - Dec 2023)

Well Name	API	Date	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
HENRY HARRISON #001	3002526036	7/1/2023	-	4	-	-
HENRY HARRISON #001	3002526036	8/1/2023	-	5	-	-
HENRY HARRISON #001	3002526036	9/1/2023	-	2	-	-
HENRY HARRISON #001	3002526036	10/1/2023	-	32	-	-
HENRY HARRISON #001	3002526036	11/1/2023	-	23	-	-
HENRY HARRISON #001	3002526036	12/1/2023	-	4	-	-
JACK B 30 #001	3002511284	7/1/2023	27	-	102	-
JACK B 30 #001	3002511284	8/1/2023	38	958	860	-
JACK B 30 #001	3002511284	9/1/2023	40	-	110	-
JACK B 30 #001	3002511284	10/1/2023	183	-	1,165	-
JACK B 30 #001	3002511284	11/1/2023	5	9	444	-
JACK B 30 #001	3002511284	12/1/2023	174	553	954	-
JACK B 30 #002	3002525871	7/1/2023	39	-	692	-
JACK B 30 #002	3002525871	8/1/2023	288	262	625	-
JACK B 30 #002	3002525871	9/1/2023	293	-	624	-
JACK B 30 #002	3002525871	10/1/2023	322	-	714	-
JACK B 30 #002	3002525871	11/1/2023	34	72	757	-
JACK B 30 #002	3002525871	12/1/2023	34	190	811	-
JACK B 30 #003	3002535139	7/1/2023	92	-	214	-
JACK B 30 #003	3002535139	8/1/2023	218	958	867	-
JACK B 30 #003	3002535139	9/1/2023	221	-	864	-
JACK B 30 #003	3002535139	10/1/2023	119	-	975	-
JACK B 30 #003	3002535139	11/1/2023	78	291	807	-
JACK B 30 #003	3002535139	12/1/2023	220	760	1,004	-
KIMMY #003	3002526437	7/1/2023	4	-	122	-
KIMMY #003	3002526437	8/1/2023	3	-	223	-
KIMMY #003	3002526437	9/1/2023	8	-	195	-
KIMMY #003	3002526437	10/1/2023	5	-	185	-
KIMMY #003	3002526437	11/1/2023	7	-	154	-
KIMMY #003	3002526437	12/1/2023	7	5	14	-
KIMMY #004	3002526638	7/1/2023	-	-	12	-
KIMMY #004	3002526638	8/1/2023	-	-	22	-
KIMMY #004	3002526638	9/1/2023	1	-	2	-
KIMMY #004	3002526638	10/1/2023	1	-	19	-
KIMMY #004	3002526638	11/1/2023	1	-	15	-
KIMMY #004	3002526638	12/1/2023	1	3	14	-
KIMMY K #001	3002526243	7/1/2023	1	-	856	-
KIMMY K #001	3002526243	8/1/2023	8	-	1,496	-
KIMMY K #001	3002526243	9/1/2023	23	-	1,371	-
KIMMY K #001	3002526243	10/1/2023	2	-	1,296	-
KIMMY K #001	3002526243	11/1/2023	2	-	176	-
KIMMY K #001	3002526243	12/1/2023	23	2	978	-
LANGLIE A STATE #003	3002528067	7/1/2023	-	23	-	-
LANGLIE A STATE #003	3002528067	8/1/2023	-	76	-	-
LANGLIE A STATE #003	3002528067	9/1/2023	-	71	-	-
LANGLIE A STATE #003	3002528067	10/1/2023	-	454	-	-
LANGLIE A STATE #003	3002528067	11/1/2023	-	13	-	-

Appendix F-3
Monthly production by well (Jul 2023 - Dec 2023)

Well Name	API	Date	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
LANGLIE A STATE #003	3002528067	12/1/2023	-	-	-	-
MARTIN B #003	3002537959	7/1/2023	-	-	-	-
MARTIN B #003	3002537959	8/1/2023	-	114	-	-
MARTIN B #003	3002537959	9/1/2023	-	-	-	-
MARTIN B #003	3002537959	10/1/2023	-	-	-	-
MARTIN B #003	3002537959	11/1/2023	-	316	-	-
MARTIN B #003	3002537959	12/1/2023	-	824	-	-
MARTIN B #004	3002538883	7/1/2023	-	-	-	-
MARTIN B #004	3002538883	8/1/2023	-	283	-	-
MARTIN B #004	3002538883	9/1/2023	-	-	-	-
MARTIN B #004	3002538883	10/1/2023	-	-	-	-
MARTIN B #004	3002538883	11/1/2023	-	78	-	-
MARTIN B #004	3002538883	12/1/2023	-	25	-	-
MCKINNEY #001	3002509709	7/1/2023	-	-	-	44,550
MCKINNEY #001	3002509709	8/1/2023	-	-	-	27,750
MCKINNEY #001	3002509709	9/1/2023	-	-	-	46,470
MCKINNEY #001	3002509709	10/1/2023	-	-	-	49,530
MCKINNEY #001	3002509709	11/1/2023	-	-	-	43,800
MCKINNEY #001	3002509709	12/1/2023	-	-	-	39,500
POSSH #002	3002526965	7/1/2023	-	-	-	10,390
POSSH #002	3002526965	8/1/2023	-	-	-	13,420
POSSH #002	3002526965	9/1/2023	-	-	-	12,070
POSSH #002	3002526965	10/1/2023	-	-	-	12,200
POSSH #002	3002526965	11/1/2023	-	-	-	10,640
POSSH #002	3002526965	12/1/2023	-	-	-	2,800
POSSH #004	3002526536	7/1/2023	89	2	599	-
POSSH #004	3002526536	8/1/2023	13	1	757	-
POSSH #004	3002526536	9/1/2023	17	9	81	-
POSSH #004	3002526536	10/1/2023	18	57	769	-
POSSH #004	3002526536	11/1/2023	22	13	758	-
POSSH #004	3002526536	12/1/2023	4	-	139	-
THOMAS A #003	3002526139	7/1/2023	13	88	26	-
THOMAS A #003	3002526139	8/1/2023	151	136	365	-
THOMAS A #003	3002526139	9/1/2023	116	1	282	-
THOMAS A #003	3002526139	10/1/2023	-	-	-	-
THOMAS A #003	3002526139	11/1/2023	19	34	436	-
THOMAS A #003	3002526139	12/1/2023	156	6	546	-
THOMAS A #004	3002528464	7/1/2023	133	76	153	-
THOMAS A #004	3002528464	8/1/2023	197	117	272	-
THOMAS A #004	3002528464	9/1/2023	185	126	285	-
THOMAS A #004	3002528464	10/1/2023	17	114	397	-
THOMAS A #004	3002528464	11/1/2023	19	29	43	-
THOMAS A #004	3002528464	12/1/2023	23	5	47	-
VAN ZANDT #001	3002509656	7/1/2023	62	424	358	-
VAN ZANDT #001	3002509656	8/1/2023	4	41	358	-
VAN ZANDT #001	3002509656	9/1/2023	48	388	231	-
VAN ZANDT #001	3002509656	10/1/2023	46	224	242	-

Appendix F-3
Monthly production by well (Jul 2023 - Dec 2023)

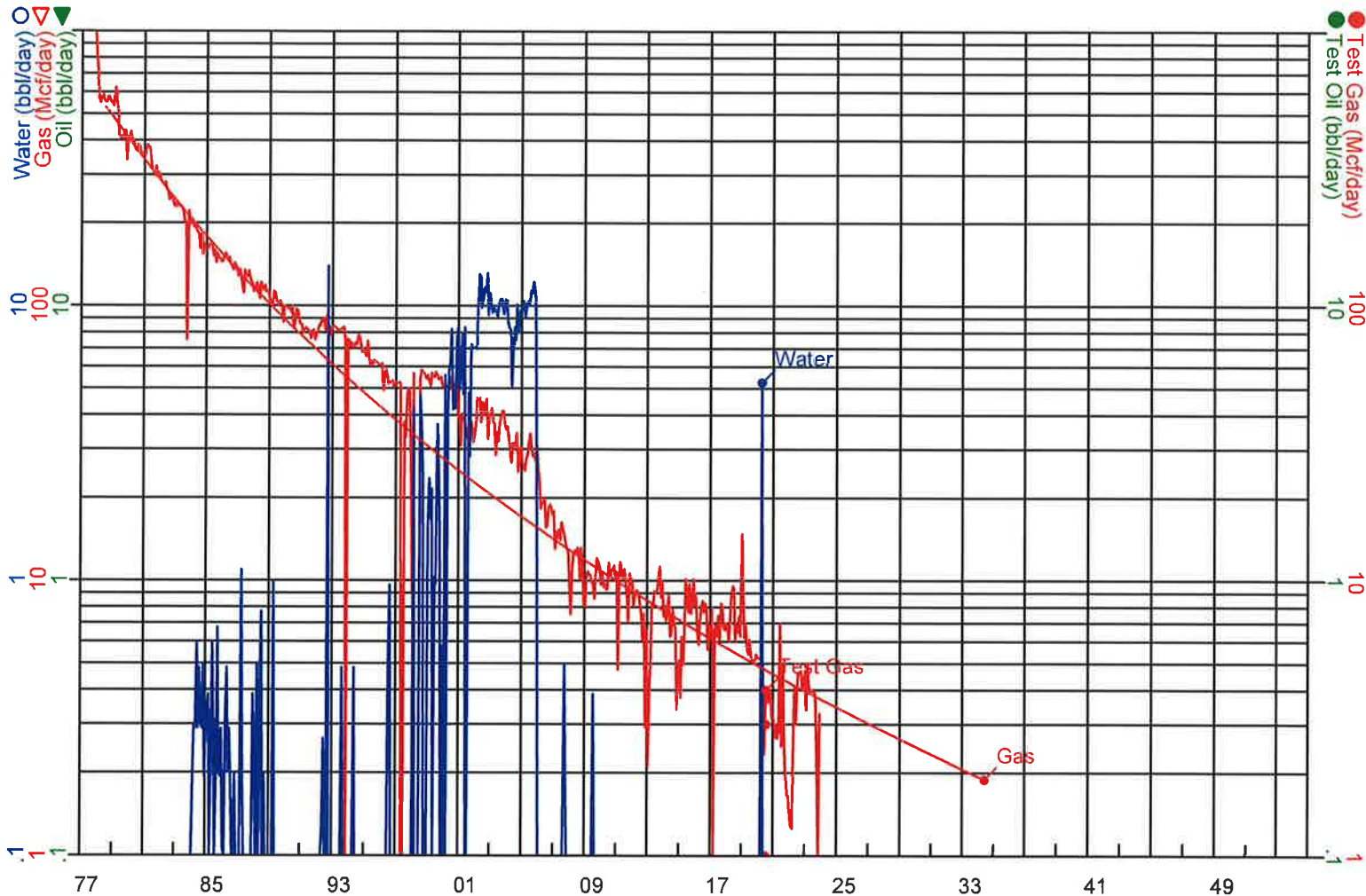
Well Name	API	Date	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
VAN ZANDT #001	3002509656	11/1/2023	3	152	29	-
VAN ZANDT #001	3002509656	12/1/2023	38	318	254	-
W H HARRISON A WN COM #002	3002511282	7/1/2023	-	783	-	-
W H HARRISON A WN COM #002	3002511282	8/1/2023	-	568	-	-
W H HARRISON A WN COM #002	3002511282	9/1/2023	-	-	-	-
W H HARRISON A WN COM #002	3002511282	10/1/2023	-	-	-	-
W H HARRISON A WN COM #002	3002511282	11/1/2023	-	3	-	-
WATKINS #003	3002527946	7/1/2023	448	413	34,217	-
WATKINS #003	3002527946	8/1/2023	96	186	2,318	-
WATKINS #003	3002527946	9/1/2023	338	441	33,664	-
WATKINS #003	3002527946	10/1/2023	464	497	36,641	-
WATKINS #003	3002527946	11/1/2023	256	419	344	-
WATKINS #003	3002527946	12/1/2023	136	2	3,187	-
WELLS A #002	3002509720	7/1/2023	-	2	-	-
WELLS A #002	3002509720	8/1/2023	-	19	-	-
WELLS A #002	3002509720	9/1/2023	-	18	-	-
WELLS A #002	3002509720	10/1/2023	-	9	-	-
WELLS A #002	3002509720	11/1/2023	-	8	-	-
WELLS A #002	3002509720	12/1/2023	-	16	-	-
WELLS A #007	3002523600	7/1/2023	428	46	342	-
WELLS A #007	3002523600	8/1/2023	415	384	3,696	-
WELLS A #007	3002523600	9/1/2023	42	358	3,491	-
WELLS A #007	3002523600	10/1/2023	369	188	3,416	-
WELLS A #007	3002523600	11/1/2023	351	151	2,982	-
WELLS A #007	3002523600	12/1/2023	265	327	2,348	-
WELLS A #008	3002523857	7/1/2023	-	2	-	-
WELLS A #008	3002523857	8/1/2023	-	19	-	-
WELLS A #008	3002523857	9/1/2023	-	18	-	-
WELLS A #008	3002523857	10/1/2023	-	9	-	-
WELLS A #008	3002523857	11/1/2023	-	8	-	-
WELLS A #008	3002523857	12/1/2023	-	16	-	-
WELLS B 1 #001	3002509718	7/1/2023	-	2	-	-
WELLS B 1 #001	3002509718	8/1/2023	-	2	-	-
WELLS B 1 #001	3002509718	9/1/2023	-	2	-	-
WELLS B 1 #001	3002509718	10/1/2023	-	1	-	-
WELLS B 1 #001	3002509718	11/1/2023	-	1	-	-
WELLS B 1 #001	3002509718	12/1/2023	-	2	-	-
WELLS B 1 #003	3002521460	7/1/2023	-	6	-	-
WELLS B 1 #003	3002521460	8/1/2023	-	6	-	-
WELLS B 1 #003	3002521460	9/1/2023	-	5	-	-
WELLS B 1 #003	3002521460	10/1/2023	-	3	-	-
WELLS B 1 #003	3002521460	11/1/2023	-	2	-	-
WELLS B 1 #003	3002521460	12/1/2023	-	5	-	-
WOOLWORTH #001	3002509672	7/1/2023	-	24	-	-
WOOLWORTH #001	3002509672	8/1/2023	-	11	-	-
WOOLWORTH #001	3002509672	9/1/2023	-	26	-	-
WOOLWORTH #001	3002509672	10/1/2023	-	29	-	-

Appendix F-3
Monthly production by well (Jul 2023 - Dec 2023)

Well Name	API	Date	Oil, bo	Gas, mcf	Water, bw	Inj, bwi
WOOLWORTH #001	3002509672	11/1/2023	-	25	-	-

Field: NORTH JAL UNIT
Case Name: ADELE SOWELL #001

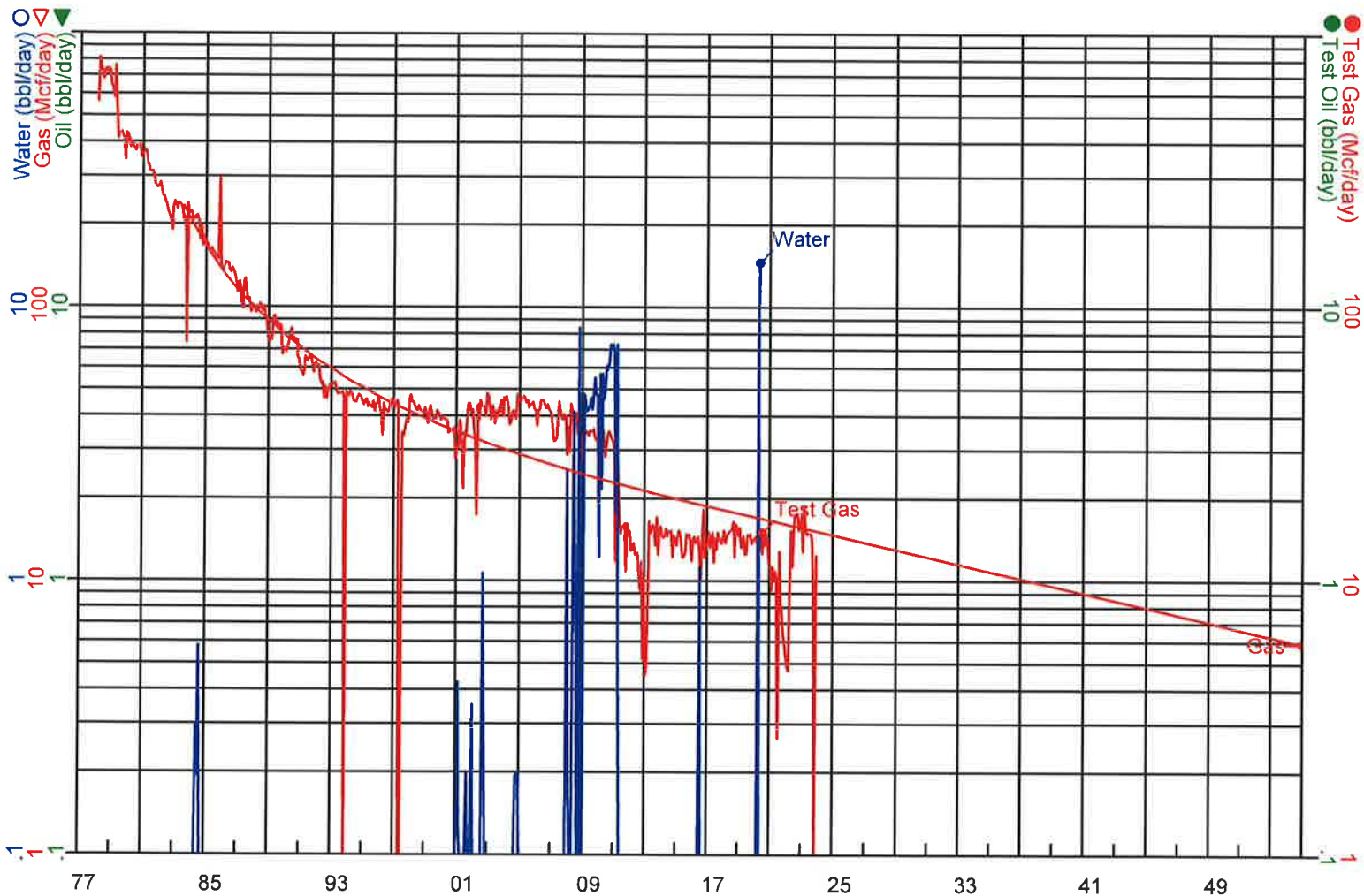
Gas Rem: 10.20 MMcf
Oil Rem: 0.00 Mbbl



Ex.-C-2a-e777

Field: NORTH JAL UNIT
Case Name: ADELE SOWELL #002

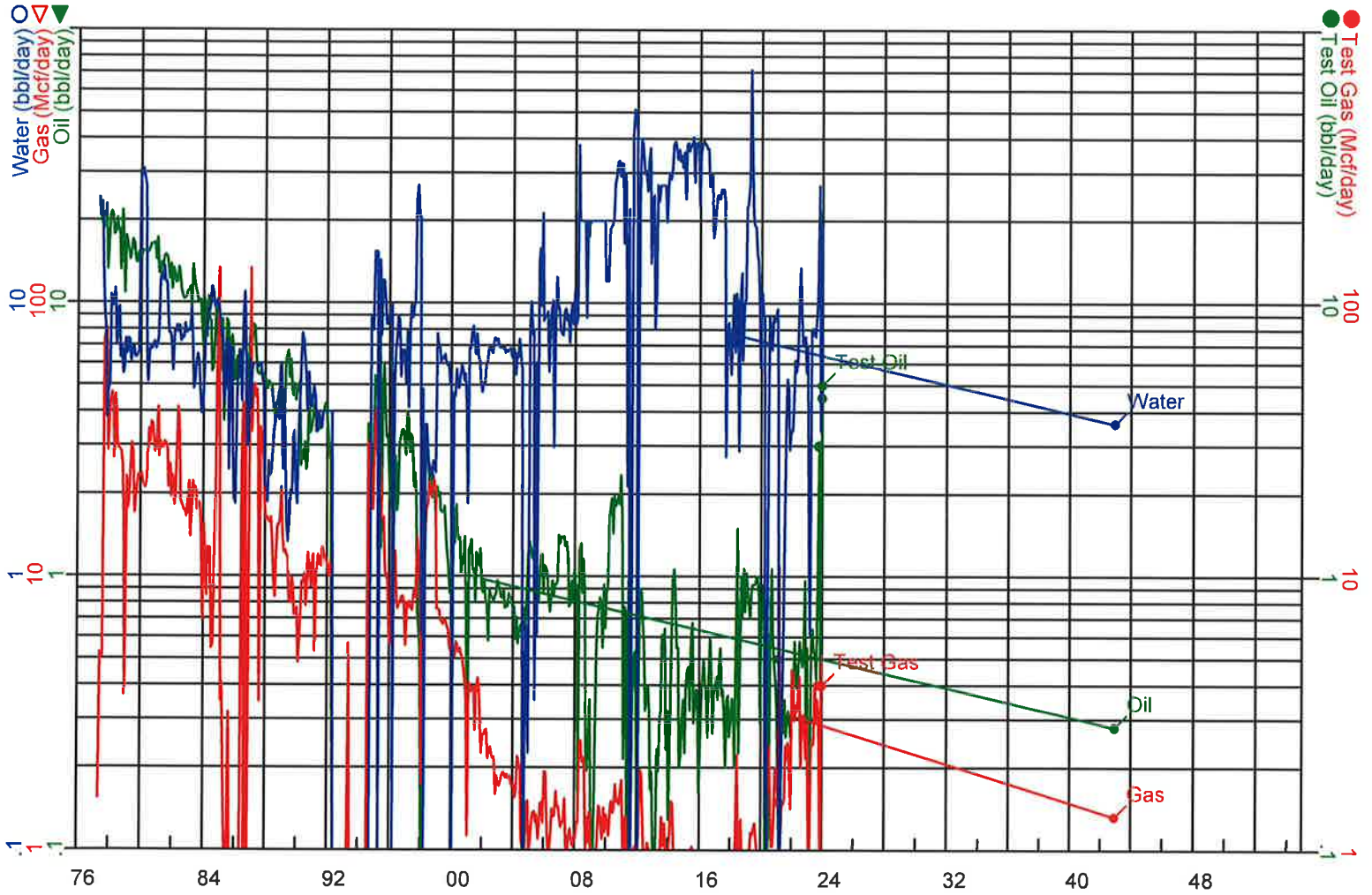
Gas Rem: 142.54 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e778

Field: NORTH JAL UNIT
Case Name: C D WOOLWORTH #004

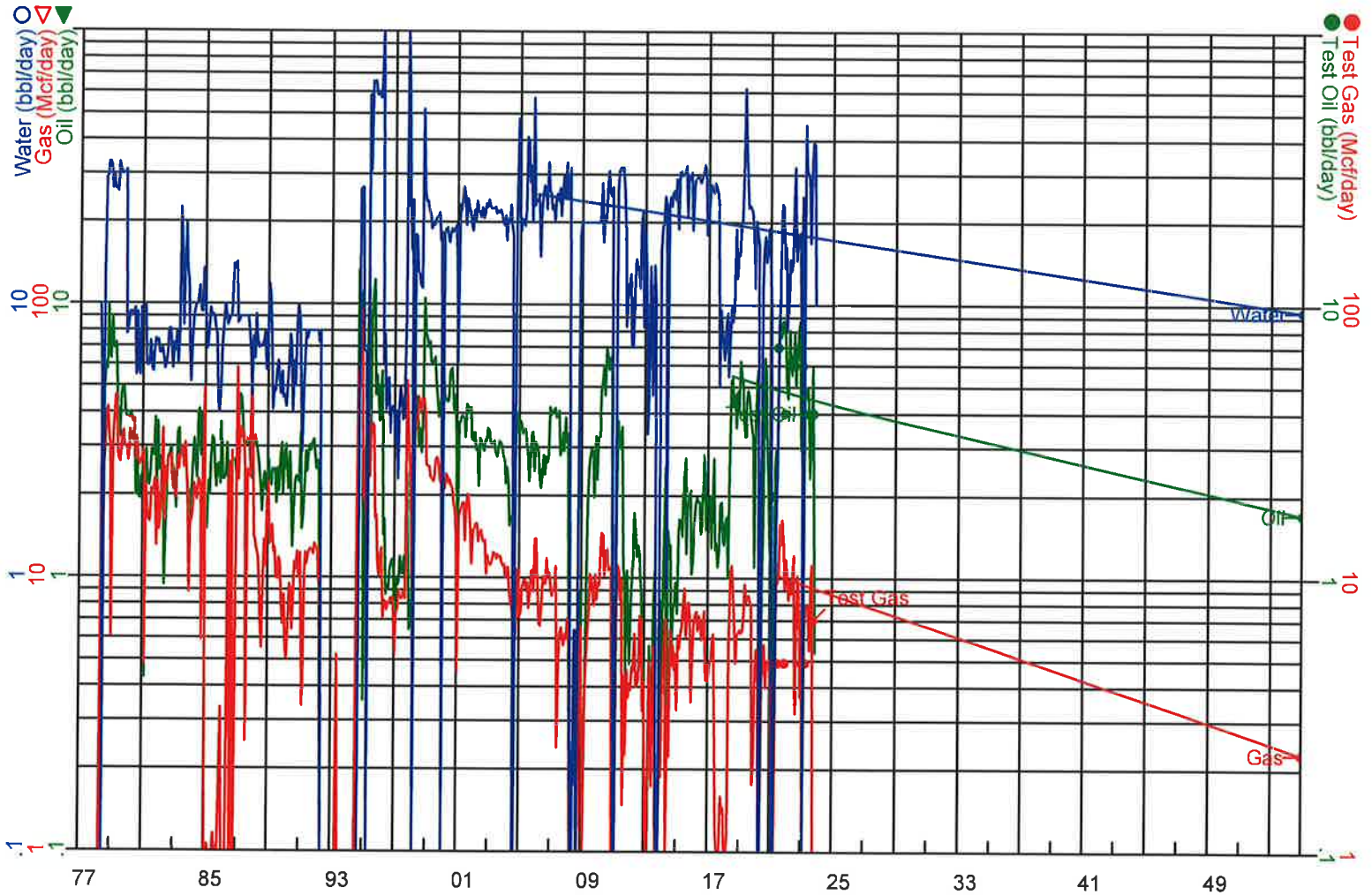
Oil Rem: 2.62 Mbbbl
Gas Rem: 13.77 MMcf



Ex.-C-2a-e779

Field: NORTH JAL UNIT
Case Name: C D WOOLWORTH #005

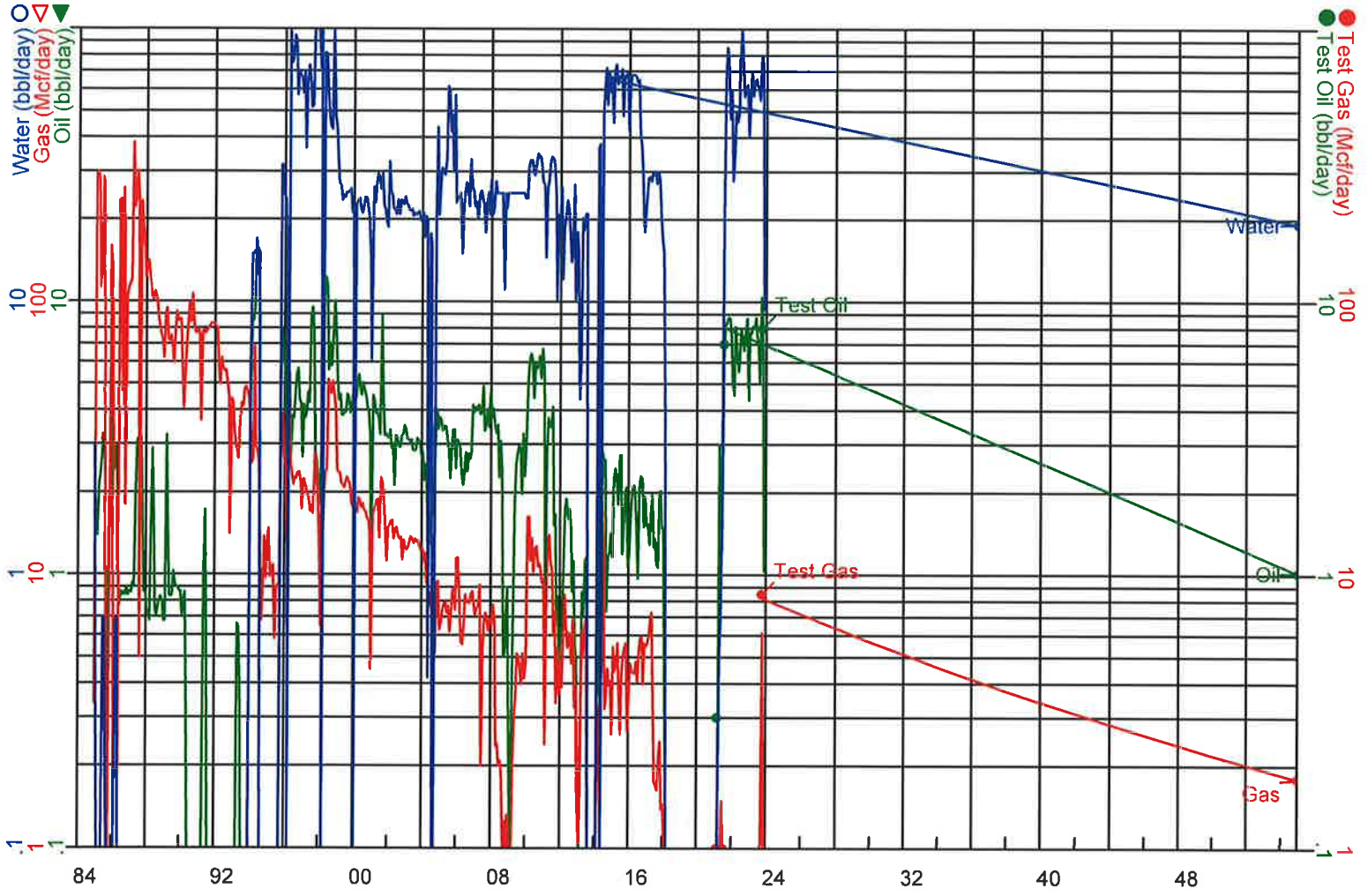
Oil Rem: 41.33 Mbb1
Gas Rem: 66.22 MMcf



Ex.-C-2a-e780

Field: NORTH JAL UNIT
Case Name: C D WOOLWORTH #006

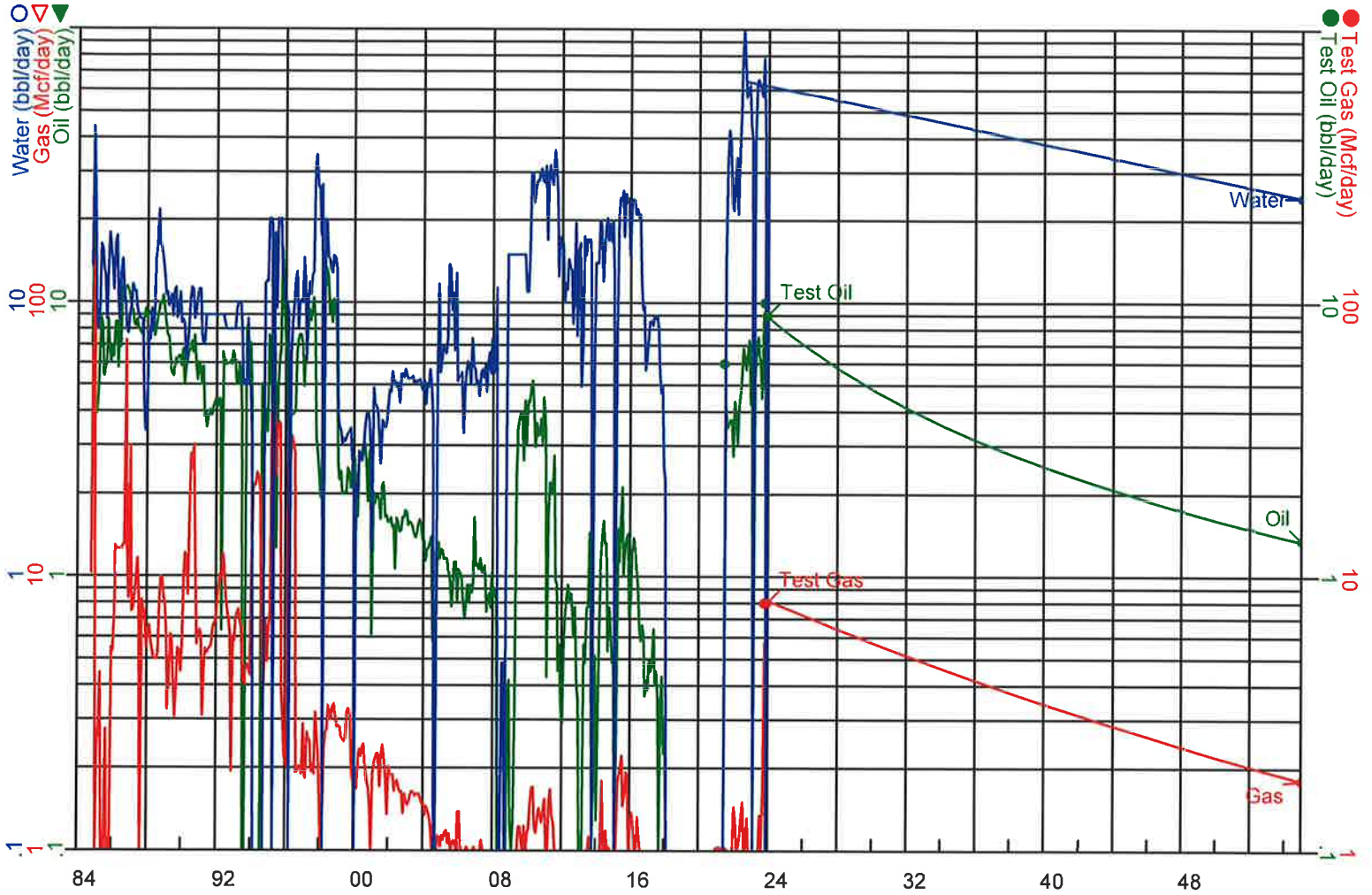
Oil Rem: 36.99 Mbb1
Gas Rem: 48.98 MMcf



Ex.-C-2a-e781

Field: NORTH JAL UNIT
Case Name: C D WOOLWORTH #007

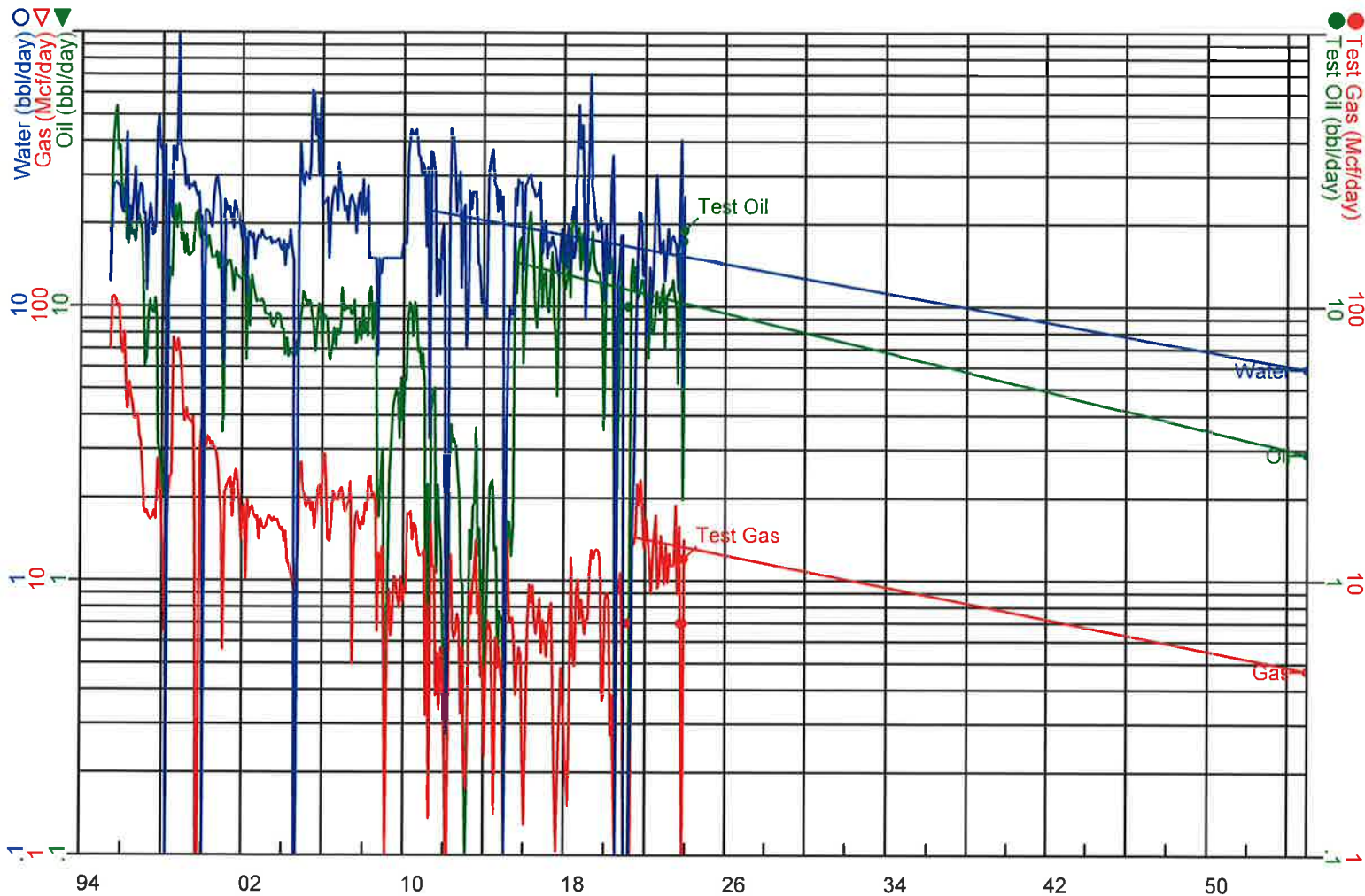
Oil Rem: 44.11 Mbbbl
Gas Rem: 53.35 MMcf



Ex.-C-2a-e782

Field: NORTH JAL UNIT
Case Name: C D WOOLWORTH #008

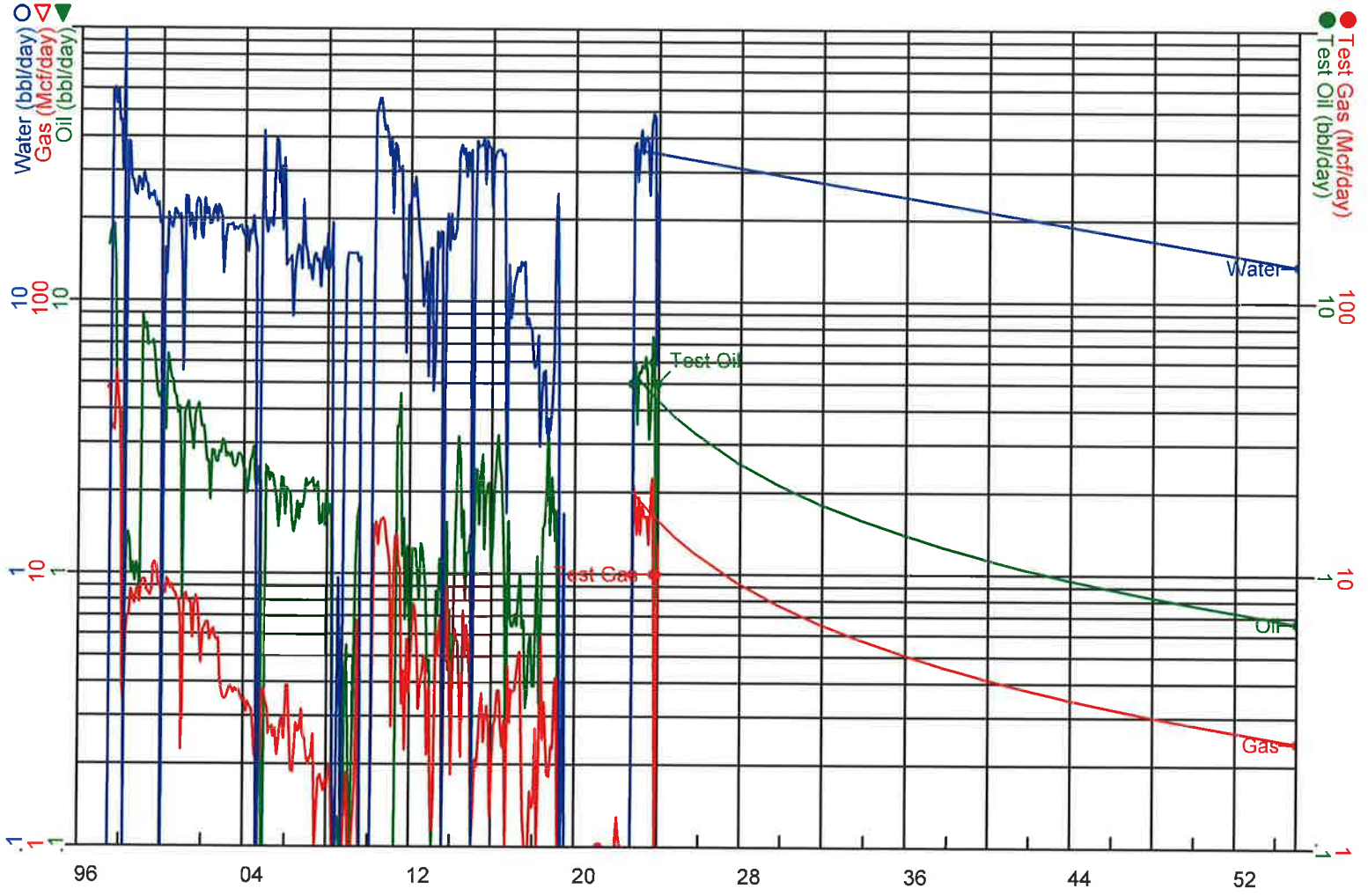
Oil Rem: 79.82 Mbb1
Gas Rem: 117.43 MMcf



Ex.-C-2a-e783

Field: NORTH JAL UNIT
Case Name: C D WOOLWORTH #010

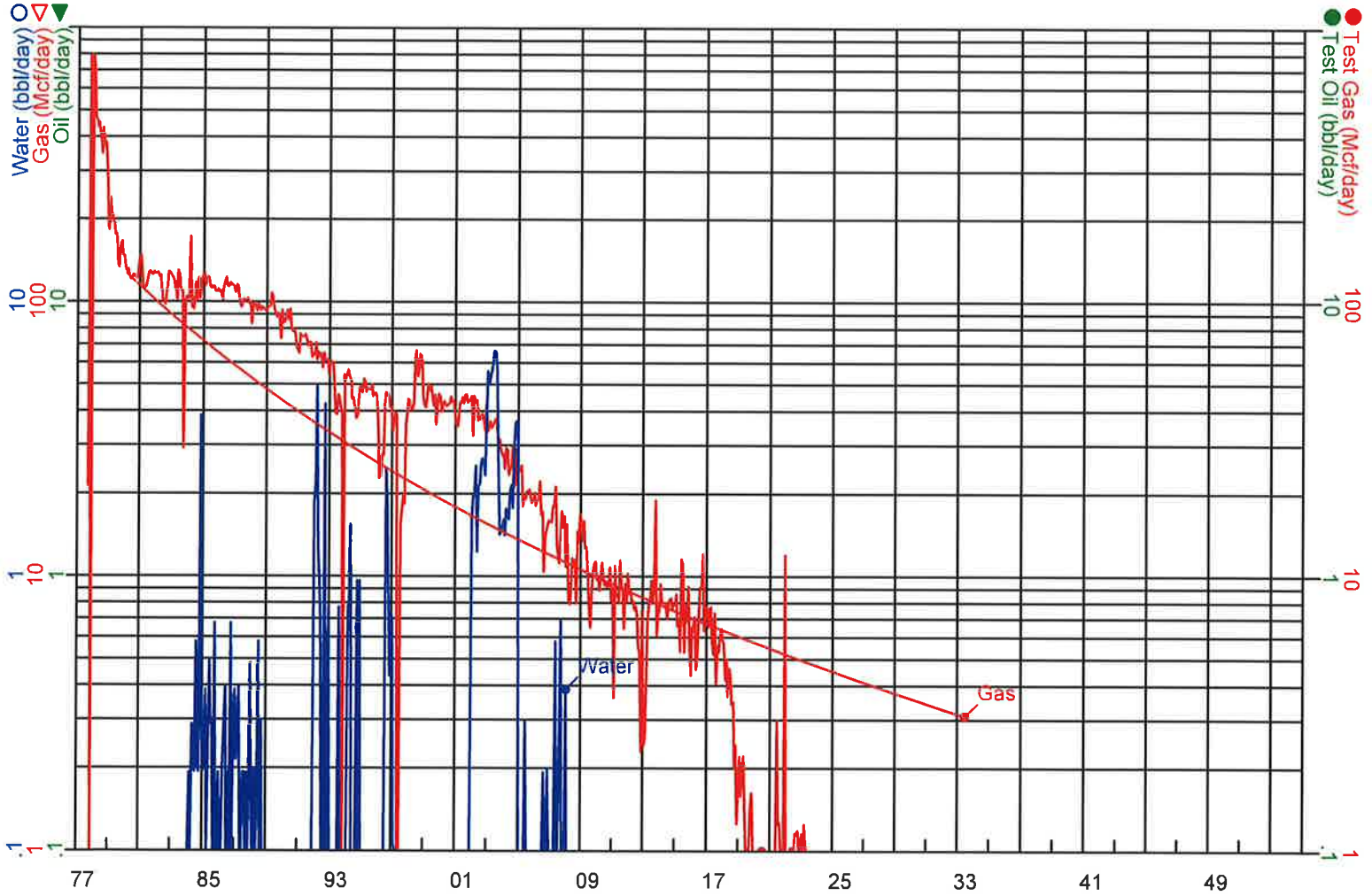
Oil Rem: 18.39 Mbbbl
Gas Rem: 66.84 MMcf



Ex.-C-2a-e784

Field: NORTH JAL UNIT
Case Name: CITIES THOMAS #003

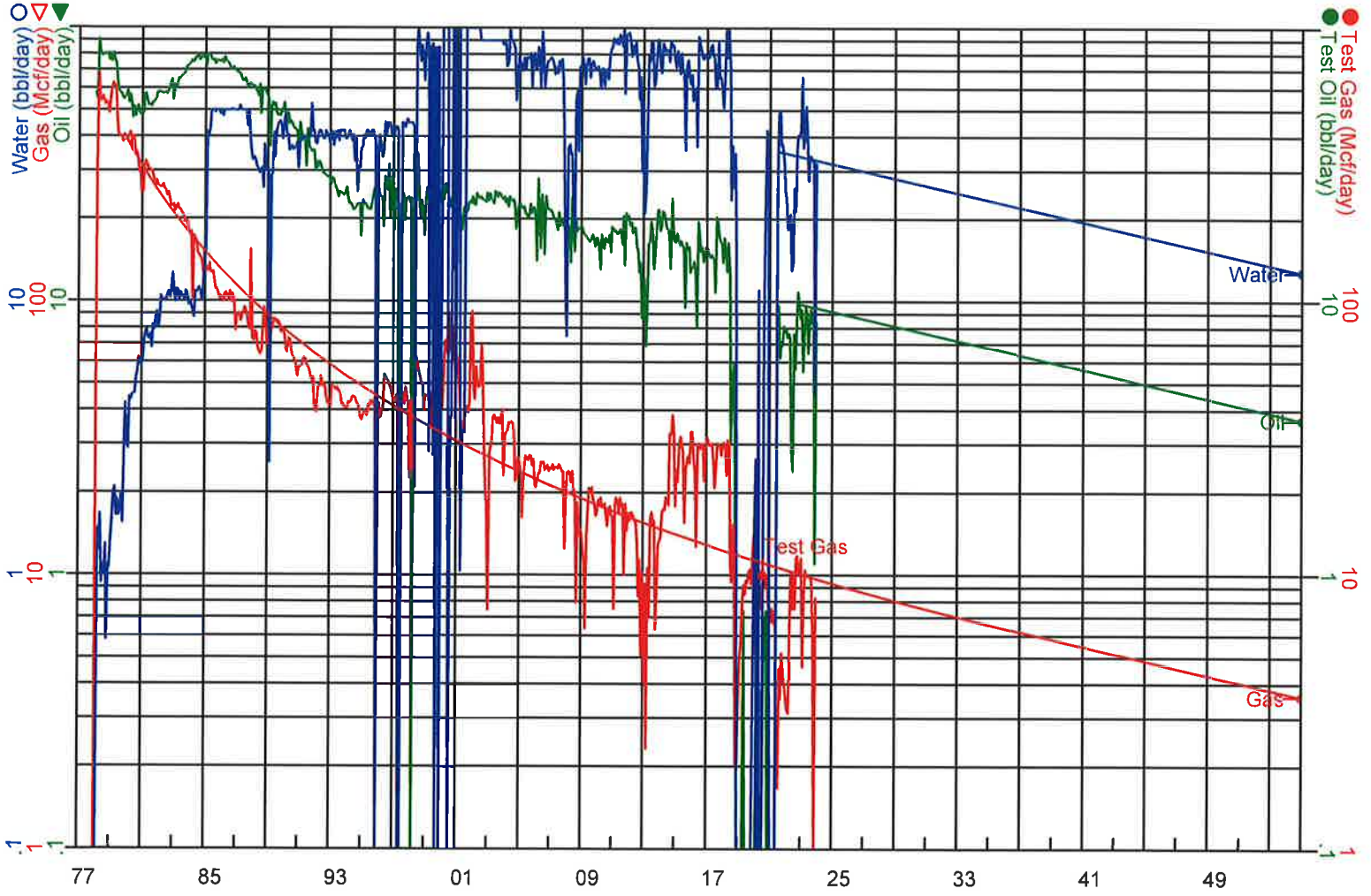
Gas Rem: 13.28 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e785

Field: NORTH JAL UNIT
Case Name: CITIES THOMAS #004

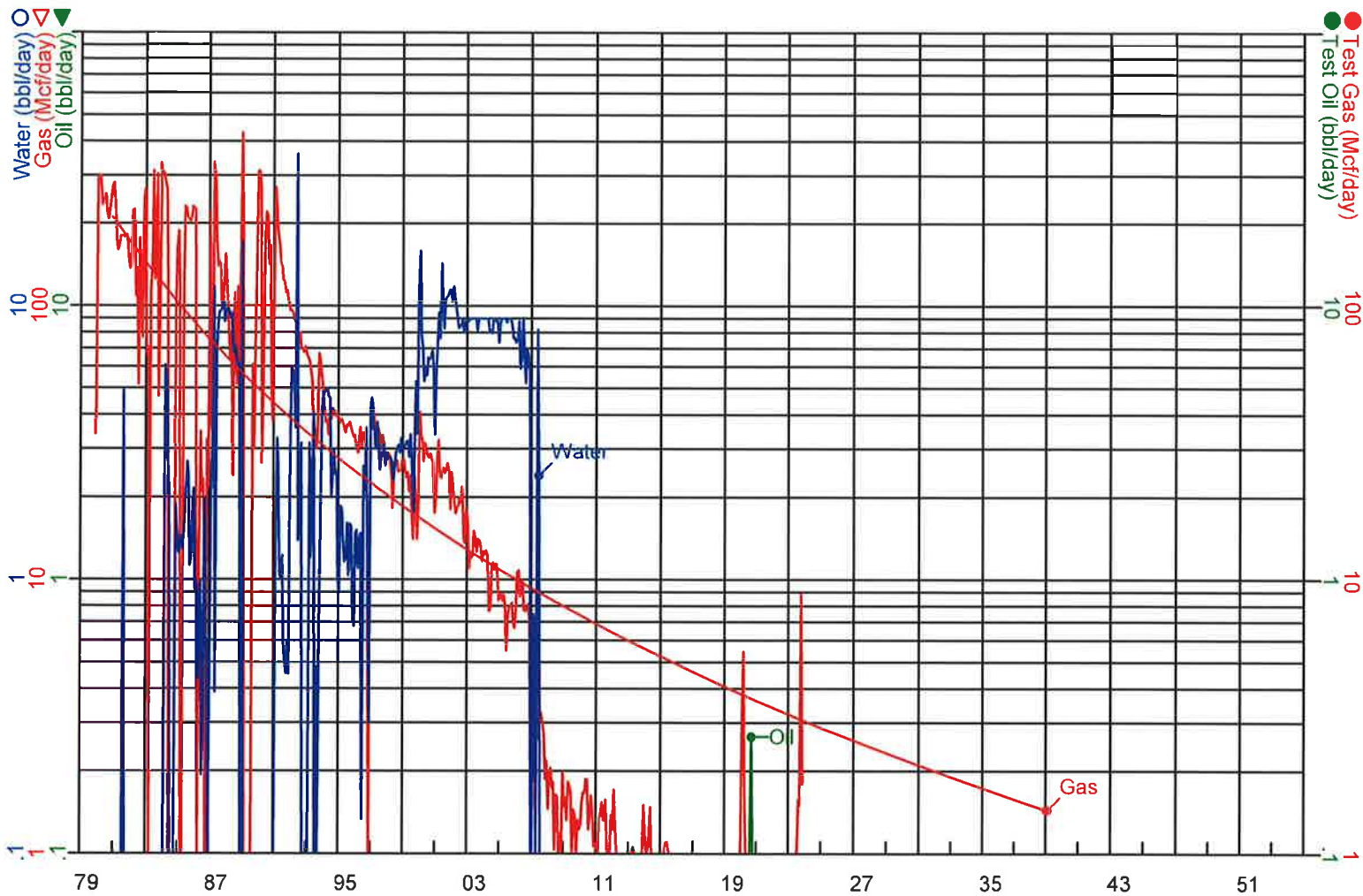
Oil Rem: 88.61 Mbbbl
Gas Rem: 87.17 MMcf



Ex.-C-2a-e786

Field: NORTH JAL UNIT
Case Name: CUSTER STATE #001

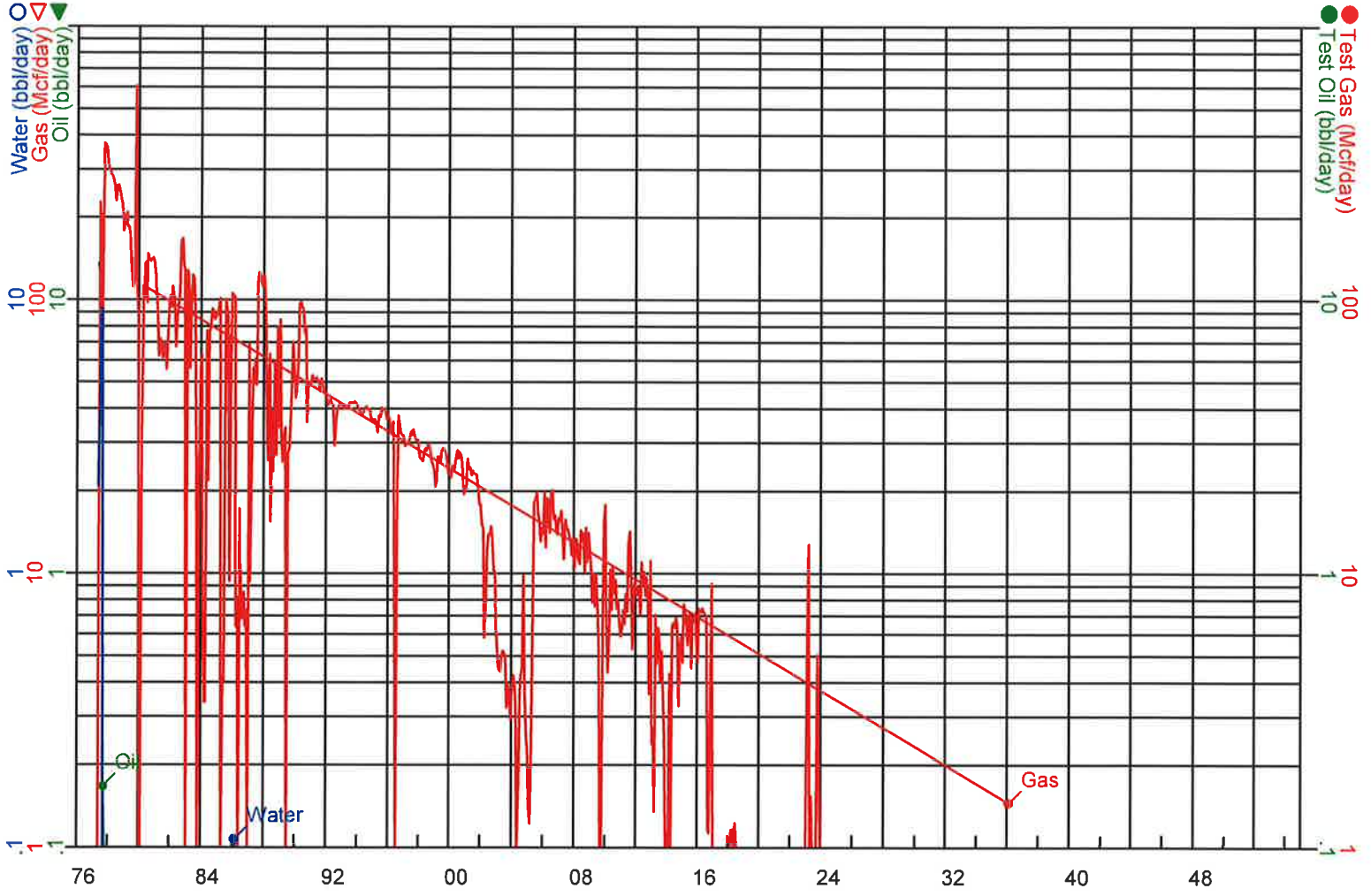
Gas Rem: 11.65 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e787

Field: NORTH JAL UNIT
Case Name: FLUOR HARRISON #001

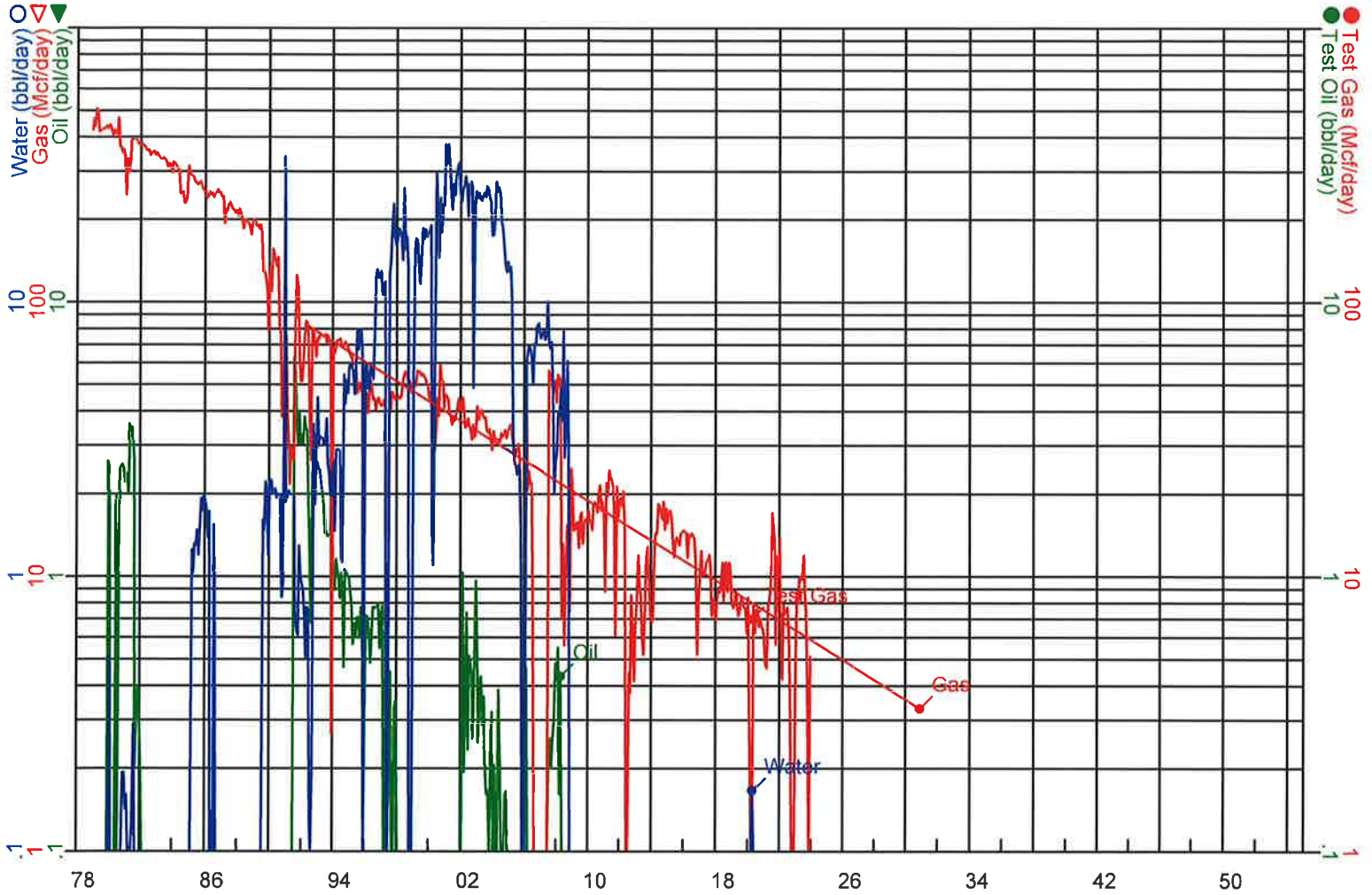
Gas Rem: 10.70 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e788

Field: NORTH JAL UNIT
Case Name: GULF EDDIE CORRIGAN #001

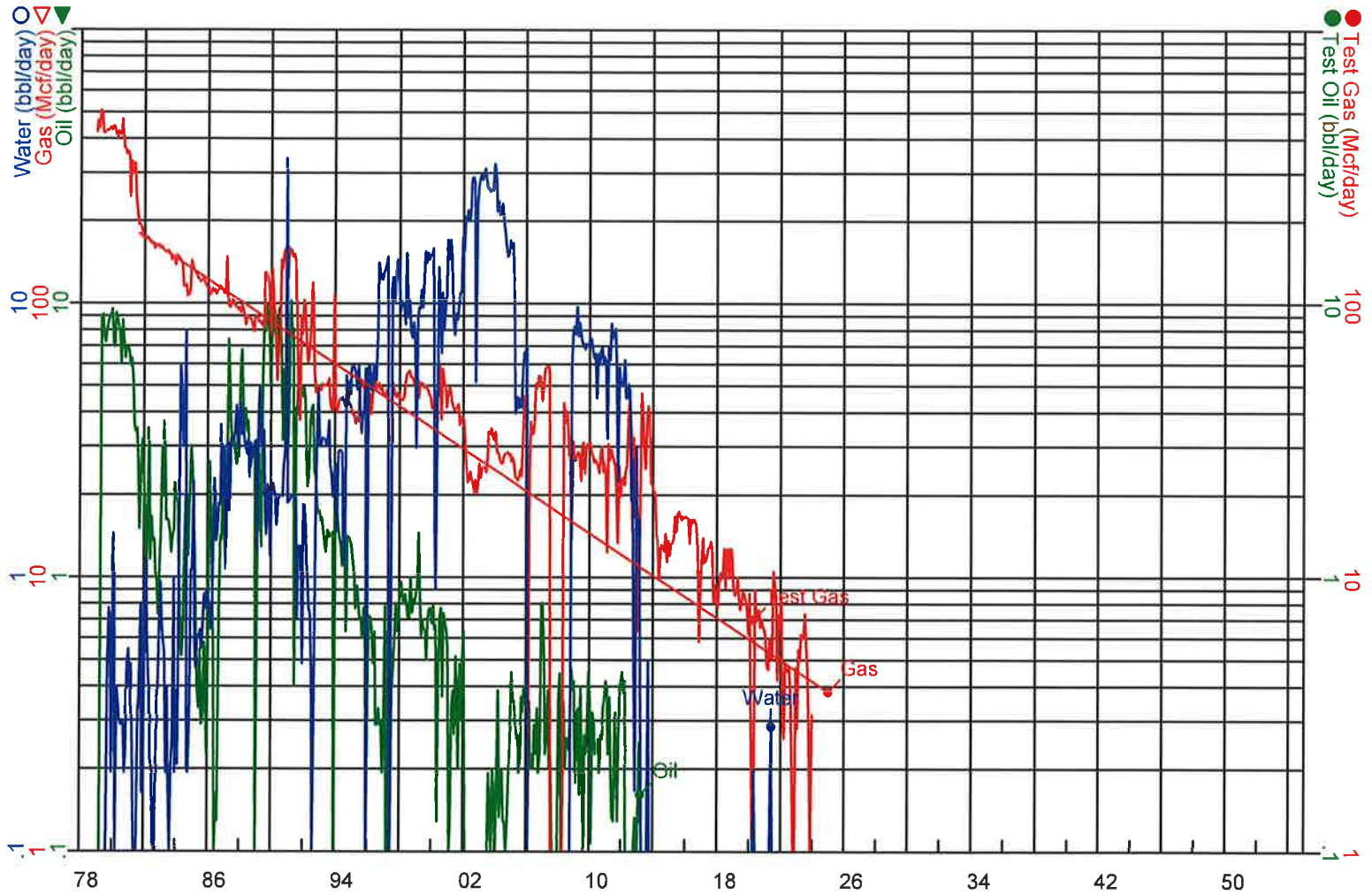
Gas Rem: 11.28 MMcf
Oil Rem: 0.00 Mbbl



Ex.-C-2a-e789

Field: NORTH JAL UNIT
Case Name: GULF EDDIE CORRIGAN #002

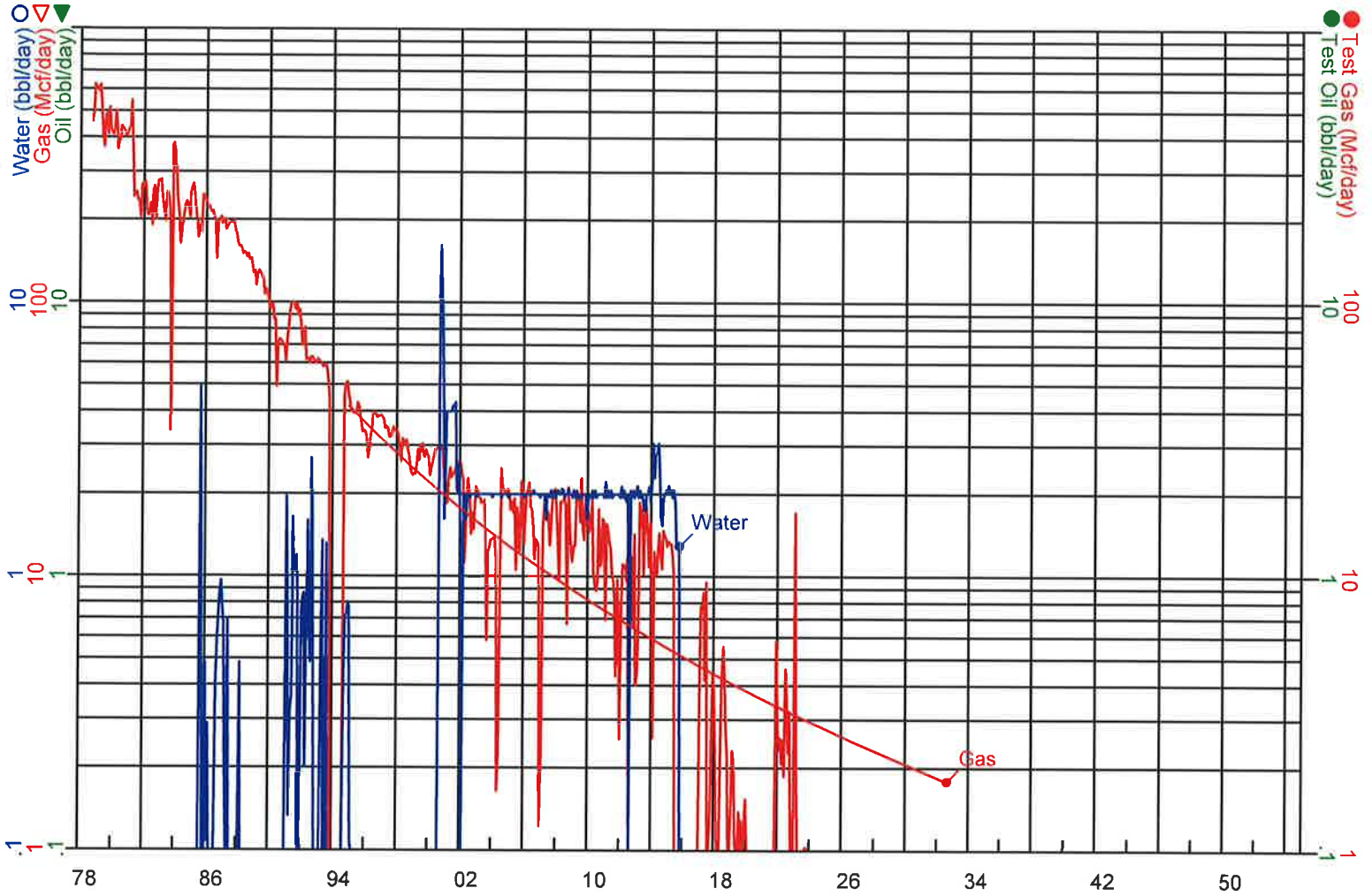
Gas Rem: 1.46 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e790

Field: NORTH JAL UNIT
Case Name: HENRY HARRISON #001

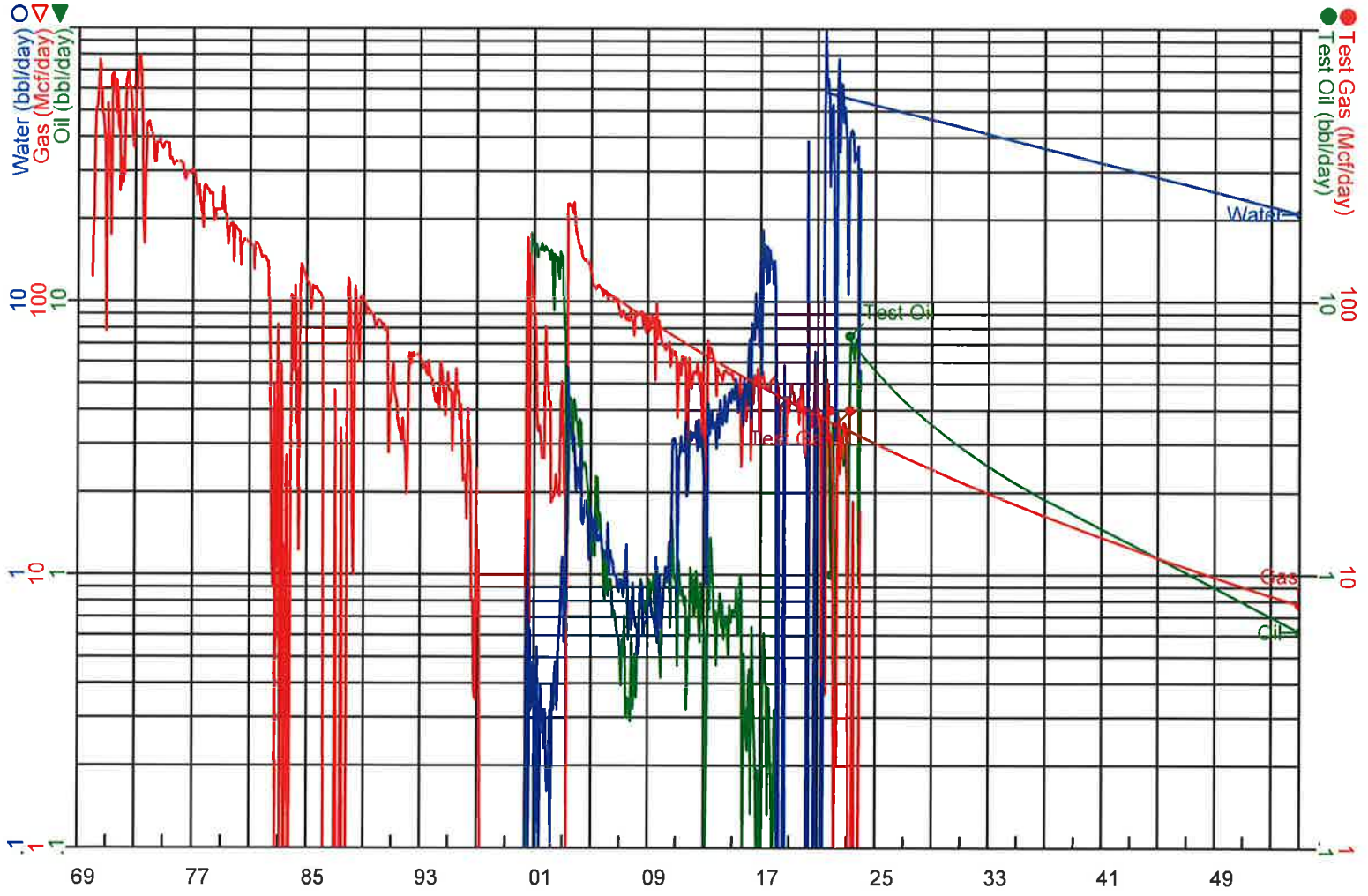
Gas Rem: 7.28 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e791

Field: NORTH JAL UNIT
Case Name: JACK B 30 #001

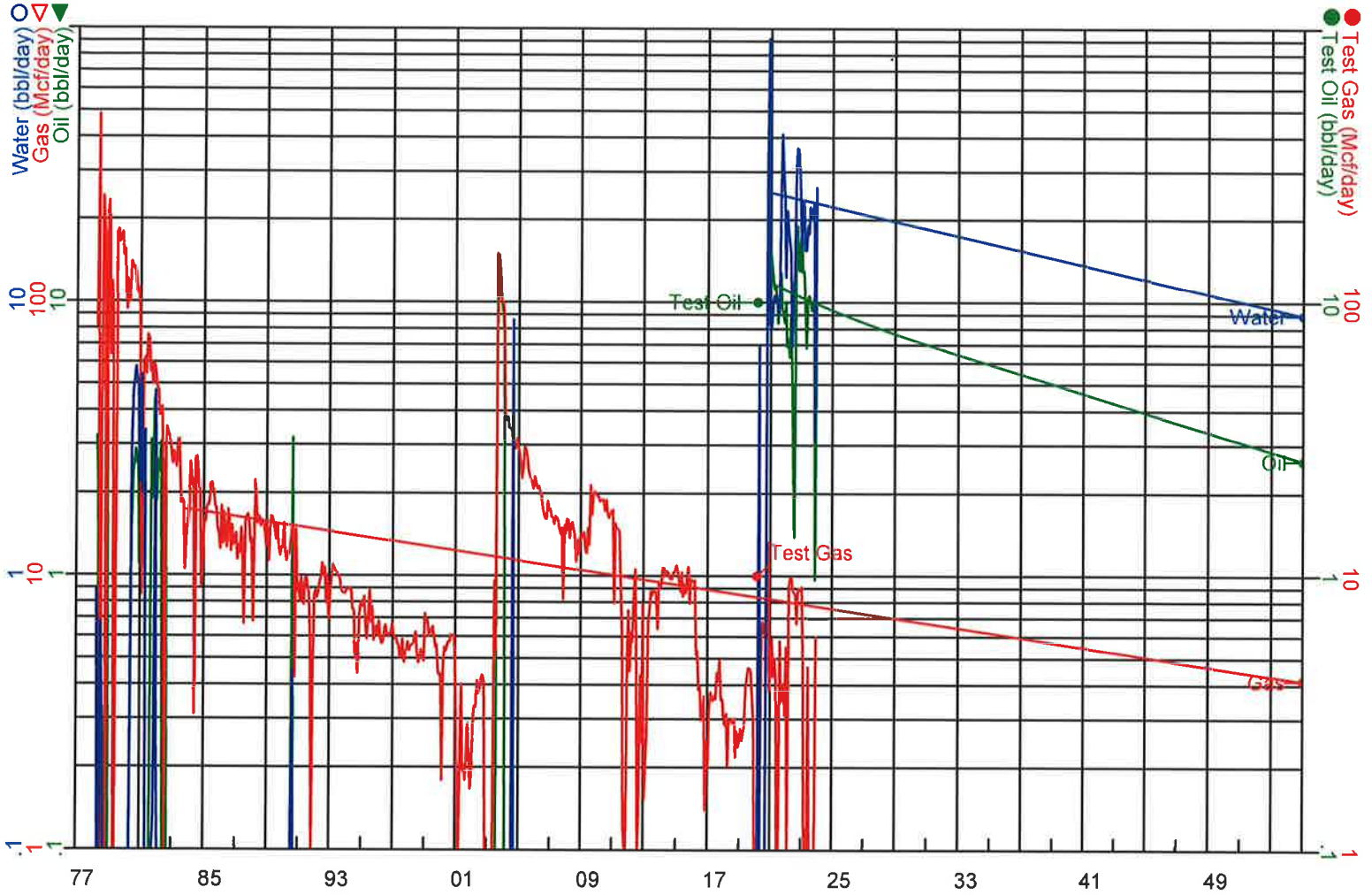
Oil Rem: 26.09 Mbbbl
Gas Rem: 222.52 MMcf



Ex.-C-2a-e792

Field: NORTH JAL UNIT
Case Name: JACK B 30 #002

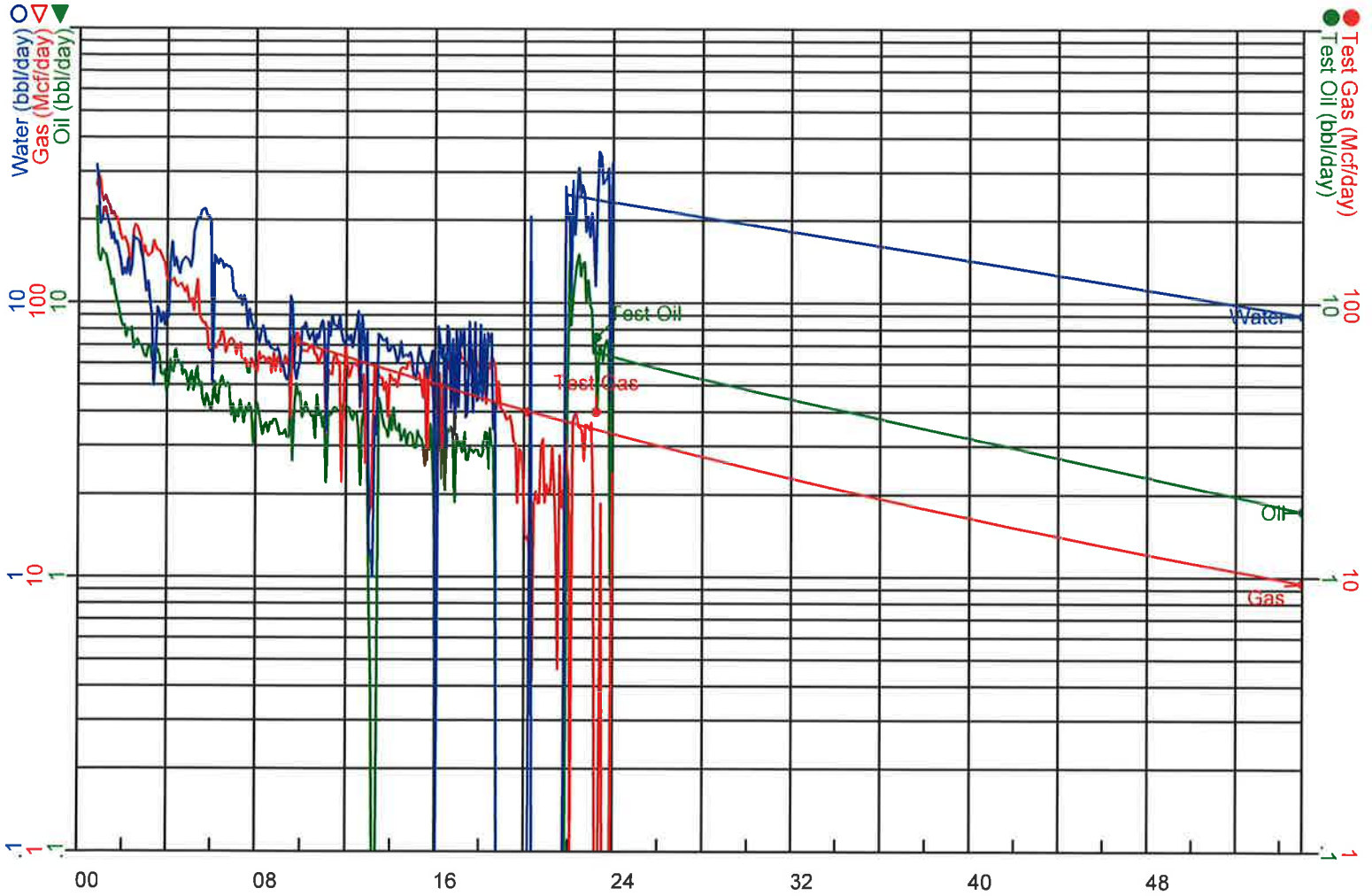
Oil Rem: 72.93 Mbbbl
Gas Rem: 89.08 MMcf



Ex.-C-2a-e793

Field: NORTH JAL UNIT
Case Name: JACK B 30 #003

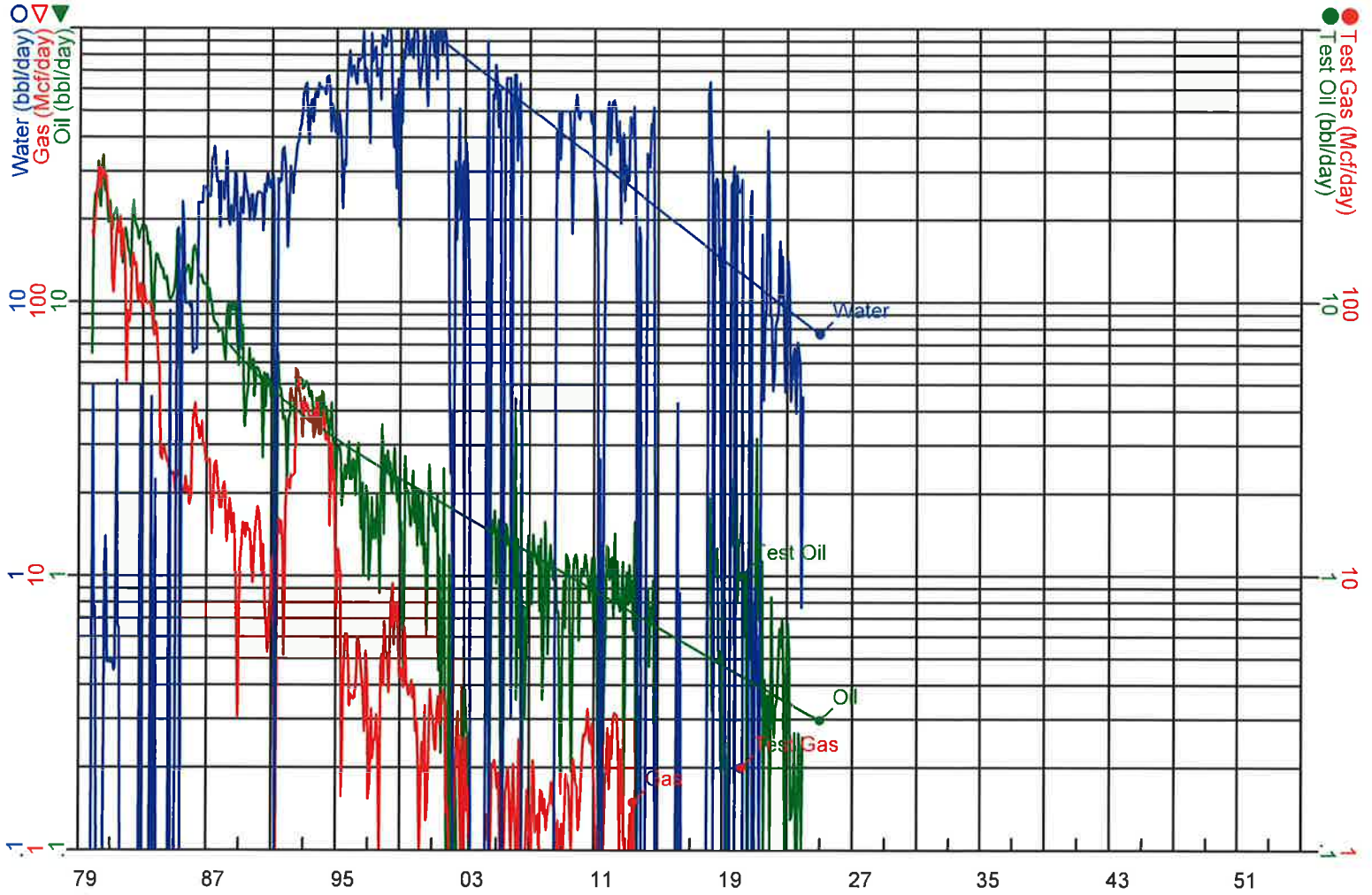
Oil Rem: 48.24 Mbbbl
Gas Rem: 256.70 MMcf



Ex.-C-2a-e794

Field: NORTH JAL UNIT
Case Name: KIMMY #003

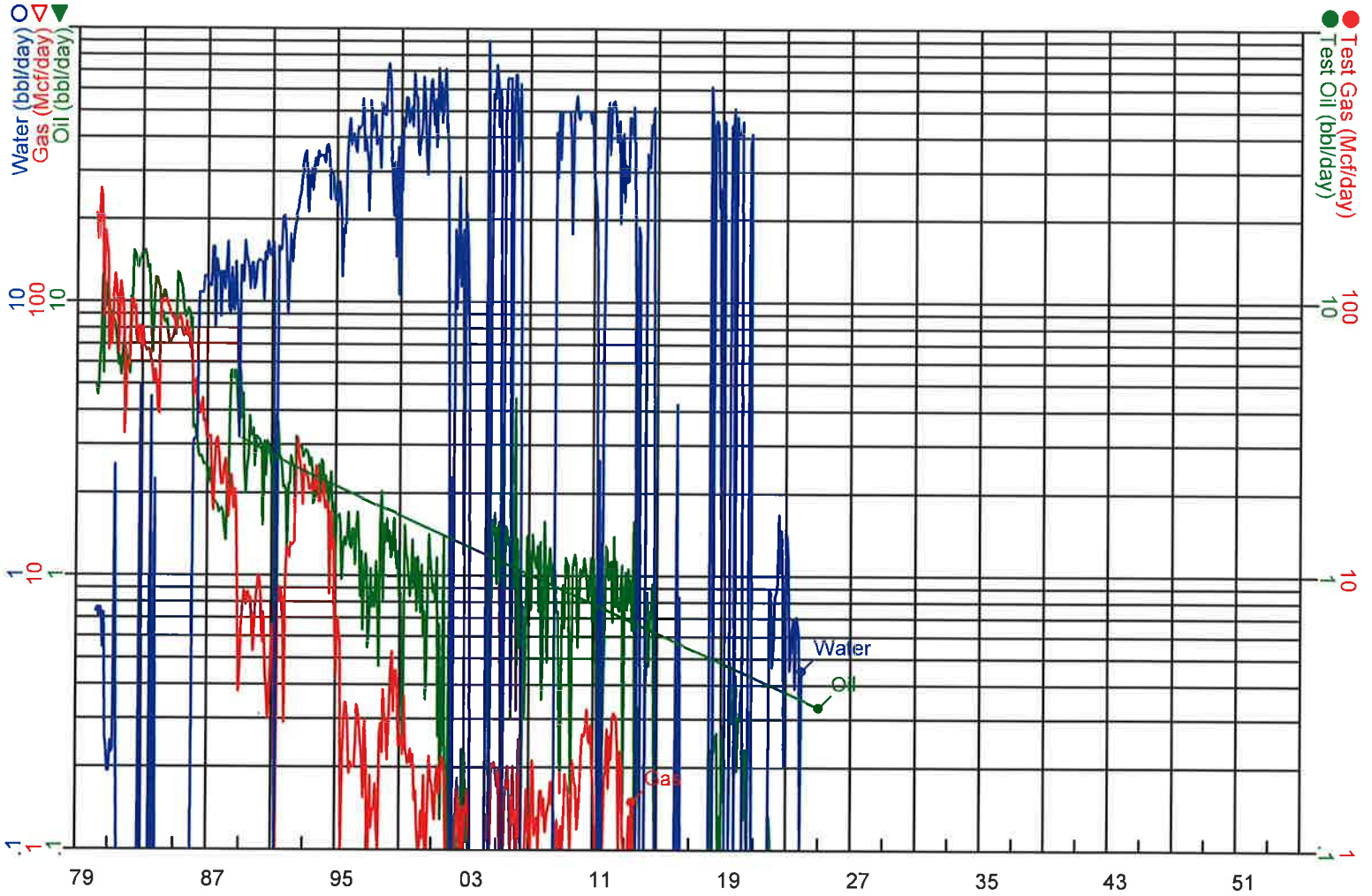
Oil Rem: 0.11 Mbbbl
Gas Rem: 0.00 MMcf



Ex.-C-2a-e795

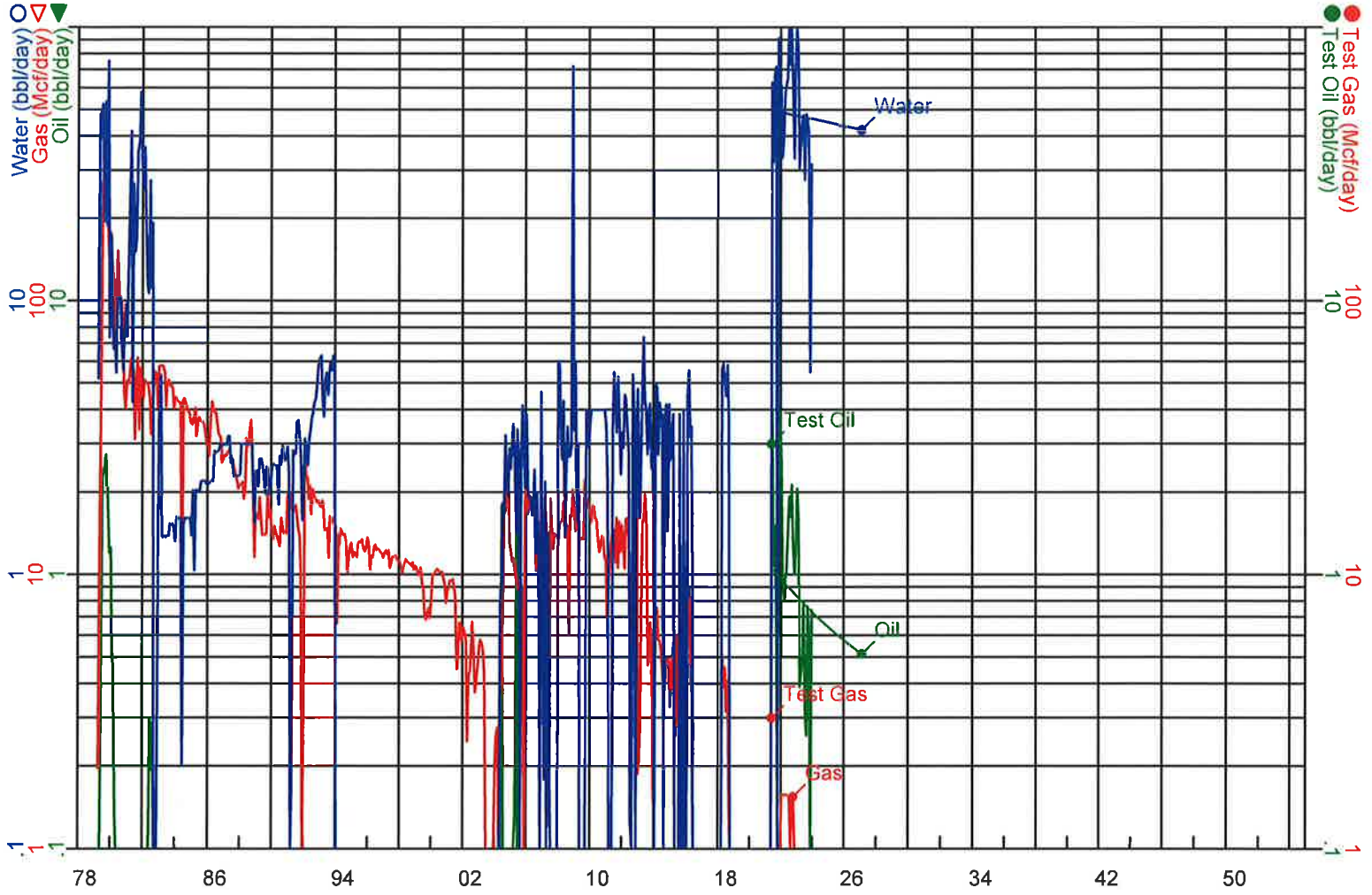
Field: NORTH JAL UNIT
Case Name: KIMMY #004

Oil Rem: 0.12 Mbbbl
Gas Rem: 0.00 MMcf



Field: NORTH JAL UNIT
Case Name: KIMMY K #001

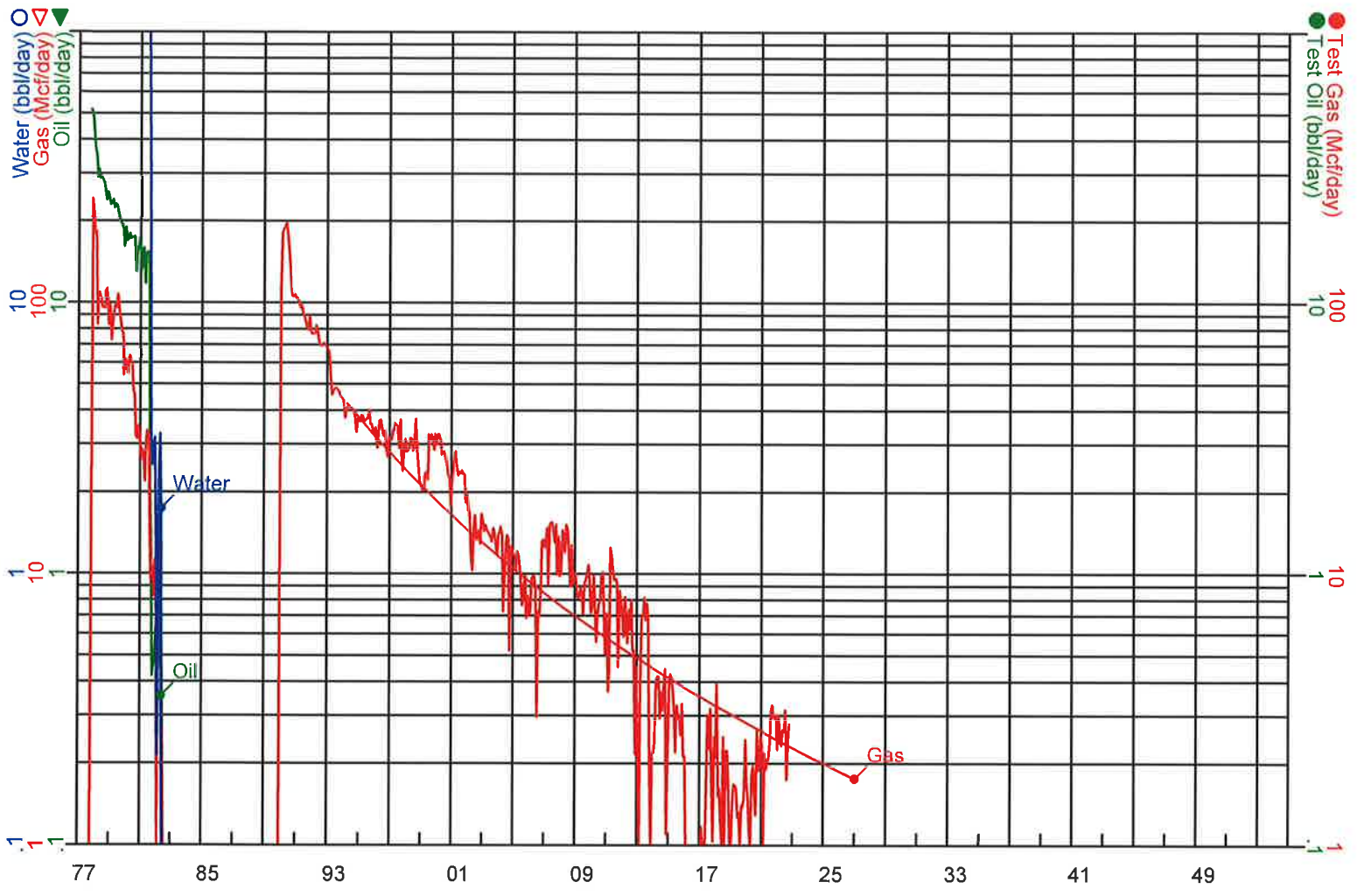
Oil Rem: 0,70 Mbbbl
Gas Rem: 0,00 MMcf



Ex.-C-2a-e797

Field: NORTH JAL UNIT
Case Name: KING HARRISON C #001

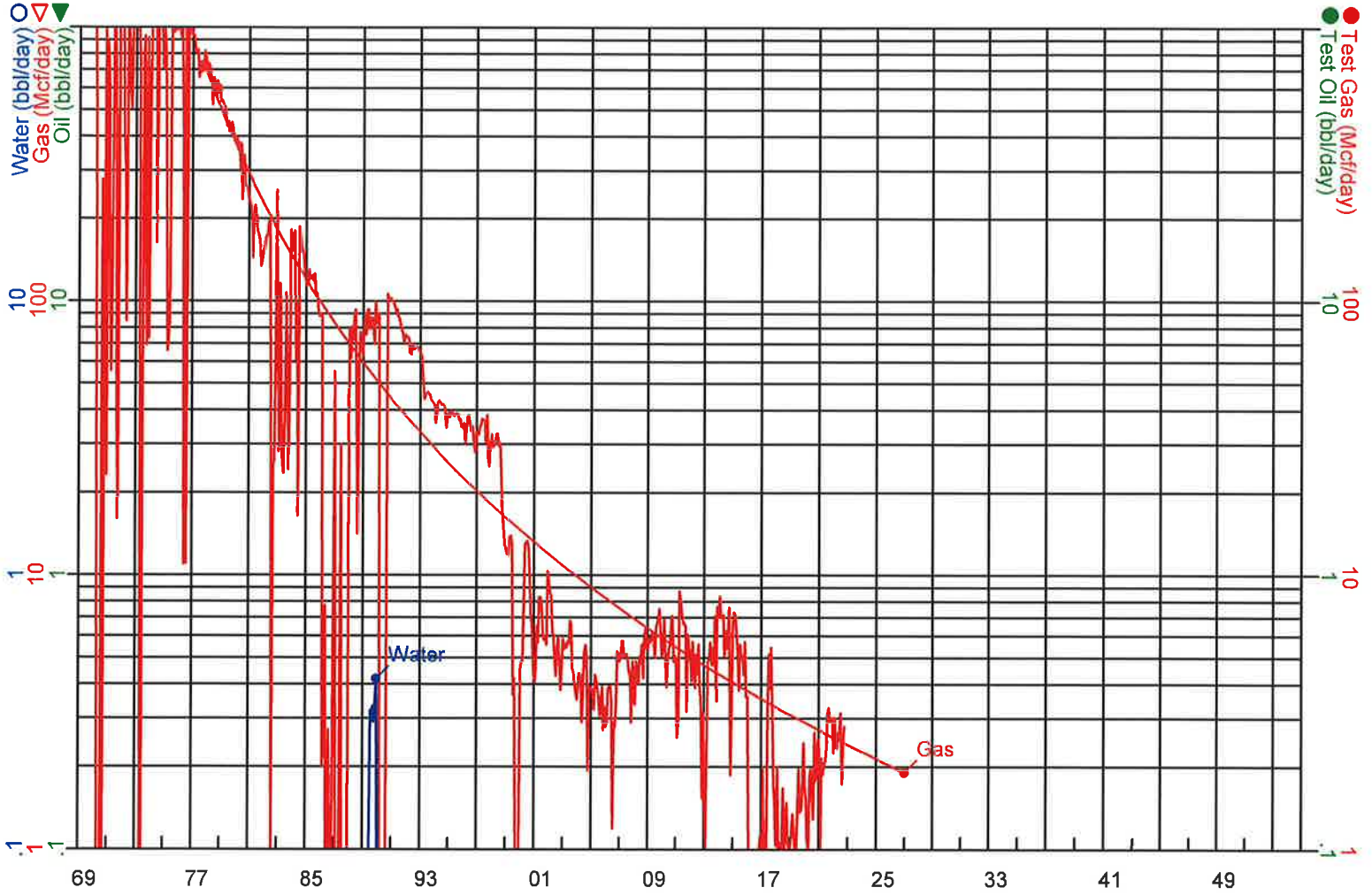
Gas Rem: 2.14 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e798

Field: NORTH JAL UNIT
Case Name: KING HARRISON C #003

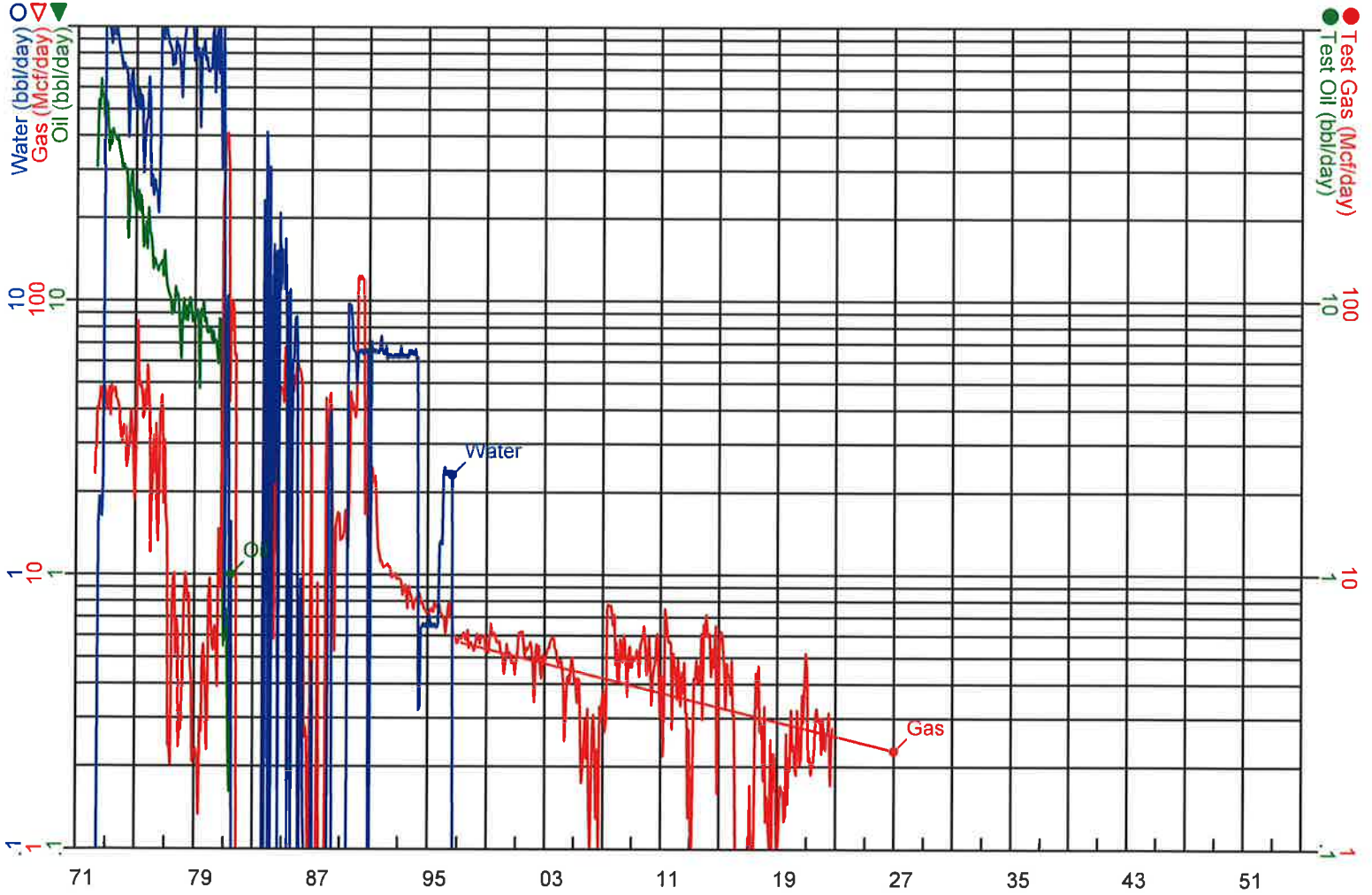
Gas Rem: 2.29 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e799

Field: NORTH JAL UNIT
Case Name: KING HARRISON C #005

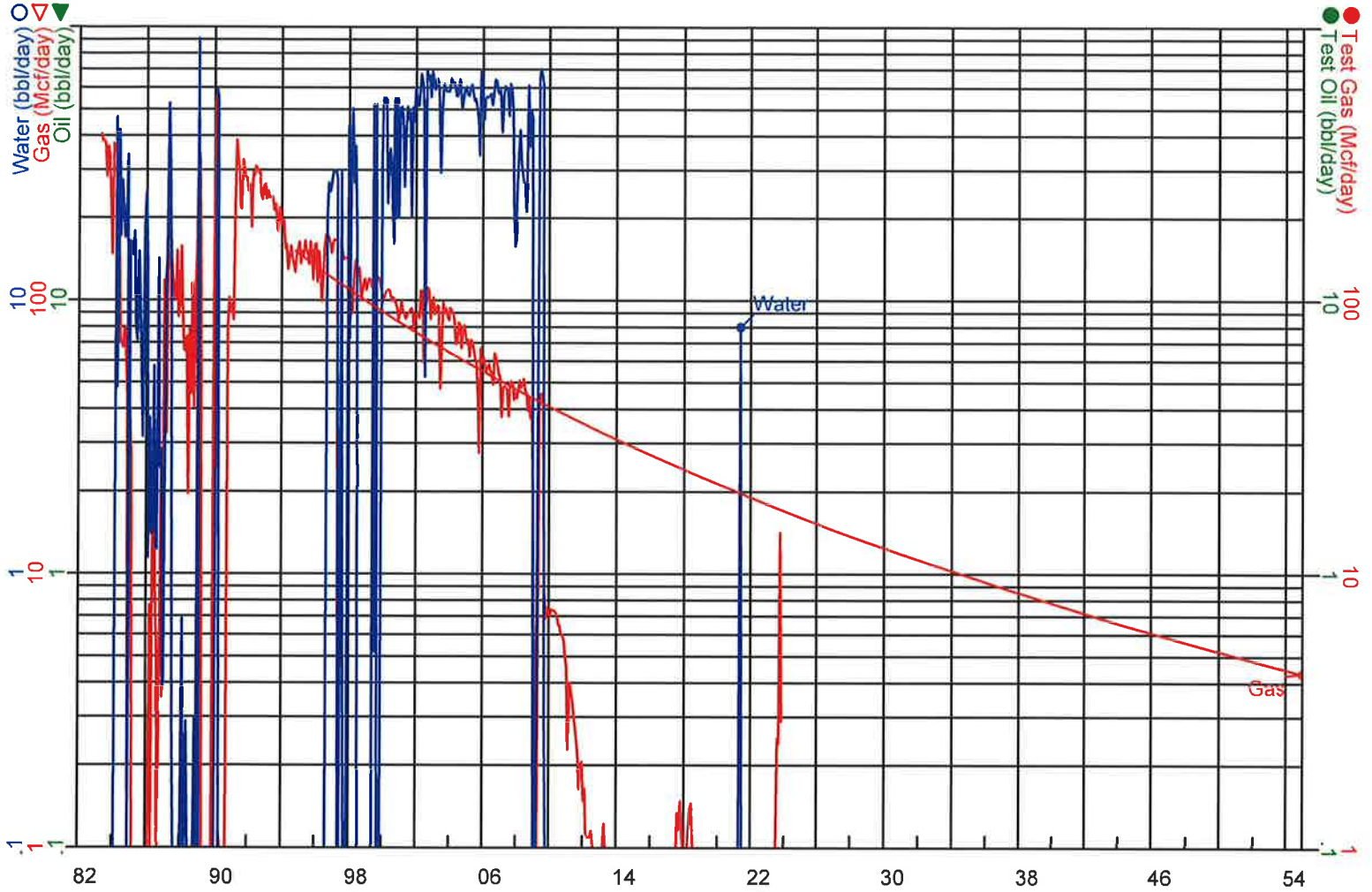
Gas Rem: 2.62 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e800

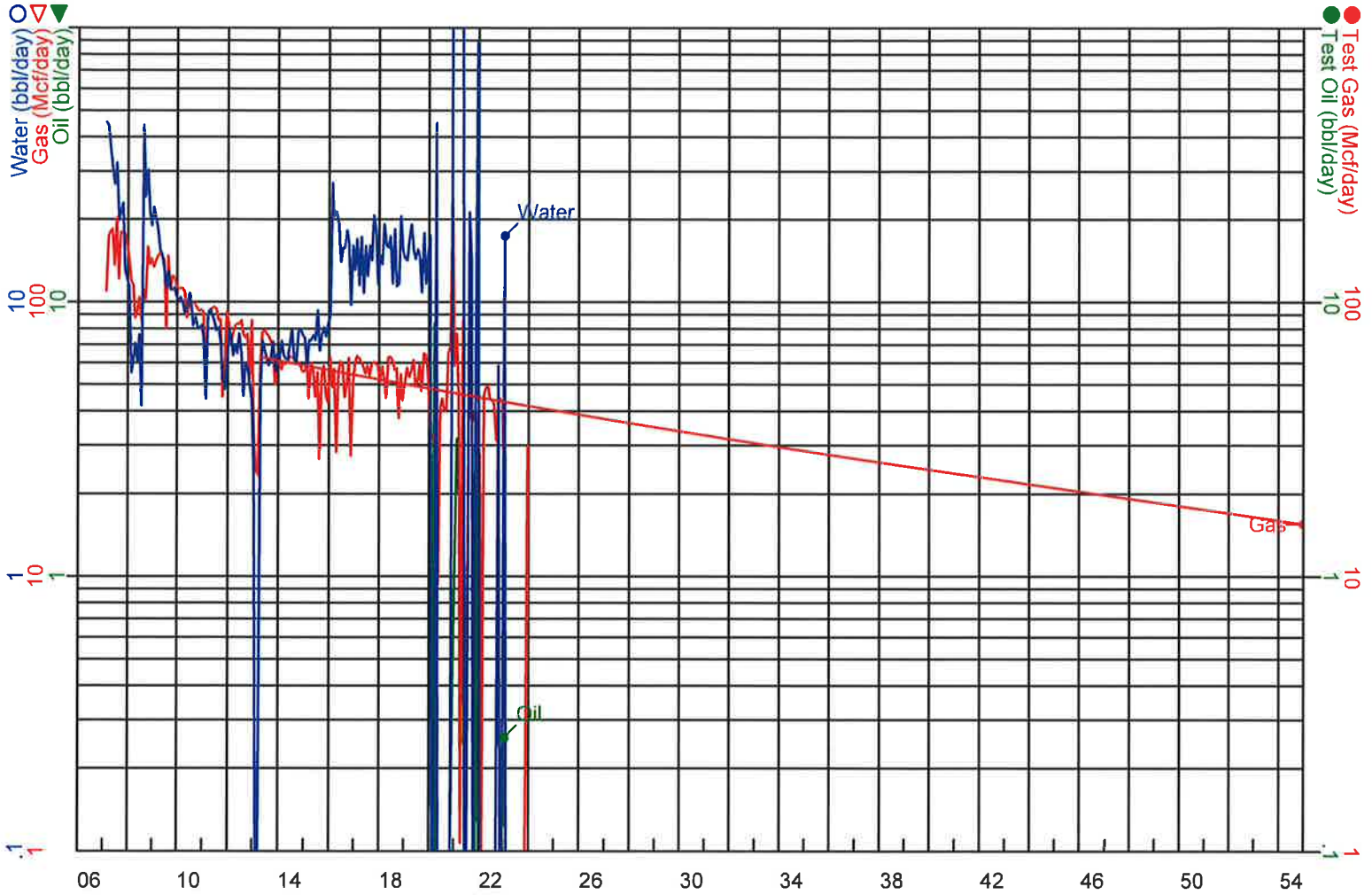
Field: NORTH JAL UNIT
Case Name: LANGLIE A STATE #003

Gas Rem: 122.61 MMcf
Oil Rem: 0.00 Mbbbl



Field: NORTH JAL UNIT
Case Name: MARTIN B #003

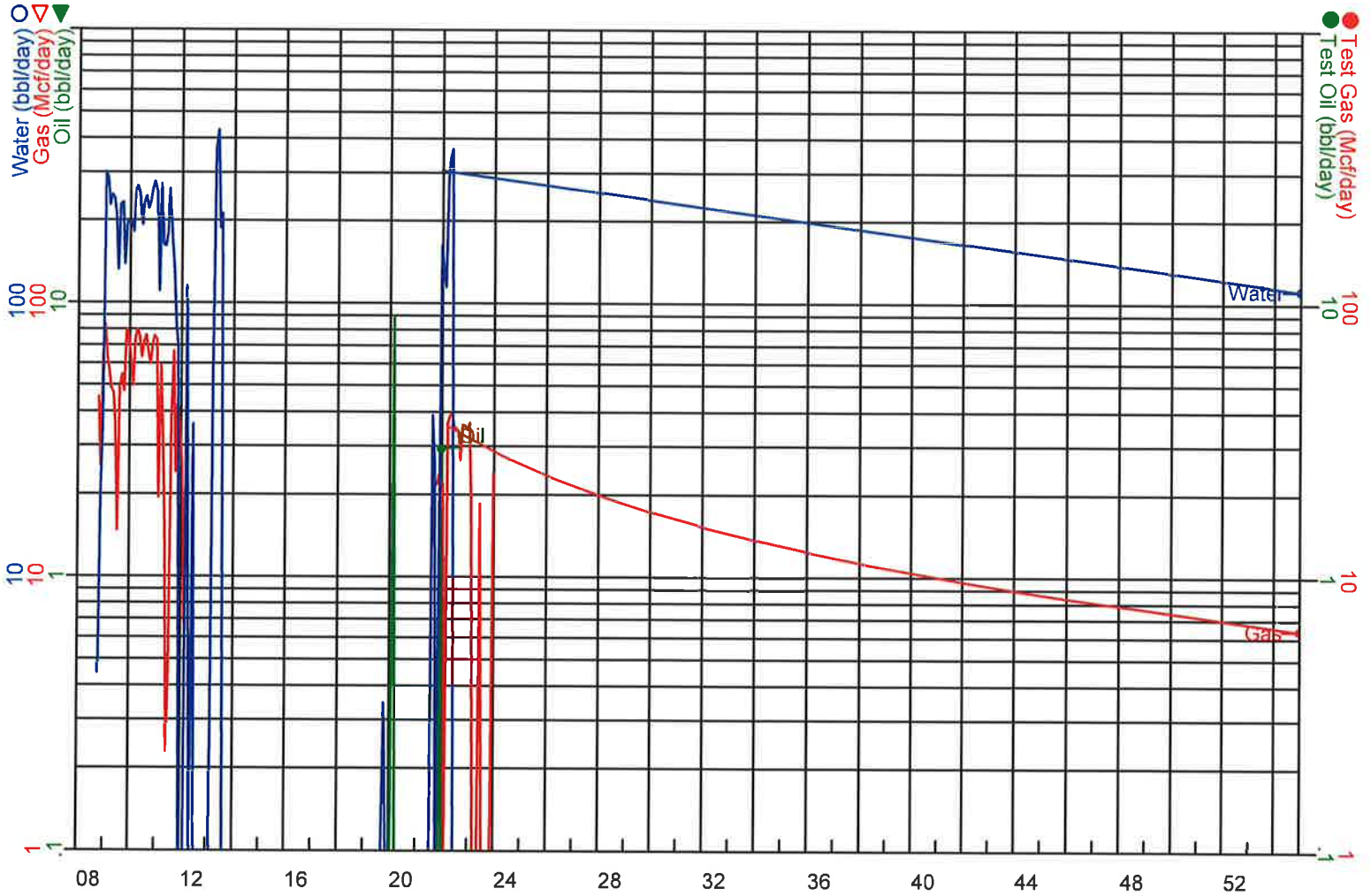
Gas Rem: 306.37 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e802

Field: NORTH JAL UNIT
Case Name: MARTIN B #004

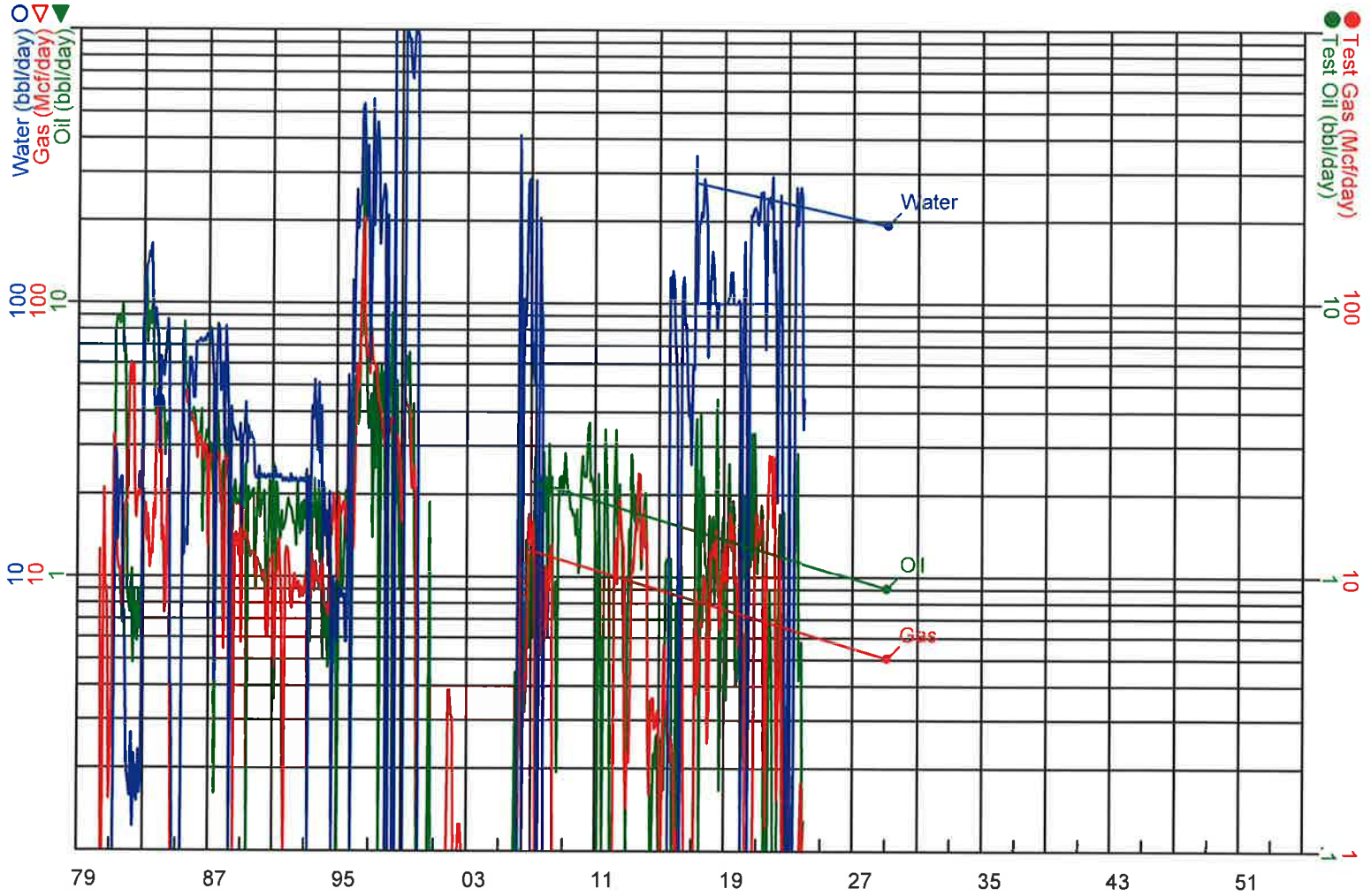
Gas Rem: 161.49 MMcf
Oil Rem: 0.00 Mbb1



Ex.-C-2a-e803

Field: NORTH JAL UNIT
Case Name: POSSH #004

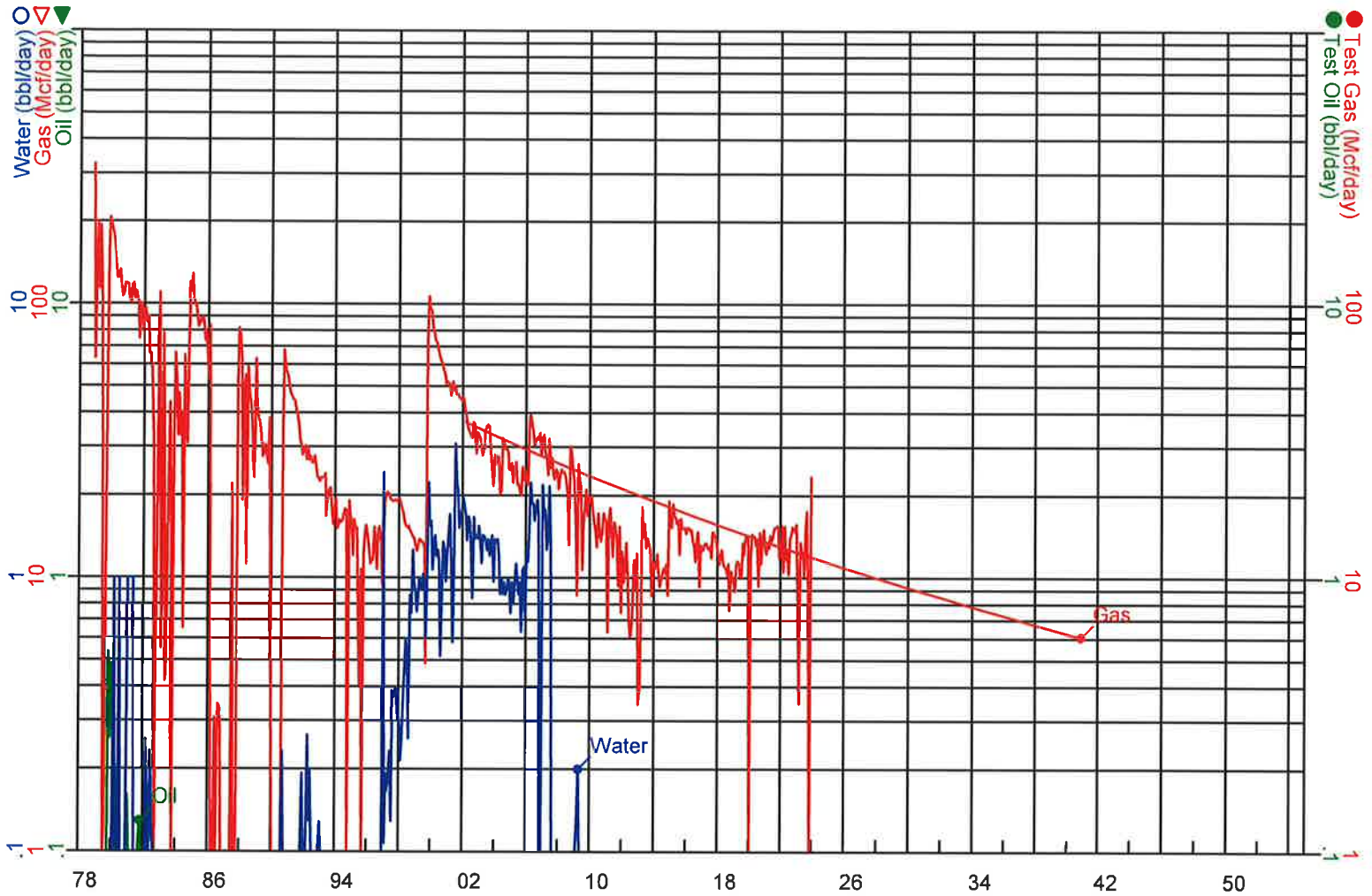
Oil Rem: 1.88 Mbbbl
Gas Rem: 10.46 MMcf



Ex.-C-2a-e804

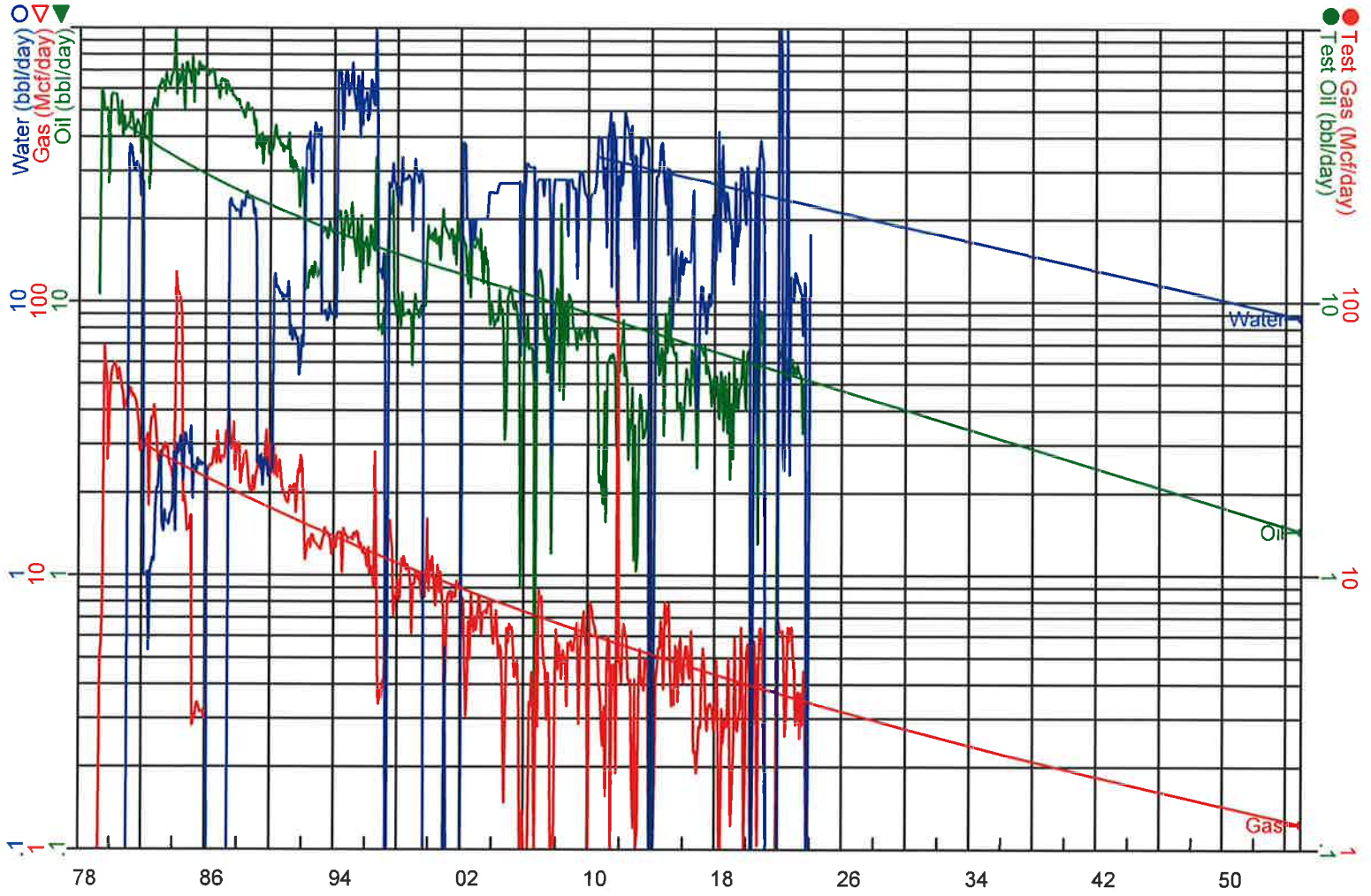
Field: NORTH JAL UNIT
Case Name: SKELLY M STATE #004

Gas Rem: 52.93 MMcf
Oil Rem: 0.00 Mbbbl



Field: NORTH JAL UNIT
Case Name: THOMAS A #003

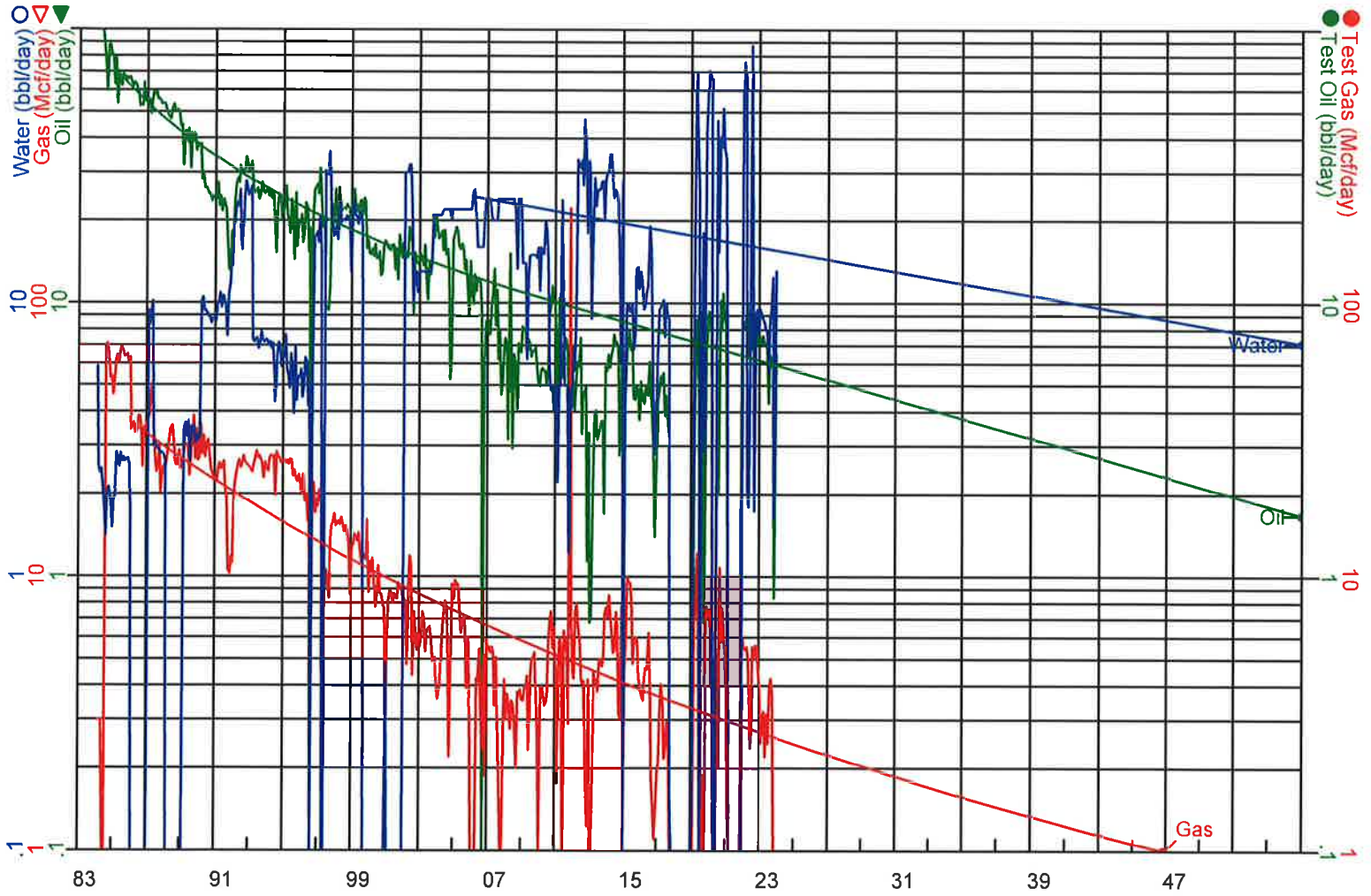
Oil Rem: 40.08 Mbbbl
Gas Rem: 26.83 MMcf



Ex.-C-2a-e806

Field: NORTH JAL UNIT
Case Name: THOMAS A #004

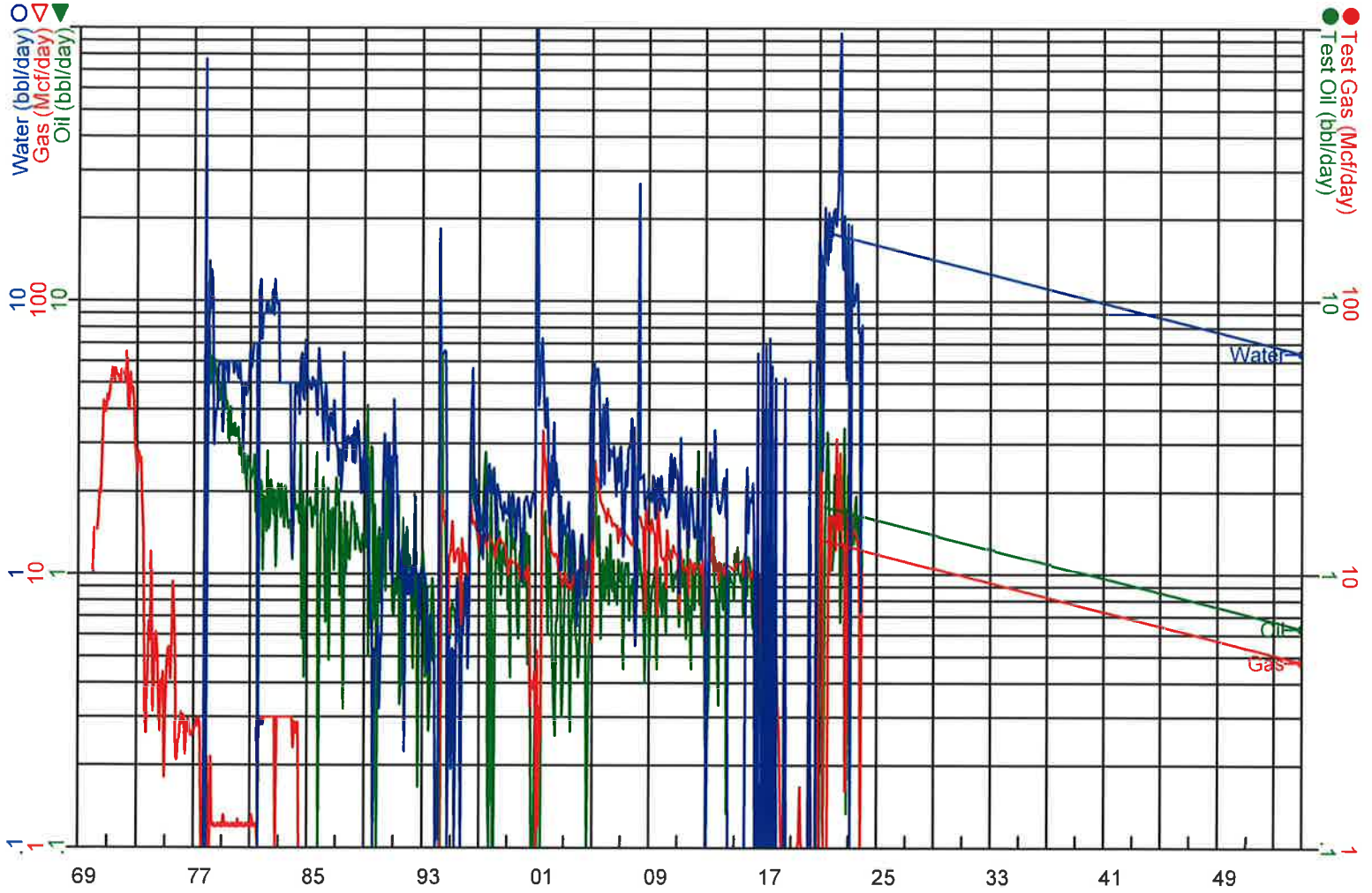
Oil Rem: 46.13 Mbb1
Gas Rem: 13.63 MMcf



Ex.-C-2a-e807

Field: NORTH JAL UNIT
Case Name: VAN ZANDT #001

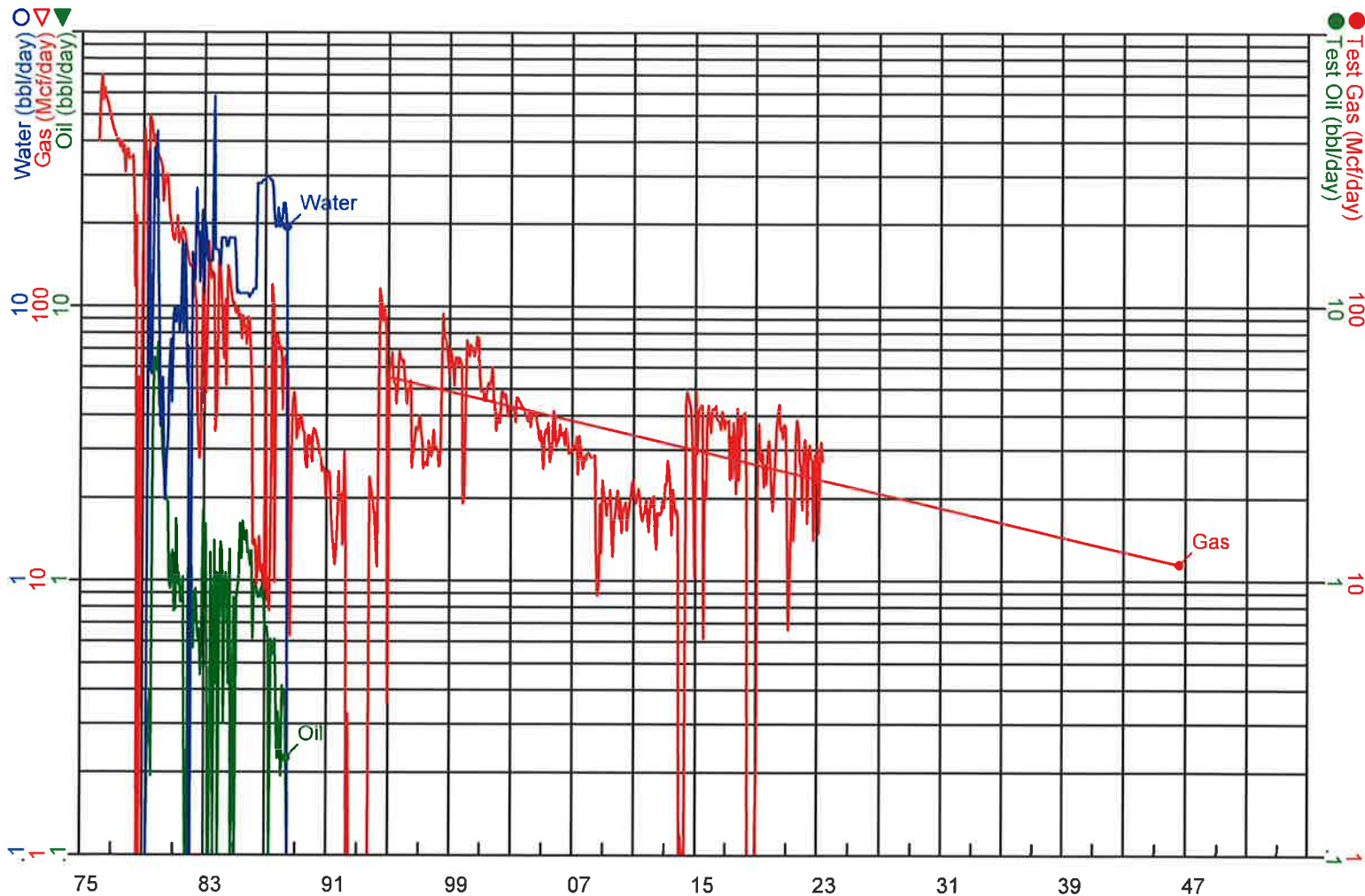
Oil Rem: 14,92 Mbb1
Gas Rem: 112,64 MMcf



Ex.-C-2a-e808

Field: NORTH JAL UNIT
Case Name: W H HARRISON A WN COM #002

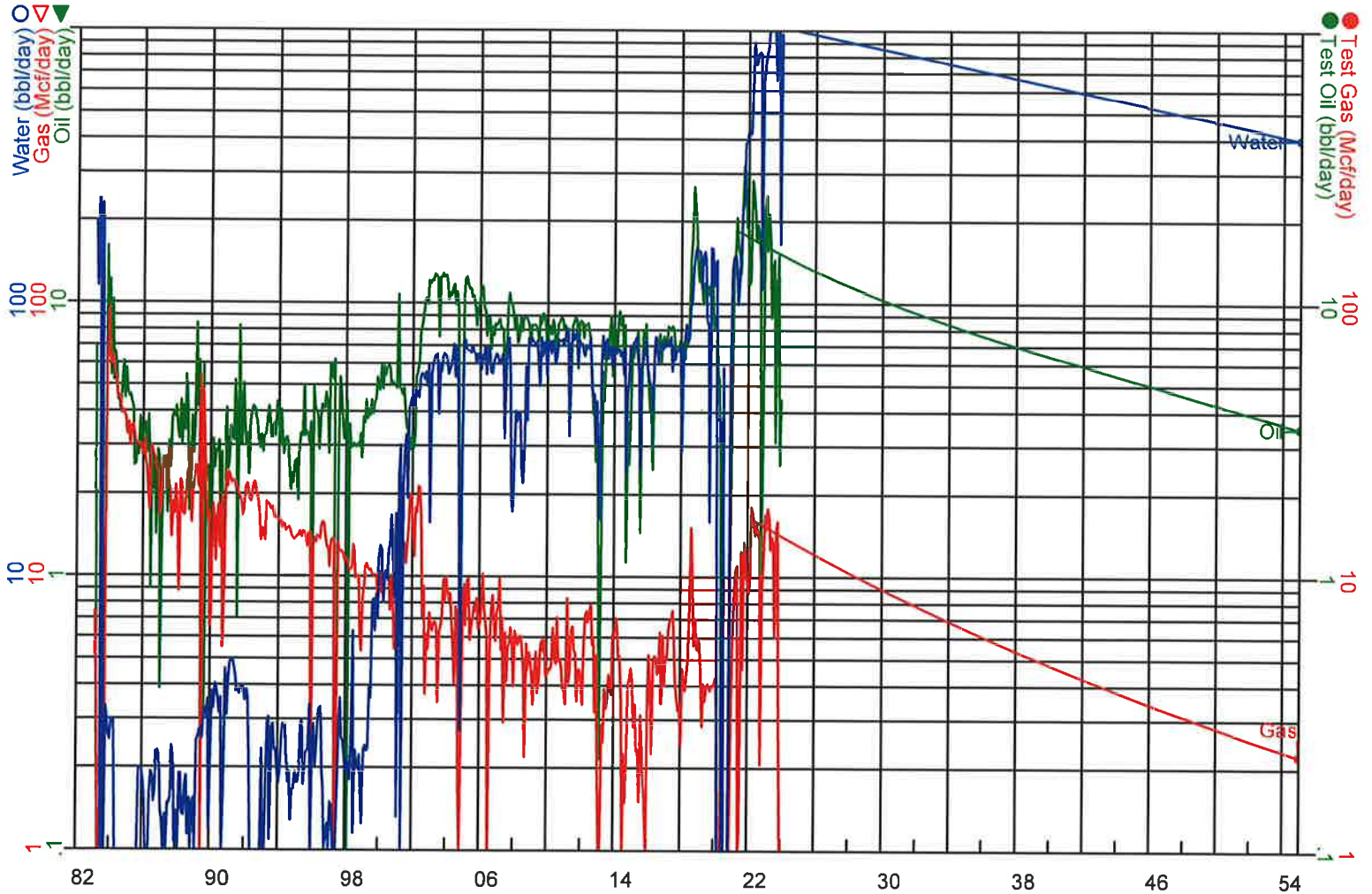
Gas Rem: 135.99 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e809

Field: NORTH JAL UNIT
Case Name: WATKINS #003

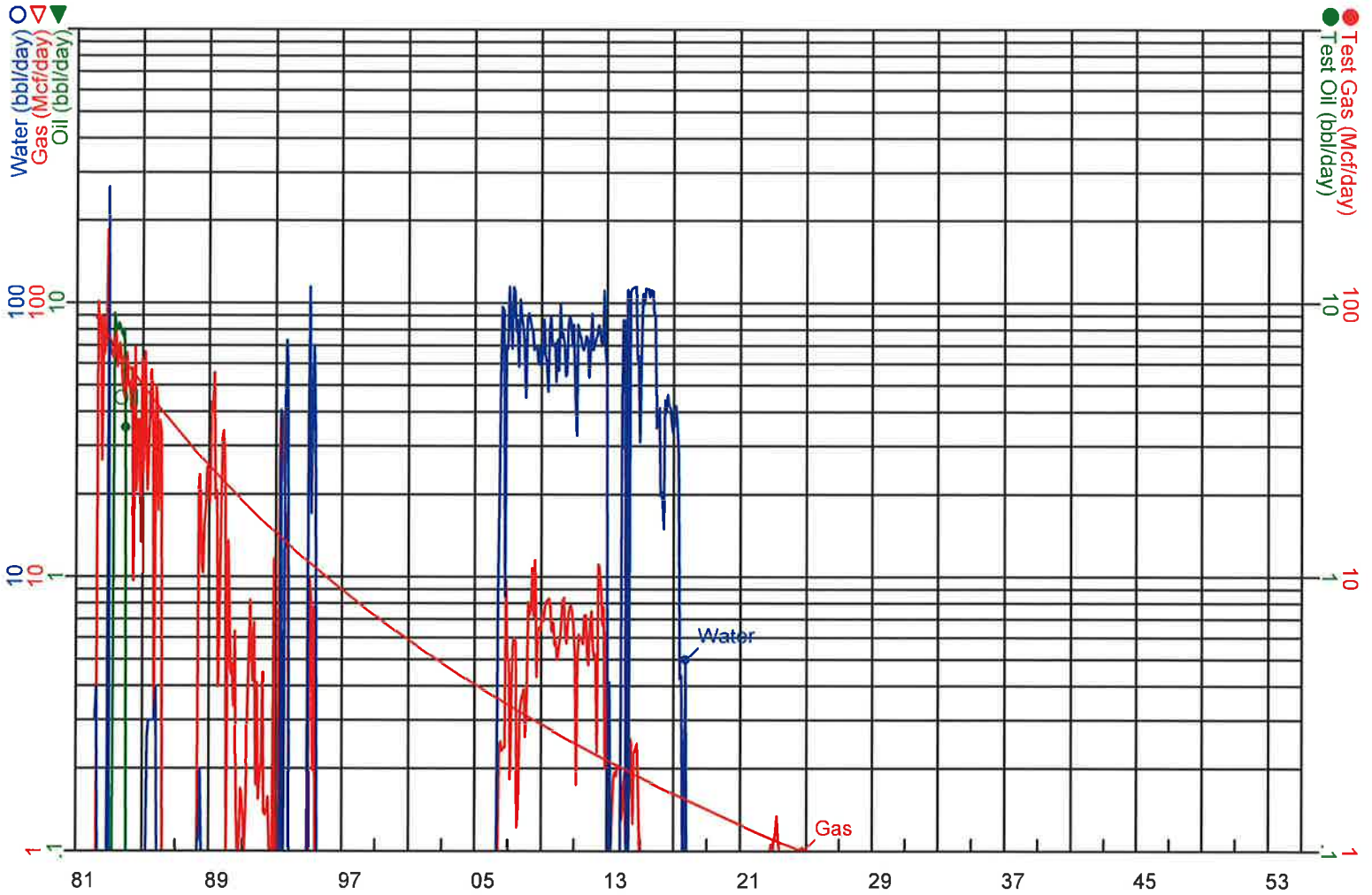
Oil Rem: 98.28 Mbb1
Gas Rem: 76.51 MMcf



Ex.-C-2a-e810

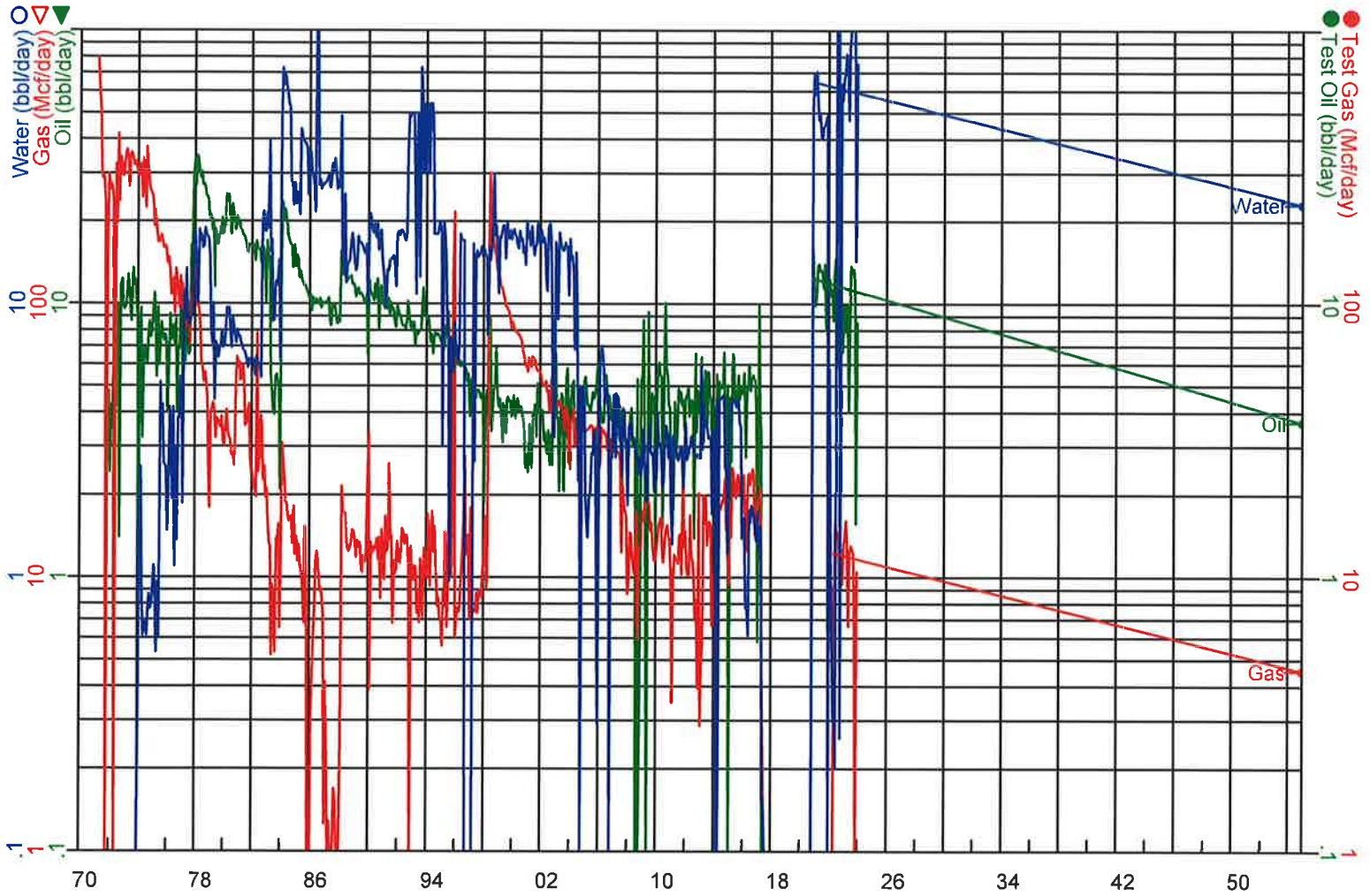
Field: NORTH JAL UNIT
Case Name: WELLS A #002

Gas Rem: 0.29 MMcf
Oil Rem: 0.00 Mbbbl



Field: NORTH JAL UNIT
Case Name: WELLS A #007

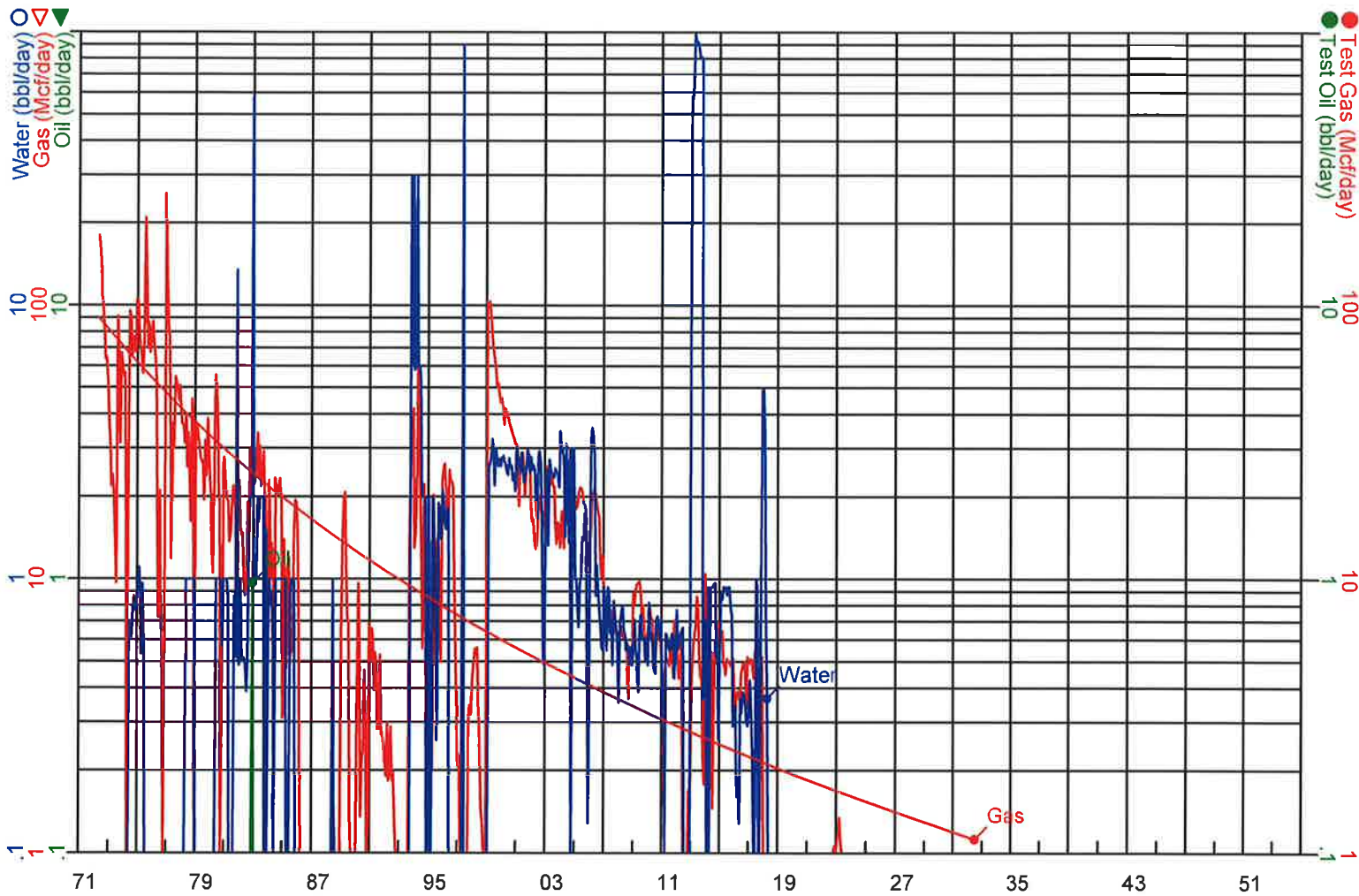
Oil Rem: 90.02 Mbb1
Gas Rem: 103.41 MMcf



Ex.-C-2a-e812

Field: NORTH JAL UNIT
Case Name: WELLS A #008

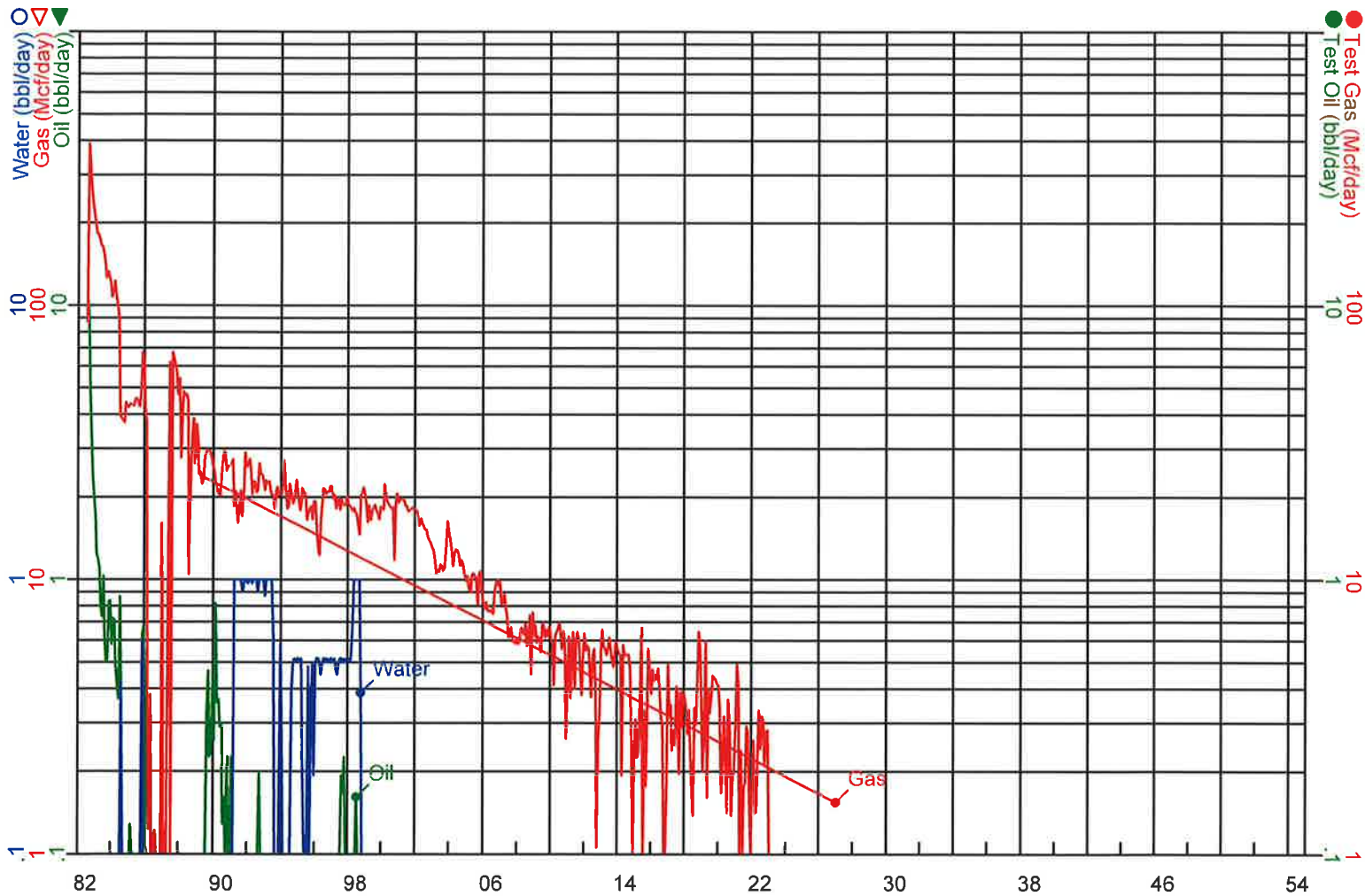
Gas Rem: 4.20 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e813

Field: NORTH JAL UNIT
Case Name: WM H HARRISON D WN COM #007

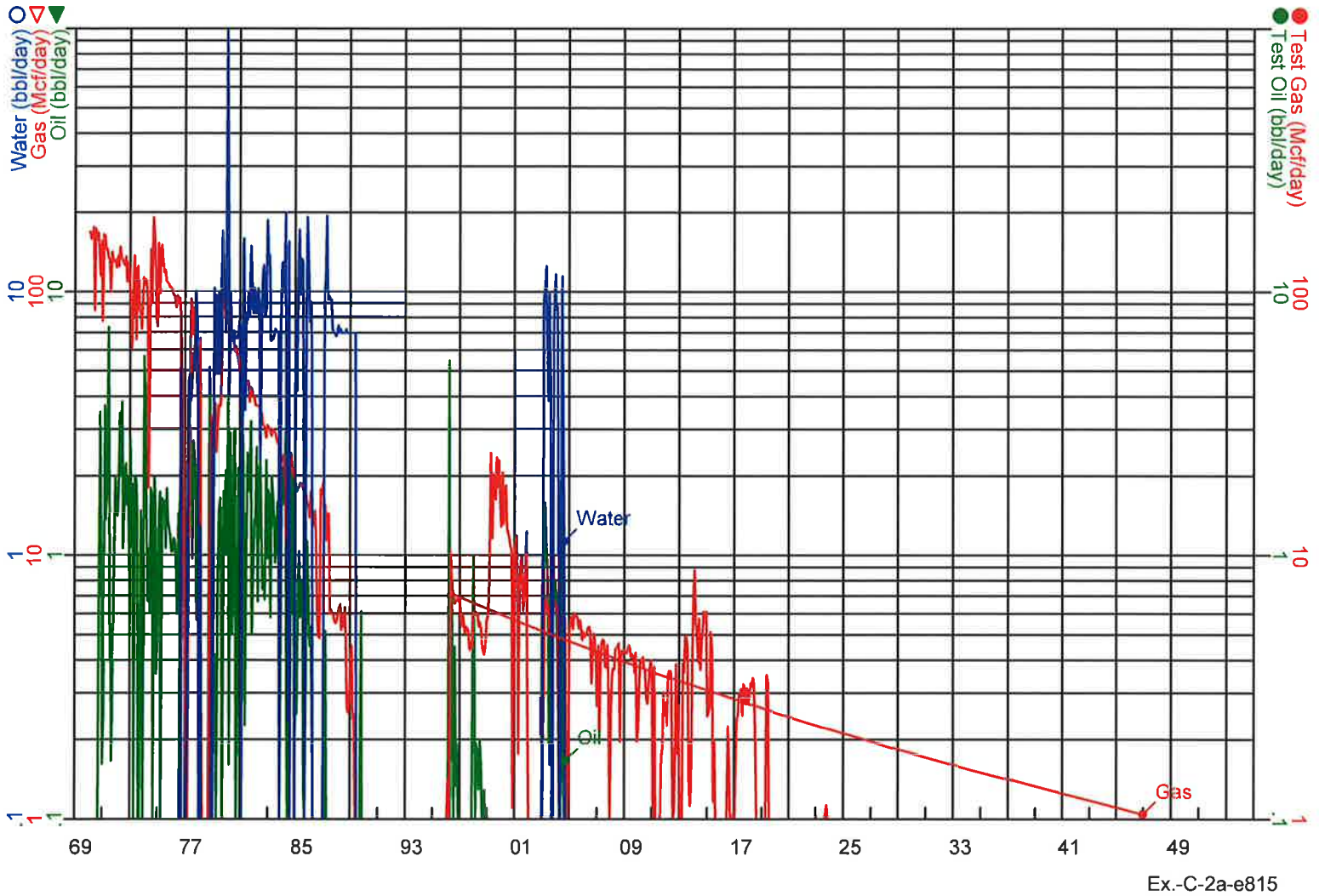
Gas Rem: 1.90 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e814

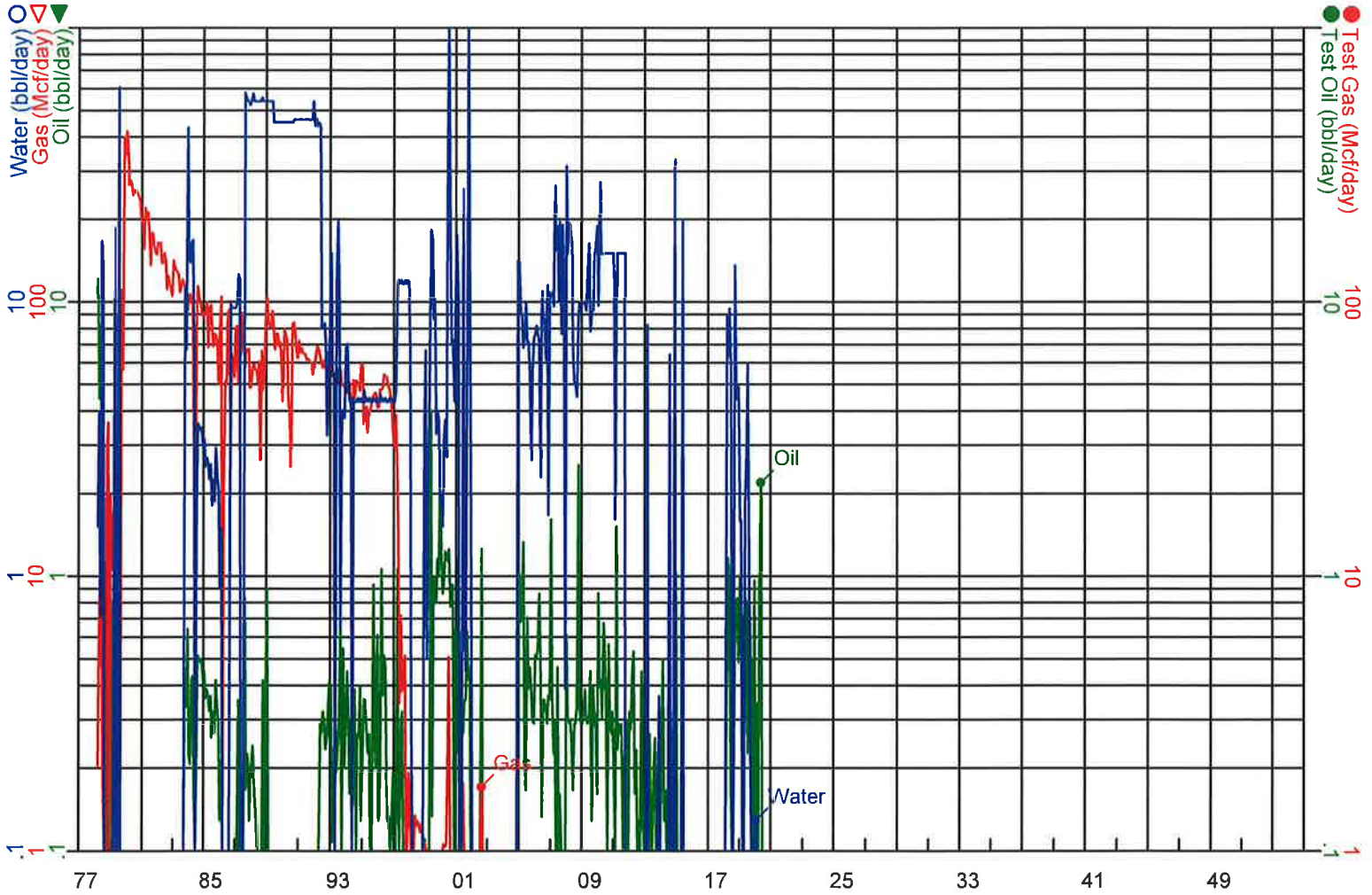
Field: NORTH JAL UNIT
Case Name: HARRISON #001

Gas Rem: 12.86 MMcf
Oil Rem: 0.00 Mbbbl



Field: NORTH JAL UNIT
Case Name: HARRISON #002

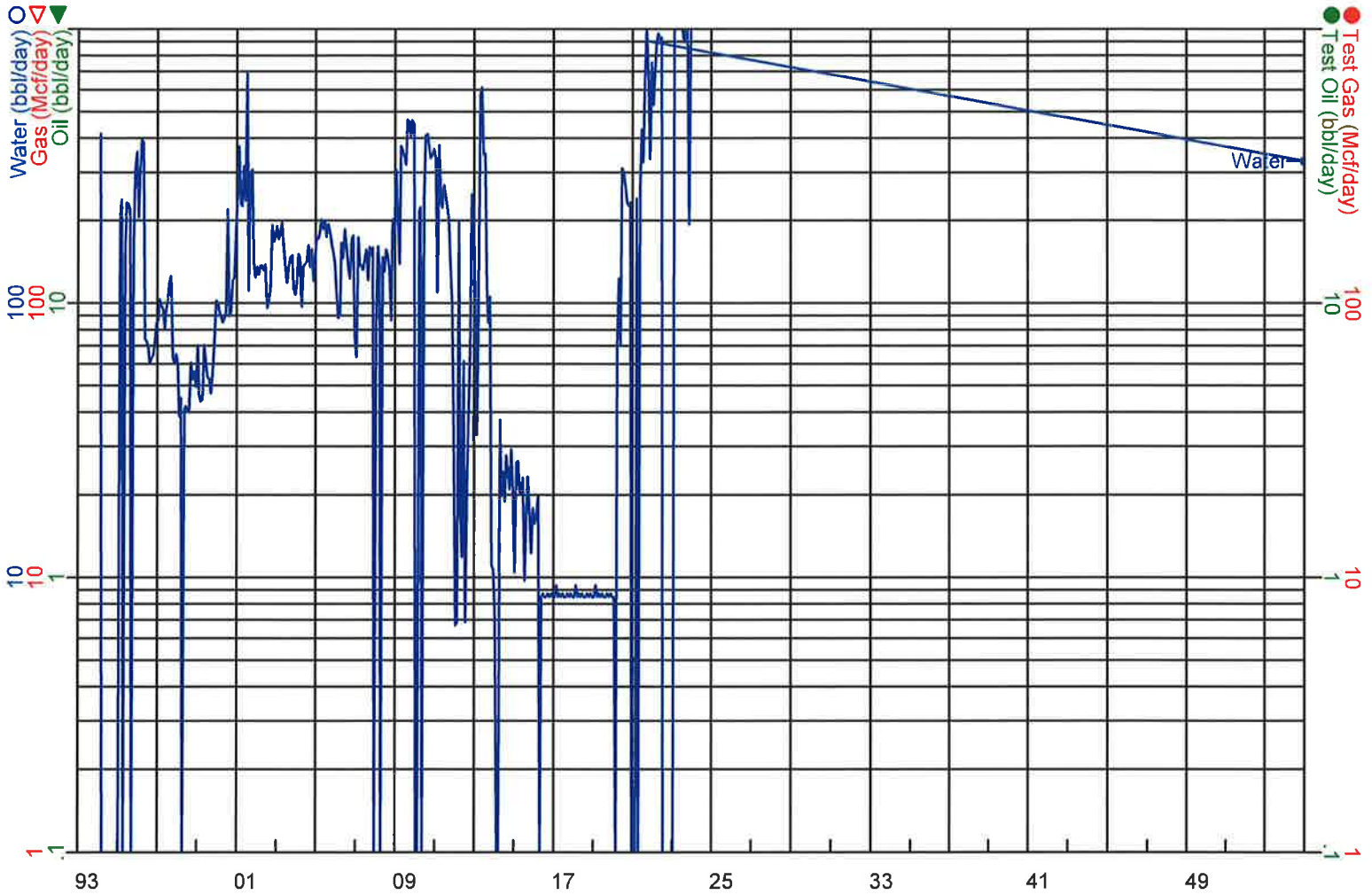
Gas Rem: 0.00 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e816

Field: NORTH JAL UNIT
Case Name: McKINNEY #001

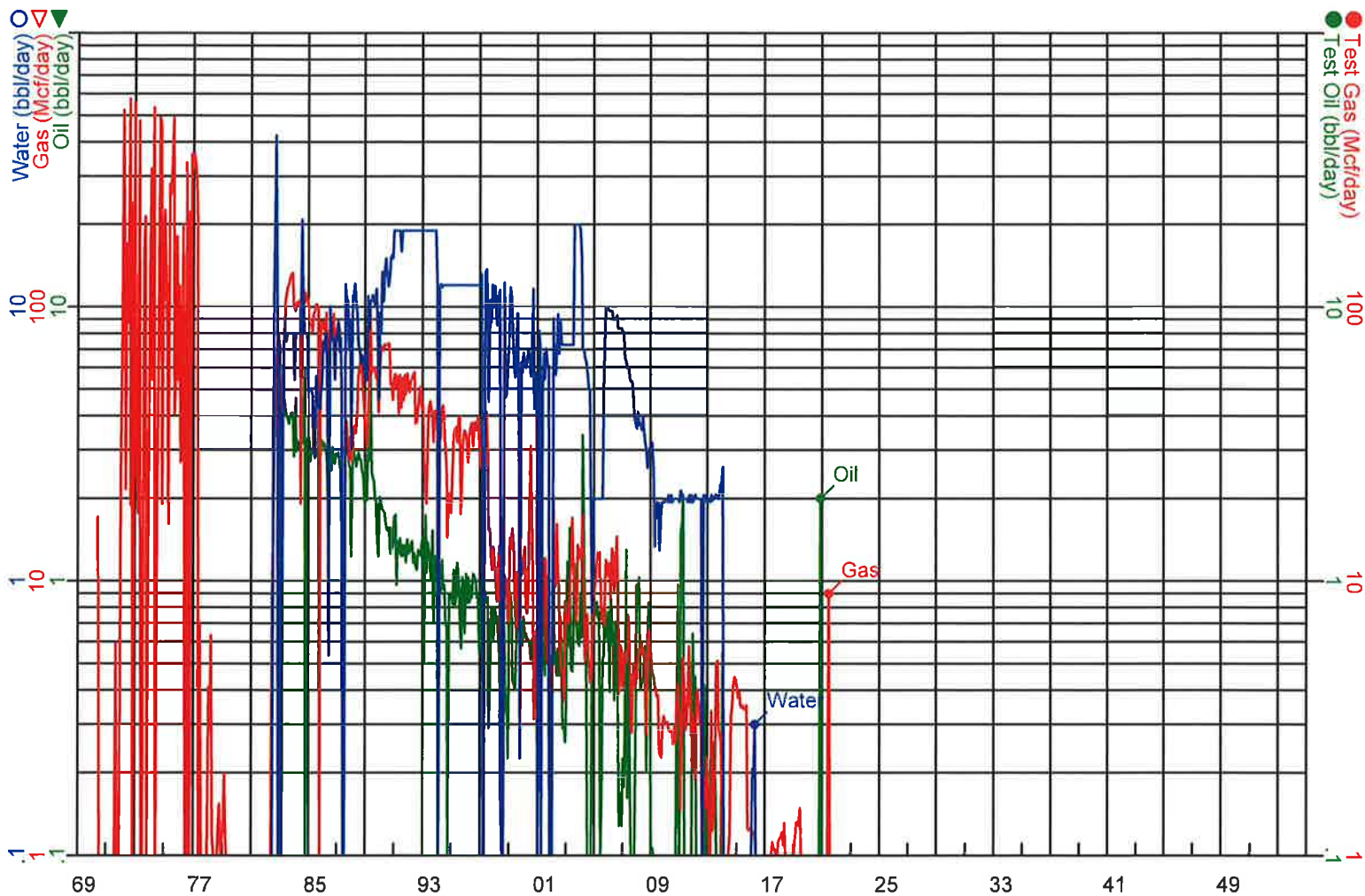
Oil Rem: 0.00 Mbb1
Gas Rem: 0.00 MMcf



Ex.-C-2a-e817

Field: NORTH JAL UNIT
Case Name: PENROC STATE #001

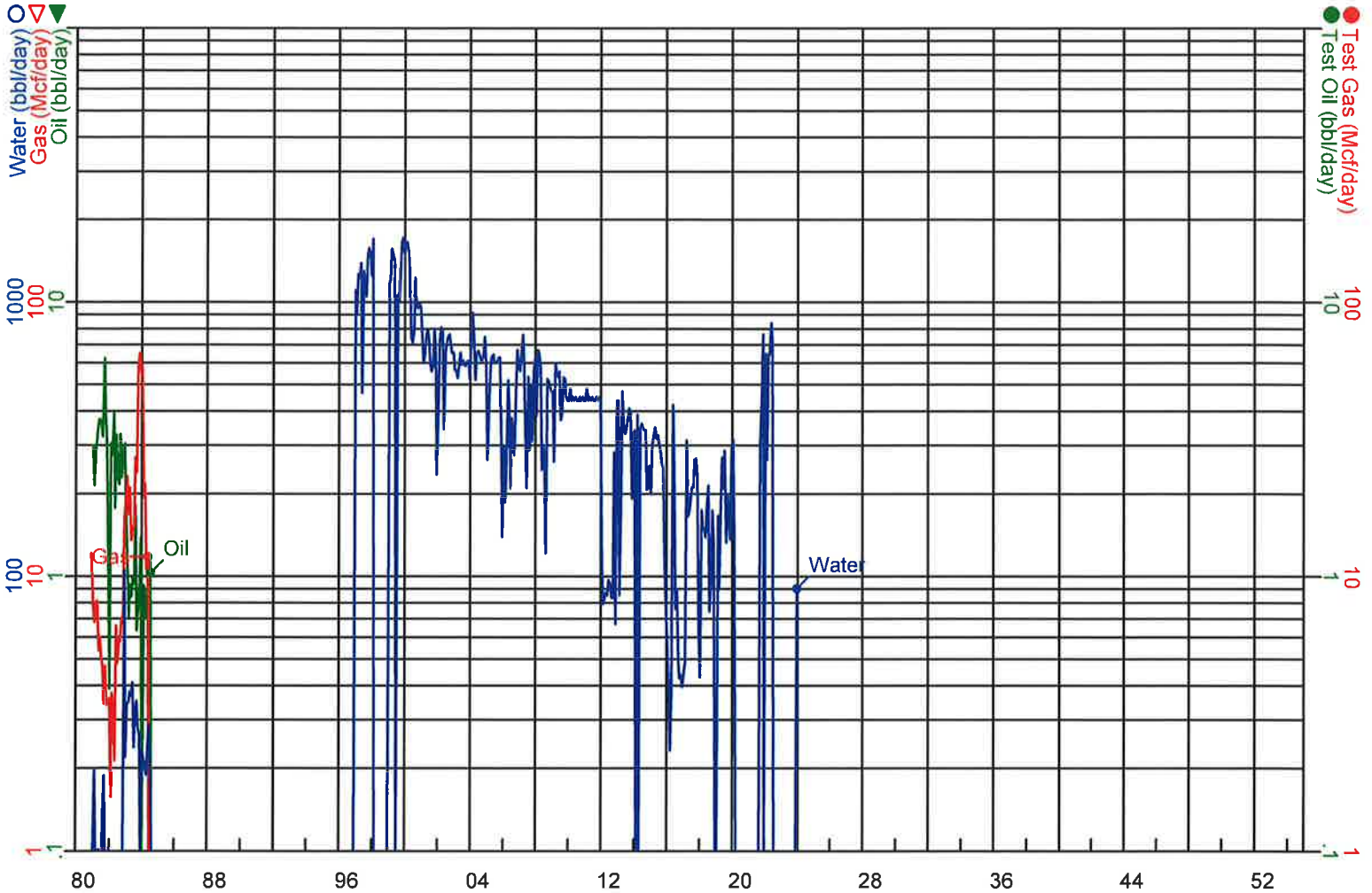
Oil Rem: 0.00 Mbbbl
Gas Rem: 0.00 MMcf



Ex.-C-2a-e818

Field: NORTH JAL UNIT
Case Name: POSSH #002

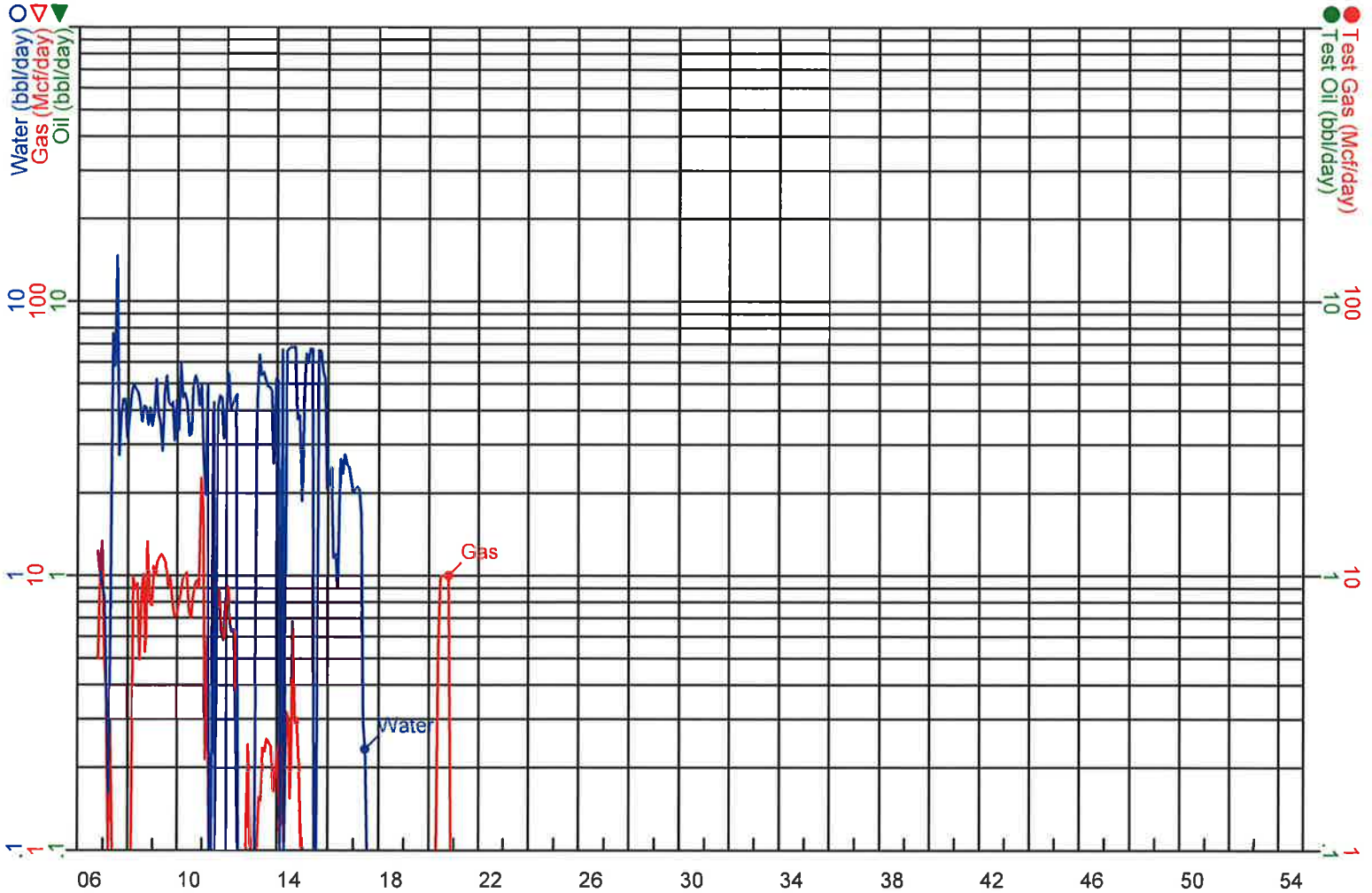
Oil Rem: 0.00 Mbbbl
Gas Rem: 0.00 MMcf



Ex.-C-2a-e819

Field: NORTH JAL UNIT
Case Name: WELLS B 1 #001

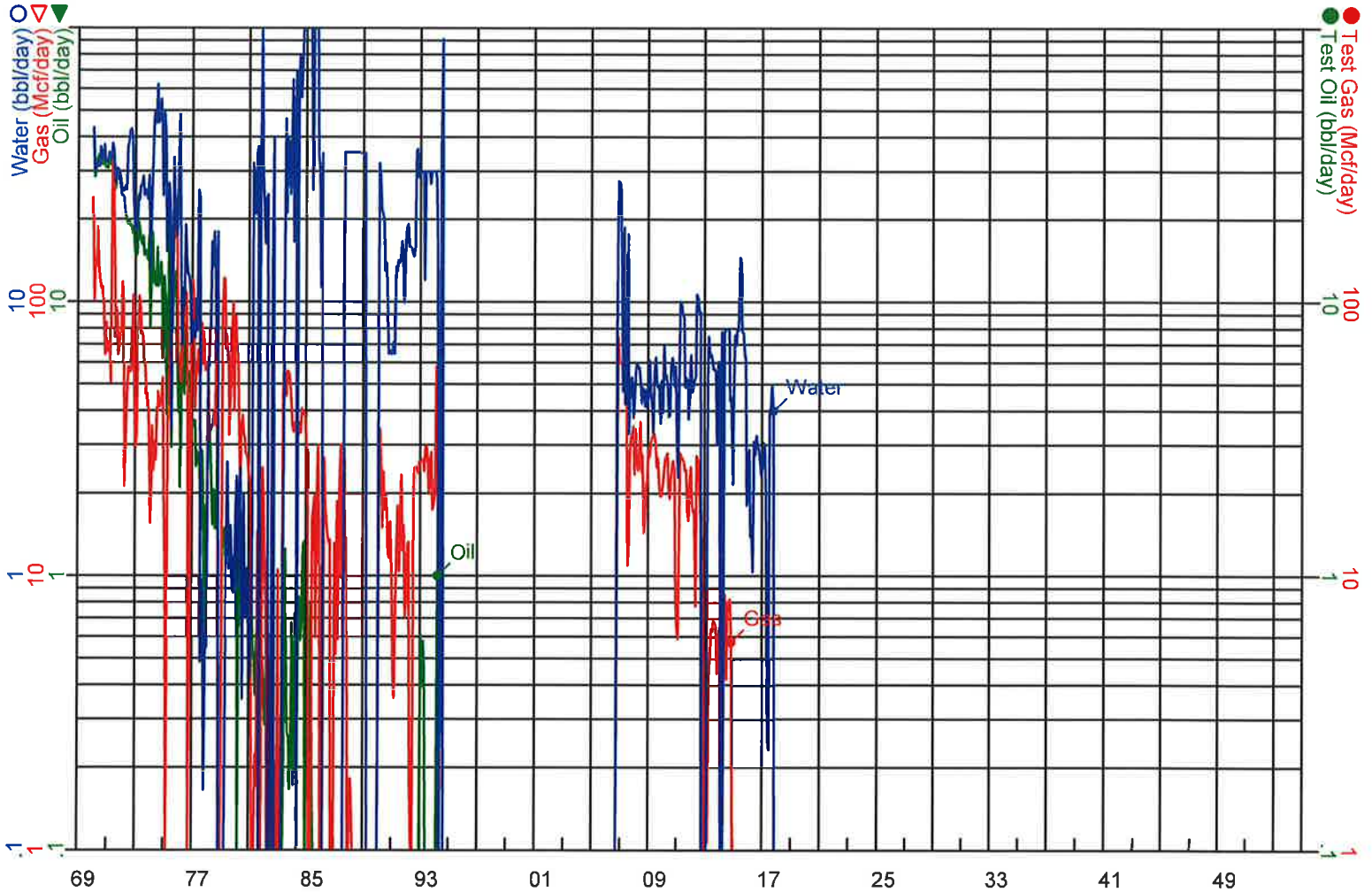
Gas Rem: 0.00 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e820

Field: NORTH JAL UNIT
Case Name: WELLS B 1 #003

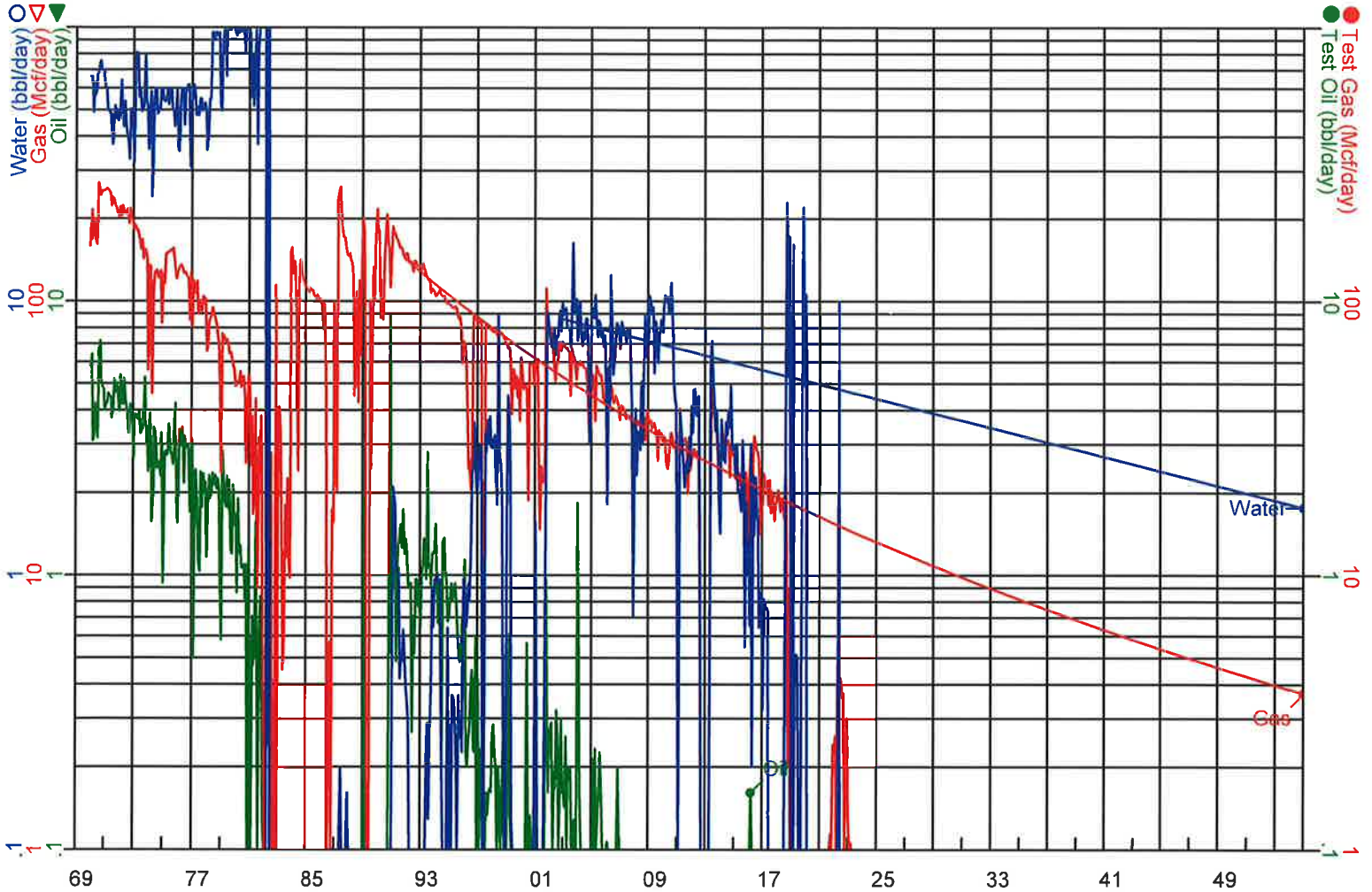
Gas Rem: 0.00 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e821

Field: NORTH JAL UNIT
Case Name: WOOLWORTH #001

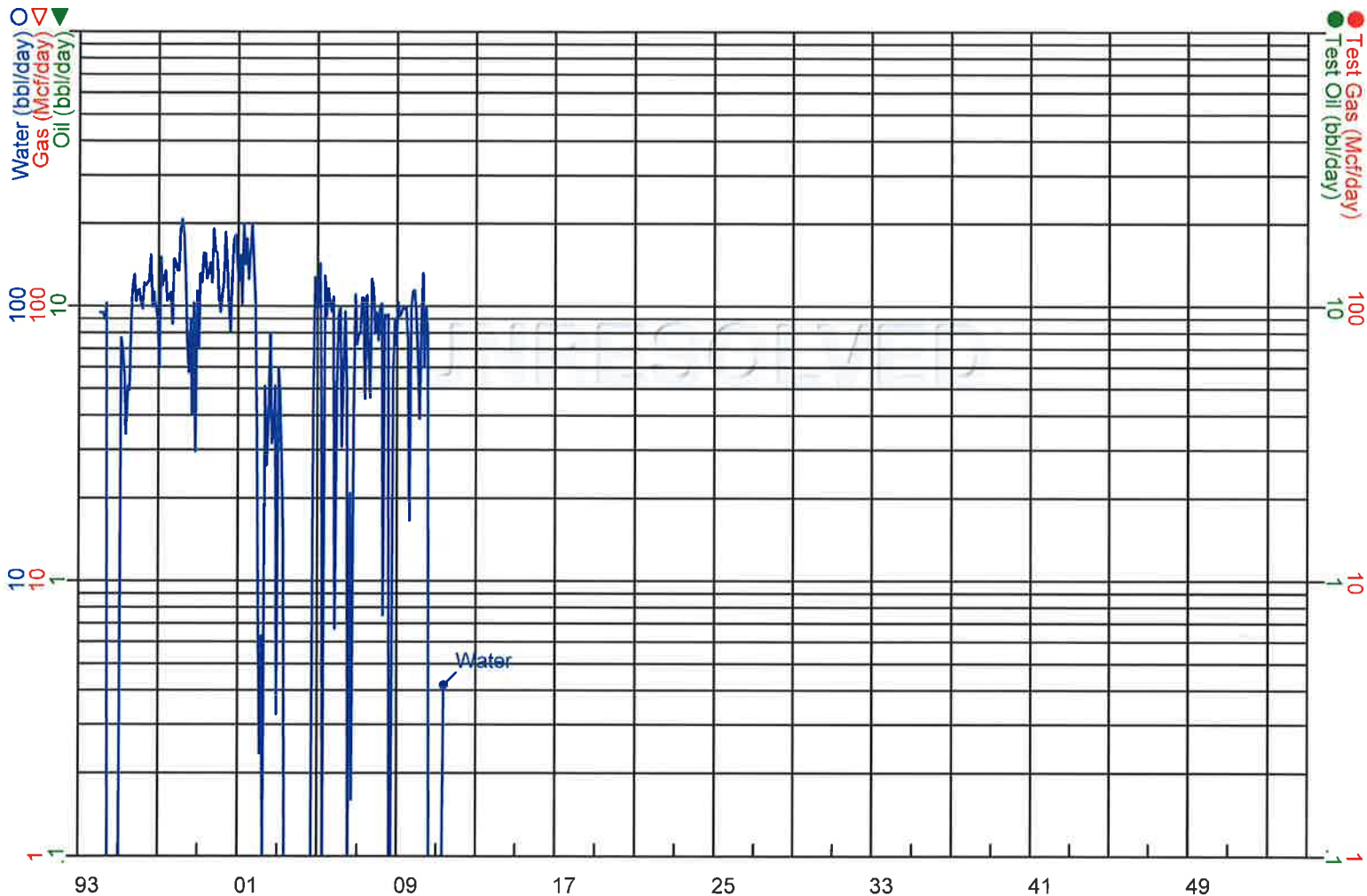
Gas Rem: 93.43 MMcf
Oil Rem: 0.00 Mbbbl



Ex.-C-2a-e822

Field: NORTH JAL UNIT
Case Name: KIMMY K #002

Oil Rem: 0.00 Mbb1
Gas Rem: 0.00 MMcf



Ex.-C-2a-e823

Date : 03/06/2024 4:27:48PM

ECONOMIC SUMMARY PROJECTION

Total

Project Name : FAE II Op LLC_WORKING
 Partner : Default
 Case Type : GRAND TOTAL CASE

As Of Date : 01/01/2024
 Discount Rate (%) : 10.00
 Custom Selection

Cum Oil (Mbb) : 2,364.24
 Cum Gas (MMcf) : 38,507.67
 Cum NGL (Mbb) : 153.05

Year	Gross Oil (Mbb)	Gross Gas (MMcf)	Gross NGL (Mbb)	Net Oil (Mbb)	Net Gas (MMcf)	Net NGL (Mbb)	Oil Price (\$/bbl)	Gas Price (\$/Mcf)	NGL Price (\$/bbl)	Total Revenue (M\$)
2024	38.55	136.52	16.66	32.18	69.03	13.58	70.44	0.62	31.80	2,741.36
2025	41.55	128.84	15.72	34.23	65.30	12.85	66.77	1.60	30.17	2,777.19
2026	78.75	132.34	16.14	61.94	66.65	13.11	64.20	1.81	28.87	4,476.11
2027	155.27	143.50	17.51	119.15	71.59	14.09	62.48	1.72	28.02	7,962.59
2028	212.54	153.30	18.70	161.96	75.92	14.94	61.42	1.53	27.54	10,475.79
2029	265.55	160.24	19.55	201.60	78.99	15.54	61.46	1.44	27.54	12,933.00
2030	276.15	158.51	19.34	209.43	78.01	15.35	61.47	1.41	27.54	13,407.11
2031	332.74	167.84	20.48	251.76	82.30	16.19	61.50	1.30	27.54	16,035.80
2032	363.75	171.88	20.97	274.93	83.99	16.53	61.51	1.24	27.54	17,469.87
2033	373.71	169.68	20.70	282.29	82.73	16.28	61.51	1.20	27.54	17,913.11
2034	414.63	176.00	21.47	312.89	85.49	16.82	61.53	1.13	27.54	19,810.60
2035	384.41	165.36	20.17	290.15	80.40	15.82	61.52	1.14	27.54	18,378.49
2036	318.84	146.06	17.82	240.90	71.27	14.02	61.51	1.21	27.54	15,290.38
2037	267.88	130.61	15.93	202.60	63.94	12.58	61.50	1.27	27.54	12,887.60
2038	233.54	119.69	14.60	176.77	58.74	11.56	61.49	1.31	27.54	11,265.45
Rem	2,971.35	1,707.15	208.27	2,257.22	844.70	166.21	61.45	1.48	27.54	144,541.34
Total	6,729.21	3,967.52	484.04	5,109.99	1,959.06	385.49	61.63	1.39	27.84	328,365.79
Ult	9,093.45	42,475.19	637.09							

Year	Well Count	Net Tax Production (M\$)	Net Tax AdValorem (M\$)	Net Investment (M\$)	Net Lease Costs (M\$)	Net Well Costs (M\$)	Other Costs (M\$)	Net Profits (M\$)	Annual Cash Flow (M\$)	Cum Disc. Cash Flow (M\$)
2024	46.00	219.31	41.12	0.00	384.46	0.00	0.00	0.00	2,096.47	2,000.44
2025	49.00	222.17	41.66	7,376.50	387.72	0.00	0.00	0.00	-5,250.86	-2,582.87
2026	54.00	358.09	67.14	6,212.75	443.16	0.00	0.00	0.00	-2,605.03	-4,678.04
2027	52.00	637.01	119.44	3,713.50	450.71	0.00	0.00	0.00	3,041.93	-2,544.75
2028	57.00	838.06	157.14	6,494.50	492.80	0.00	0.00	0.00	2,493.29	-966.16
2029	63.00	1,034.64	194.00	6,599.77	531.04	0.00	0.00	0.00	4,573.56	1,727.55
2030	70.00	1,072.57	201.11	8,223.00	587.04	0.00	0.00	0.00	3,323.40	3,494.93
2031	78.00	1,282.86	240.54	8,152.45	654.35	0.00	0.00	0.00	5,705.60	6,272.02
2032	84.00	1,397.59	262.05	7,609.44	725.65	0.00	0.00	0.00	7,475.14	9,580.10
2033	88.00	1,433.05	268.70	7,096.75	773.28	0.00	0.00	0.00	8,341.33	12,928.27
2034	87.00	1,584.85	297.16	39.36	795.26	0.00	0.00	0.00	17,093.97	19,214.41
2035	86.00	1,470.28	275.68	19.77	794.41	0.00	0.00	0.00	15,818.36	24,510.49
2036	86.00	1,223.23	229.36	0.00	792.72	0.00	0.00	0.00	13,045.07	28,480.69
2037	85.00	1,031.01	193.31	54.91	792.51	0.00	0.00	0.00	10,815.86	31,472.06
2038	85.00	901.24	168.98	29.60	792.51	0.00	0.00	0.00	9,373.12	33,828.29
Rem.		11,563.31	2,168.12	3,906.52	25,748.34	0.00	0.00	0.00	101,155.05	11,483.49
Total		26,269.26	4,925.49	65,528.81	35,145.98	0.00	0.00	0.00	196,496.25	45,311.78

Present Worth Profile (M\$)

Disc. Initial Invest. (M\$) :	36,698.926	PW	7.00% :	66,265.73
ROI Investment (disc/undisc) :	2.23 / 4.22	PW	8.00% :	58,139.31
Years to Payout :	8.08	PW	9.00% :	51,227.99
Internal ROR (%) :	61.92	PW	10.00% :	45,311.78
		PW	15.00% :	25,675.62
		PW	20.00% :	15,348.69

Date : 03/06/2024 4:27:48PM

ECONOMIC SUMMARY PROJECTION

NORTH JAL UNIT Field

Project Name : FAE II Op LLC_WORKING
Partner : Default
Case Type : REPORT BREAK TOTAL CASE

As Of Date : 01/01/2024
Discount Rate (%) : 10.00
 Custom Selection

Cum Oil (Mbb) : 2,364.24
Cum Gas (MMcf) : 38,507.67
Cum NGL (Mbb) : 153.05

Year	Gross Oil (Mbb)	Gross Gas (MMcf)	Gross NGL (Mbb)	Net Oil (Mbb)	Net Gas (MMcf)	Net NGL (Mbb)	Oil Price (\$/bbl)	Gas Price (\$/Mcf)	NGL Price (\$/bbl)	Total Revenue (M\$)
2024	38.55	136.52	16.66	32.18	69.03	13.58	70.44	0.62	31.80	2,741.36
2025	41.55	128.84	15.72	34.23	65.30	12.85	66.77	1.60	30.17	2,777.19
2026	78.75	132.34	16.14	61.94	66.65	13.11	64.20	1.81	28.87	4,476.11
2027	155.27	143.50	17.51	119.15	71.59	14.09	62.48	1.72	28.02	7,962.59
2028	212.54	153.30	18.70	161.96	75.92	14.94	61.42	1.53	27.54	10,475.79
2029	265.55	160.24	19.55	201.60	78.99	15.54	61.46	1.44	27.54	12,933.00
2030	276.15	158.51	19.34	209.43	78.01	15.35	61.47	1.41	27.54	13,407.11
2031	332.74	167.84	20.48	251.76	82.30	16.19	61.50	1.30	27.54	16,035.80
2032	363.75	171.88	20.97	274.93	83.99	16.53	61.51	1.24	27.54	17,469.87
2033	373.71	169.68	20.70	282.29	82.73	16.28	61.51	1.20	27.54	17,913.11
2034	414.63	176.00	21.47	312.89	85.49	16.82	61.53	1.13	27.54	19,810.60
2035	384.41	165.36	20.17	290.15	80.40	15.82	61.52	1.14	27.54	18,378.49
2036	318.84	146.06	17.82	240.90	71.27	14.02	61.51	1.21	27.54	15,290.38
2037	267.88	130.61	15.93	202.60	63.94	12.58	61.50	1.27	27.54	12,887.60
2038	233.54	119.69	14.60	176.77	58.74	11.56	61.49	1.31	27.54	11,265.45
Rem	2,971.35	1,707.15	208.27	2,257.22	844.70	166.21	61.45	1.48	27.54	144,541.34
Total	6,729.21	3,967.52	484.04	5,109.99	1,959.06	385.49	61.63	1.39	27.84	328,365.79
Ult	9,093.45	42,475.19	637.09							

Year	Well Count	Net Tax Production (M\$)	Net Tax AdValorem (M\$)	Net Investment (M\$)	Net Lease Costs (M\$)	Net Well Costs (M\$)	Other Costs (M\$)	Net Profits (M\$)	Annual Cash Flow (M\$)	Cum Disc. Cash Flow (M\$)
2024	46.00	219.31	41.12	0.00	384.46	0.00	0.00	0.00	2,096.47	2,000.44
2025	49.00	222.17	41.66	7,376.50	387.72	0.00	0.00	0.00	-5,250.86	-2,582.87
2026	54.00	358.09	67.14	6,212.75	443.16	0.00	0.00	0.00	-2,605.03	-4,678.04
2027	52.00	637.01	119.44	3,713.50	450.71	0.00	0.00	0.00	3,041.93	-2,544.75
2028	57.00	838.06	157.14	6,494.50	492.80	0.00	0.00	0.00	2,493.29	-966.16
2029	63.00	1,034.64	194.00	6,599.77	531.04	0.00	0.00	0.00	4,573.56	1,727.55
2030	70.00	1,072.57	201.11	8,223.00	587.04	0.00	0.00	0.00	3,323.40	3,494.93
2031	78.00	1,282.86	240.54	8,152.45	654.35	0.00	0.00	0.00	5,705.60	6,272.02
2032	84.00	1,397.59	262.05	7,609.44	725.65	0.00	0.00	0.00	7,475.14	9,580.10
2033	88.00	1,433.05	268.70	7,096.75	773.28	0.00	0.00	0.00	8,341.33	12,928.27
2034	87.00	1,584.85	297.16	39.36	795.26	0.00	0.00	0.00	17,093.97	19,214.41
2035	86.00	1,470.28	275.68	19.77	794.41	0.00	0.00	0.00	15,818.36	24,510.49
2036	86.00	1,223.23	229.36	0.00	792.72	0.00	0.00	0.00	13,045.07	28,480.69
2037	85.00	1,031.01	193.31	54.91	792.51	0.00	0.00	0.00	10,815.86	31,472.06
2038	85.00	901.24	168.98	29.60	792.51	0.00	0.00	0.00	9,373.12	33,828.29
Rem.		11,563.31	2,168.12	3,906.52	25,748.34	0.00	0.00	0.00	101,155.05	11,483.49
Total		26,269.26	4,925.49	65,528.81	35,145.98	0.00	0.00	0.00	196,496.25	45,311.78

Present Worth Profile (M\$)

Disc. Initial Invest. (M\$) :	36,698.926	PW	7.00% :	66,265.73
ROI Investment (disc/undisc) :	2.23 / 4.22	PW	8.00% :	58,139.31
Years to Payout :	8.08	PW	9.00% :	51,227.99
Internal ROR (%) :	61.92	PW	10.00% :	45,311.78
		PW	15.00% :	25,675.62
		PW	20.00% :	15,348.69

Date : 03/06/2024 4:27:48PM

ECONOMIC SUMMARY PROJECTION

NORTH JAL UNIT Field
Proved Producing Rsv Class & Category

Project Name : FAE II Op LLC_WORKING
Partner : Default
Case Type : REPORT BREAK TOTAL CASE

As Of Date : 01/01/2024
Discount Rate (%) : 10.00
Custom Selection

Cum Oil (Mbb) : 2,092.48
Cum Gas (MMcf) : 26,811.32
Cum NGL (Mbb) : 152.99

Year	Gross Oil (Mbb)	Gross Gas (MMcf)	Gross NGL (Mbb)	Net Oil (Mbb)	Net Gas (MMcf)	Net NGL (Mbb)	Oil Price (\$/bbl)	Gas Price (\$/Mcf)	NGL Price (\$/bbl)	Total Revenue (M\$)
2024	38.55	130.76	15.95	32.18	65.99	12.98	70.44	0.80	31.80	2,731.89
2025	35.94	121.97	14.88	30.02	61.76	12.15	66.64	1.79	30.17	2,477.71
2026	33.94	115.92	14.14	28.33	58.68	11.55	63.62	2.11	28.87	2,260.02
2027	31.99	107.72	13.14	26.69	54.63	10.75	61.65	2.23	28.02	2,068.86
2028	30.44	103.03	12.57	25.39	52.24	10.28	60.52	2.17	27.54	1,932.92
2029	28.58	96.47	11.77	23.88	49.05	9.65	60.52	2.21	27.54	1,819.38
2030	27.22	91.96	11.22	22.73	46.79	9.21	60.52	2.22	27.54	1,732.93
2031	25.98	87.02	10.62	21.69	44.45	8.75	60.52	2.21	27.54	1,651.88
2032	24.89	83.20	10.15	20.78	42.51	8.36	60.52	2.21	27.54	1,581.79
2033	23.74	78.40	9.57	19.81	40.05	7.88	60.52	2.22	27.54	1,504.87
2034	22.73	74.40	9.08	18.97	38.01	7.48	60.52	2.21	27.54	1,437.79
2035	21.77	71.23	8.69	18.17	36.41	7.17	60.52	2.21	27.54	1,377.15
2036	20.93	68.24	8.33	17.46	34.88	6.86	60.52	2.20	27.54	1,322.58
2037	20.02	65.46	7.99	16.70	33.45	6.58	60.52	2.20	27.54	1,265.56
2038	19.21	63.05	7.69	16.02	32.21	6.34	60.52	2.20	27.54	1,215.24
Rem	345.44	1,007.94	122.97	287.79	516.77	101.69	60.52	2.30	27.54	21,407.86
Total	751.36	2,366.77	288.75	626.60	1,207.88	237.68	61.51	2.15	27.99	47,788.43
Ult	2,843.84	29,178.09	441.74							

Year	Well Count	Net Tax Production (M\$)	Net Tax AdValorem (M\$)	Net Investment (M\$)	Net Lease Costs (M\$)	Net Well Costs (M\$)	Other Costs (M\$)	Net Profits (M\$)	Annual Cash Flow (M\$)	Cum Disc. Cash Flow (M\$)
2024	37.00	218.55	40.98	0.00	373.59	0.00	0.00	0.00	2,098.77	2,002.63
2025	34.00	198.22	37.17	0.00	355.98	0.00	0.00	0.00	1,886.35	3,638.74
2026	34.00	180.80	33.90	0.00	355.98	0.00	0.00	0.00	1,689.34	4,970.82
2027	30.00	165.51	31.03	0.00	302.33	0.00	0.00	0.00	1,569.99	6,096.29
2028	29.00	154.63	28.99	0.00	301.22	0.00	0.00	0.00	1,448.08	7,039.93
2029	29.00	145.55	27.29	103.87	286.90	0.00	0.00	0.00	1,255.77	7,786.66
2030	28.00	138.63	25.99	0.00	285.30	0.00	0.00	0.00	1,283.01	8,477.60
2031	27.00	132.15	24.78	118.20	282.77	0.00	0.00	0.00	1,093.98	9,015.92
2032	27.00	126.54	23.73	29.44	281.35	0.00	0.00	0.00	1,120.72	9,514.25
2033	25.00	120.39	22.57	0.00	277.14	0.00	0.00	0.00	1,084.76	9,953.12
2034	24.00	115.02	21.57	39.36	273.92	0.00	0.00	0.00	987.92	10,315.90
2035	23.00	110.17	20.66	19.77	273.07	0.00	0.00	0.00	953.49	10,634.98
2036	23.00	105.81	19.84	0.00	271.38	0.00	0.00	0.00	925.55	10,916.33
2037	22.00	101.24	18.98	54.91	271.17	0.00	0.00	0.00	819.25	11,142.79
2038	22.00	97.22	18.23	29.60	271.17	0.00	0.00	0.00	799.02	11,343.49
Rem.		1,712.63	321.12	1,445.13	7,570.03	0.00	0.00	0.00	10,358.96	1,137.53
Total		3,823.07	716.83	1,840.27	12,033.32	0.00	0.00	0.00	29,374.94	12,481.02

Present Worth Profile (M\$)

Disc. Initial Invest. (M\$) :	0.000	PW 7.00% :	15,044.38
ROI Investment (disc/undisc) :	0.00 / 0.00	PW 8.00% :	14,071.85
Years to Payout :	0.00	PW 9.00% :	13,224.80
Internal ROR (%) :	0.00	PW 10.00% :	12,481.02
		PW 15.00% :	9,809.89
		PW 20.00% :	8,156.41

Date : 03/06/2024 4:27:48PM

ECONOMIC SUMMARY PROJECTION

Project Name : FAE II Op LLC_WORKING
 Partner : Default
 Case Type : REPORT BREAK TOTAL CASE

As Of Date : 01/01/2024
 Discount Rate (%) : 10.00
 Custom Selection

NORTH JAL UNIT Field
 Proved Non-Producing Rsv Class & Category

Cum Oil (Mbb) : 94.75
 Cum Gas (MMcf) : 3,640.26
 Cum NGL (Mbb) : 0.06

Year	Gross Oil (Mbb)	Gross Gas (MMcf)	Gross NGL (Mbb)	Net Oil (Mbb)	Net Gas (MMcf)	Net NGL (Mbb)	Oil Price (\$/bb)	Gas Price (\$/Mcf)	NGL Price (\$/bb)	Total Revenue (M\$)
2024	0.00	5.76	0.70	0.00	3.05	0.60	0.00	-3.15	31.80	9.47
2025	0.00	5.47	0.67	0.00	2.89	0.57	0.00	-2.14	30.17	10.98
2026	0.00	5.21	0.64	0.00	2.75	0.54	0.00	-1.80	28.87	10.69
2027	0.00	4.97	0.61	0.00	2.63	0.52	0.00	-1.71	28.02	9.99
2028	0.00	4.75	0.58	0.00	2.51	0.49	0.00	-1.76	27.54	9.19
2029	0.00	4.52	0.55	0.00	2.39	0.47	0.00	-1.75	27.54	8.77
2030	0.00	4.32	0.53	0.00	2.28	0.45	0.00	-1.74	27.54	8.40
2031	0.00	4.13	0.50	0.00	2.18	0.43	0.00	-1.73	27.54	8.05
2032	0.00	3.96	0.48	0.00	2.09	0.41	0.00	-1.72	27.54	7.74
2033	0.00	3.78	0.46	0.00	2.00	0.39	0.00	-1.71	27.54	7.41
2034	0.00	3.62	0.44	0.00	1.91	0.38	0.00	-1.70	27.54	7.11
2035	0.00	3.47	0.42	0.00	1.83	0.36	0.00	-1.69	27.54	6.83
2036	0.00	3.34	0.41	0.00	1.76	0.35	0.00	-1.68	27.54	6.58
2037	0.00	3.19	0.39	0.00	1.69	0.33	0.00	-1.67	27.54	6.31
2038	0.00	3.06	0.37	0.00	1.62	0.32	0.00	-1.66	27.54	6.07
Rem	0.00	42.73	5.21	0.00	22.67	4.46	0.00	-2.11	27.54	74.90
Total	0.00	106.28	12.97	0.00	56.25	11.07	0.00	-1.98	27.99	198.53
Ult	94.75	3,746.55	13.03							

Year	Well Count	Net Tax Production (M\$)	Net Tax AdValorem (M\$)	Net Investment (M\$)	Net Lease Costs (M\$)	Net Well Costs (M\$)	Other Costs (M\$)	Net Profits (M\$)	Annual Cash Flow (M\$)	Cum Disc. Cash Flow (M\$)
2024	3.00	0.76	0.14	0.00	10.87	0.00	0.00	0.00	-2.30	-2.19
2025	3.00	0.88	0.16	0.00	2.94	0.00	0.00	0.00	7.00	3.88
2026	3.00	0.86	0.16	0.00	2.94	0.00	0.00	0.00	6.74	9.19
2027	3.00	0.80	0.15	0.00	2.94	0.00	0.00	0.00	6.10	13.56
2028	3.00	0.74	0.14	0.00	2.94	0.00	0.00	0.00	5.38	17.07
2029	3.00	0.70	0.13	193.40	2.94	0.00	0.00	0.00	-188.40	-89.18
2030	3.00	0.67	0.13	0.00	2.94	0.00	0.00	0.00	4.67	-86.67
2031	3.00	0.64	0.12	0.00	2.94	0.00	0.00	0.00	4.35	-84.54
2032	3.00	0.62	0.12	0.00	2.94	0.00	0.00	0.00	4.07	-82.73
2033	3.00	0.59	0.11	0.00	2.94	0.00	0.00	0.00	3.77	-81.21
2034	3.00	0.57	0.11	0.00	2.94	0.00	0.00	0.00	3.50	-79.92
2035	3.00	0.55	0.10	0.00	2.94	0.00	0.00	0.00	3.24	-78.83
2036	3.00	0.53	0.10	0.00	2.94	0.00	0.00	0.00	3.02	-77.92
2037	3.00	0.51	0.09	0.00	2.94	0.00	0.00	0.00	2.77	-77.15
2038	3.00	0.49	0.09	0.00	2.94	0.00	0.00	0.00	2.56	-76.51
Rem.		5.99	1.12	107.81	46.35	0.00	0.00	0.00	-86.38	0.17
Total		15.88	2.98	301.20	98.38	0.00	0.00	0.00	-219.92	-76.34

Present Worth Profile (M\$)

Disc. Initial Invest. (M\$) :	0.000	PW	7.00% :	-92.61
ROI Investment (disc/undisc) :	0.00 / 0.00	PW	8.00% :	-86.51
Years to Payout :	0.00	PW	9.00% :	-81.14
Internal ROR (%) :	0.00	PW	10.00% :	-76.34
		PW	15.00% :	-57.45
		PW	20.00% :	-43.77

Date : 03/06/2024 4:27:48PM

ECONOMIC SUMMARY PROJECTION

Project Name : FAE II Op LLC_WORKING
Partner : Default
Case Type : REPORT BREAK TOTAL CASE

As Of Date : 01/01/2024
Discount Rate (%) : 10.00
 Custom Selection

NORTH JAL UNIT Field
 Possible Non-Producing Rsv Class & Category

Cum Oil (Mbb) : 177.01
Cum Gas (MMcf) : 8,056.08
Cum NGL (Mbb) : 0.00

Year	Gross Oil (Mbb)	Gross Gas (MMcf)	Gross NGL (Mbb)	Net Oil (Mbb)	Net Gas (MMcf)	Net NGL (Mbb)	Oil Price (\$/bbl)	Gas Price (\$/Mcf)	NGL Price (\$/bbl)	Total Revenue (M\$)
2024	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2025	0.09	0.02	0.00	0.07	0.01	0.00	67.71	0.00	30.17	4.67
2026	2.97	0.74	0.09	2.23	0.35	0.07	64.69	0.33	28.87	146.28
2027	26.19	6.55	0.80	19.64	3.04	0.60	62.72	0.41	28.02	1,250.15
2028	80.07	20.02	2.44	60.05	9.31	1.83	61.59	0.35	27.54	3,752.49
2029	121.72	30.43	3.71	91.29	14.15	2.78	61.59	0.35	27.54	5,704.09
2030	95.09	23.77	2.90	71.32	11.05	2.18	61.59	0.35	27.54	4,456.42
2031	104.05	26.01	3.17	78.04	12.10	2.38	61.59	0.35	27.54	4,875.97
2032	106.76	26.69	3.26	80.07	12.41	2.44	61.59	0.35	27.54	5,002.91
2033	83.71	20.93	2.55	62.78	9.73	1.91	61.59	0.35	27.54	3,922.87
2034	69.51	17.38	2.12	52.13	8.08	1.59	61.59	0.35	27.54	3,257.51
2035	59.68	14.92	1.82	44.76	6.94	1.37	61.59	0.35	27.54	2,796.85
2036	52.55	13.14	1.60	39.41	6.11	1.20	61.59	0.35	27.54	2,462.44
2037	46.77	11.69	1.43	35.08	5.44	1.07	61.59	0.35	27.54	2,191.93
2038	42.28	10.57	1.29	31.71	4.92	0.97	61.59	0.35	27.54	1,981.53
Rem	583.27	145.82	17.79	437.45	67.81	13.34	61.59	0.35	27.54	27,333.86
Total	1,474.72	368.68	44.98	1,106.04	171.44	33.73	61.62	0.35	27.55	69,139.95
Ult	1,651.73	8,424.76	44.98							

Year	Well Count	Net Tax Production (M\$)	Net Tax AdValorem (M\$)	Net Investment (M\$)	Net Lease Costs (M\$)	Net Well Costs (M\$)	Other Costs (M\$)	Net Profits (M\$)	Annual Cash Flow (M\$)	Cum Disc. Cash Flow (M\$)
2024	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2025	6.00	0.37	0.07	500.00	2.16	0.00	0.00	0.00	-497.93	-422.38
2026	6.00	11.70	2.19	443.00	10.08	0.00	0.00	0.00	-320.69	-668.64
2027	6.00	100.01	18.75	1,443.50	41.76	0.00	0.00	0.00	-353.88	-956.02
2028	7.00	300.20	56.29	345.00	54.00	0.00	0.00	0.00	2,997.00	975.99
2029	8.00	456.33	85.56	696.00	63.36	0.00	0.00	0.00	4,402.84	3,589.48
2030	10.00	356.51	66.85	462.00	73.44	0.00	0.00	0.00	3,497.62	5,479.43
2031	13.00	390.08	73.14	1,035.00	91.44	0.00	0.00	0.00	3,286.31	7,096.71
2032	13.00	400.23	75.04	0.00	112.32	0.00	0.00	0.00	4,415.31	9,065.32
2033	13.00	313.83	58.84	0.00	112.32	0.00	0.00	0.00	3,437.87	10,457.98
2034	13.00	260.60	48.86	0.00	112.32	0.00	0.00	0.00	2,835.73	11,502.02
2035	13.00	223.75	41.95	0.00	112.32	0.00	0.00	0.00	2,418.83	12,311.49
2036	13.00	197.00	36.94	0.00	112.32	0.00	0.00	0.00	2,116.19	12,955.16
2037	13.00	175.35	32.88	0.00	112.32	0.00	0.00	0.00	1,871.38	13,472.53
2038	13.00	158.52	29.72	0.00	112.32	0.00	0.00	0.00	1,680.96	13,895.00
Rem.		2,186.71	410.01	511.68	3,919.21	0.00	0.00	0.00	20,306.26	2,247.18
Total		5,531.20	1,037.10	5,436.18	5,041.69	0.00	0.00	0.00	52,093.79	16,142.18

Present Worth Profile (M\$)

Disc. Initial Invest (M\$) :	3,193.995	PW 7.00% :	21,635.38
ROIInvestment (disc/undisc) :	6.05 / 11.58	PW 8.00% :	19,547.24
Years to Payout :	5.07	PW 9.00% :	17,731.61
Internal ROR (%) :	110.29	PW 10.00% :	16,142.18
		PW 15.00% :	10,527.44
		PW 20.00% :	7,219.64

Date : 03/06/2024 4:27:48PM

ECONOMIC SUMMARY PROJECTION

NORTH JAL UNIT Field
Possible Undeveloped Rsv Class & Category

Project Name : FAE II Op LLC_WORKING
Partner : Default
Case Type : REPORT BREAK TOTAL CASE

As Of Date : 01/01/2024
Discount Rate (%) : 10.00
Custom Selection

Cum Oil (Mbb) : 0.00
Cum Gas (MMcf) : 0.00
Cum NGL (Mbb) : 0.00

Year	Gross Oil (Mbb)	Gross Gas (MMcf)	Gross NGL (Mbb)	Net Oil (Mbb)	Net Gas (MMcf)	Net NGL (Mbb)	Oil Price (\$/bbl)	Gas Price (\$/Mcf)	NGL Price (\$/bbl)	Total Revenue (M\$)
2024	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2025	5.51	1.38	0.17	4.14	0.64	0.13	67.71	0.00	30.17	283.83
2026	41.84	10.46	1.28	31.38	4.86	0.96	64.69	0.33	28.87	2,059.11
2027	97.08	24.27	2.96	72.81	11.29	2.22	62.72	0.41	28.02	4,633.59
2028	102.02	25.51	3.11	76.52	11.86	2.33	61.59	0.35	27.54	4,781.19
2029	115.25	28.81	3.51	86.43	13.40	2.64	61.59	0.35	27.54	5,400.76
2030	153.84	38.46	4.69	115.38	17.88	3.52	61.59	0.35	27.54	7,209.35
2031	202.72	50.68	6.18	152.04	23.57	4.64	61.59	0.35	27.54	9,499.90
2032	232.11	58.03	7.08	174.08	26.98	5.31	61.59	0.35	27.54	10,877.43
2033	266.26	66.57	8.12	199.70	30.95	6.09	61.59	0.35	27.54	12,477.96
2034	322.39	80.60	9.83	241.79	37.48	7.37	61.59	0.35	27.54	15,108.18
2035	302.96	75.74	9.24	227.22	35.22	6.93	61.59	0.35	27.54	14,197.66
2036	245.37	61.34	7.48	184.03	28.52	5.61	61.59	0.35	27.54	11,498.78
2037	201.09	50.27	6.13	150.82	23.38	4.60	61.59	0.35	27.54	9,423.80
2038	172.05	43.01	5.25	129.03	20.00	3.94	61.59	0.35	27.54	8,062.61
Rem	2,042.64	510.66	62.30	1,531.98	237.46	46.73	61.59	0.35	27.54	95,724.72
Total	4,503.13	1,125.78	137.35	3,377.35	523.49	103.01	61.65	0.35	27.57	211,238.88
Ult	4,503.13	1,125.78	137.35							

Year	Well Count	Net Tax Production (M\$)	Net Tax AdValorem (M\$)	Net Investment (M\$)	Net Lease Costs (M\$)	Net Well Costs (M\$)	Other Costs (M\$)	Net Profits (M\$)	Annual Cash Flow (M\$)	Cum Disc. Cash Flow (M\$)
2024	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2025	6.00	22.71	4.26	6,876.50	26.64	0.00	0.00	0.00	-6,646.28	-5,803.11
2026	11.00	164.73	30.89	5,769.75	74.16	0.00	0.00	0.00	-3,980.42	-8,989.41
2027	13.00	370.69	69.50	2,270.00	103.68	0.00	0.00	0.00	1,819.72	-7,698.58
2028	18.00	382.50	71.72	6,149.50	134.64	0.00	0.00	0.00	-1,957.16	-8,999.14
2029	23.00	432.06	81.01	5,606.50	177.84	0.00	0.00	0.00	-896.65	-9,559.41
2030	29.00	576.75	108.14	7,761.00	225.36	0.00	0.00	0.00	-1,461.89	-10,375.43
2031	35.00	759.99	142.50	6,999.25	277.20	0.00	0.00	0.00	1,320.96	-9,756.07
2032	41.00	870.19	163.16	7,580.00	329.04	0.00	0.00	0.00	1,935.04	-8,916.74
2033	47.00	998.24	187.17	7,096.75	380.88	0.00	0.00	0.00	3,814.93	-7,401.62
2034	47.00	1,208.65	226.62	0.00	406.08	0.00	0.00	0.00	13,266.82	-2,523.59
2035	47.00	1,135.81	212.96	0.00	406.08	0.00	0.00	0.00	12,442.80	1,642.86
2036	47.00	919.90	172.48	0.00	406.08	0.00	0.00	0.00	10,000.32	4,687.12
2037	47.00	753.90	141.36	0.00	406.08	0.00	0.00	0.00	8,122.46	6,933.89
2038	47.00	645.01	120.94	0.00	406.08	0.00	0.00	0.00	6,890.58	8,666.32
Rem.		7,657.98	1,435.87	1,841.91	14,212.75	0.00	0.00	0.00	70,576.21	8,098.60
Total		16,899.11	3,168.58	57,951.16	17,972.59	0.00	0.00	0.00	115,247.44	16,764.91

Present Worth Profile (M\$)

Disc. Initial Invest. (M\$) :	33,504.931	PW 7.00% :	29,678.58
ROI Investment (disc/undisc) :	1.50 / 3.05	PW 8.00% :	24,606.74
Years to Payout :	10.46	PW 9.00% :	20,352.72
Internal ROR (%) :	20.02	PW 10.00% :	16,764.91
		PW 15.00% :	5,395.73
		PW 20.00% :	16.41

faeIIoperating

North Jal Unit

Proposed Enhanced Oil Recovery Unit

Induced Seismicity Assessment

23 July 2024

Ex.-C-3-830

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Induced Seismicity Assessment

North Jal Unit, Lea Co., New Mexico

Purpose

The purpose of this assessment is to determine the risk of induced seismicity from introducing injection in the Yates, Seven River, and Queen formations within the proposed North Jal Unit, Lea County, New Mexico, and to gain approval for the proposed enhanced oil recovery (EOR) unit, i.e. waterflooding & CO2 project.

Conclusions

1. Induced earthquakes can be caused by over-injection (without withdrawal) and intensified if large enough fault(s) and stresses are present and flowpaths exist between the point(s) of injection and fault(s). Naturally fractured rock can create super-pathways between injection points and fault(s), inducing earthquakes with large volumes of injection.
2. The recent increase in disposal well (SWDs) volumes strongly correlate with the recent increase in seismic activity in southeast New Mexico.
 - a. Disposal wells often inject into water-filled reservoirs without nearby production, i.e. withdrawal, from the same reservoir; this builds pressure in the reservoir significantly above the original reservoir pressure at a rate proportional to the disposal rate.
 - b. Disposal wells dispose up to tens of thousands of barrels per day per well. When compared to the volume of the reservoirs they are injecting into, the large disposal volumes have to physically affect large areas.
3. Waterfloods aim to maintain reservoir pressure close to its original state, ultimately producing one barrel of fluid for every one barrel of injection. Waterfloods have been active in southeast New Mexico over the last 70+ years without significantly influencing seismic activity.
 - a. Pressure does not continue to increase over time, but remains fairly constant after the reservoir achieves fill-up and the waterflood reaches a steady-state of operation. At fill-up the reservoir pressure is around its original or virgin pressure.
 - b. Injectors within waterfloods typically inject in the range of hundreds of barrels per day per well, instead of thousands of barrels per day per disposal well, with offsetting producers withdrawing fluids out of the reservoir at a similar rate as the injection rate.

- c. Injection volumes within a waterflood are generally contained by offset producers and stay within established waterflood patterns. Standard patterns cover an area of 20 to 40 acres on the Central Basin Platform of southeast New Mexico. Since injected fluid is drawn to offset producers, the volumes do not affect large areas. This reduces the risk of water traveling to faults further away than 1,320 feet, the typical distance from injectors to producers in a 40-acre pattern.
4. The most recent seismic activity within a 10-mile radius to the proposed North Jal Unit appears local to the West Dollarhide area. Assuming this is induced seismicity, it is more likely to have been triggered by surrounding disposal wells than the West Dollarhide waterfloods.
 - a. As localized areas within West Dollarhide's waterfloods reached fill-up, injection rates stabilized at a 1:1 ratio with production; i.e. one barrel injected for every one barrel produced. Each injector only averaged 100-300 bwipd over its life. Since 1990, the waterfloods have produced more volume than injected, reducing pressure in the formations. Without pressure build-up, the waterfloods could not have induced seismicity in the surrounding area.
 - b. Of the active disposal wells surrounding the West Dollarhide area, only the wells injecting into the San Andres lacked offset producers to mitigate pressure build-up. With no historical San Andres production in the area, injection started in a virgin pressure system. Since 1994, the Justis SWD #012B has cumulatively disposed over 16 mmbw. An average rate was maintained of ~1,100 bwipd since 2002, but that rate has doubled in the last five years. This SWD has the highest risk of inducing seismicity in the area.
5. The proposed North Jal Unit poses low risk for inducing earthquakes.
 - a. The Yates, Seven Rivers, and Queen sands are currently depleted and millions of bbls of injection will be required to bring the reservoir back to original pressure.
 - b. Once the reservoir is repressured, pressure will remain fairly constant as the volume of injected and produced fluid will be very similar.
 - c. Surveillance plots can be used to mitigate risk of induced earthquakes by monitoring injection and taking corrective actions if water is going outside targeted area/zones.
 - d. The injected water from the waterflood will be contained within the waterflood patterns and very unlikely to ever reach the closest faults. The closest faults' slip potential was evaluated at <10% per Snee and Zoback.

1.0 Induced Seismicity Overview

1.1 Introduction

Since 2009, the central US has seen an increase in earthquakes that has led to significant research into determining the cause and risk mitigation. Through this research and historical case studies, many of the earthquakes have been identified as *induced earthquakes*. Induced earthquakes are generally defined as earthquakes caused by human activities. While there are numerous ways that humans can induce earthquakes, over-injection has been identified as the cause of the recent increase of earthquake activity in the central US.

Per the EPA UIC Program, a Class II water injection well includes wells used to dispose of oil and gas production wastes and/or enhanced recovery of oil and gas (EOR); typically injecting salt water, fresh water, CO₂, acid gas, or mixtures of any of these. For the purposes of this assessment, waste-water wells and salt water disposal wells (SWDs) will be referred to as *disposal wells* and injection wells associated with EOR will be referred to as *injectors*.

1.2 Factors of Earthquakes

A natural earthquake occurs by a sudden slip of a fault. Per the USGS "A fault is a fracture or zone of fractures between two blocks of rock. Faults allow the blocks to move relative to each other. This movement may occur rapidly, in the form of an earthquake - or may occur slowly, in the form of creep..." For injection to induce an earthquake, enough fluid has to be injected to increase the pressure in the reservoir. Assuming the increasing pressure is transmitted to a fault, then the increase in pore pressure within the fault directly opposes the stresses holding the fault closed. As the difference between these two pressures lessens, the frictional resistance to slip decreases and increases the chances of an earthquake.

Not all injection is capable of inducing earthquakes. There are a variety of factors that have to be present for injection to induce earthquakes. First, the area must meet the conditions required for a natural earthquake to occur, i.e. there must be fault(s) and stresses large enough to produce felt earthquakes. Next, fluid pathways, i.e. flowpaths, must exist between the place(s) of injection and the fault(s). Lastly, the volume of injection has to be large enough to increase the reservoir pressure high enough to overcome the frictional resistance and induce earthquakes.

1.3 Recent Earthquake Activity

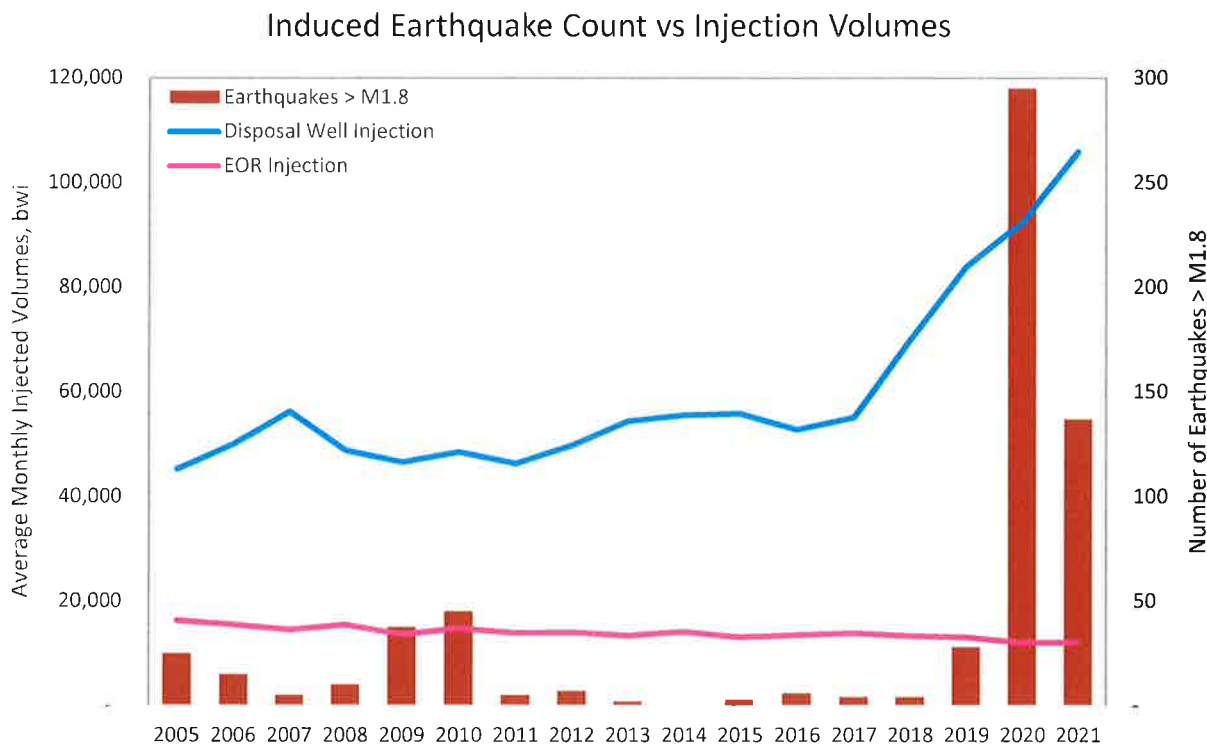
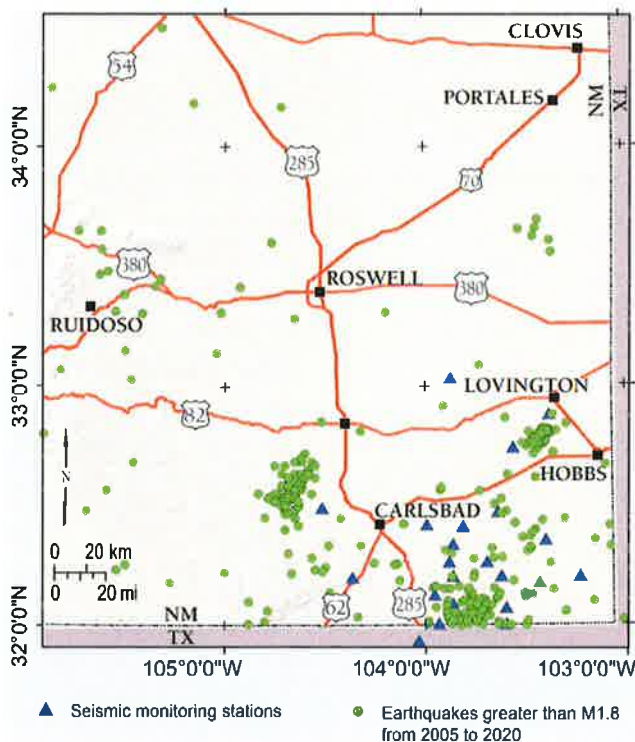


Fig 1A (above) — Bar graph showing the number of earthquakes in southeastern New Mexico over time plotted against the average monthly injection from disposal wells and EOR injectors in the same geographical area. **SOURCE: Litherland and Glasgow (2021)**

Fig 1B (right) — Map of southeastern New Mexico showing earthquake with magnitudes greater than M1.8 that occurred between 2005 and 2020. **SOURCE: Litherland and Glasgow (2021)**

New Mexico has seen a rapid increase in earthquakes in the last few years. Similar to the rest of the central U.S. this coincides with oil and gas activity, but more specifically with increased water disposal volumes. **Fig 1A** shows the number of earthquakes and injection volumes of both disposal and EOR injectors in the mapped area shown in **Fig 1B**. **Fig 1B** also pinpoints the



earthquake epicenters and seismic monitoring stations. For the last 15 years, injection in waterflooding projects has steadily decreased while SWD volumes have ramped up rapidly in the last few years. The delay between the ramp up in disposal volumes and earthquakes is most likely due to the time it takes for fluid volumes to reach stressed faults and for pressure to build-up high enough to cause the faults to slip. EOR injection is much less likely to cause fault slippage as water is contained within producer-injector patterns and unlikely to reach relatively far away faults. Well-managed mature waterfloods produce the equivalent volume injected which would prevent pressure build-up.

1.4 Historical Example: Rocky Mountain Arsenal (RMA) Disposal Well

The first documented and possibly most referenced case of induced seismicity is the Rocky Mountain Arsenal (RMA) disposal well. This well was drilled by the U.S. Army in 1961 near Denver, Colorado for the purpose of disposing chemical waste. The well was drilled to a total depth (TD) of 12,045 feet into a Precambrian crystalline rock whose original pressure was found to be approximately 3915 psi. Injection began in March 1962 at high rates and pressures, 4300 bbls/day at 1450 psi over virgin pressure, and was maintained through September 1963 when the well was shut-in. This injection induced hundreds of observed earthquakes starting only a few months after injection.

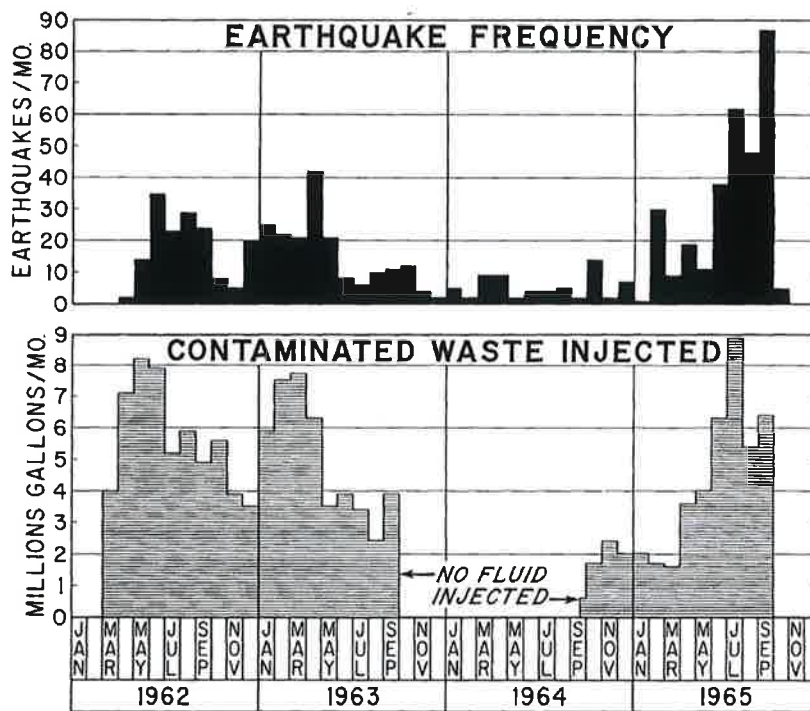


Fig 2 — Correlation of RMA injection rates and earthquake frequency from mid-1960s research.

SOURCE: Evans (1966)

Research performed in the mid-1960s correlated the number of earthquakes to the volume of fluid injected, seen in **Fig 2**. This is really an indirect correlation of the pressure, with the volume of fluid acting as the intermediary. The delay between the start of injection and the first observed earthquake is a result of the time it took for the fluid to travel from the injection site to the faults and build-up pressure high enough to cause the faults to slip. Earthquakes continue even after injection stops because pressure remains built-up within the faults and fracture network. Each earthquake acts as a pressure valve, allowing energy to escape in the form of an earthquake and reducing the built-up pressure. If no additional pressure is added, eventually the pressure will fall below the normal stress and the earthquakes would cease.

Additionally, the research found that while the depths of the earthquakes varied, they were all within the same Precambrian crystalline rock in which the disposal well was drilled. From a geologic standpoint, crystalline rock is not an ideal formation for injection. As an igneous rock, granite has very low matrix porosity and permeability, leaving only the vast network of natural fractures to store the volume of injected chemical waste. By injecting at high rates and high pressure, the disposal well was essentially hydraulically fractured every day for over a year, connecting and opening natural fractures in the area. This open fracture network created multiple flowpaths to the faults which could hold larger volumes of injected fluid and would become the earthquake epicenters. As the fractures and faults spanned the depths of the Precambrian rock, so did the earthquake epicenters. Similarly, the epicenters aligned along the network of natural fractures found in the Precambrian rocks in the area.

Ultimately, the RMA disposal well is an example of how a lack of understanding in geology and reservoir mechanics combined with over-injection can result in induced earthquakes. Completing this well in a highly porous and permeable formation would have allowed the fluid and pressure to dissipate over a larger area, instead it increased quickly within the limited space of the fracture network. Injecting into a virgin pressure system reduced the differential pressure needed to reach the rock's critical pressure and cause fracturing. Injecting into a depleted reservoir would have allowed for larger volumes of injection before reaching the rock's critical pressure. As a lone disposal well, there was no other pressure outlet in the formation; a waterflood (though not applicable with chemical disposal) would have allowed equal volumes to be produced, creating a stable reservoir pressure and avoiding the pressure build-up that led to the induced earthquakes.

2.0 Secondary Recovery Injection (Waterfloods)

2.1 Purpose of a Waterflood

Waterflooding is a type of secondary recovery where water is pumped into an injector with the purpose of sweeping oil from injectors to producers. Secondary recovery, or enhanced oil recovery (EOR), is needed when the primary drive mechanism of a reservoir is depleted, resulting in a low-pressure system with minimal movement within the reservoir. The injection of fluid under secondary recovery is the introduction of energy, via pressure, into the stagnant system. Fluid naturally flows from high pressure to low pressure; injectors create high pressure points and producers create low pressure points, allowing for the control and direction of fluid flow within the reservoir. This leads to water physically displacing oil and water to the offset producers, where the fluid is produced (withdrawn) from the reservoir. The pressure relationship between injectors and producers mostly confines fluid flow to within the waterflood patterns. While limited travel outside of the patterns may occur, the undepleted areas beyond a field's development act as a high-pressure fence and the fluids are drawn back to the low pressure at active producers.

2.2 Injection Overview

While disposal wells are prized for high-rate injection to eliminate production waste water, waterflood injectors are focused on efficiently sweeping oil to producers. Sweep efficiency can be optimized in a variety of ways. Standardized patterns of injectors and producers can improve the sweep efficiency by utilizing the pressure boundaries created between injectors to control the flow of fluid within the reservoir. **Fig 3** shows the fluid flowpaths, i.e. streamlines, associated with injector-producer pairs and how the introduction of injectors can control where fluid flows and sweep efficiency. The placement of wells in specific patterns takes advantage of the no-flow pressure boundary created between injectors where the pressure from each injector is equal. This effectively creates fences within the reservoir, the fluid is forced to flow towards the low pressure point within its fenced area, i.e. the producer.

These pressure boundaries, i.e. fences, can be created at any reservoir pressure so there is no need for injection to increase reservoir pressure to high levels. Ideally, pressure maintenance is used to keep the reservoir pressure above bubble point; when the reservoir pressure falls below bubble point, saturated gas comes out of solution and makes the oil less mobile. Often pressure is built until it approaches the reservoir's initial pressure which is usually above bubble point; this causes free gas to dissolve back into the oil and raises oil mobility as much as possible. After fill-up, the reservoir pressure is maintained by producing a volume equal to that injected until all economic oil reserves are recovered.

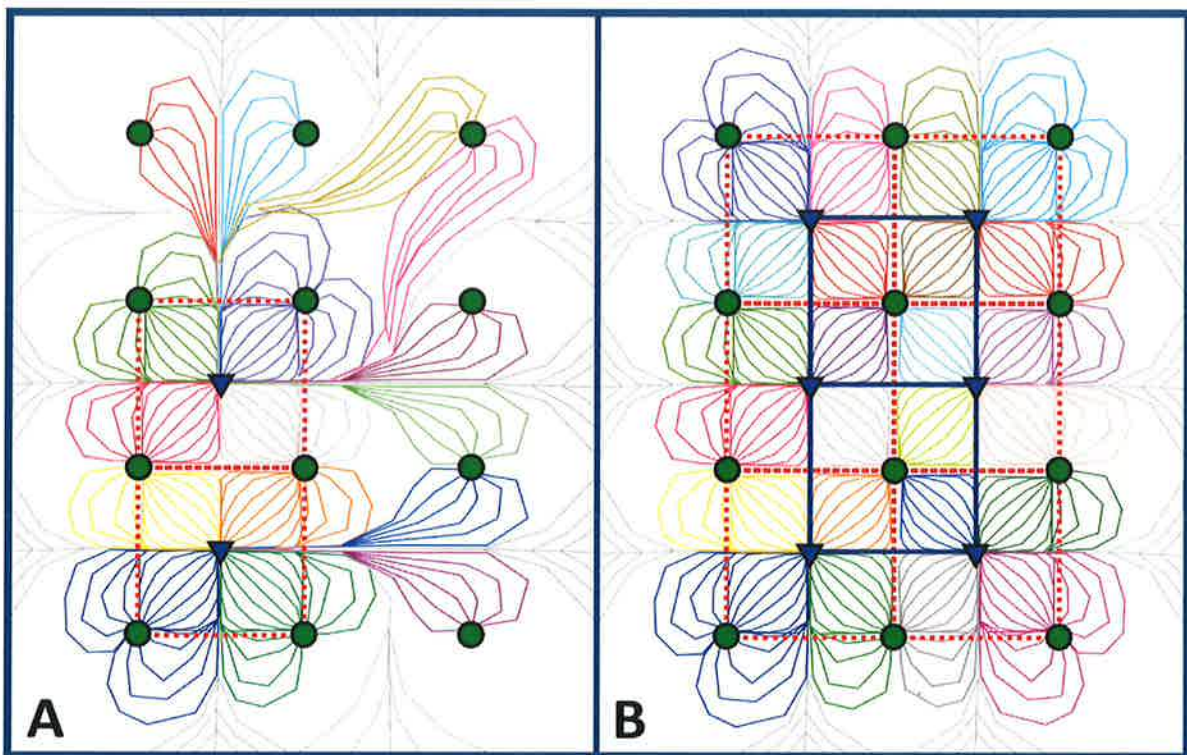


Fig 3 — Streamlines indicate the fluid flowpaths from injector (blue triangle) to producer (green circle). The above streamlines are colored by injector-producer pairs. The addition of injector in Fig 3B restricts the flow that was previously shown in Fig 3A. This restriction is a result of the no-flow pressure boundary created between two injectors where the pressure from each injector is equal.
SOURCE: Neal (2021)

2.3 Surveillance Plots

Operators use surveillance plots to monitor a waterflood's efficiency at both a fieldwide view and within specific patterns. Some of the more common surveillance plots used include production history (production and injection rates over time), voidage replacement ratio (VRR), and material balance plots. The VRR and material balance plots have the unique ability to determine if an area is over-injecting and if the fluid/pressure is staying within the target area, respectively. This makes these two plots ideal for evaluating induced seismicity risk at real time.

The VRR is a measure of injection volume to produced volume. Though it is mostly used to determine if fill-up has been achieved in a reservoir, it can also be used to determine if over-injection is occurring. Fill-up occurs when the cumulative VRR equals 1.0; this means that every barrel of fluid produced has been replaced with an injected barrel of fluid. Many operators set a target VRR of 1.2 to maintain fill-up, under the assumption that 20% of injection will be lost out of the target formation or lease area. If the cumulative VRR > 1.2, there are two likely scenarios: 1) fluid is moving outside of the defined target area; or, 2) over-injection is occurring.

The material balance plot is most useful after fill-up has occurred; it plots cumulative fluid production vs cumulative injection. An efficient waterflood maintains the material balance from this point forward; every injected barrel should result in a produced barrel, but keeping the material balance at a 1:1 ratio (slope = 1) is only possible in a closed system. If the slope of the curve begins to increase, then more production is occurring than injection. This indicates that there is an influx of fluid; most often this is seen where a strong aquifer is present. If the slope of the curve decreases, then fluid leak-off is occurring.

If evidence indicates injection is going out of the targeted interval, operations can intervene and perform workovers on injectors to plug-off unwanted flowpaths, e.g. cement squeeze leak-off intervals. If cumulative VRR indicates the reservoir is becoming over-pressured, operations can reduce injection rates. These surveillance plots can be used in EOR/waterflood projects to monitor injection, give early warning signs, and allow operators to take corrective actions to control injection and mitigate the risk of induced earthquakes.

3.0 Risk of Induced Seismicity

3.1 Recent Seismicity of Surrounding Project Area (10-mile radius)

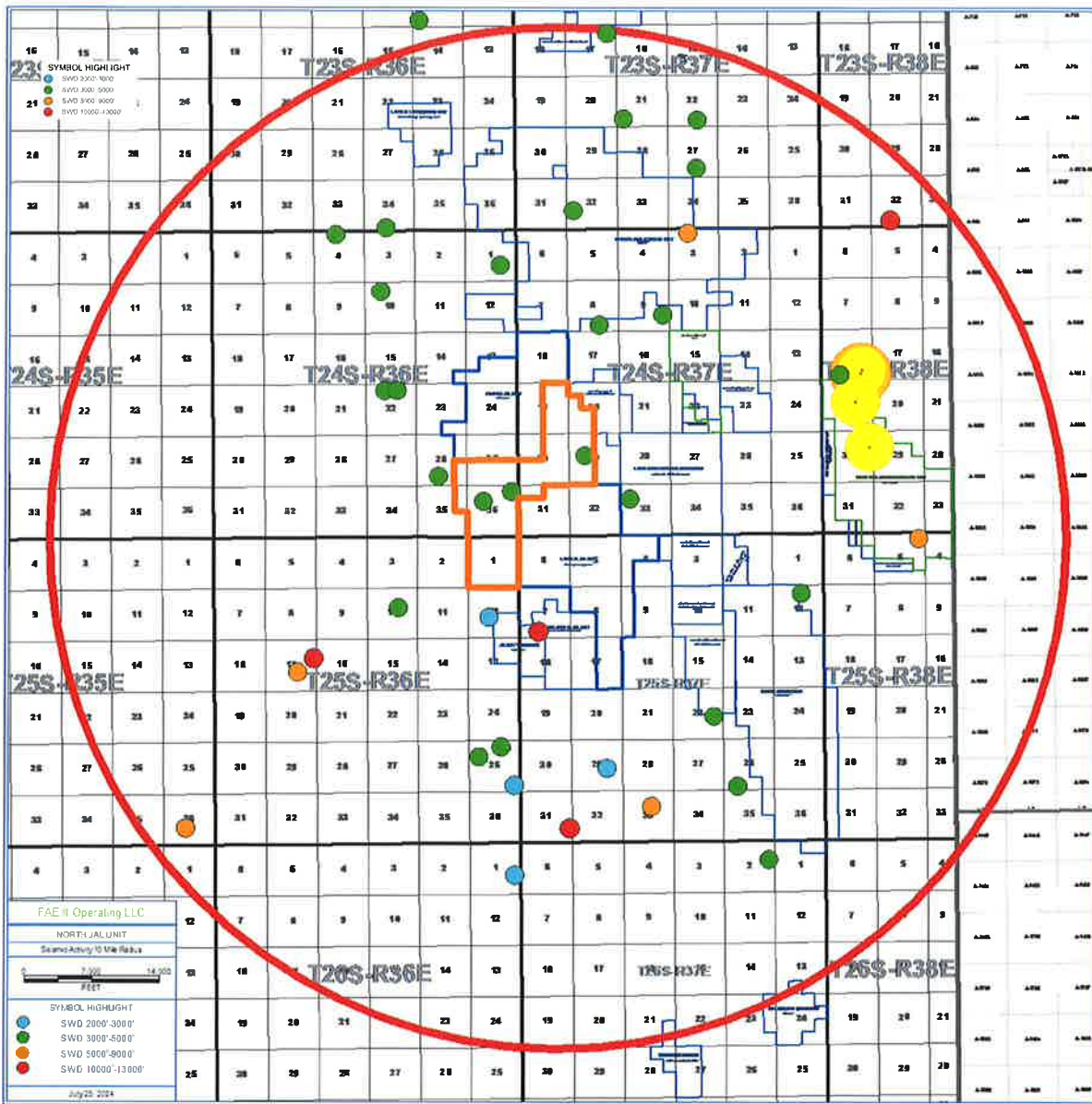


Fig 4 — Base map showing the proposed North Jal Unit with disposal wells, color coded by injection depth, and seismic activity within a 10-mile radius. Since 2021 there have been four 2.5-3.2 earthquakes within a 10-mile radius. All four earthquakes are within or directly offsetting the West Dollarhide Drinkard Unit (WDDU) and several disposal wells.

3.2 Injection Analysis of Surrounding Project Area (10-mile radius)

From Fig 4, there are numerous secondary recovery units (blue outlines) found in the surrounding project area; many units are actively injecting or have historically injected as waterfloods. Of the historical 69 disposal wells, only 37 are currently active. An analysis of production and injection volumes from oil-bearing formations was performed to determine if any over-injection has taken place; see Table 1 for cumulative volumes by formation. The most heavily injected formations include Yates, Seven Rivers, and Queen sands, yet less than three-quarters of the volume produced has been replaced with injection; these reservoirs will be below original reservoir pressure. The San Andres formation, often chosen as a disposal target, shows that injection volumes have exceeded production by a factor of four.

Formation(s) Listed from Shallow to Deep	Cumulative Total Fluids Prod, bbls	Cumulative Water Inj, bwi	Oil Cut, %	Cumulative VRR, decimal
SANTA ROSA	3	-	-	-
YATES / SEVEN RIVERS / QUEEN	2,011,167,918	1,454,845,766	11.49	0.72
GRAYBURG	80,643	2,621,444	93.56	32.51
SAN ANDRES	54,461,370	218,708,052	0.13	4.02
GLORIETA	1,214,755	-	12.58	-
PADDOCK	10,108,132	23,512	29.52	0.00
BLINEBRY	366,960,285	299,351,769	23.71	0.82
TUBB	3,045,880	-	32.47	-
DRINKARD	120,311,925	132,949,368	34.28	1.11
ABO	107,572,808	7,770	41.98	0.00
WOLFCAMP	140,403,323	-	30.76	-
PENNSYLVANIAN	165,804	-	15.89	-
STRAWN GRANITE WASH	2,661,423	-	31.04	-
MORROW	597,530	-	43.82	-
DEVONIAN	77,868,143	78,702,103	22.48	1.01
SILURIAN	56,097	-	98.38	-
FUSSELMAN	138,706,263	19,043,922	17.32	0.14
MONTOYA	16,229,671	-	33.58	-
SIMPSON (McKEE)	10,946,413	1,158,383	66.78	0.11
ELLENBURGER	82,727,246	1,160,341	47.83	0.01

Table 1 — Cumulative production and injection of oil-bearing formations within a 10-mile radius of the proposed North Jal Unit pulled from IHS. From an area perspective, only the San Andres formation stands out as having a significant volume of injection over production.

3.3 West Dollarhide Area Study

The West Dollarhide area has three active waterfloods in the Queen, Tubb, and Devonian formations and a productive pool with disposal in the Fusselman. The combined production history of these is displayed in Fig 5. Starting around 1990, the volume of injection roughly equaled the volume of produced water. Since oil was also produced, the reservoir pressure decreased as more volume was produced than injected. Starting in 2014, the injection volumes began steadily declining as the number of injectors declined. Over the life of the waterfloods, injectors have typically injected between 100-300 bwipd. The relationship between injection and production volumes is seen in the VRR plot displayed in Fig 6. This plot shows there was not enough injected volume to re-pressurize the formations to their initial reservoir pressures, i.e. the reservoirs remained depleted, compared to their original pressures. It is highly unlikely these injectors could have pressurized a fault and induced earthquakes.

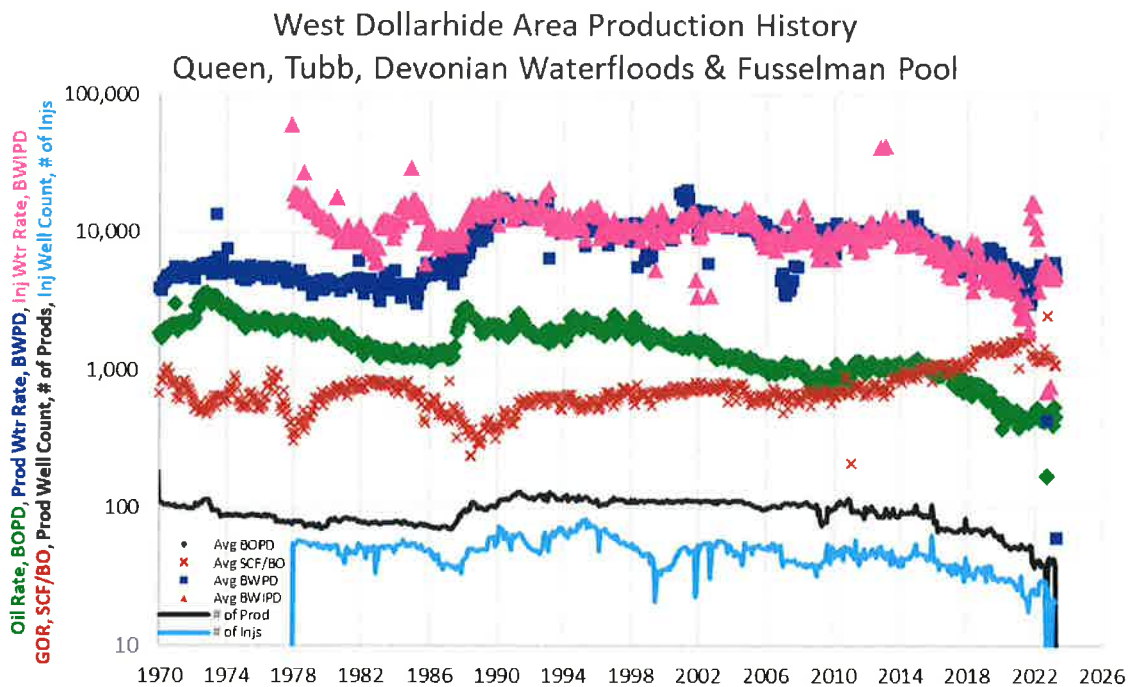


Fig 5 — Production history of the West Dollarhide area over time. Since the 1990s, injection volumes have equaled produced water volumes, meaning that pressure could not rise in the area as more volume was produced than injected.

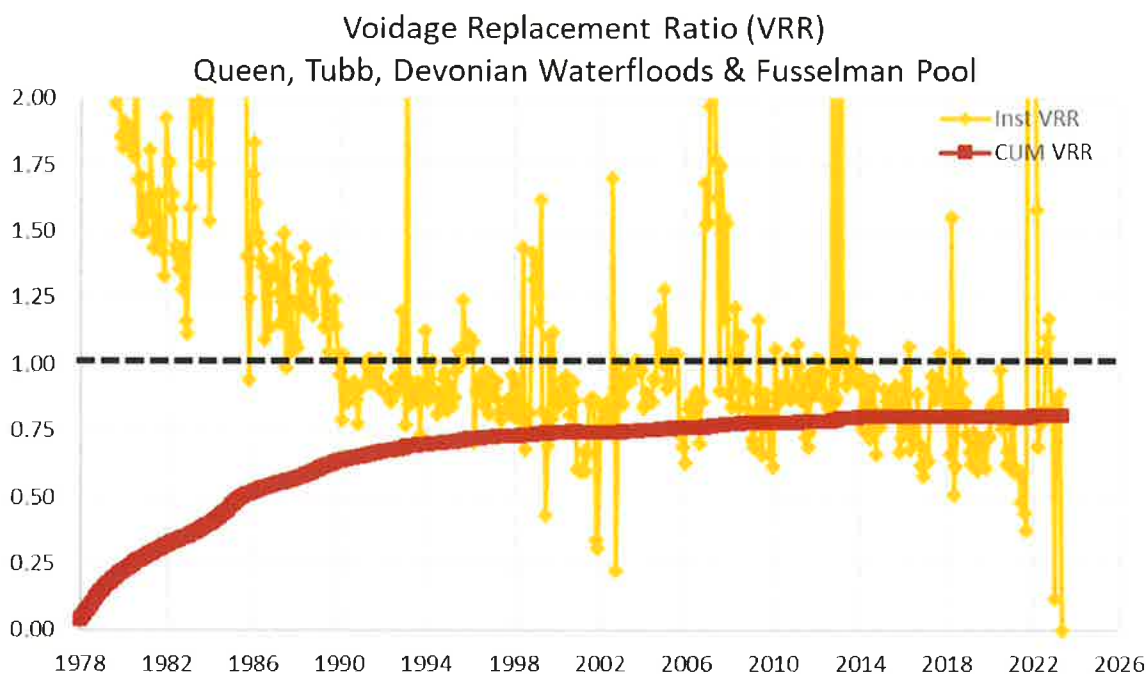


Fig 6 — The VRR plot indicates production volumes remained higher than injection volumes, resulting in the voidage never being fully replaced. With the formations being pressure depleted compared to their initial reservoir pressures, it is unlikely that the West Dollarhide area induced seismicity.

Surrounding the West Dollarhide area are a number of SWD wells whose over-injection could have pressurized a local fault and caused induced earthquakes in the area. Even though these SWDs are not all adjacent to the seismic activity, if they connect with a fault, the injected volume will travel and build pressure, both vertically and horizontally, along the fault plane. This is why earthquake epicenters can be significantly deeper than disposal formations. **Table 2** shows the closest disposal wells to the West Dollarhide area.

Only about half of the surrounding disposal wells were active injectors leading up to the induced earthquakes in 2021, the G H Mattix B Federal #001, Mexico L #001, Fowler SWD System #001 and Justis SWD #012B. A comparison of the average daily rate of injection between these four disposal wells is shown in **Fig 7**. From this plot, the highest disposal rates correlate with the highest cumulative injection volumes reported in Table 2. Disposal wells at the highest risk for inducing seismicity would have high rates over time and possibly show an increase in disposal rates a few years prior to the seismic activity. The Justis SWD #012B and

Well Name	API	Location	Disposal Formation	Last Injection	Cumulative Inj, bwi
JUSTIS SWD #012B	30-025-24761	25S 37E 12B	SAN ANDRES	May 2023	16,550,233
FOWLER SWD SYSTEM #001	30-025-11074	24S 37E 09I	SAN ANDRES	Apr 2023	5,530,595
MEXICO L #001	30-025-12365	25S 38E 05A	FUSSELMAN	Apr 2023	7,202,125
G H MATTIX B FEDERAL #001	30-025-31770	24S 37E 03C	PADDOCK-BLINEBRY	May 2023	850,418
STATE 32 #001	30-025-21476	23S 38E 32N	ELLENBURGER	Feb 2017	1,160,341
J H MCCLURE B COI #022	30-025-27176	24S 38E 19I	QUEEN	Sep 2014	344,253
BUCKSKIN FED #002	30-025-27024	24S 38E 18N	QUEEN	Feb 2012	259,368
WOOLWORTH ESTATE #001	30-025-27081	24S 37E 33E	SEVEN RIVERS	Jan 2009	12,378,439

Table 2 — Well information of disposal wells surrounding the West Dollarhide area and closest to induced seismicity in southeastern New Mexico.

Mexico L #001 have the highest disposal rates over time while the Justis SWD #012B and Fowler SWD System #001 show increasing rates a few years prior to 2021. This puts the Justis SWD #012B at the highest risk for inducing seismicity with the Mexico L #001 and Fowler SWD System #001 at moderate risk and the G H Mattix B Federal #001 at the lowest risk.

Surrounding Active SWD Comparison

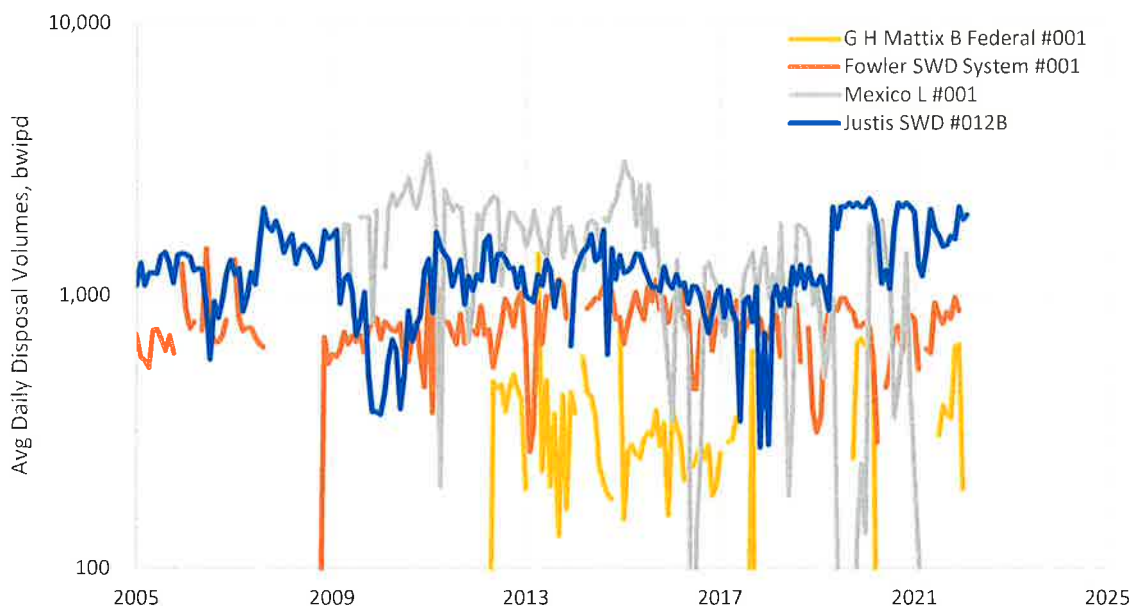


Fig 7 — Comparison of the average daily disposal rates of the four active SWDs surrounding the West Dollarhide area.

Of the three disposal wells rated moderate to high risk of inducing seismicity, the Mexico L #001 is the closest, falling within the boundaries of several of the waterflooding units. This well injected over 7 million barrels of wastewater over a 12-year period, starting in 2009. The production and injection in the area, see Fig 8, shows that the disposal well is injecting into a depleted zone that cumulatively produced 23 million barrels of oil and water prior to injection. This should reduce the Mexico L #001’s risk of induced seismicity to low.

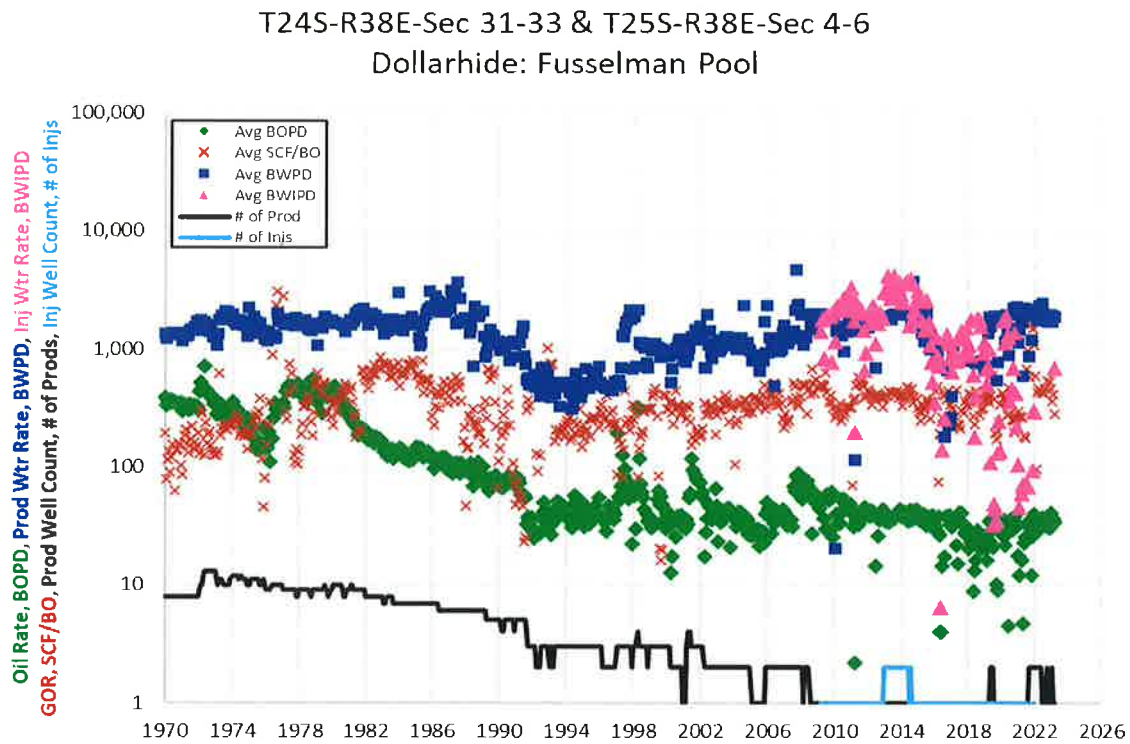


Fig 8 — Reported production and disposal history of the Dollarhide: Fusselman pool located in the West Dollarhide area.

The remaining two moderate and high-risk disposal wells, the Fowler SWD System #001 and the Justis SWD #012B, respectively, both inject into the San Andres formation. Neither well is surrounded by producers of the same formation, nor is there record of the San Andres being produced in the area. This implies these SWDs started injecting into a system at virgin pressure. The Justis SWD #012B is the closest to the West Dollarhide area and the highest risk disposal well in the area for inducing seismicity.

3.4 Fault Slip Potential (FSP) of Project Area

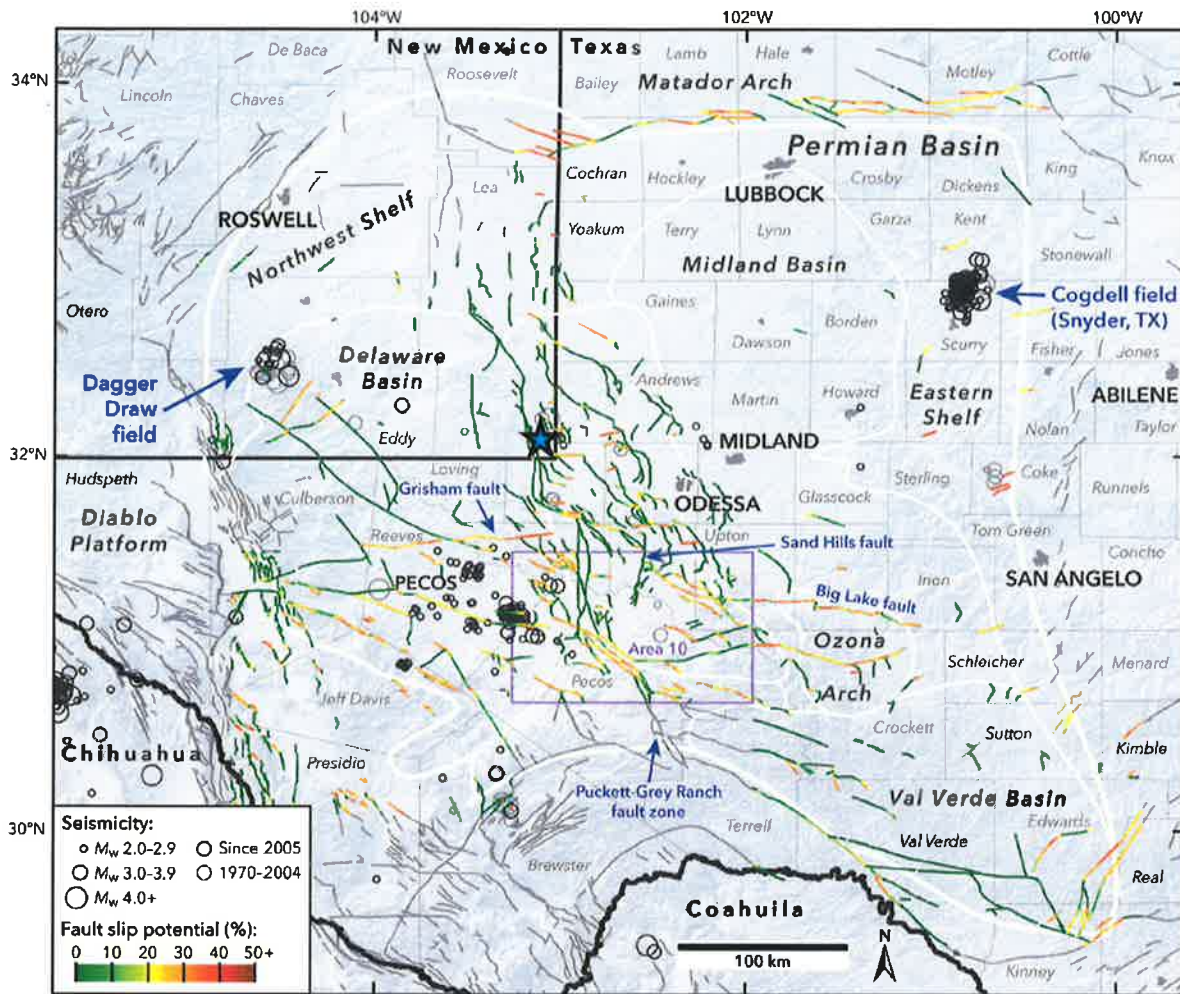


Fig 9 — Results of Snee and Zoback’s probabilistic fault slip potential (FSP) analysis of the Permian Basin. The South Jal Unit is marked with a blue star. This location falls between several faults with <10% FSP. With proper monitoring and avoiding over-injection, the minor risk these faults present for induced earthquakes can be mitigated.

SOURCE: Snee and Zoback (2018)

3.5 Project Risk Assessment

	Question	NO APPARENT RISK	CLEAR RISK	Denver RMA, Colorado	North Jal Unit
<i>Background Seismicity</i>					
1	Are large earthquakes ($M \geq 5.5$) known in the region (within 200 miles)?	NO	YES	YES	NO
2	Are earthquakes known near the injection site (within 10 miles)	NO	YES	YES	YES
3	Is rate of activity near the injection site (within 10 miles) high?	NO	YES	YES	NO
<i>Local Geology</i>					
4	Are faults mapped within 10 miles of the site?	NO	YES	NO	YES
5	If so, are these faults known to be active?	NO	YES	NO	NO
6	Is the site near (within 200 miles of) tectonically active features?	NO	YES	YES	NO
<i>State of Stress</i>					
7	Do stress measurements in the region suggest rock is close to failure?	NO	YES	YES	NO
<i>Injection Practices</i>					
8	Are (proposed) injection practices sufficient for failure?	NO	YES	YES	NO
9	If injection has been ongoing at the site, is injection correlated with the occurrence of earthquakes?	NO	YES	YES	NO
10	Are nearby injection wells associated with earthquakes?	NO	YES	YES	NO
	TOTAL "YES" ANSWERS	0	10	8	2

Table 3 — Criteria to determine if injection provides ‘no apparent risk’ or ‘clear risk’ of induced seismicity. Induced seismicity risk assessment was performed on the Denver RMA in addition to the proposed North Jal Unit. While the Denver RMA show ‘clear risk’ for inducing earthquakes, the proposed unit assessment appears to be at low risk for inducing earthquakes.

SOURCE: Davis and Frohlich (1993)

3.6 Summary

The RMA disposal well provides a clear case history establishing a relationship between SWD volumes and seismic activity. Multiple actions could have been taken to mitigate the risk of inducing earthquakes. It is important to understand the geology of the reservoir, specifically the porosity, permeability, and natural fractures, in which you plan to inject, as well as continually monitor the wells for signs of over-injection or leak-off. Faults do not induce earthquakes from a small volume of injected fluids; it is the build-up of high volumes of fluids and pressure that cause a fault to slip. Awareness of local faults and reservoir dynamics are paramount to mitigating the risk of inducing earthquakes.

The proposed North Jal Unit poses low risk for inducing earthquakes. The project is intended as an EOR project (waterflood/CO₂) and will be focused on sweeping oil from injectors to producers. To efficiently and cost effectively accomplish this, FAE II Operating LLC plans to utilize waterflood surveillance to ensure injection stays within the targeted Yates-Seven Rivers-Queen interval and the injector-producer patterns, where the producers will be 500'-1,000' from the injectors. If evidence indicates injection is going out of the targeted interval, operations can intervene and perform workovers on injectors to plug-off unwanted flowpaths, e.g. cement squeeze leak-off intervals.

Since injected volumes should stay with the established waterflood patterns, it is highly unlikely for the injection to reach any of the faults shown in **Fig 9**. Per Snee and Zoback's FSP evaluation, the faults closest to the project area all appear to be low risk of induced seismicity. The closest fault(s) run North-South and were evaluated as having <10% FSP. These faults would have to be exposed to a significant build-up of fluid and pressure in order to induce an earthquake.

Currently, the Yates, Seven Rivers, and Queen sands are under pressured, requiring millions of barrels of injection before achieving fill-up and restoring the reservoir back to its original state. After fill-up is achieved, waterflood operations targeting a 1.0-1.2 cumulative VRR will prevent unintentional over-injection and avoid pressure build-up. The proposed North Jal Unit poses low risk for inducing earthquakes.

4.0 References

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ECONOMIC SUMMARY PROJECTION

NORTH JAL UNIT Field
Application Wells

Project Name : FAE II Op LLC_WORKING
Partner : Default
Case Type : REPORT BREAK TOTAL CASE

As Of Date : 01/01/2024
Discount Rate (%) : 10.00
Custom Selection

Cum Oil (Mbbbl) : 177.01
Cum Gas (MMcf) : 4,589.38
Cum NGL (Mbbbl) : 0.00

Year	Gross Oil (Mbbbl)	Gross Gas (MMcf)	Gross NGL (Mbbbl)	Net Oil (Mbbbl)	Net Gas (MMcf)	Net NGL (Mbbbl)	Oil Price (\$/bbl)	Gas Price (\$/Mcf)	NGL Price (\$/bbl)	Total Revenue (M\$)
2024	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2025	1.83	0.46	0.06	1.37	0.21	0.04	67.71	0.00	30.17	94.25
2026	29.51	7.38	0.90	22.13	3.43	0.67	64.69	0.33	28.87	1,452.15
2027	97.13	24.28	2.96	72.85	11.29	2.22	62.72	0.41	28.02	4,635.89
2028	144.58	36.15	4.41	108.44	16.81	3.31	61.59	0.35	27.54	6,775.59
2029	168.33	42.08	5.13	126.25	19.57	3.85	61.59	0.35	27.54	7,888.55
2030	129.66	32.41	3.95	97.24	15.07	2.97	61.59	0.35	27.54	6,076.21
2031	94.79	23.70	2.89	71.09	11.02	2.17	61.59	0.35	27.54	4,442.02
2032	74.07	18.52	2.26	55.56	8.61	1.69	61.59	0.35	27.54	3,471.33
2033	60.78	15.19	1.85	45.58	7.07	1.39	61.59	0.35	27.54	2,848.20
2034	51.73	12.93	1.58	38.80	6.01	1.18	61.59	0.35	27.54	2,424.46
2035	45.08	11.27	1.37	33.81	5.24	1.03	61.59	0.35	27.54	2,112.54
2036	40.07	10.02	1.22	30.05	4.66	0.92	61.59	0.35	27.54	1,877.63
2037	35.89	8.97	1.09	26.92	4.17	0.82	61.59	0.35	27.54	1,682.02
2038	32.59	8.15	0.99	24.44	3.79	0.75	61.59	0.35	27.54	1,527.27
Rem	456.56	114.14	13.93	342.42	53.07	10.44	61.59	0.35	27.54	21,395.75
Total	1,462.60	365.65	44.61	1,096.95	170.03	33.46	61.74	0.35	27.60	68,703.87
Ult	1,639.61	4,955.03	44.61							

Year	Well Count	Net Tax Production (M\$)	Net Tax AdValorem (M\$)	Net Investment (M\$)	Net Lease Costs (M\$)	Net Well Costs (M\$)	Other Costs (M\$)	Net Profits (M\$)	Annual Cash Flow (M\$)	Cum Disc. Cash Flow (M\$)
2024	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2025	10.00	7.54	1.41	6,422.50	22.73	0.00	0.00	0.00	-6,359.93	-5,539.93
2026	13.00	116.17	21.78	4,304.75	65.57	0.00	0.00	0.00	-3,056.12	-7,975.72
2027	14.00	370.87	69.54	2,461.50	108.18	0.00	0.00	0.00	1,625.80	-6,847.87
2028	15.00	542.05	101.63	1,287.25	125.71	0.00	0.00	0.00	4,718.94	-3,802.03
2029	15.00	631.08	118.33	0.00	129.60	0.00	0.00	0.00	7,009.54	352.02
2030	15.00	486.10	91.14	0.00	129.60	0.00	0.00	0.00	5,369.37	3,250.28
2031	15.00	355.36	66.63	0.00	129.60	0.00	0.00	0.00	3,890.43	5,158.70
2032	15.00	277.71	52.07	0.00	129.60	0.00	0.00	0.00	3,011.95	6,501.05
2033	15.00	227.86	42.72	0.00	129.60	0.00	0.00	0.00	2,448.02	7,492.50
2034	15.00	193.96	36.37	0.00	129.60	0.00	0.00	0.00	2,064.53	8,252.50
2035	15.00	169.00	31.69	0.00	129.60	0.00	0.00	0.00	1,782.24	8,848.89
2036	15.00	150.21	28.16	0.00	129.60	0.00	0.00	0.00	1,569.66	9,326.31
2037	15.00	134.56	25.23	0.00	129.60	0.00	0.00	0.00	1,392.63	9,711.31
2038	15.00	122.18	22.91	0.00	129.60	0.00	0.00	0.00	1,252.58	10,026.11
Rem.		1,711.66	320.94	590.40	4,536.00	0.00	0.00	0.00	14,236.75	1,648.44
Total		5,496.31	1,030.56	15,066.40	6,154.20	0.00	0.00	0.00	40,956.41	11,674.55

Present Worth Profile (M\$)

Disc. Initial Invest. (M\$) :	11,635.757	PW 7.00% :	16,482.97
ROI Investment (disc/undisc) :	2.00 / 3.83	PW 8.00% :	14,674.22
Years to Payout :	5.43	PW 9.00% :	13,082.82
Internal ROR (%) :	30.81	PW 10.00% :	11,674.55
		PW 15.00% :	6,576.90
		PW 20.00% :	3,481.33

TRC Eco DetailedNGL.rpt

Exhibit C-4: Inactive Wells within Proposed Unit Area

API	Well Name	Well Type	TD (MD)	Mineral Owner	Surface Owner	Current Operator	Status	Plan
30-025-11168	KING HARRISON C #003	Gas	3694	Private	Private	{331515} Finaly Resources LLC	Active-Last Prod: 10/1/2022	NJU_yr01_Recompletion-Pattern Conformance
30-025-21872	STATE A-36 #002	Oil	2800	State	State	{379817} Energy Acumen LLC	Active-Last Prod: 2/1/2015	NJU_yr02_Recompletion-Pattern Conformance
30-025-24669	WM H HARRISON D WN COM #006	Gas	3656	Private	Private	{873} APACHE CORPORATION	Plugged, Not Released	Well P&A'd; Eval Site for ND in yr02 Development
30-025-25629	KING HARRISON C #001	Gas	3705	Federal	Private	{331515} Finaly Resources LLC	Active-Last Prod: 10/1/2022	NJU_yr01_Recompletion-Pattern Conformance
30-025-32863	C D WOOLWORTH #009	Oil	3800	Private	Private	{16696} OXY USA INC	Plugged, Not Released	NJU_yr01_Re-entry
30-025-33882	C D WOOLWORTH #011	Oil	3760	Private	Private	{16696} OXY USA INC	Plugged, Not Released	Well P&A'd; Eval Site for Limit Use
30-025-38883	MARTIN B #004	Gas	3835	State	Private	{329326} FAE II Operating LLC	Expired Temporary Abandonment	NJU_yr01_Recompletion-Pattern Conformance

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

APPLICATION OF FAE II OPERATING, LLC
FOR STATUTORY UNITIZATION,
LEA COUNTY, NEW MEXICO.

CASE NO. 24606

SELF-AFFIRMED STATEMENT

1. I am the attorney in fact and authorized representative of FAE II OPERATING, LLC, the Applicant herein. I have personal knowledge of the matters addressed herein and am competent to provide this self-affirmed statement.

2. Attached hereto as Exhibit A is the Affidavit of Publication along with the newspaper clipping (digital tear sheet) showing that publication of the Notice of Hearing was published on June 19, 2024 by the Hobbs News-Sun newspaper.

3. As a result of the published notice no person or entity has entered an appearance in the captioned case.

4. I affirm under penalty of perjury under the laws of the State of New Mexico that the foregoing statements are true and correct. I understand that this self-affirmed statement will be used as written testimony in this case. This statement is made on the date next to my signature below.


ERNEST L. PADILLA


Date

LEGAL NOTICE
June 19, 2024

Affidavit of Publication

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

STATE OF NEW MEXICO
COUNTY OF LEA

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division. The hearing is set for July 11, 2024 beginning at 8:15 a.m. The hearing will be conducted in a hybrid fashion, both in-person at 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 in the electronic hearing, see the instructions posted on the docket for the hearing date: <https://www.emnrd.nm.gov/ocd/hearing-info/>. For any further additional instructions they are posted on the OCD Hearings website: OCD.Hearings@emnrd.nm.gov. Nonetheless, to stay informed as to any changes for hearing procedures you should consult the OCD website for further instructions. You are not required to attend these hearings, but as an owner of an interest or offset operator that may be affected, you may appear and present testimony. Failure to appear at the time and become a party of record will preclude you from challenging those applications at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 12.11.

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

STATE OF NEW MEXICO:

All named parties and persons having any right, title, interest or claim in the following case and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

OCD CASE: 24606- Re-filed Application of FAE II Operating, LLC, for Statutory Unitization in Lea County, New Mexico.

Beginning with the issue dated
June 19, 2024
and ending with the issue dated
June 19, 2024.

This is to notify all interested parties, including 180 PETROLEUM INC, Almor M. Jack; ACOMA ENERGY LLC; ADELE DESSAINT MCDOWELL EST; ALANN P BEDFORD TRUST, Albany Bay, Inc.; ALBERT C JONES; ALL CHURCH HOME FOR CHILDREN FOUNDATION; ALVIN CARLTON METLER; ALVIN LUSKEY; Amarillo National Bank, Successor Trustee of the Sally Birdsong Skaggs Revocable Trust dtd 12/30/2005; Amarillo National Bank, Trustee of the Lolisa Horton Revocable Living Trust Agreement; Amarillo National Bank, Trustee of The Lolisa Horton Revocable Trust; Amarillo National Bank, Trustee of The Sally Ingerton Grantor Trust; Amarillo National Bank, Trustee of the Susan Landers Grantor Trust dtd 3/16/1984; AMY C DAVENPORT; AMY COKER DECEASED; ANDECTOR EXPLORATION COMPANY, ANDREWS ROYALTY LP; ANDRIES EMMONS METLER; ANGELA H THOMAN; ANN HUBBARD HOLLANDSWORTH; Anna N. (Burgess) Thomas; Annabell Sweeney Ames; Apache Corporation; Archbishopric of New York; Arote Mineral Holdings, LLC; Asher Resources; ATHENA GARGILL, B & E, Inc, Bank of Oklahoma, N.A., and Rita Louise Willis, Co-Trustees UTA dated June 18, 1977; Bank of Oklahoma, NA, Agent for The Oklahoma Medical Research Foundation; BARRY ANTWEIL, Bearez, LLC; BENJAMIN SCOTT COWAN; BERNARD KEMPER KEEVER; Bernard Kemper Keever & Robert H. Mays; Bernice S. Luskey, Trustee of the Luskey Living Trust M2; Beverly Bowen DeLucia; BEVERLY BOWEN DELUCIA, BEVERLY C DELUCIA; Beverly Jean Bull; BEVI CHILDRESS; BHCH MINERAL LTD; BHN ROYALTY PARTNERS LTD; BLACK STONE MINERALS CO LP; BLANCHE M LARGENT; BOB PHIPPS; BOKF, NA d/b/a Bank of Oklahoma, Trustee of The Newby Foresoo Trust; BONNIE R WHITEMAN; Bradley Garson Miles, life tenant; Melanie Marie Miles Hirschfeld & Matthew Carson Cottingham Miles, Remaindermen; BRECK MINERALS LP; BRP, LLC c/o NRP (Operating), LLC; BURKE HEALEY TRUST, BURLINGTON RESOURCES OIL AND GAS CO; Buttram Energies Inc.; CAMEO CHERIE STANCLIFF; CAMILLA H LATADY; Carl B. and Florence E. Foundation; Carl David Ganz, Jr. Family, LLC; CARLA BEREN TRUST; CAROL JEAN MATTHEWS; Cascade Energy Corporation; Cathy Ganz Johnson Family, LLC; CATOICO LLC; CHARLES A DAWS; CHARLES F DOORNBOS RVCBL TRUST; CHARLES M LATADY; CHARLES S MITCHELL JR; Charlotte Jean Bedford Lange, Trustee of The Alann P. Bedford Trust; Chevron USA, Inc., CHILDRENS MEDICAL CENTER FOUNDATION; Children's Medical Center of Dallas; Childress Royalty Company, Citation Oil & Gas Corp.; Clara E. Burress, Clift Family Mineral Interests, LLC; COATES ENERGY INTERESTS LTD; COATES ENERGY TRUST; ConocoPhillips Company; CONSTANCE F BURRESS CORINE RATER; CORINNE COWAN HIGHTOWER TRUST; CORRIGAN SOUTHERN LAND & CATTLE Cynthia Leigh Yeager (Kundy); DAN HUFFINES DECEASED; DANA CASERTA; DANIEL E FOLEY; DARLEEN J ALSTON GEORGE HILL; DARRELL JONES; DAVENPORT CONGER PROPERTIES LP; David Arthur Clift; DAVID BINA; DAVID HIGGS; David L. Grantham; DAVID LUSKEY ESTATE; David Scott Yeager; DAVID WIMAN; DEANNA RAMSEY; Debra Kay Primora; Debra Purser Wyse; Donald Payne Warren; Donald Shepherd; DORCHESTER MINERALS LP; DORIS C BURRESS LIVING TRUST; Dorothy A. Fleck; DOYLE HARTMAN; DR. AMANDA JONES, DVM; EARLEY FAMILY FUTURES LLC; EG Energy, LLC; ELEANOR ANN O'DONNELL, ELISABETH B BUTLER SEP PROP TRUST, Elizabeth Reid Yeager, Ellen Louise Burney Dlott; ELMER PETRILLA, EMILIE BLAINE RADICH TRUST; Energy Acumen, LLC; Enmar Investments, Inc.; EST OF ANNIE MAY KAVANAUGH; EST OF DEANE MARTIN; EST OF RAYMOND LARGENT; Estate of George Goss Yeager, deceased; EVAR MEYER; EVERETT COON, JR; Everett G. Gray & Linda C. Gifford, Co-Trustees of the Linda Gray Gifford Trust 1/b/o The Children; ExxonMobil Corporation; FAE II, LLC; FASKEN FOUNDATION; FDH COMPANY LP; Florence Mayo Estate; FREDERICKSBURG ROYALTY LTD; FRITZI STORY; GARRY HUFFINES; GARY HILLMAN; Gary Worrall Clift; GEARY GLENN MARTIN; GENTRY MARION HUBBARD; GEORGE M O'BRIEN; GEORGE R JONES; Gist Mineral Investments LLC; GLADYS JACOBS; Gonzales Royalties c/o Larry D. Finch; GUY NOEL HYDE; HARLOW ROYALTIES LTD; HARVEY HILL LLC; HDB, LLC; Headington Royalty Inc.; HEALEY LP; HELEN LEARMONT BEDFORD FAMILY TR; HENRY D BEDFORD SR; Henry H. Harrison, Jr., Trustee of the Henry H. Harrison, Jr. Testamentary Trust; Howard B. Jack; HOWARD PAYNE UNIVERSITY; Howard Payne University 1/b/o McArthur Academy of Freedom; IDA L GROTIE, INNERARITY FAMILY MINERALS, LLC; INTERNAL REVENUE SERVICE; J CLEO THOMPSON & JAMES CLEO; J PAT CORRIGAN FAMILY LMTD PARTNERSHIP; J PAUL & SIDONIA WINGERT LLC; J W BARNES DECEASED; JACK V COWAN; JACKIE DEAN HUBBARD; JACKIE LA VERNE PATE; JAL PUBLIC LIBRARY FUND; James A. Davidson, MSU; JAMES E BURR; James E. Gray; JAMES F HAYES JR; James H. Fleck and Charlotte Fleck; JAMES ROBERT PRUETT; JAMES WILLIAM BISHOP; JAN MILLER; JANET H ROMBOUGH; Jay H. Stafford & Mildred E. Stafford, Co-Trustees of The Stafford Family Revocable Trust; JB HUFFINES; JE WATKINS SCHOLARSHIP TRUST; Jeannette Singleton Cloyd; JEANIE LARELL MARTIN; JENNIFER BRISCESE; Jennifer Ruffing; Jessica Lynn Whitley; Jotta Grantham Wise; Jimmie Eden, Jr. Trust; Joan Miller Ganz & John William Lytle, Jr., Co-Trustees of The Ida Miller Estate; Joan Miller Ganz, LLC; Joe Paul Allen; JOHN B MAYSE; John Douglas Hinchey, in Trust; John Edward Bacon; John F. Special; JOHN SCHARBAUER ESTATE TRUST; John Warren Purser; JOSEPH L DAWS; Joseph M. Clift, Trustee on behalf of Gilbert Burke Clift, Jr.; JUDY LYNN WHITLEY BLACKWELL; JUDY MARTIN; JULIA ANN VERSCHOYLE BANKS; K AND K MINERALS LLC; KAREN FINKEL; KAREN Y BARNES; KARLAN WITT; KATHLEEN HAYES; KATHLEEN JONES; KATHRYN E WILKS UGMA; KEN PERKINS OIL & GAS; Kimbrell Royalty Holdings, LLC; KIMBERLY D MOTZNY; Kriston Michelle Whitley Svohla; KUBIN FAMILY LIVING TRUST DTD 5/14/07; LA RETTA BARTON; LARRY A NERMYR; LARRY J. BOND LIVING TRUST; LARUE BURROUGHS; Lasca, Inc.; Laura Kay Hinchey; Lean Dog LP No. 1; LEE DAWS BLOCH; Logat LLC; Leigh M. Corboskas; LEONARD C. GAI AZ; Lexington Oil Company; LISA A. MELSON; LISA K. WAINSTON; L...

Owner

Sworn and subscribed to before me this
19th day of June 2024.

Business Manager

My commission expires

January 29, 2027
STATE OF NEW MEXICO
(Seal) NOTARY PUBLIC
GUSSIE RUTH BLACK
COMMISSION # 1087528
COMMISSION EXPIRES 01/29/2027

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

