

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD, OVERLAPPING SPACING
UNIT, EDDY COUNTY, NEW MEXICO,**

CASE NO. 24833

HEARING EXHIBITS

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Gianna Romero
A-1	Application & Proposed Notice
A-2	C-102s
A-3	Plat of Tracts, Tract Ownership, Pooled Parties, Unit Recapitulation
A-4	Map of Non-Standard Spacing Unit
A-5	Sample Well Proposal Letter & AFEs
A-6	Sample Ratification Agreement
A-7	Summary of Communications
Exhibit B	Self-Affirmed Statement of Chris Wray
B-1	Location Map
B-2	Subsea Structure Map
B-3	Cross Section Map
B-4	Stratigraphic Cross Section
Exhibit C	Self-Affirmed Statement of Dana S. Hardy
C-1	Sample Notice Letter to All Interested Parties
C-2	Notice Letter Chart
C-3	Copies of Certified Mail Receipts and Returns
C-4	Affidavit of Publication for September 19, 2024

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case: 24833	APPLICANT'S RESPONSE
Hearing Date: October 3, 2024	
Applicant	COG Operating LLC
Designated Operator & OGRID (affiliation if applicable)	COG Operating (OGRID No. 229137)
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard, Overlapping Spacing Unit, Eddy County, New Mexico.
Entries of Appearance/Intervenors:	None.
Well Family	Wild Thing
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring Formation
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Bone Spring Formation from approximately 8,026' TVD to the base of the Bone Spring Formation
Pool Name and Pool Code:	Willow Lake; Bone Spring, Southeast Pool (Code 96217) as to Section 19, and the Rock Spur; Bone Spring Pool (Code 52775) as to Sections 30 and 31.
Well Location Setback Rules:	Statewide
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	1,601.05 acres
Building Blocks:	quarter-quarter
Orientation:	South to North
Description: TRS/County	Irregular Sections 30 and 31, and the S/2 of Section 19, Township 25 South, Range 29 East, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application?	No. A non-standard spacing unit is requested with this application.
Other Situations	
Depth Severance: Y/N. If yes, description	Yes.
Proximity Tracts: If yes, description	No.
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit A-3
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed

Well #1	Wild Thing Federal Com 501H (API # pending) SHL: 1,130' FSL & 1,708' FEL (Unit O), Section 31, T25S-R29E BHL: 2,590' FSL & 1,450' FEL (Unit J), Section 19, T25S-R29E Completion Target: Bone Spring (Approx. TVD: 8,415')
Well #2	Wild Thing Federal Com 502H (API # pending) SHL: 1,111' FSL & 1,731' FEL (Unit O), Section 31, T25S-R29E BHL: 2,590' FSL & 2,595' FEL (Unit J), Section 19, T25S-R29E Completion Target: Bone Spring (Approx. TVD: 8,405')
Well #3	Wild Thing Federal Com 503H (API # pending) SHL: 270' FSL & 2,065' FWL (Unit N), Section 31, T25S-R29E BHL: 2,590' FSL & 1,508' FWL (Unit K), Section 19, T25S-R29E Completion Target: Bone Spring (Approx. TVD: 8,390')
Well # 4	Wild Thing Federal Com 504H (API # pending) SHL: 270' FSL & 2,035' FWL (Unit N), Section 31, T25S-R29E BHL: 2,590' FSL & 330' FWL (Lot 3), Section 19, T25S-R29E Completion Target: Bone Spring (Approx. TVD: 8,375')
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-5
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$8,000
Production Supervision/Month \$	\$800
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibits C-1, C-2, C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	Exhibit A-4
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	Exhibit A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-5
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Release of Interest Owners (ie Exhibit A of JOA)	Exhibit A-7

Overhead Rates In Proposal Letter	Exhibit A-5
Cost Estimate to Drill and Complete	Exhibit A-5
Cost Estimate to Equip Well	Exhibit A-5
Cost Estimate for Production Facilities	Exhibit A-5
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-3
Depth Severance Discussion	Exhibit A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-3
Cross Section (including Landing Zone)	Exhibit B-4
Additional Information	
	N/A
Special Provisions/Stipulations	N/A
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	9/26/2024

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

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD, OVERLAPPING SPACING UNIT,
EDDY COUNTY, NEW MEXICO.

CASE NO. 24833

SELF-AFFIRMED STATEMENT
OF GIANNA ROMERO

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

2. I am familiar with the land matters involved in the above-referenced case. Copies of COG’s application and proposed hearing notice are attached as **Exhibit A-1**.

3. None of the parties proposed to be pooled in this case indicated opposition to this matter proceeding by affidavit, therefore I do not expect any opposition at hearing.

4. In this case, COG seeks an order: 1) establishing a 1,601.05-acre, more or less, non-standard, overlapping horizontal spacing unit comprised of irregular Sections 30 and 31, and the S/2 of Section 19, Township 25 South, Range 29 East, Eddy County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the Bone Spring formation underlying the Unit from approximately 8,026’ TVD to the base of the Bone Spring formation.

5. The Unit will be dedicated to the following wells (“Wells”):

COG Operating LLC
Case No. 24833
Exhibit A

- **Wild Thing Fed Com 501H** and **Wild Thing Fed Com 502H** wells, which will be drilled from surface hole locations in the SW/4 SE/4 (Unit O) of Section 31 to bottom hole locations in the NW/4 SE/4 (Unit J) of Section 19;
 - **Wild Thing Fed Com 503H** well, which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 31 to a bottom hole location in the NE/4 SW/4 (Unit K) of Section 19; and
 - **Wild Thing Fed Com 504H** well, which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 31 to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 19.
6. The completed intervals of the Wells will be orthodox.
 7. The Wells are located in the Willow Lake; Bone Spring, Southeast Pool (Code 96217) as to Section 19, and the Rock Spur; Bone Spring Pool (Code 52775) as to Sections 30 and 31.
 8. **Exhibit A-2** contains the C-102s for the Wells.
 9. There is a depth severance in the Bone Spring formation within the Unit. Accordingly, COG seeks to pool interests from approximately 8,026' TVD to the base of the Bone Spring formation.
 10. The Unit will partially overlap with the spacing units for the Showstopper 19 Federal Com #003H (API No. 30-015-37682), Showstopper 19 Federal Com #004H (API No. 30-014-37374) and Showstopper 19 Federal Com #005H (API No. 30-015-37373) wells ("Showstopper Wells"). The Showstopper Wells are located in Section 19, Township 25 South, Range 29 East, Eddy County, New Mexico, and produce from the Willow Lake; Bone Spring, Southeast Pool (Code 96217).

11. The Unit will also partially overlap with the spacing unit for the Thriller BWL Federal #001H well (API No. 30-015-43909) (“Thriller Well”). The Thriller Well is located in the E/2 E/2 of Section 30, Township 25 South, Range 29 East, Eddy County, and produces from the Rock Spur, Bone Spring pool (Code 52775).

12. Finally, the Unit will partially overlap with the spacing unit for the Cooper 31 Federal #003H (API No. 30-015-37749) (“Cooper Well”). The Cooper Well is located in the S/2 N/2 of Section 31, Township 25 South, Range 29 East, and produces from the Brushy Draw; Delaware pool (Code 8080).

13. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests COG seeks to pool highlighted in yellow. COG believes it located valid addresses for the parties it seeks to pool.

14. **Exhibit A-3** also identifies the overlapping spacing units.

15. **Exhibit A-4** is a map that depicts the non-standard spacing unit in relation to the outline of a standard spacing unit. The map also identifies the interest owners in the tracts surrounding the proposed Unit, who were provided notice of COG’s application.

16. COG’s request for approval of a non-standard spacing unit will allow it to consolidate surface facilities and will consequently prevent surface, environmental, and economic waste.

- a. The non-standard unit will reduce surface waste. Centralizing equipment for facilities for the Wells will reduce the total acreage needed for surface facilities by 50% of the total amount that would be necessary absent a non-standard unit.
- b. Surface facilities and equipment, pipelines, and rights-of-way for one well cost approximately \$2,900,000.00. The centralized facilities will be larger, so that

they may handle production from multiple wells. I estimate that a non-standard unit would result in savings of approximately \$5,600,000.00, which will reduce the overall well costs and improve economics for the Unit.

c. A common facility also reduces the number of flares COG may need to use in case of emergency from 2 to 1.

17. Approval of a non-standard spacing unit is necessary to prevent waste and protect correlative rights.

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

19. **Exhibit A-5** contains a sample well proposal letter and AFE sent to the working interest owners for the Wells. The estimated costs reflected on the AFE are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.

20. **Exhibit A-6** contains a sample ratification agreement that was sent to the overriding royalty interest owners in the wells.

21. In my opinion, COG made a good-faith effort to reach voluntary joinder of uncommitted interests in the Wells as indicated by the chronology of contact described in **Exhibit A-7**.

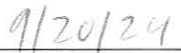
22. COG requests overhead and administrative rates of \$8,000 per month while the Wells are being drilled and \$800 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by COG and other operators in the vicinity.

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

24. In my opinion, the granting of COG's application for compulsory pooling would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

25. 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.


Gianna Romero


Date

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD, OVERLAPPING SPACING UNIT,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 24833

APPLICATION

In accordance with NMSA 1978, § 70-2-17 and NMAC 19.15.16.15(B)(5), COG Operating LLC (“COG” or “Applicant”), through its undersigned attorneys, files this application with the Oil Conservation Division (“Division”) seeking an order: (1) establishing a 1,601.05-acre, more or less, non-standard, overlapping horizontal spacing unit comprised of irregular Sections 30 and 31, and the S/2 of Section 19, Township 25 South, Range 29 East, Eddy County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the Bone Spring formation underlying the Unit from approximately 8,026’ TVD to the base of the Bone Spring formation. In support of this application, COG states the following.

1. Applicant (OGRID No. 229137) is a working interest owner in the Unit and has the right to drill thereon.
2. Applicant seeks to dedicate the Unit to the following proposed wells (“Wells”):
 - a. **Wild Thing Fed Com 501H** and **Wild Thing Fed Com 502H** wells, which will be drilled from surface hole locations in the SW/4 SE/4 (Unit O) of Section 31 to bottom hole locations in the NW/4 SE/4 (Unit J) of Section 19;
 - b. **Wild Thing Fed Com 503H** well, which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 31 to a bottom hole location in the NE/4 SE/4 (Unit K) of Section 19; and

**COG Operating LLC
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Exhibit A-1**

c. **Wild Thing Fed Com 504H** well, which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 31 to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 19.

3. The completed intervals of the Wells will be orthodox.

4. There is a depth severance in the Bone Spring formation within the Unit. Accordingly, COG seeks to pool interests from approximately 8,026' TVD to the base of the Bone Spring formation.

5. The Unit will partially overlap with the spacing units for the Showstopper 19 Federal #003H (API No. 30-015-37682), Showstopper 19 Federal Com #004H (API No. 30-015-37374) and Showstopper 19 Federal Com #005H (API No. 30-015-37373) wells ("Showstopper Wells"). The Showstopper Wells are located in Section 19, Township 25 South, Range 29 East, Eddy County, New Mexico, and produce from the Willow Lake; Bone Spring, Southeast Pool (Code 96217).

6. The Unit will also partially overlap with the spacing unit for the Thriller BWL Federal #001H well (API No. 30-015-43909) ("Thriller Well"). The Thriller Well is located in the E/2 E/2 of Section 30, Township 25 South, Range 29 East, Eddy County, and produces from the Rock Spur; Bone Spring Pool (Code 52775).

7. Finally, the Unit will partially overlap with the spacing unit for the Cooper 31 Federal #003H (API No. 30-015-37749) ("Cooper Well"). The Cooper Well is located in the S/2 N/2 of Section 31, Township 25 South, Range 29 East, and produces from the Brushy Draw; Delaware (Code 8080) Pool.

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

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

10. Approval of a non-standard horizontal spacing unit is necessary to prevent waste and protect correlative rights.

11. In order to permit Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in the Unit should be pooled and Applicant should be designated the operator of the proposed horizontal wells and the Unit.

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on October 3, 2024, and, after notice and hearing as required by law, the Division enter an order:

- A. Approving a non-standard horizontal spacing unit pursuant to 19.15.16.15(B)(5) NMAC;
- B. Approving the proposed overlapping spacing unit;
- C. Pooling all uncommitted interests in the Unit;
- D. Approving the initial wells in the Unit;
- E. Designating Applicant as the operator of the Unit and the horizontal wells to be drilled thereon;
- F. Authorizing Applicant to recover its costs of drilling, equipping, and completing the wells;
- G. Approving the actual operating charges and costs of supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and

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

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaclyn M. McLean

Dylan M. Villescas

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Counsel for COG Operating LLC

Application of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard, Overlapping Spacing Unit, Eddy County, New Mexico. Applicant applies for an order: (1) establishing a 1,601.05-acre, more or less, non-standard, overlapping horizontal spacing unit comprised of irregular Sections 30 and 31, and the S/2 of Section 19, Township 25 South, Range 29 East, Eddy County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the Bone Spring formation underlying the Unit from approximately 8,026’ TVD to the base of the Bone Spring formation. The Unit will be dedicated to the following wells (“Wells”): **Wild Thing Fed Com 501H** and **Wild Thing Fed Com 502H** wells, which will be drilled from surface hole locations in the SW/4 SE/4 (Unit O) of Section 31 to bottom hole locations in the NW/4 SE/4 (Unit J) of Section 19; **Wild Thing Fed Com 503H** well, which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 31 to a bottom hole location in the NE/4 SE/4 (Unit K) of Section 19; and **Wild Thing Fed Com 504H** well, which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 31 to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 19. The completed intervals of the Wells will be orthodox. Due to a depth severance in the Bone Spring formation within the Unit, Applicant seeks to pool interests from approximately 8,026’ TVD to the base of the Bone Spring formation. The Unit will partially overlap with the spacing units for the following wells: Showstopper 19 Federal #003H (API No. 30-015-37682), Showstopper 19 Federal Com #004H (API No. 30-015-37374), and Showstopper 19 Federal Com #005H (API No. 30-015-37373) wells; Thriller BWL Federal #001H well (API No. 30-015-43909); and Cooper 31 Federal #003H (API No. 30-015-37749) well. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in

drilling and completing the Wells. The Wells are located approximately 10.2 miles south of Malaga, New Mexico.

C-102 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	Exhibit A-2 Revised July 9, 2024
		Submittal Type: <input checked="" type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled

WELL LOCATION INFORMATION

API Number 30-015-	Pool Code 52775	Pool Name Rock Spur; Bone Spring
Property Code	Property Name WILD THING FEDERAL COM	Well Number 501H
OGRID No. 229137	Operator Name COG OPERATING LLC	Ground Level Elevation 2,945.22'
Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal

Surface Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	31	25S	29E		1,130' FSL	1,708' FEL	32.082051	-104.020533	EDDY

Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
J	19	25S	29E		2,590' FSL	1,450' FEL	32.115432	-104.019927	EDDY

Dedicated Acres 1281.28	Infill or Defining Well Defining	Defining Well API Pending	Overlapping Spacing Unit (Y/N) Y	Consolidation Code COM
Order Numbers.			Well setbacks are under Common Ownership: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	31	25S	29E		1,130' FSL	1,708' FEL	32.082051	-104.020533	EDDY


First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	31	25S	29E		100' FSL	1,450' FEL	32.079219	-104.019721	EDDY

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
J	19	25S	29E		2,540' FSL	1,450' FEL	32.115295	-104.019926	EDDY

Unitized Area or Area of Uniform Interest COM	Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation: 2945.22'
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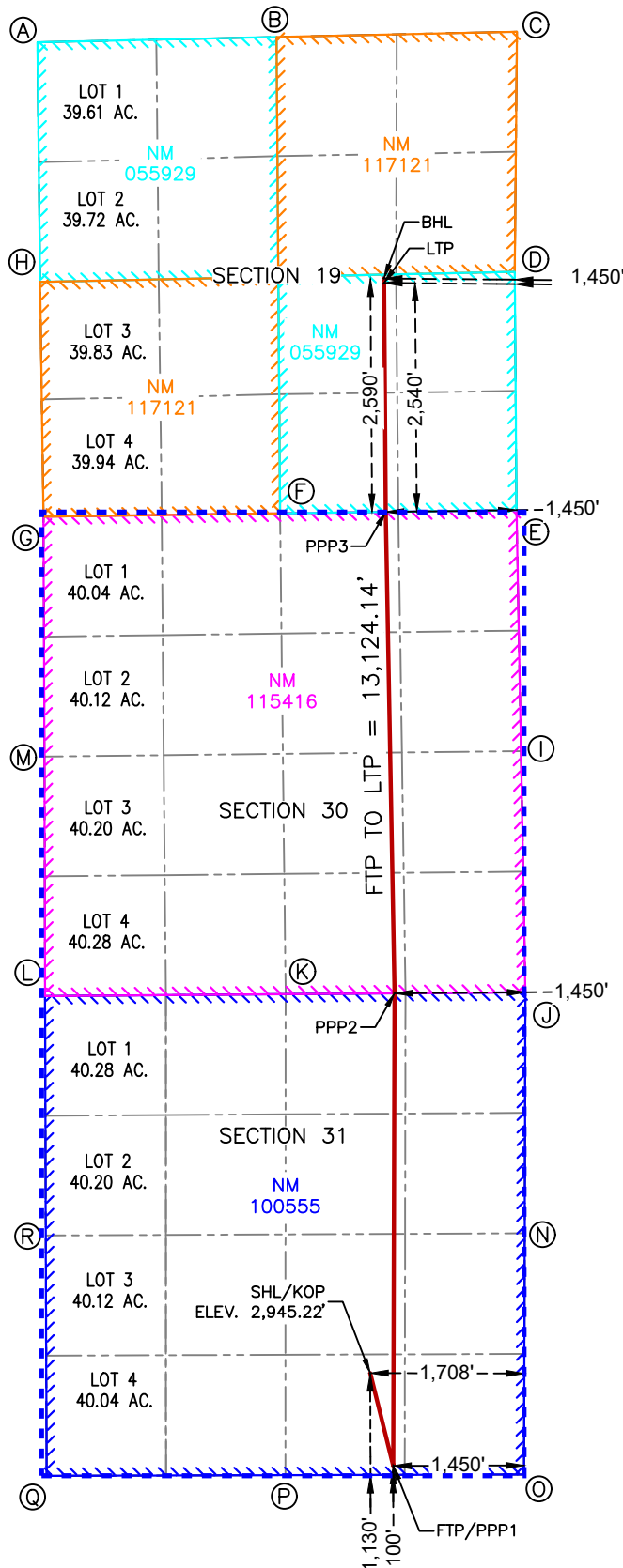
<p>OPERATOR CERTIFICATIONS</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</p>	<p>SURVEYOR CERTIFICATIONS</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <div style="text-align: center;">  <p>Date: 9/13/2024</p> </div>	
Signature Mayte Reyes Date 9/19/2024	Signature and Seal of Professional Surveyor	
Printed Name Mayte Reyes	Certificate Number 12177	Date of Survey 9/13/2024
Email Address mayte.x.reyes@conocophillips.com		

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

ACREAGE DEDICATION PLATS

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

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



- SURFACE HOLE LOCATION & KICK-OFF POINT**
1,130' FSL & 1,708' FEL
ELEV. = 2,945.22'
NAD 83 X = 638,215.48'
NAD 83 Y = 393,727.75'
NAD 83 LAT = 32.082051°
NAD 83 LONG = -104.020533'
- FIRST TAKE POINT & PENETRATION POINT 1**
100' FSL & 1,450' FEL
NAD 83 X = 638,470.04'
NAD 83 Y = 392,698.40'
NAD 83 LAT = 32.079219°
NAD 83 LONG = -104.019721°
- PENETRATION POINT 2**
0' FSL & 1,450' FEL
NAD 83 X = 638,485.40'
NAD 83 Y = 397,940.91'
NAD 83 LAT = 32.093631°
NAD 83 LONG = -104.019622°
- PENETRATION POINT 3**
0' FSL & 1,450' FEL
NAD 83 X = 638,387.42'
NAD 83 Y = 403,281.57'
NAD 83 LAT = 32.108312°
NAD 83 LONG = -104.019889°
- LAST TAKE POINT**
2,540' FSL & 1,450' FEL
NAD 83 X = 638,368.40'
NAD 83 Y = 405,821.55'
NAD 83 LAT = 32.115295°
NAD 83 LONG = -104.019926°
- BOTTOM HOLE LOCATION**
2,590' FSL & 1,450' FEL
NAD 83 X = 638,368.02'
NAD 83 Y = 405,871.55'
NAD 83 LAT = 32.115432°
NAD 83 LONG = -104.019927°

CORNER COORDINATES NEW MEXICO EAST - NAD 83	
A	IRON PIPE W/ BRASS CAP N:408,491.76' E:634,527.03'
B	IRON PIPE W/ BRASS CAP N:408,550.32' E:637,176.91'
C	IRON PIPE W/ BRASS CAP N:408,608.72' E:639,842.20'
D	IRON PIPE W/ BRASS CAP N:405,945.03' E:639,817.52'
E	IRON PIPE W/ BRASS CAP N:403,301.58' E:639,837.28'
F	IRON PIPE W/ BRASS CAP N:403,265.40' E:637,216.41'
G	IRON PIPE W/ BRASS CAP N:403,228.52' E:634,593.72'
H	IRON PIPE W/ BRASS CAP N:405,833.10' E:634,556.38'
I	IRON PIPE W/ BRASS CAP N:400,627.62' E:639,886.49'
J	IRON PIPE W/ BRASS CAP N:397,952.39' E:639,935.36'
K	IRON PIPE W/ BRASS CAP N:397,931.36' E:637,278.26'
L	IRON PIPE W/ BRASS CAP N:397,909.72' E:634,611.48'
M	IRON PIPE W/ BRASS CAP N:400,566.94' E:634,605.07'
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C-102 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	Revised July 9, 2024
		Submittal Type: <input checked="" type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled

WELL LOCATION INFORMATION

API Number 30-015-	Pool Code 96217	Pool Name Willow Lake; Bone Spring, Southeast
Property Code	Property Name WILD THING FEDERAL COM	Well Number 501H
OGRID No. 229137	Operator Name COG OPERATING LLC	Ground Level Elevation 2,945.22'
Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal

Surface Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	31	25S	29E		1,130' FSL	1,708' FEL	32.082051	-104.020533	EDDY

Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
J	19	25S	29E		2,590' FSL	1,450' FEL	32.115432	-104.019927	EDDY

Dedicated Acres 319.77	Infill or Defining Well Defining	Defining Well API Pending	Overlapping Spacing Unit (Y/N) Y	Consolidation Code COM
Order Numbers.			Well setbacks are under Common Ownership: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	31	25S	29E		1,130' FSL	1,708' FEL	32.082051	-104.020533	EDDY


First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	31	25S	29E		100' FSL	1,450' FEL	32.079219	-104.019721	EDDY

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
J	19	25S	29E		2,540' FSL	1,450' FEL	32.115295	-104.019926	EDDY

Unitized Area or Area of Uniform Interest COM	Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation: 2945.22'
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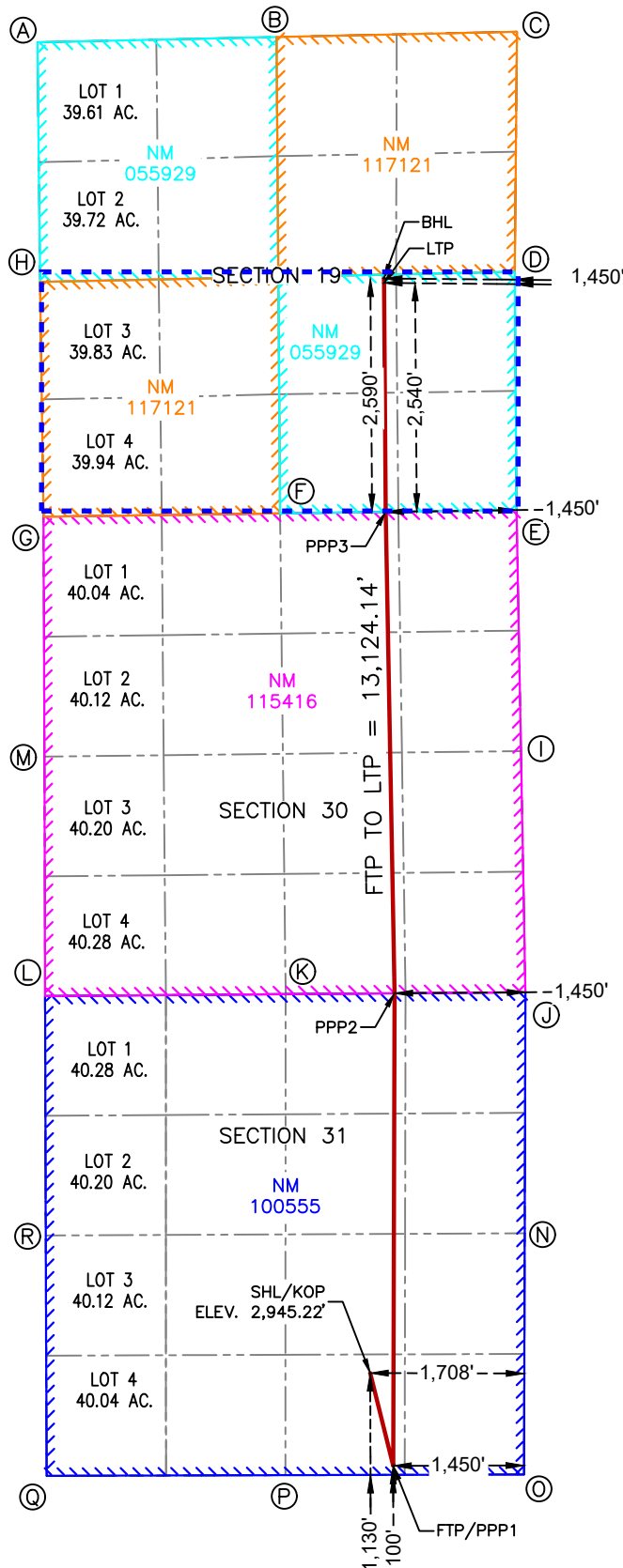
<p>OPERATOR CERTIFICATIONS</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</p>	<p>SURVEYOR CERTIFICATIONS</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <div style="text-align: center;">  <p>Date: 9/13/2024</p> </div>	
Signature Mayte Reyes Date 9/19/2024	Signature and Seal of Professional Surveyor	
Printed Name Mayte Reyes	Certificate Number 12177	Date of Survey 9/13/2024
Email Address mayte.x.reyes@conocophillips.com		

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

ACREAGE DEDICATION PLATS

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SURFACE HOLE LOCATION & KICK-OFF POINT
 1,130' FSL & 1,708' FEL
 ELEV. = 2,945.22'
 NAD 83 X = 638,215.48'
 NAD 83 Y = 393,727.75'
 NAD 83 LAT = 32.082051°
 NAD 83 LONG = -104.020533°

FIRST TAKE POINT & PENETRATION POINT 1
 100' FSL & 1,450' FEL
 NAD 83 X = 638,470.04'
 NAD 83 Y = 392,698.40'
 NAD 83 LAT = 32.079219°
 NAD 83 LONG = -104.019721°

PENETRATION POINT 2
 0' FSL & 1,450' FEL
 NAD 83 X = 638,485.40'
 NAD 83 Y = 397,940.91'
 NAD 83 LAT = 32.093631°
 NAD 83 LONG = -104.019622°

PENETRATION POINT 3
 0' FSL & 1,450' FEL
 NAD 83 X = 638,387.42'
 NAD 83 Y = 403,281.57'
 NAD 83 LAT = 32.108312°
 NAD 83 LONG = -104.019889°

LAST TAKE POINT
 2,540' FSL & 1,450' FEL
 NAD 83 X = 638,368.40'
 NAD 83 Y = 405,821.55'
 NAD 83 LAT = 32.115295°
 NAD 83 LONG = -104.019926°

BOTTOM HOLE LOCATION
 2,590' FSL & 1,450' FEL
 NAD 83 X = 638,368.02'
 NAD 83 Y = 405,871.55'
 NAD 83 LAT = 32.115432°
 NAD 83 LONG = -104.019927°

CORNER COORDINATES NEW MEXICO EAST - NAD 83	
A	IRON PIPE W/ BRASS CAP N:408,491.76' E:634,527.03'
B	IRON PIPE W/ BRASS CAP N:408,550.32' E:637,176.91'
C	IRON PIPE W/ BRASS CAP N:408,608.72' E:639,842.20'
D	IRON PIPE W/ BRASS CAP N:405,945.03' E:639,817.52'
E	IRON PIPE W/ BRASS CAP N:403,301.58' E:639,837.28'
F	IRON PIPE W/ BRASS CAP N:403,265.40' E:637,216.41'
G	IRON PIPE W/ BRASS CAP N:403,228.52' E:634,593.72'
H	IRON PIPE W/ BRASS CAP N:405,833.10' E:634,556.38'
I	IRON PIPE W/ BRASS CAP N:400,627.62' E:639,886.49'
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C-102 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	Revised July 9, 2024 Submittal Type: <input checked="" type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled
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WELL LOCATION INFORMATION

API Number 30-015-	Pool Code 52775	Pool Name Rock Spur; Bone Spring
Property Code	Property Name WILD THING FEDERAL COM	Well Number 502H
OGRID No. 229137	Operator Name COG OPERATING LLC	Ground Level Elevation 2,944.99'
Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal

Surface Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	31	25S	29E		1,111' FSL	1,731' FEL	32.081999	-104.020609	EDDY

Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
J	19	25S	29E		2,590' FSL	2,595' FEL	32.115398	-104.023625	EDDY

Dedicated Acres 1281.28	Infill or Defining Well Defining	Defining Well API Pending	Overlapping Spacing Unit (Y/N) Y	Consolidation Code COM
Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	31	25S	29E		1,111' FSL	1,731' FEL	32.081999	-104.020609	EDDY


First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	31	25S	29E		100' FSL	2,595' FEL	32.079220	-104.023418	EDDY

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
J	19	25S	29E		2,540' FSL	2,595' FEL	32.115260	-104.023624	EDDY

Unitized Area or Area of Uniform Interest COM	Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation: 2944.99'
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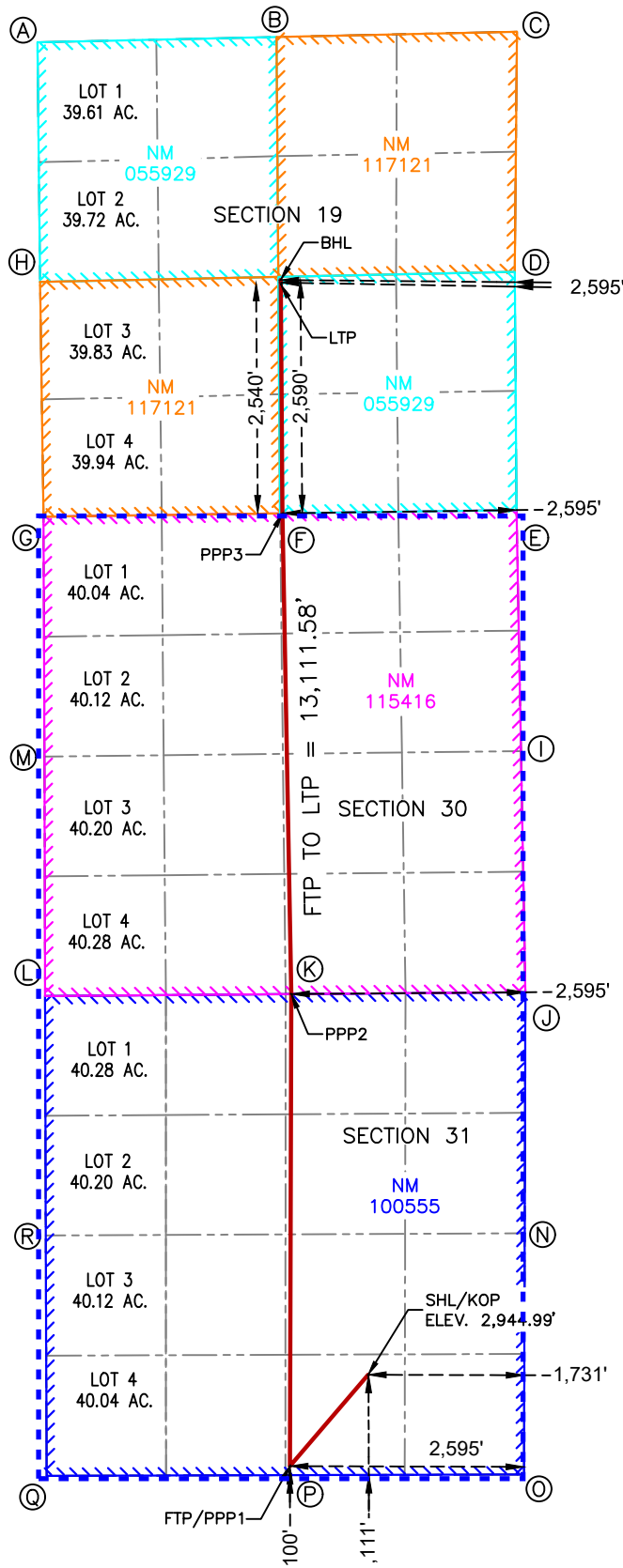
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Signature Mayte Reyes	Date 9/19/2024	Signature and Seal of Professional Surveyor
Printed Name Mayte Reyes	Certificate Number 12177	Date of Survey 9/13/2024
Email Address mayte.x.reyes@conocophillips.com		

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- SURFACE HOLE LOCATION & KICK-OFF POINT**
 1,111' FSL & 1,731' FEL
 ELEV. = 2,944.99'
 NAD 83 X = 638,192.14'
 NAD 83 Y = 393,708.90'
 NAD 83 LAT = 32.081999°
 NAD 83 LONG = -104.020609°
- FIRST TAKE POINT & PENETRATION POINT 1**
 100' FSL & 2,595' FEL
 NAD 83 X = 637,325.03'
 NAD 83 Y = 392,695.16'
 NAD 83 LAT = 32.079220°
 NAD 83 LONG = -104.023418°
- PENETRATION POINT 2**
 0' FSL & 2,595' FEL
 NAD 83 X = 637,340.44'
 NAD 83 Y = 397,931.85'
 NAD 83 LAT = 32.093615°
 NAD 83 LONG = -104.023320°
- PENETRATION POINT 3**
 0' FSL & 2,595' FEL
 NAD 83 X = 637,242.53'
 NAD 83 Y = 403,265.76'
 NAD 83 LAT = 32.108278°
 NAD 83 LONG = -104.023586°
- LAST TAKE POINT**
 2,540' FSL & 2,595' FEL
 NAD 83 X = 637,223.48'
 NAD 83 Y = 405,805.74'
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 NAD 83 LONG = -104.023624°
- BOTTOM HOLE LOCATION**
 2,590' FSL & 2,595' FEL
 NAD 83 X = 637,223.11'
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WELL LOCATION INFORMATION

API Number 30-015-	Pool Code 96217	Pool Name Willow Lake; Bone Spring, Southeast
Property Code	Property Name WILD THING FEDERAL COM	Well Number 502H
OGRID No. 229137	Operator Name COG OPERATING LLC	Ground Level Elevation 2,944.99'
Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal

Surface Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	31	25S	29E		1,111' FSL	1,731' FEL	32.081999	-104.020609	EDDY

Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
J	19	25S	29E		2,590' FSL	2,595' FEL	32.115398	-104.023625	EDDY

Dedicated Acres 319.77	Infill or Defining Well Defining	Defining Well API Pending	Overlapping Spacing Unit (Y/N) Y	Consolidation Code COM
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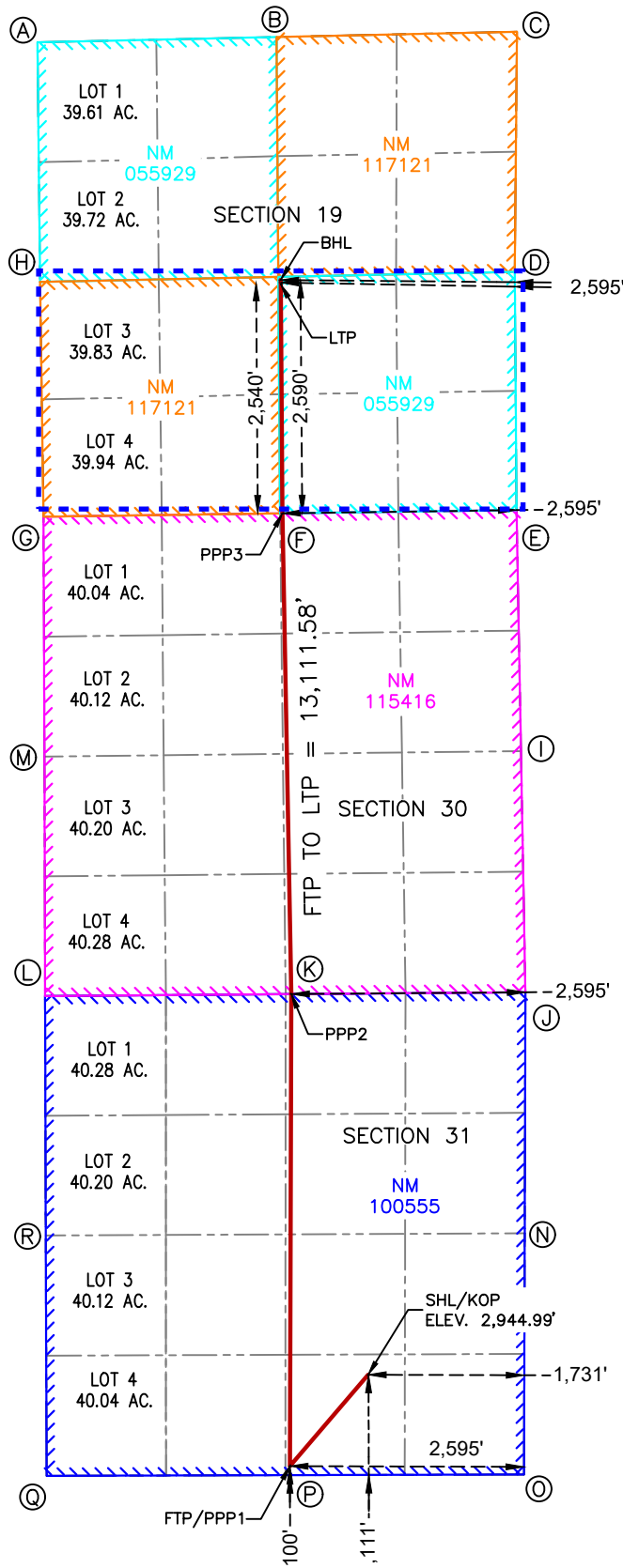
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Signature Mayte Reyes	Date 9/19/2024	Signature and Seal of Professional Surveyor
Printed Name Mayte Reyes	Certificate Number 12177	Date of Survey 9/13/2024
Email Address mayte.x.reyes@conocophillips.com		

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WELL LOCATION INFORMATION

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Property Code	Property Name WILD THING FEDERAL COM	Well Number 503H
OGRID No. 229137	Operator Name COG OPERATING LLC	Ground Level Elevation 2,921.91'
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Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
N	31	25S	29E		270' FSL	2,065' FWL	32.079687	-104.025458	EDDY


First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
N	31	25S	29E		100' FSL	1,507' FWL	32.079220	-104.027259	EDDY

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
K	19	25S	29E		2,540' FSL	1,507' FWL	32.115225	-104.027369	EDDY

Unitized Area or Area of Uniform Interest COM	Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation: 2921.91'
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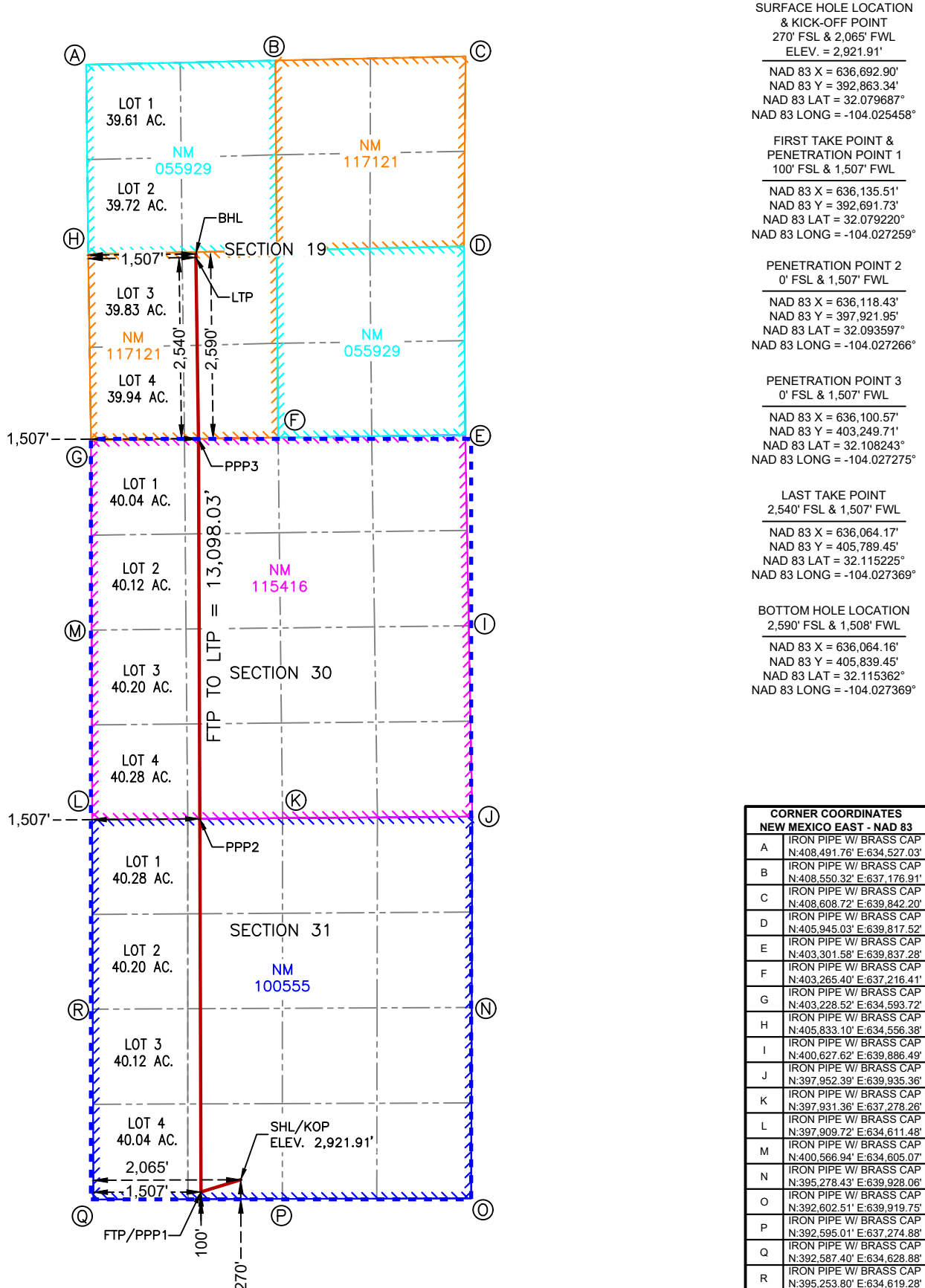
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Signature Mayte Reyes Date 9/19/2024	Signature and Seal of Professional Surveyor
Printed Name Mayte Reyes	Certificate Number 12177 Date of Survey 9/13/2024
Email Address mayte.x.reyes@conocophillips.com	

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

WELL LOCATION INFORMATION

API Number 30-015-	Pool Code 96217	Pool Name Willow Lake; Bone Spring, Southeast
Property Code	Property Name WILD THING FEDERAL COM	Well Number 503H
OGRID No. 229137	Operator Name COG OPERATING LLC	Ground Level Elevation 2,921.91'
Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal

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UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
K	19	25S	29E		2,590' FSL	1,508' FWL	32.115362	-104.027369	EDDY

Dedicated Acres 319.77	Infill or Defining Well Defining	Defining Well API Pending	Overlapping Spacing Unit (Y/N) Y	Consolidation Code COM
Order Numbers.			Well setbacks are under Common Ownership: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

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UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
K	19	25S	29E		2,540' FSL	1,507' FWL	32.115225	-104.027369	EDDY

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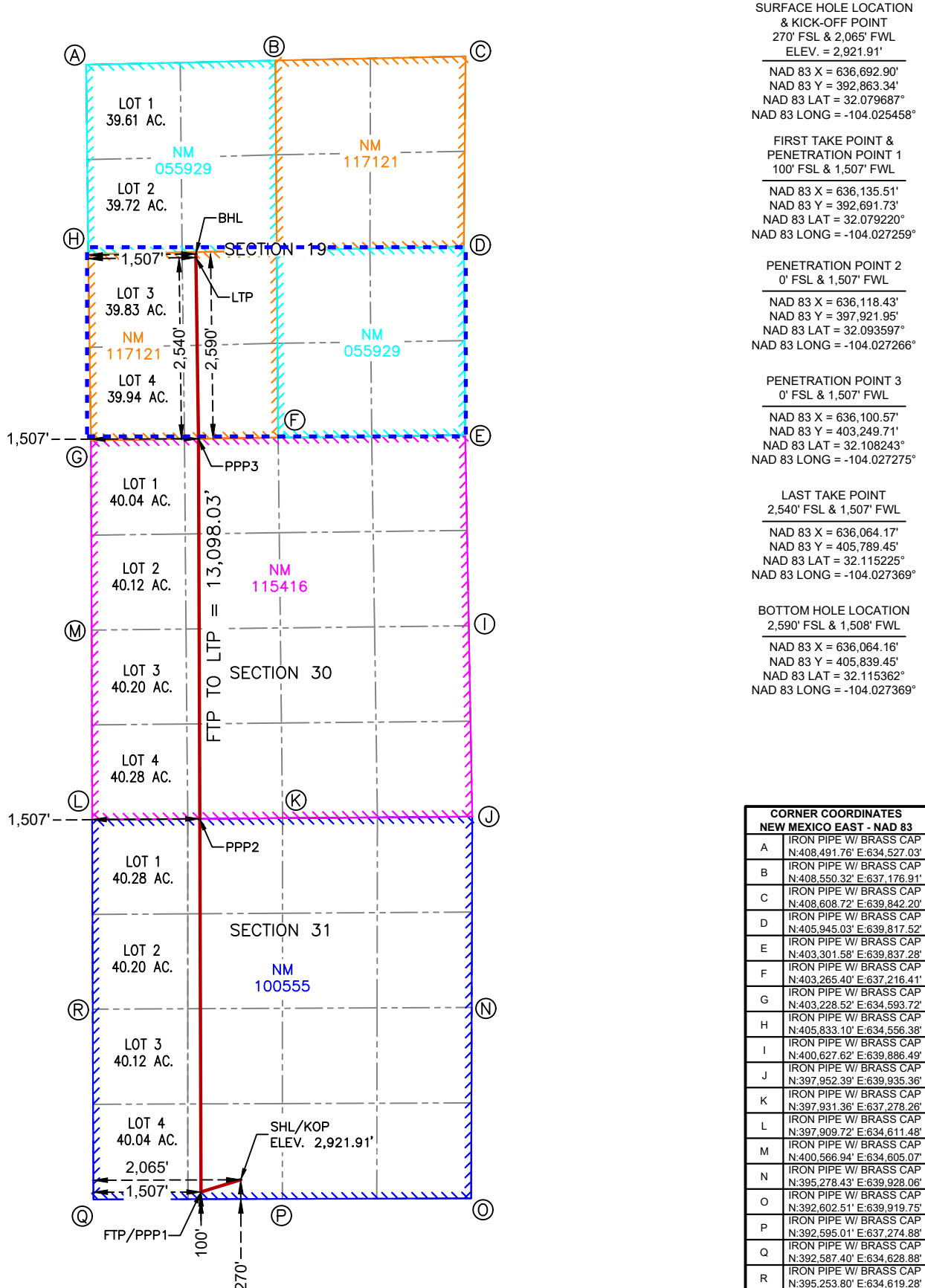
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Signature Mayte Reyes Date 9/19/2024	Signature and Seal of Professional Surveyor	
Printed Name Mayte Reyes	Certificate Number 12177	Date of Survey 9/13/2024
Email Address mayte.x.reyes@conocophillips.com		

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WELL LOCATION INFORMATION

API Number 30-015-	Pool Code 52775	Pool Name Rock Spur; Bone Spring
Property Code	Property Name WILD THING FEDERAL COM	Well Number 504H
OGRID No. 229137	Operator Name COG OPERATING LLC	Ground Level Elevation 2,920.50'
Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal

Surface Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
N	31	25S	29E		270' FSL	2,035' FWL	32.079687	-104.025554	EDDY

Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
LOT 3	19	25S	29E		2,590' FSL	330' FWL	32.115326	-104.031172	EDDY

Dedicated Acres 1281.28	Infill or Defining Well Infill	Defining Well API Pending 503H	Overlapping Spacing Unit (Y/N) Y	Consolidation Code COM
Order Numbers.			Well setbacks are under Common Ownership: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
N	31	25S	29E		270' FSL	2,035' FWL	32.079687	-104.025554	EDDY


First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
LOT 4	31	25S	29E		100' FSL	330' FWL	32.079219	-104.031059	EDDY

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
LOT 3	19	25S	29E		2,540' FSL	330' FWL	32.115188	-104.031170	EDDY

Unitized Area or Area of Uniform Interest COM	Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation: 2920.50'
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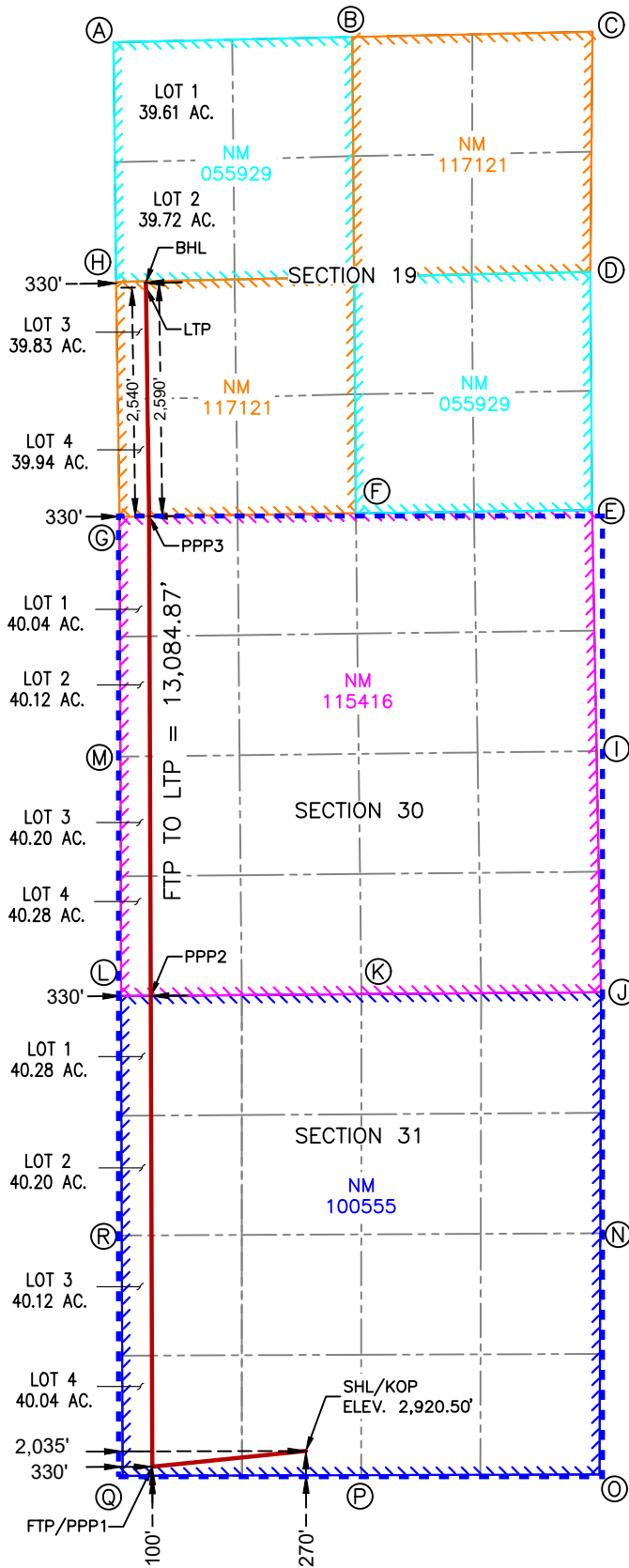
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Printed Name Mayte Reyes	Certificate Number 12177	Date of Survey 9/13/2024
Email Address		

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SURFACE HOLE LOCATION & KICK-OFF POINT
 270' FSL & 2,035' FWL
 ELEV. = 2,920.50'
 NAD 83 X = 636,662.90'
 NAD 83 Y = 392,863.25'
 NAD 83 LAT = 32.079687°
 NAD 83 LONG = -104.025554°

FIRST TAKE POINT & PENETRATION POINT 1
 100' FSL & 330' FWL
 NAD 83 X = 634,958.52'
 NAD 83 Y = 392,688.35'
 NAD 83 LAT = 32.079219°
 NAD 83 LONG = -104.031059°

PENETRATION POINT 2
 0' FSL & 330' FWL
 NAD 83 X = 634,941.47'
 NAD 83 Y = 397,912.40'
 NAD 83 LAT = 32.093580°
 NAD 83 LONG = -104.031067°

PENETRATION POINT 3
 0' FSL & 330' FWL
 NAD 83 X = 634,923.53'
 NAD 83 Y = 403,233.16'
 NAD 83 LAT = 32.108207°
 NAD 83 LONG = -104.031076°

LAST TAKE POINT
 2,540' FSL & 330' FWL
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BOTTOM HOLE LOCATION
 2,590' FSL & 330' FWL
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CORNER COORDINATES NEW MEXICO EAST - NAD 83	
A	IRON PIPE W/ BRASS CAP N:408,491.76' E:634,527.03'
B	IRON PIPE W/ BRASS CAP N:408,550.32' E:637,176.91'
C	IRON PIPE W/ BRASS CAP N:408,608.72' E:639,842.20'
D	IRON PIPE W/ BRASS CAP N:405,945.03' E:639,817.52'
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M	IRON PIPE W/ BRASS CAP N:400,566.94' E:634,605.07'
N	IRON PIPE W/ BRASS CAP N:395,278.43' E:639,928.06'
O	IRON PIPE W/ BRASS CAP N:392,602.51' E:639,919.75'
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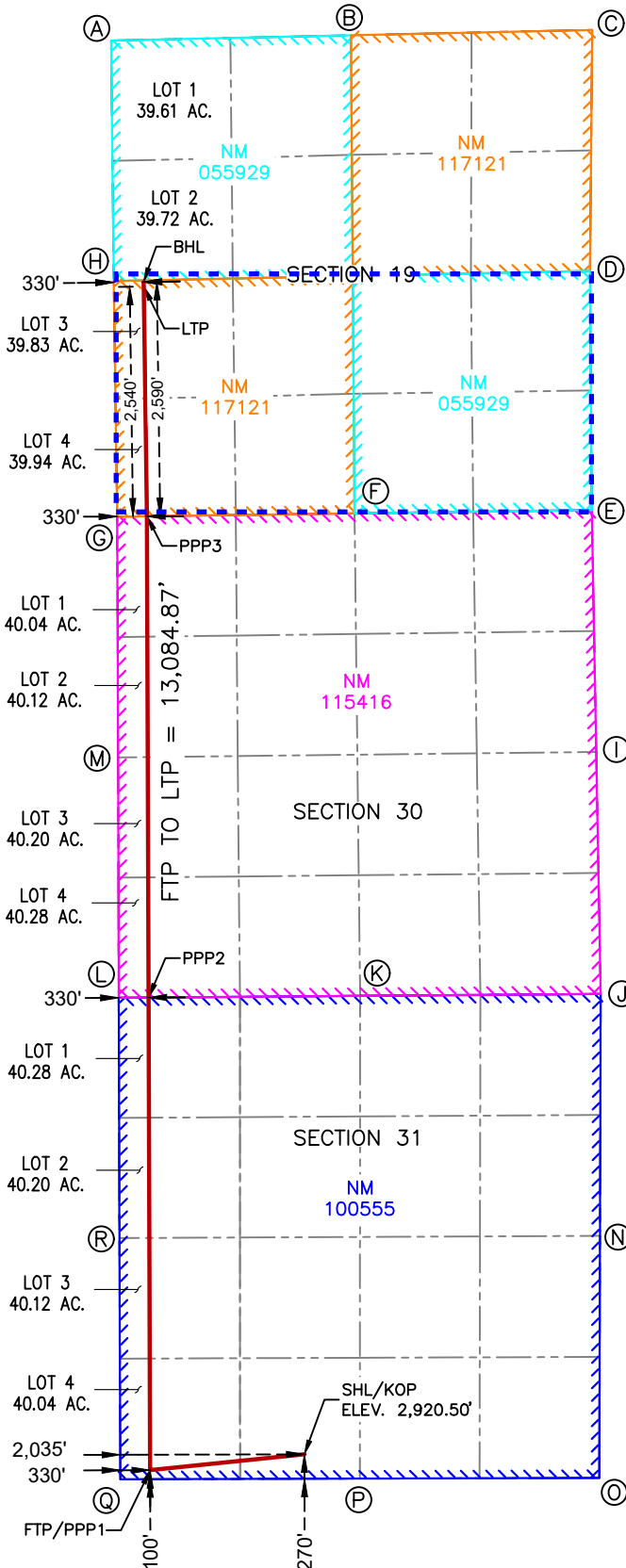
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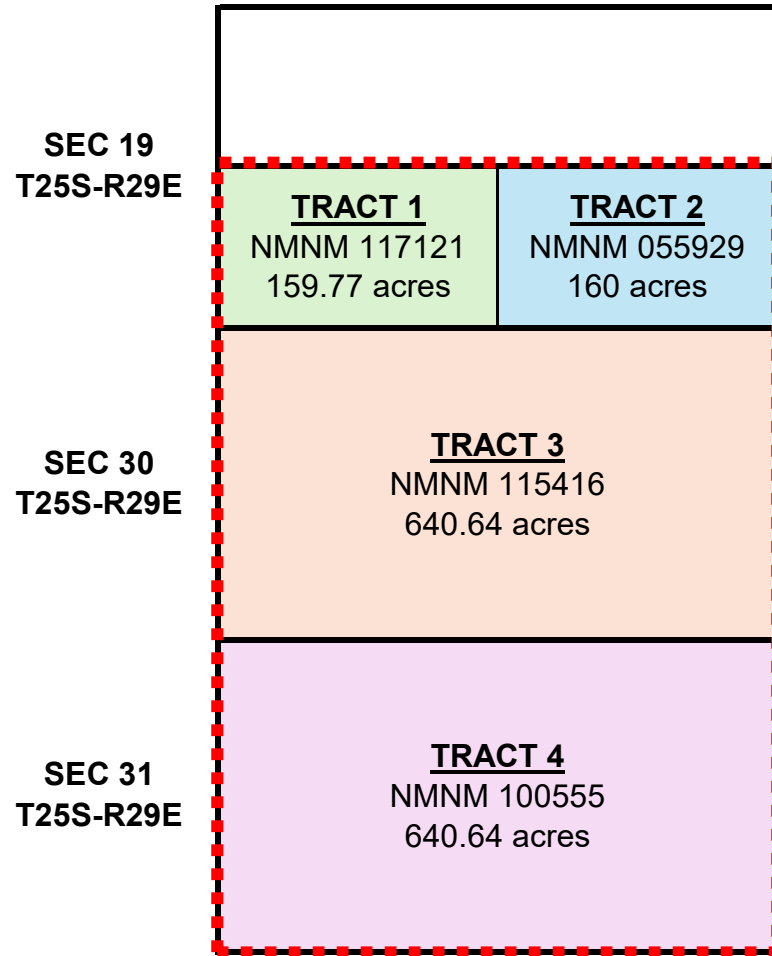
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R	IRON PIPE W/ BRASS CAP N:395,253.80' E:634,619.28'

WILD THING FEDERAL COM (BONE SPRING)
S2 OF SEC 19, & ALL OF SEC 30 & 31, T25S-R29E, EDDY COUNTY, NM
1,601.05 ACRES



TRACT	LEASE	LEGAL	ACRES
1	NMNM 117121	SEC 19: LOTS 3 & 4, E2SW4	159.77
2	NMNM 055929	SEC 19: SE4	160.00
3	NMNM 115416	SEC 30: LOTS 1, 2, 3, 4, E2, E2W2	640.64
4	NMNM 100555	SEC 31: LOTS 1, 2, 3, 4, E2, E2W2	640.64
			1,601.05

WILD THING FEDERAL COM (BONE SPRING)
 S2 OF SEC 19, & ALL OF SEC 30 & 31, T25S-R29E, EDDY COUNTY, NM
 1,601.05 ACRES

UNIT RECAPITULATION					
WORKING INTEREST OWNER	TRACT 1	TRACT 2	TRACT 3	TRACT 4	UNIT RECAP
COG Operating LLC	0.04746966		0.11647687	0.13280160	0.29674814
ConochoPhillips Company			0.23447336	0.26733580	0.50180917
Concho Oil & Gas LLC	0.00249840				0.00249840
Chevron USA Inc.	0.04982270				0.04982270
XTO Holdings, LLC		0.09993442			0.09993442
OXY Y-1 Company			0.02666694		0.02666694
Big Three Energy Group, LLC*			0.00150135		0.00150135
Featherstone Development Corporation*			0.00300270		0.00300270
Parrot Head Properties, LLC*			0.00300270		0.00300270
Prospector, LLC*			0.01501349		0.01501349
TOTAL:	0.09979076	0.09993442	0.40013741	0.40013741	1.00000000

Well Proposal & AFE Sent	YES
Communitization Agreement Sent	YES
Joint Operating Agreement Sent	YES

WILD THING FEDERAL COM (BONE SPRING)
 S2 OF SEC 19, & ALL OF SEC 30 & 31, T25S-R29E, EDDY COUNTY, NM
 1,601.05 ACRES

PARTIES TO POOL	INTEREST TYPE
XTO Holdings, LLC 22777 Springwoods Village Pkwy Spring, TX 77389	WIO, RTI
Chevron USA Inc. 1400 Smith Street Houston, TX 77002	WIO, RTI
OXY Y-1 Company 5 Greenway Plaza, Suite 110 Houston, TX 77046	WIO
Prospector, LLC* P.O. Box 429 Roswell, NM 88202	WIO
Featherstone Development Corporation* P.O. Box 429 Roswell, NM 88202	WIO
Parrot Head Properties, LLC* P.O. Box 429 Roswell, NM 88202	WIO
Big Three Energy Group, LLC* P.O. Box 429 Roswell, NM 88202	WIO
Fortis Minerals II, LLC P.O. Box 470788 Fort Worth, TX 76147	ORRI
XTO Royalty Holdings, L.P. 22777 Springwoods Village Pkwy Spring, TX 77389	ORRI

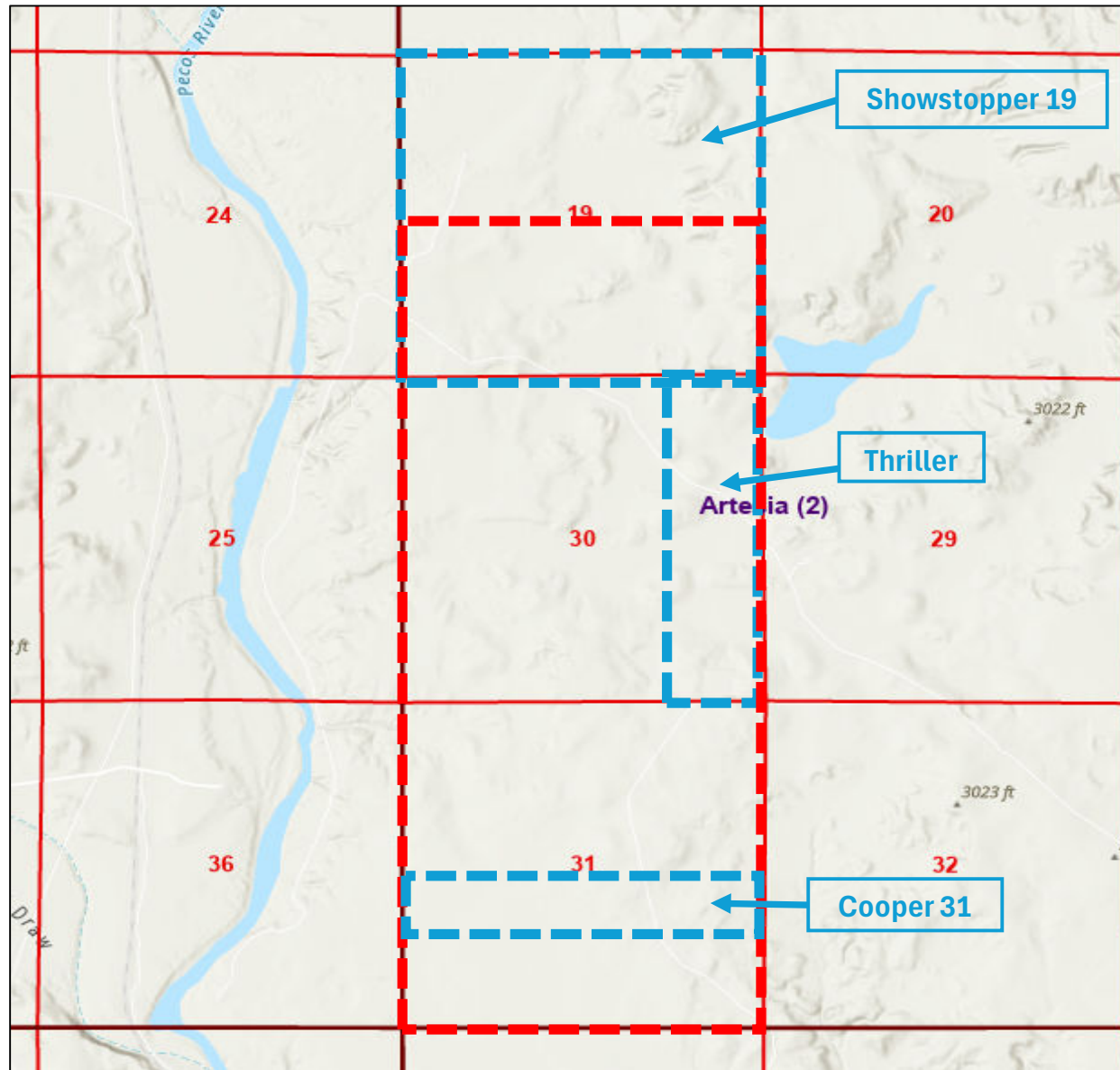
*The interests owned by Prospector, LLC, Featherstone Development Corporation, Parrot Head Properties, LLC, and Big Three Energy Group, LLC were conveyed under the following two assignments that were filed of record after the pooling application was filed:

(1) Assignment dated effective 7/1/2024, recorded on 9/13/2024 at Book 1186, Page 842, from Prospector, LLC, Featherstone Development Corporation, Big Three Energy Group, LLC, and Parrot Head Properties, LLC, to Chief Capital (O&G) II LLC (75%), WR-Non-Op LLC (20.5%), and Waterloo Resources LLC (4.5%).


(2) Assignment, Bill of Sale and Conveyance dated effective 7/1/2024, recorded on 9/13/2024 at Book 1186, Page 852, from Waterloo Resources LLC to WR-Non-Op LLC.

WILD THING FEDERAL COM (BONE SPRING)
S2 OF SEC 19, & ALL OF SEC 30 & 31, T25S-R29E, EDDY COUNTY, NM
1,601.05 ACRES

Overlapping Spacing Units



MAP LEGEND

-  Existing Spacing Unit
-  Wild Thing Spacing Unit

**NON-STANDARD SPACING UNIT
S2 SEC 19, ALL OF SEC 30 & 31, T25S-R29E (BONE SPRING)**

(22) SENE 24-25S-28E	(23) S2NW 19-25S-29E	(24) S2NE 19-25S-29E	(1) SWNW 20-25S-29E
(21) NESE 24-25S-28E	S2 Section 19, T25S-R29E		(2) NWSW 20-25S-29E
(20) SESE 24-25S-28E			(3) SWSW 20-25S-29E
(19) NENE 15-25S-28E	Section 30, T25S-R29E		(4) W2NW 29-25S-29E
(18) SENE 15-25S-28E			(5) NWSW 29-25S-29E
(17) E2SE 25-25S-28E			(6) SWSW 29-25S-29E
(16) NENE 36-25S-28E	Section 31, T25S-R29E		(7) W2NW 32-25S-29E
(15) SENE 36-25S-28E			(8) W2SW 32-25S-29E
(14) NESE 36-25S-28E			
(13) SESE 36-25S-28E			
(12) NENE 1-26S-28E	(11) N2NW, NWNE 6-26S-29E	(10) NENE 6-26S-29E	(9) NWNW 5-26S-29E

**COG Operating LLC
Case No. 24833
Exhibit A-4**

TRACT NO.	LEGAL	LEASE	RECORD TITLE OWNER(S)	BONE SPRING WELL?	OPERATOR	WORKING INTEREST OWNER(S)
1	SWNW 20-25S-29E	NMNM 102031	OXY Y-1 COMPANY, XTO HOLDINGS LLC	NO	N/A	XTO HOLDINGS, LLC, OXY Y-1 COMPANY, PROSPECTOR, LLC, FEATHERSTONE DEVELOPMENT CORPORATION, BIG THREE ENERGY GROUP, LLC, PARROTHEAD PROPERTIES, LLC
2	NWSW 20-25S-29E	NMNM 102031	OXY Y-1 COMPANY, XTO HOLDINGS LLC	YES	COG OPERATING LLC	
3	SWSW 20-25S-29E	NMNM 102031	OXY Y-1 COMPANY, XTO HOLDINGS LLC	NO	N/A	XTO HOLDINGS, LLC, OXY Y-1 COMPANY, PROSPECTOR, LLC, FEATHERSTONE DEVELOPMENT CORPORATION, BIG THREE ENERGY GROUP, LLC, PARROTHEAD PROPERTIES, LLC
4	W2NW 29-25S-29E	NMNM 102031	OXY Y-1 COMPANY, XTO HOLDINGS LLC	NO	N/A	XTO HOLDINGS, LLC, OXY Y-1 COMPANY, PROSPECTOR, LLC, FEATHERSTONE DEVELOPMENT CORPORATION, BIG THREE ENERGY GROUP, LLC, PARROTHEAD PROPERTIES, LLC
5	NWSW 29-25S-29E	NMNM 119755	XTO HOLDINGS LLC	YES	XTO ENERGY, INC.	
6	SWSW 29-25S-29E	NMNM 119755	XTO HOLDINGS LLC	NO	N/A	XTO HOLDINGS LLC
7	W2NW 32-25S-29E	VB-0792-5	XTO HOLDINGS LLC	NO	N/A	XTO HOLDINGS, LLC, OXY Y-1 COMPANY, PROSPECTOR, LLC, FEATHERSTONE DEVELOPMENT CORPORATION, BIG THREE ENERGY GROUP, LLC, PARROTHEAD PROPERTIES, LLC
8	W2SW 32-25S-29E	VB-0793-5	XTO HOLDINGS LLC	NO	N/A	XTO HOLDINGS, LLC, OXY Y-1 COMPANY, PROSPECTOR, LLC, FEATHERSTONE DEVELOPMENT CORPORATION, BIG THREE ENERGY GROUP, LLC, PARROTHEAD PROPERTIES, LLC
9	NWNW 5-26S-29E	NMNM 118113	COG OPERATING LLC, CONCHO OIL & GAS LLC, CONTANGO RESOURCES LLC	YES	COG OPERATING LLC	
10	NENE 6-26S-29E	NMNM 118113	COG OPERATING LLC, CONCHO OIL & GAS LLC, CONTANGO RESOURCES LLC	YES	COG OPERATING LLC	
11	N2NW, NWNE 6-26S-29E	NMNM 118113	COG OPERATING LLC, CONCHO OIL & GAS LLC, CONTANGO RESOURCES LLC	NO	N/A	MARATHON OIL PERMIAN LLC, COG OPERATING LLC, CONCHO OIL & GAS LLC
12	NENE 1-26S-28E	VB-0693-1	EOG RESOURCES INC.	NO	N/A	COG OPERATING LLC, CONCHO OIL & GAS LLC, EOG RESOURCES INC., THE ALLAR COMPANY, OXY Y-1 COMPANY, EG3, INC.
13	SESE 36-25S-28E	VB-0815-1	EOG RESOURCES INC.	YES	EOG RESOURCES INC.	
14	NESE 36-25S-28E	VB-0815-1	EOG RESOURCES INC.	NO	N/A	COG OPERATING LLC, CONCHO OIL & GAS LLC, EOG RESOURCES INC., THE ALLAR COMPANY, OXY Y-1 COMPANY, EG3, INC.
15	SENE 36-25S-28E	VB-0807-1	EOG RESOURCES INC.	YES	EOG RESOURCES INC.	
16	NENE 36-25S-28E	VB-0807-1	EOG RESOURCES INC.	NO	N/A	COG OPERATING LLC, CONCHO OIL & GAS LLC, EOG RESOURCES INC., THE ALLAR COMPANY, OXY Y-1 COMPANY, EG3, INC.
17	E2SE 25-25S-28E	NMNM 088128	ENDEAVOR ENERGY RESOURCES LP	YES	MEWBOURNE OIL COMPANY	
18	SENE 25-25S-28E	NMNM 120889	WPX ENERGY PERMIAN LLC	YES	MEWBOURNE OIL COMPANY	
19	NENE 25-25S-28E	NMNM 016104	EOG RESOURCES INC., MAGNUM HUNTER PRODUCTION INC.	YES	MEWBOURNE OIL COMPANY	
20	SESE 24-25S-28E	NMNM 016104	EOG RESOURCES INC., MAGNUM HUNTER PRODUCTION INC.	YES	MEWBOURNE OIL COMPANY	
21	NESE 24-25S-28E	NMNM 088128	ENDEAVOR ENERGY RESOURCES LP	YES	MEWBOURNE OIL COMPANY	
22	SENE 24-25S-28E	NMNM 088128	ENDEAVOR ENERGY RESOURCES LP	YES	MEWBOURNE OIL COMPANY	
23	S2NW 19-25S-29E	NMNM 055929	XTO HOLDINGS LLC	YES	COG OPERATING LLC	
24	S2NE 19-25S-29E	NMNM 117121	CHEVRON USA INC.	YES	COG OPERATING LLC	

NSSU NOTICE LIST - WILD THING FEDERAL COM (BONE SPRING)

OWNER	ADDRESS	CITY, STATE, ZIP
BLM		
STATE OF NM		
COG OPERATING LLC	600 W. ILLINOIS AVENUE	MIDLAND, TX 79701
CONCHO OIL & GAS LLC	600 W. ILLINOIS AVENUE	MIDLAND, TX 79701
CONTANGO RESOURCES LLC	717 TEXAS AVE, SUITE 2900	HOUSTON, TX 77002
OXY USA INC.	5 GREENWAY PLAZA STE 110	HOUSTON TX 77046
OXY Y-1 COMPANY	5 GREENWAY PLAZA STE 110	HOUSTON TX 77046
XTO HOLDINGS LLC	22777 SPRINGWOODS VILLAGE PKWY	SPRING, TX 77389
XTO ENERGY, INC.	6401 HOLIDAY HILL RD, BUILDING 5	MIDLAND TX 79707
PROSPECTOR, LLC	P.O. BOX 429	ROSWELL, NM 88202
FEATHERSTONE DEVELOPMENT CORPORATION	P.O. BOX 429	ROSWELL, NM 88202
BIG THREE ENERGY GROUP, LLC	P.O. BOX 429	ROSWELL, NM 88202
PARROTHEAD PROPERTIES, LLC	P.O. BOX 429	ROSWELL, NM 88202
MARATHON OIL PERMIAN LLC	990 TOWN AND COUNTRY BLVD	HOUSTON, TX 77024
MEWBOURNE OIL COMPANY	500 WEST TEXAS, SUITE 1020	MIDLAND TX 79701
THE ALLAR COMPANY	P.O. BOX 1567	GRAHAM, TX 76450
EG3, INC.	P.O. BOX 1567	GRAHAM, TX 76450
EOG RESOURCES INC.	1111 BAGBY STREET, SKY LOBBY 2	HOUSTON TX 77002
ENDEAVOR ENERGY RESOURCES LP	110 N MARIENFELD ST, SUITE #200	MIDLAND, TX 79701
WPX ENERGY PERMIAN LLC	333 WEST SHERIDAN AVE	OKLAHOMA CITY, OK 73102
MAGNUM HUNTER PRODUCTION INC.	840 GESSNER ROAD, SUITE 1400	HOUSTON, TX 77024
CHEVRON USA INC.	1400 SMITH STREET	HOUSTON, TX 77002



Gianna Romero
 Sr. Land Negotiator
 600 W. Illinois Ave.
 Midland, Texas 79701
 Office 3CC-05-5146
 432-221-0421
 Gianna.Romero@conocophillips.com

July 8, 2024

XTO Holdings, LLC
 Attn: Land Department
 22777 Springwoods Village Pkwy
 Spring, TX 77389

Via Certified Mail, Return Receipt Requested
 No. 9489 0090 0027 6514 9013 34

Re: Well Proposal – Wild Thing Federal Com Wells
 S2 Section 19 & all of Sections 30 & 31, T25S-R29E
 1,601.05 acres – Bone Spring Formation
 Eddy County, New Mexico

Dear Working Interest Owner,

COG Operating LLC (“COG”), as Operator, hereby proposes the drilling of the following four horizontal wells with productive laterals targeting the Bone Spring formation, located in the S2 of Section 19, and all of Sections 30 & 31, T25S-R29E, Eddy County, New Mexico. Please see below for further details:

- **Wild Thing Federal Com 504H**

SHL: At a legal location within Unit N of Section 31, T25S-R29E
 FTP: At a legal location within Unit M of Section 31, T25S-R29E
 LTP: At a legal location within Unit L of Section 19, T25S-R29E
 BHL: At a legal location within Unit L of Section 19, T25S-R29E
 Spacing Unit: S2 of Section 19, and all of Sections 30 & 31, T25S-R29E
 TVD: Approximately 8,375’
 TMD: Approximately 21,575’
 Formation: Bone Spring
 Cost: See attached AFE for estimated drilling and completion costs
- **Wild Thing Federal Com 503H**

SHL: At a legal location within Unit N of Section 31, T25S-R29E
 FTP: At a legal location within Unit N of Section 31, T25S-R29E
 LTP: At a legal location within Unit K of Section 19, T25S-R29E
 BHL: At a legal location within Unit K of Section 19, T25S-R29E
 Spacing Unit: S2 of Section 19, and all of Sections 30 & 31, T25S-R29E
 TVD: Approximately 8,390’
 TMD: Approximately 21,590’
 Formation: Bone Spring
 Cost: See attached AFE for estimated drilling and completion costs

COG Operating LLC is a wholly owned subsidiary of ConocoPhillips

COG Operating LLC
Case No. 24833
Exhibit A-5

July 8, 2024 - Page 2 of 3

Well Proposal – Wild Thing Federal Com Wells

- **Wild Thing Federal Com 502H**

SHL: At a legal location within Unit O of Section 31, T25S-R29E

FTP: At a legal location within Unit O of Section 31, T25S-R29E

LTP: At a legal location within Unit J of Section 19, T25S-R29E

BHL: At a legal location within Unit J of Section 19, T25S-R29E

Spacing Unit: S2 of Section 19, and all of Sections 30 & 31, T25S-R29E

TVD: Approximately 8,405'

TMD: Approximately 21,605'

Formation: Bone Spring

Cost: See attached AFE for estimated drilling and completion costs

- **Wild Thing Federal Com 501H**

SHL: At a legal location within Unit O of Section 31, T25S-R29E

FTP: At a legal location within Unit O of Section 31, T25S-R29E

LTP: At a legal location within Unit J of Section 19, T25S-R29E

BHL: At a legal location within Unit J of Section 19, T25S-R29E

Spacing Unit: S2 of Section 19, and all of Sections 30 & 31, T25S-R29E

TVD: Approximately 8,415'

TMD: Approximately 21,615'

Formation: Bone Spring

Cost: See attached AFE for estimated drilling and completion costs

Please note that the proposed locations, TVD's and MD's are subject to change. COG is proposing to drill these wells under the terms of the enclosed Operating Agreement. The basic terms of this agreement are as follows:

- 1989 Model Form Operating Agreement with Horizontal Modifications
- Overhead Rates: \$8,000 Drilling / \$800 Production
- Penalties: 100%/300%/300%
- \$200,000 Expenditure Limit

If an agreement is not reached within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a horizontal spacing unit for the proposed well.

Please indicate your participation election in the space provided below, sign, and return this letter, along with a signed copy of the enclosed AFE, executed Operating Agreement signature pages, and a copy of your geologic requirements, to the letterhead address. Should you have any questions do not hesitate to contact me at 432-221-0421.

Sincerely,

COG Operating LLC



Gianna Romero, CPL

July 8, 2024 - Page 3 of 3

Well Proposal – Wild Thing Federal Com Wells

PARTICIPATE Elect to participate in drilling & completion of well	DO NOT PARTICIPATE Elect NOT to participate in drilling & completion of well	WELL NAME
		Wild Thing Fed Com 504H
		Wild Thing Fed Com 503H
		Wild Thing Fed Com 502H
		Wild Thing Fed Com 501H

XTO HOLDINGS, LLC

By: _____

Name: _____

Title: _____

Date: _____

Project Cost Summary



This document contains proposed and estimated project cost information which is proprietary and confidential to ConocoPhillips.

Well Name	WILD THING FEDERAL COM 501H
Job Type	DRILL & COMPLETE
State	New Mexico - 30
County/Parish	Eddy - 015
Authorization Number	

Cost Feature Group	Grand Total			
	Drilling	Completions	P&A	Facilities
A000: CASING & TUBING	\$880,000.00	\$0.00	\$0.00	\$108,090.00
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$75,000.00	\$60,000.00	\$0.00	\$85,000.00
C000: COMPLETION EQUIPMENT & OTHER	\$0.00	\$0.00	\$0.00	\$1,440,206.67
D000: LOCATION (WELLSITE RELATED)	\$63,250.00	\$12,500.00	\$0.00	\$88,133.33
E000: RIGS & RIG RELATED	\$980,000.00	\$0.00	\$0.00	\$5,700.00
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$231,000.00	\$1,302,000.00	\$0.00	\$4,585.00
G000: FLUID AND CHEMICALS SERVICES	\$295,260.00	\$54,000.00	\$0.00	\$0.00
H000: DIRECTIONAL DRILLING / MWD / LWD	\$287,000.00	\$0.00	\$0.00	\$0.00
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$445,830.00	\$0.00	\$0.00	\$0.00
K000: FORMATION EVALUATION	\$30,000.00	\$0.00	\$0.00	\$9,200.00
M000: COMPLETION & TESTING	\$0.00	\$15,000.00	\$0.00	\$0.00
N000: FORMATION STIMULATION & TREATING	\$0.00	\$3,248,000.00	\$0.00	\$0.00
O000: CERTIFICATION, INSPECT, CONTROL & TEST	\$0.00	\$0.00	\$0.00	\$0.00
P000: TRANSPORTATION SUPPLY & DISPOSAL	\$97,650.00	\$45,000.00	\$0.00	\$32,933.33
Q000: DRLG TOOLS & EQPT RNTAL W/WO OPR	\$287,700.00	\$616,000.00	\$0.00	\$16,040.00
R000: BITS & MILLS	\$92,000.00	\$4,000.00	\$0.00	\$0.00
S000: SPECIAL SERVICES	\$133,000.00	\$355,000.00	\$0.00	\$19,050.00
T000: MISCELLANEOUS	\$415,550.00	\$137,000.00	\$0.00	\$5,350.00
U000: PERFORATING & SLICKLINE SERVICES	\$0.00	\$363,000.00	\$0.00	\$12,500.00
V000: ENG & CONSTRUCTION(E&C), CONSLT, R&D	\$0.00	\$0.00	\$0.00	\$470,366.67
W000: GENERAL FEES	\$42,500.00	\$5,000.00	\$0.00	\$0.00
X000: CONOCOPHILLIPS LABOR & OVERHEAD	\$6,300.00	\$22,000.00	\$0.00	\$46,690.00
Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$0.00	\$0.00	\$0.00	\$20,460.00
Grand Total	\$4,362,040.00	\$6,238,500.00	\$0.00	\$2,364,305.00

Project Tangibles:	955,000.00	60,000.00	0.00	1,633,296.67
Project Intangibles:	3,407,040.00	6,178,500.00	0.00	731,008.33
Project Totals:	4,362,040.00	6,238,500.00	0.00	2,364,305.00

Total Tangibles (\$)	2,648,296.67
Total Intangibles (\$)	10,316,548.33
Grand Total (\$)	12,964,845.00

PARTNER APPROVAL

We approve:

9.993442% Working Interest (estimated)

Company: XTO HOLDINGS, LLC

By: _____

Name: _____

Title: _____

Date: _____

Prepared by: ConocoPhillips Company

Date: 7/08/2024

Project Cost Summary



This document contains proposed and estimated project cost information which is proprietary and confidential to ConocoPhillips.

Well Name	WILD THING FEDERAL COM 502H
Job Type	DRILL & COMPLETE
State	New Mexico - 30
County/Parish	Eddy - 015
Authorization Number	

Cost Feature Group	Grand Total			
	Drilling	Completions	P&A	Facilities
A000: CASING & TUBING	\$880,000.00	\$0.00	\$0.00	\$108,090.00
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$75,000.00	\$60,000.00	\$0.00	\$85,000.00
C000: COMPLETION EQUIPMENT & OTHER	\$0.00	\$0.00	\$0.00	\$1,440,206.67
D000: LOCATION (WELLSITE RELATED)	\$63,250.00	\$12,500.00	\$0.00	\$88,133.33
E000: RIGS & RIG RELATED	\$980,000.00	\$0.00	\$0.00	\$5,700.00
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$231,000.00	\$1,302,000.00	\$0.00	\$4,585.00
G000: FLUID AND CHEMICALS SERVICES	\$295,260.00	\$54,000.00	\$0.00	\$0.00
H000: DIRECTIONAL DRILLING / MWD / LWD	\$287,000.00	\$0.00	\$0.00	\$0.00
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$445,830.00	\$0.00	\$0.00	\$0.00
K000: FORMATION EVALUATION	\$30,000.00	\$0.00	\$0.00	\$9,200.00
M000: COMPLETION & TESTING	\$0.00	\$15,000.00	\$0.00	\$0.00
N000: FORMATION STIMULATION & TREATING	\$0.00	\$3,248,000.00	\$0.00	\$0.00
O000: CERTIFICATION, INSPECT, CONTROL & TEST	\$0.00	\$0.00	\$0.00	\$0.00
P000: TRANSPORTATION SUPPLY & DISPOSAL	\$97,650.00	\$45,000.00	\$0.00	\$32,933.33
Q000: DRLG TOOLS & EQPT RNTAL W/WO OPR	\$287,700.00	\$616,000.00	\$0.00	\$16,040.00
R000: BITS & MILLS	\$92,000.00	\$4,000.00	\$0.00	\$0.00
S000: SPECIAL SERVICES	\$133,000.00	\$355,000.00	\$0.00	\$19,050.00
T000: MISCELLANEOUS	\$415,550.00	\$137,000.00	\$0.00	\$5,350.00
U000: PERFORATING & SLICKLINE SERVICES	\$0.00	\$363,000.00	\$0.00	\$12,500.00
V000: ENG & CONSTRUCTION(E&C), CONSLT, R&D	\$0.00	\$0.00	\$0.00	\$470,366.67
W000: GENERAL FEES	\$42,500.00	\$5,000.00	\$0.00	\$0.00
X000: CONOCOPHILLIPS LABOR & OVERHEAD	\$6,300.00	\$22,000.00	\$0.00	\$46,690.00
Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$0.00	\$0.00	\$0.00	\$20,460.00
Grand Total	\$4,362,040.00	\$6,238,500.00	\$0.00	\$2,364,305.00

Project Tangibles:	955,000.00	60,000.00	0.00	1,633,296.67
Project Intangibles:	3,407,040.00	6,178,500.00	0.00	731,008.33
Project Totals:	4,362,040.00	6,238,500.00	0.00	2,364,305.00

Total Tangibles (\$)	2,648,296.67
Total Intangibles (\$)	10,316,548.33
Grand Total (\$)	12,964,845.00

PARTNER APPROVAL

We approve:

9.993442% Working Interest (estimated)

Prepared by: ConocoPhillips Company

Date: 7/08/2024

Company: XTO HOLDINGS, LLC

By: _____

Name: _____

Title: _____

Date: _____

Project Cost Summary



This document contains proposed and estimated project cost information which is proprietary and confidential to ConocoPhillips.

Well Name	WILD THING FEDERAL COM 503H
Job Type	DRILL & COMPLETE
State	New Mexico - 30
County/Parish	Eddy - 015
Authorization Number	

Cost Feature Group	Grand Total			
	Drilling	Completions	P&A	Facilities
A000: CASING & TUBING	\$880,000.00	\$0.00	\$0.00	\$108,090.00
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$75,000.00	\$60,000.00	\$0.00	\$85,000.00
C000: COMPLETION EQUIPMENT & OTHER	\$0.00	\$0.00	\$0.00	\$1,440,206.67
D000: LOCATION (WELLSITE RELATED)	\$63,250.00	\$12,500.00	\$0.00	\$88,133.33
E000: RIGS & RIG RELATED	\$980,000.00	\$0.00	\$0.00	\$5,700.00
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$231,000.00	\$1,302,000.00	\$0.00	\$4,585.00
G000: FLUID AND CHEMICALS SERVICES	\$295,260.00	\$54,000.00	\$0.00	\$0.00
H000: DIRECTIONAL DRILLING / MWD / LWD	\$287,000.00	\$0.00	\$0.00	\$0.00
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$445,830.00	\$0.00	\$0.00	\$0.00
K000: FORMATION EVALUATION	\$30,000.00	\$0.00	\$0.00	\$9,200.00
M000: COMPLETION & TESTING	\$0.00	\$15,000.00	\$0.00	\$0.00
N000: FORMATION STIMULATION & TREATING	\$0.00	\$3,248,000.00	\$0.00	\$0.00
O000: CERTIFICATION, INSPECT, CONTROL & TEST	\$0.00	\$0.00	\$0.00	\$0.00
P000: TRANSPORTATION SUPPLY & DISPOSAL	\$97,650.00	\$45,000.00	\$0.00	\$32,933.33
Q000: DRLG TOOLS & EQPT RNTAL W/WO OPR	\$287,700.00	\$616,000.00	\$0.00	\$16,040.00
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U000: PERFORATING & SLICKLINE SERVICES	\$0.00	\$363,000.00	\$0.00	\$12,500.00
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W000: GENERAL FEES	\$42,500.00	\$5,000.00	\$0.00	\$0.00
X000: CONOCOPHILLIPS LABOR & OVERHEAD	\$6,300.00	\$22,000.00	\$0.00	\$46,690.00
Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$0.00	\$0.00	\$0.00	\$20,460.00
Grand Total	\$4,362,040.00	\$6,238,500.00	\$0.00	\$2,364,305.00

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Project Totals:	4,362,040.00	6,238,500.00	0.00	2,364,305.00

Total Tangibles (\$)	2,648,296.67
Total Intangibles (\$)	10,316,548.33
Grand Total (\$)	12,964,845.00

PARTNER APPROVAL

We approve:

9.993442% Working Interest (estimated)

Prepared by: ConocoPhillips Company

Date: 7/08/2024

Company: XTO HOLDINGS, LLC

By: _____

Name: _____

Title: _____

Date: _____

Project Cost Summary



This document contains proposed and estimated project cost information which is proprietary and confidential to ConocoPhillips.

Well Name	WILD THING FEDERAL COM 504H
Job Type	DRILL & COMPLETE
State	New Mexico - 30
County/Parish	Eddy - 015
Authorization Number	

Cost Feature Group	Grand Total			
	Drilling	Completions	P&A	Facilities
A000: CASING & TUBING	\$880,000.00	\$0.00	\$0.00	\$108,090.00
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$75,000.00	\$60,000.00	\$0.00	\$85,000.00
C000: COMPLETION EQUIPMENT & OTHER	\$0.00	\$0.00	\$0.00	\$1,440,206.67
D000: LOCATION (WELLSITE RELATED)	\$63,250.00	\$12,500.00	\$0.00	\$88,133.33
E000: RIGS & RIG RELATED	\$980,000.00	\$0.00	\$0.00	\$5,700.00
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$231,000.00	\$1,302,000.00	\$0.00	\$4,585.00
G000: FLUID AND CHEMICALS SERVICES	\$295,260.00	\$54,000.00	\$0.00	\$0.00
H000: DIRECTIONAL DRILLING / MWD / LWD	\$287,000.00	\$0.00	\$0.00	\$0.00
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$445,830.00	\$0.00	\$0.00	\$0.00
K000: FORMATION EVALUATION	\$30,000.00	\$0.00	\$0.00	\$9,200.00
M000: COMPLETION & TESTING	\$0.00	\$15,000.00	\$0.00	\$0.00
N000: FORMATION STIMULATION & TREATING	\$0.00	\$3,248,000.00	\$0.00	\$0.00
O000: CERTIFICATION, INSPECT, CONTROL & TEST	\$0.00	\$0.00	\$0.00	\$0.00
P000: TRANSPORTATION SUPPLY & DISPOSAL	\$97,650.00	\$45,000.00	\$0.00	\$32,933.33
Q000: DRLG TOOLS & EQPT RNTAL W/WO OPR	\$287,700.00	\$616,000.00	\$0.00	\$16,040.00
R000: BITS & MILLS	\$92,000.00	\$4,000.00	\$0.00	\$0.00
S000: SPECIAL SERVICES	\$133,000.00	\$355,000.00	\$0.00	\$19,050.00
T000: MISCELLANEOUS	\$415,550.00	\$137,000.00	\$0.00	\$5,350.00
U000: PERFORATING & SLICKLINE SERVICES	\$0.00	\$363,000.00	\$0.00	\$12,500.00
V000: ENG & CONSTRUCTION(E&C), CONSLT, R&D	\$0.00	\$0.00	\$0.00	\$470,366.67
W000: GENERAL FEES	\$42,500.00	\$5,000.00	\$0.00	\$0.00
X000: CONOCOPHILLIPS LABOR & OVERHEAD	\$6,300.00	\$22,000.00	\$0.00	\$46,690.00
Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$0.00	\$0.00	\$0.00	\$20,460.00
Grand Total	\$4,362,040.00	\$6,238,500.00	\$0.00	\$2,364,305.00

Project Tangibles:	955,000.00	60,000.00	0.00	1,633,296.67
Project Intangibles:	3,407,040.00	6,178,500.00	0.00	731,008.33
Project Totals:	4,362,040.00	6,238,500.00	0.00	2,364,305.00

Total Tangibles (\$)	2,648,296.67
Total Intangibles (\$)	10,316,548.33
Grand Total (\$)	12,964,845.00

PARTNER APPROVAL

We approve:

9.993442% Working Interest (estimated)

Prepared by: ConocoPhillips Company

Date: 7/08/2024

Company: XTO HOLDINGS, LLC

By: _____

Name: _____

Title: _____

Date: _____

RATIFICATION OF COMMUNITIZATION AGREEMENT

WILD THING FEDERAL COM – BONE SPRING

Section 19: Lots 3 & 4, E2SW4, SE4

Section 30: Lots 1-4, E2W2, E2

**Section 31: Lots 1-4, E2W2, E2
T25S-R29E**

Eddy County, New Mexico

Bone Spring Formation LIMITED to the Subject Wells ONLY

STATE OF NEW MEXICO)
)
COUNTY OF EDDY)

COG OPERATING LLC ("COG"), as Operator, executed a Federal Communitization Agreement ("Federal CA"), effective as of the date of the agreement or onset of production of communitized substances, whichever is earlier, designating the WILD THING FEDERAL COM – BONE SPRING unit as to the below described wellbores only, and pooling, communitizing, and combining the oil and gas leases set forth therein, insofar as they cover the 1,601.05 acres communitized area comprised of Lots 3 & 4, E2SW4, & SE4 of Section 19, and all of Sections 30 & 31, T25S-R29E, Eddy County, New Mexico, as to the Bone Spring Formation ("Subject Lands"):

WILD THING FEDERAL COM 501H
WILD THING FEDERAL COM 502H
WILD THING FEDERAL COM 503H
WILD THING FEDERAL COM 504H
(collectively, the "Subject Wells").

XTO Royalty Holdings, L.P., whose address is 22777 Springwoods Village Parkway, Spring, TX 77389, is an owner of an interest located in the Subject Wells referenced above.

XTO Royalty Holdings, L.P., desires to adopt, ratify and confirm the Federal CA, and any future amendments thereof, insofar as it covers the right, title, and interest in and to the oil and gas leases and the Subject Lands limited to the Subject Wells only included in the unit referenced above; and

NOW THEREFORE, in consideration of the premises **the undersigned**, does hereby adopt, ratify and confirm the above-described Federal CA, and any future amendments thereof, insofar as it covers its right, title and interest in the oil and gas leases and Subject Lands limited to the Subject Wells included in the unit, and agrees that his/her/its interest is subject to all of the terms and provisions therein. Furthermore, the undersigned hereby grants COG, its successor and assigns, authority to pool and/or communitize their interest located in the Subject Lands into voluntary units, or into units as established by any governmental authority having jurisdiction, and if such interest is pooled and/or communitized accordingly, the interest shall be reduced in the proportion that the acreage burdened by the interest bears to all the acreage included in any such pooled and/or communitized unit.

This Ratification is effective as of the effective date of the above-referenced Federal CA.

**XTO Energy Inc., on behalf of
XTO Royalty Holdings, L.P.**

By: _____
Name: _____
Title: _____

STATE OF TEXAS)
) ss.
COUNTY OF HARRIS)

This instrument was acknowledged before me on the ____ day of _____, 2024, by _____, as _____ of XTO Energy Inc., on behalf of XTO Royalty Holdings, L.P., a Delaware limited partnership, on behalf of said limited partnership.

Notary Public - State of Texas

**COG Operating LLC
Case No. 24833
Exhibit A-6**

Chronology Efforts – Wild Thing Federal Com (Bone Spring)

7/8/2024 - Well proposal, AFE, & OA sent to all working interest parties: XTO Holdings, LLC, Chevron USA Inc., OXY Y-1 Company, Prospector LLC, Featherstone Development Corporation, Parrothead Properties, LLC, Big Three Energy Group, LLC

7/18/2024 – Federal Communitization Agreement sent to applicable parties

7/19/2024 – Ratification of Federal Communitization Agreement sent to applicable parties

7/23/2024 through 9/18/2024 – approximately 10 emails between COG & XTO regarding the well proposal, AFE, and requested OA modifications

7/25/2024 through 7/30/2024 – approximately 6 emails between COG & Chevron regarding the well proposal & AFE

9/12/2024 – received email from Chevron with requested OA modifications

**COG Operating LLC
Case No. 24833
Exhibit A-7**

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD, OVERLAPPING SPACING UNIT,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 24833

**SELF-AFFIRMED STATEMENT
OF CHRIS WRAY**

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

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

3. **Exhibit B-1** is a location map of the proposed horizontal spacing unit (“Unit”). The approximate wellbore paths for the proposed **Wild Thing Fed Com 501H, Wild Thing Fed Com 502H, Wild Thing Fed Com 503H, and Wild Thing Fed Com 504H** wells are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines.

4. **Exhibit B-2** is a subsea structure map for the Bone Spring formation that is representative of the targeted interval. The data points are indicated by crosses. The approximate wellbore paths of the wells are depicted by dashed lines. The map demonstrates the formation is gently dipping to the east in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

5. **Exhibit B-3** is a cross section map that identifies three wells penetrating the targeted intervals used to construct a structural cross-section from A to A'. I used these well logs

**COG Operating LLC
Case No. 24833
Exhibit B**

because they penetrate the targeted intervals, are of good quality, and are representative of the geology in the area.

6. **Exhibit B-4** is a stratigraphic cross-section using the representative wells identified on Exhibit B-3. It contains gamma ray, resistivity and porosity logs. The proposed landing zone for the wells are labeled on the exhibit. This cross-section demonstrates the target intervals are continuous across the Unit.


7. In my opinion, a standup orientation for the wells is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and the lack of preferred fracture orientation in this portion of the trend.

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

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

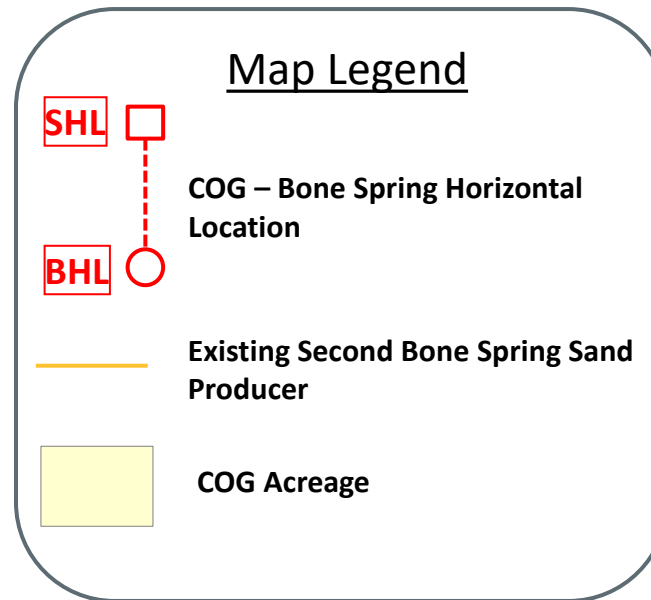
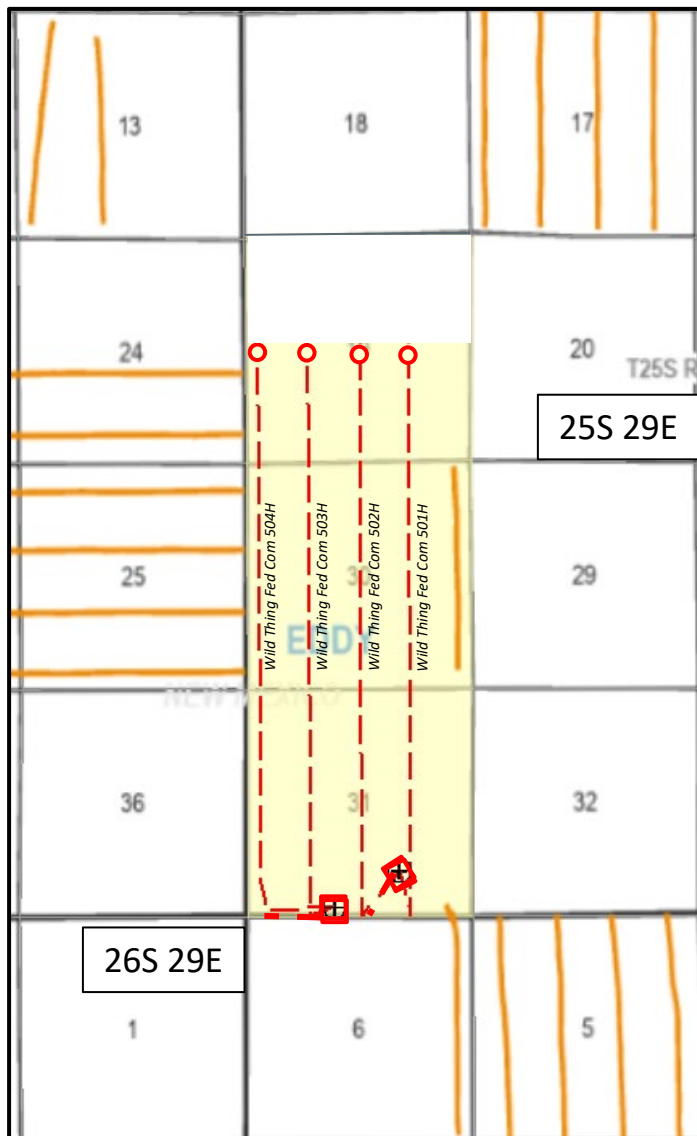
10. The attached exhibits were either prepared by me or under my supervision or were compiled from company business records.

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


Chris Wray

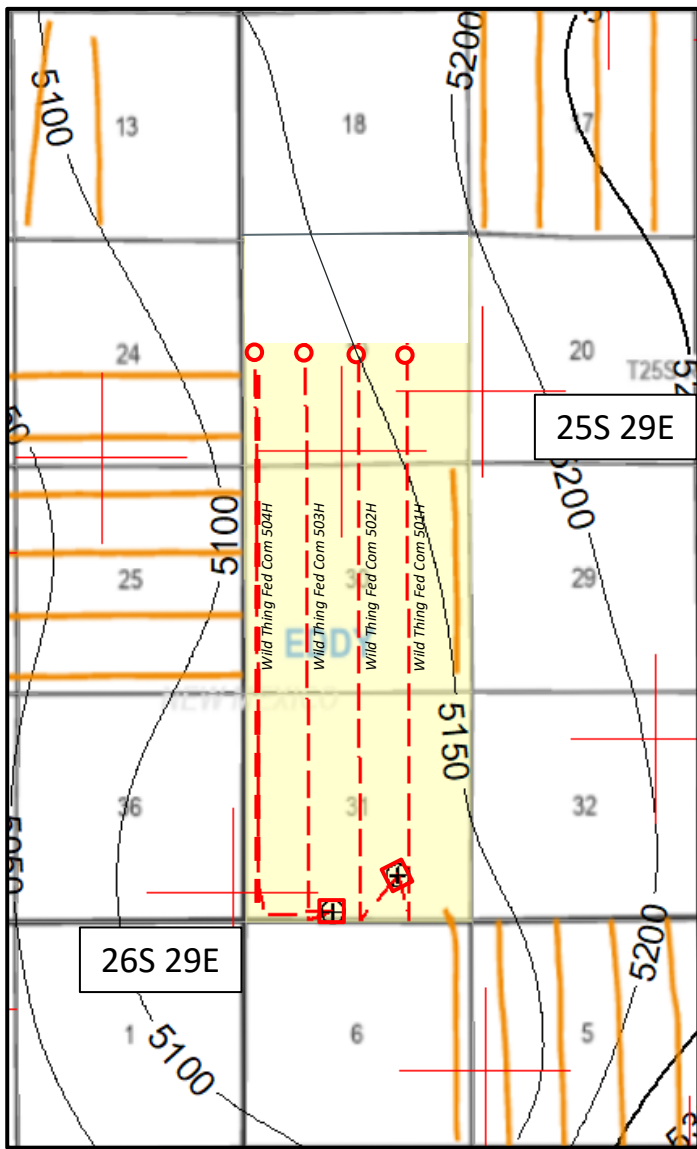
9-19-2024
Date

(Exhibit B-1) BS2S Wild Thing Fed Com 501H, 502H, 503H, 504H



COG Operating LLC
 Case No. 24833
 Exhibit B-1

(Exhibit B-2) Wild Thing Fed Com : Second Bone Spring Sand – Structure Map

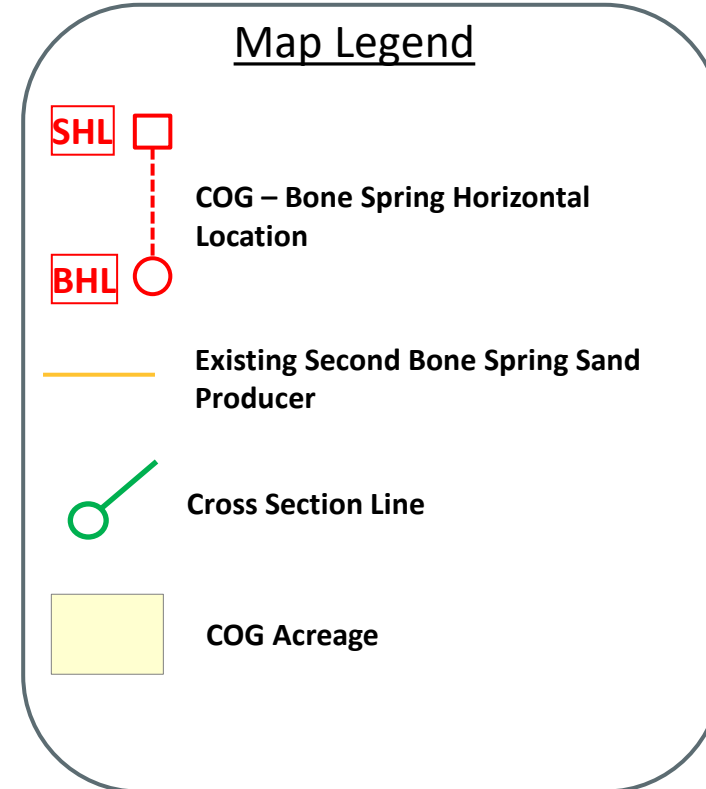
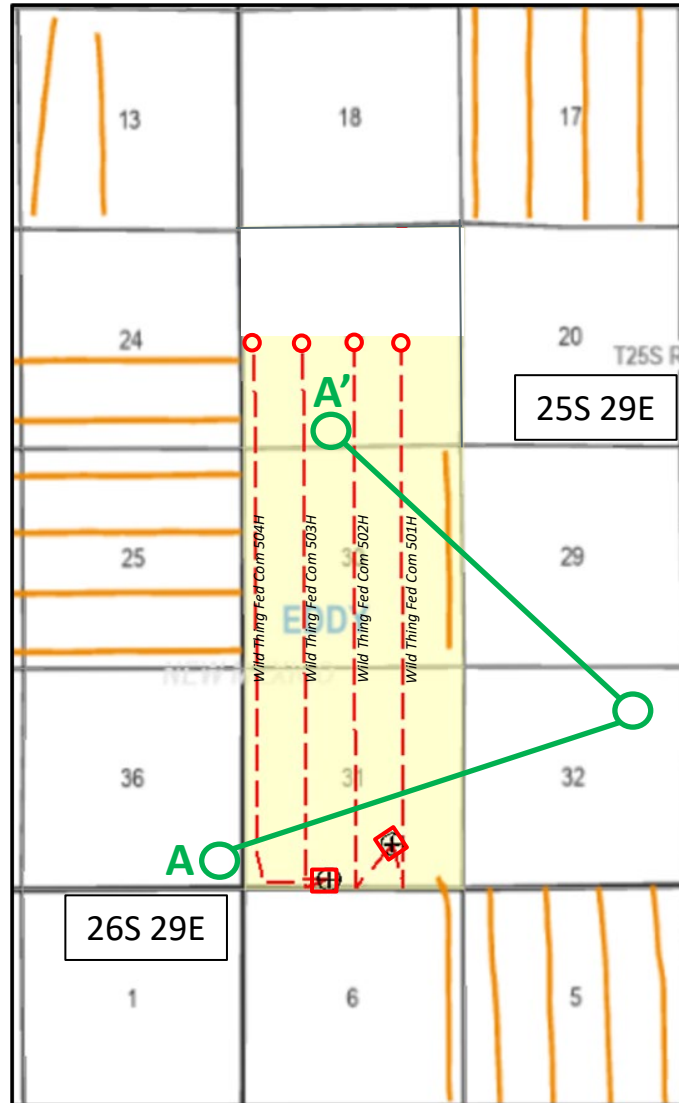


Map Legend

- SHL COG – Bone Spring Horizontal Location
- BHL
- Existing Second Bone Spring Sand Producer
- Second Bone Spring Sand Subsea Structure
CI: 50'
- + Structural Data Point
- COG Acreage

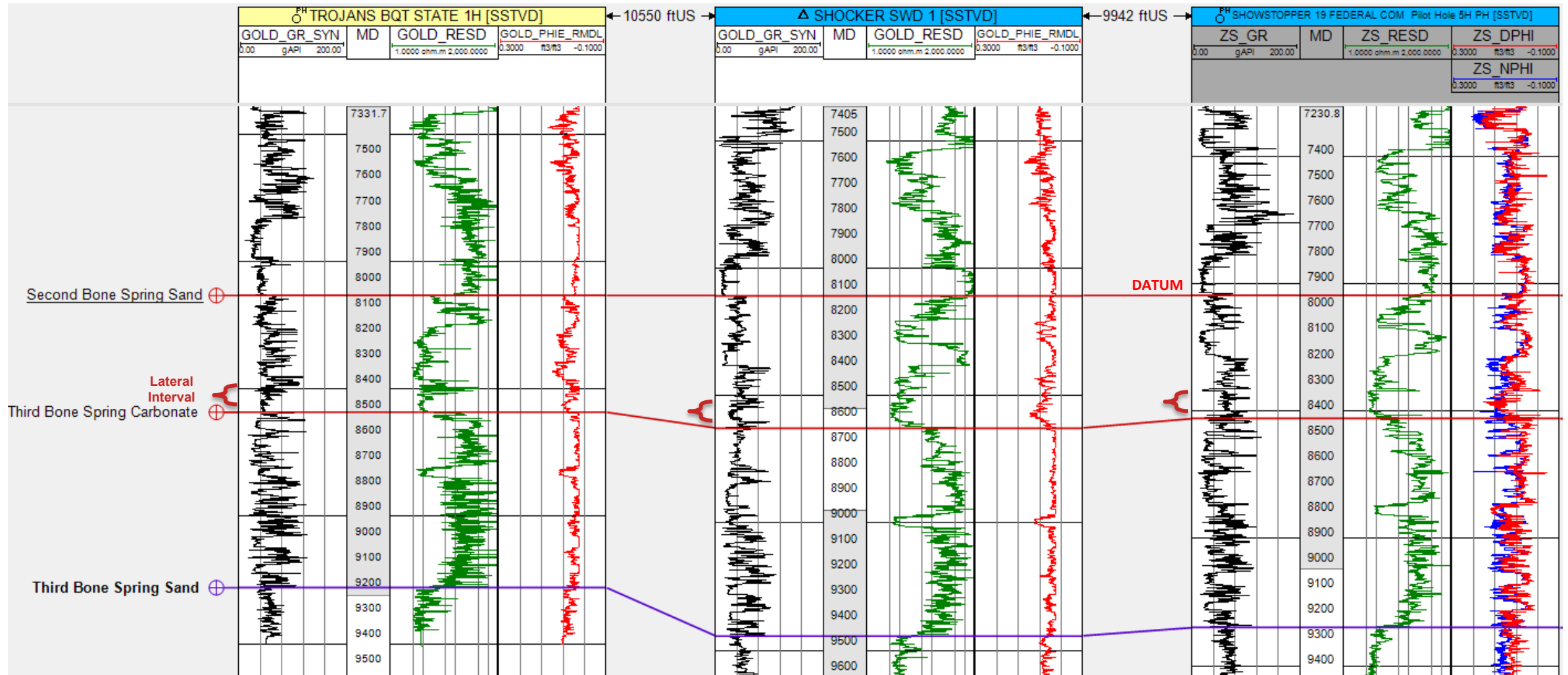
COG Operating LLC
 Case No. 24833
 Exhibit B-2

(Exhibit B-3) Wild Thing Fed Com 501H, 502H, 503H, 504H Cross-section Map



COG Operating LLC
 Case No. 24833
 Exhibit B-3

(Exhibit B-4) Second Bone Spring Sand – Stratigraphic Cross Section A – A'



COG Operating LLC
Case No. 24833
Exhibit B-4

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

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD, OVERLAPPING SPACING UNIT,
EDDY COUNTY, NEW MEXICO.

CASE NO. 24833

SELF-AFFIRMED STATEMENT
OF DANA S. HARDY

1. I am attorney in fact and authorized representative of COG Operating, LLC, the Applicant herein.

2. I am familiar with the Notice Letters attached as **Exhibit C-1** and caused the Notice Letters, along with the Application in this case, to be sent to the parties set out in the chart attached as **Exhibit C-2**.

3. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received.

4. Copies of the certified mail green cards and white slips are attached as **Exhibit C-3** as supporting documentation for proof of mailing and the information provided on Exhibit C-2.

5. On September 19, 2024, I caused a notice to be published to all interested parties in the Carlsbad Current-Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current-Argus along with a copy of the notice publication, is attached as **Exhibit C-4**.

6. I understand this Self-Affirmed Statement will be used as written testimony in the subject 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.

/s/ Dana S. Hardy
Dana S. Hardy

September 24, 2024
Date

COG Operating LLC
Case No. 24833
Exhibit C



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:
Jaclyn M. McLean, Partner
jmclean@hinklelawfirm.com

September 12, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 24833 – Application of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard Spacing, Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **October 10, 2024**, beginning at 8:30 a.m.

The hearing will be conducted in a hybrid fashion, both in-person at the Energy, Minerals, Natural Resources Department, Wendell Chino Building, Pecos Hall, 1220 South St. Francis Drive, 1st Floor, Santa Fe, NM 87505 and via the WebEx virtual meeting platform. To participate virtually, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/oed/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

Please contact Gianna Romero, CPL, Senior Land Negotiator for COG Operating LLC, by phone at (432) 221-0421 if you have any questions regarding this matter.

COG Operating LLC
Case No. 24833
Exhibit C-1

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

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

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



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:
Jaclyn M. McLean, Partner
jmclean@hinklelawfirm.com

September 12, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

**TO ALL AFFECTED PARTIES
AND OFFSET OWNERS**

Re: Notice of Non-Standard Spacing Unit Regarding Case No. 24833 – Application of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard, Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. You are receiving this letter because you are an affected party in acreage offsetting the proposed non-standard spacing unit. The hearing will be conducted on **October 10, 2024**, beginning at 8:30 a.m.

The hearing will be conducted in a hybrid fashion, both in-person at the Energy, Minerals, Natural Resources Department, Wendell Chino Building, Pecos Hall, 1220 South St. Francis Drive, 1st Floor, Santa Fe, NM 87505 and via the WebEx virtual meeting platform. To participate virtually, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

PO BOX 10
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SANTA FE, NEW MEXICO 87504
(505) 982-4554
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hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:
Jaclyn M. McLean, Partner
jmclean@hinklelawfirm.com

September 12, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

NOTICE OF OVERLAPPING SPACING UNIT

Re: Notice of Overlapping Spacing Unit Regarding Case No. 24833 – Application of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard, Overlapping Spacing Unit, Eddy County, New Mexico

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division (“Division”).

In Case No. 24833, COG applies for an order: (1) establishing a 1,601.05-acre, more or less, non-standard, overlapping horizontal spacing unit, comprised of irregular Sections 30 and 31, and the S/2 of Section 19, Township 25 South, Range 29 East, Eddy County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the Bone Spring formation underlying the Unit from approximately 8,026’ TVD to the base of the Bone Spring formation. The Unit will be dedicated to the Wild Thing Fed Com 501H, Wild Thing Fed Com 502H, Wild Thing Fed Com 503H, and Wild Thing Fed Com 504H wells.

The Unit will partially overlap with the spacing units for the following wells:

<u>Well Name</u>	<u>API</u>	<u>Operator</u>	<u>Spacing Unit</u>	<u>Pool</u>
Showstopper 19 Federal #003H	30-015-37682	COG Operating LLC	Section 19, Township 25 South, Range 29 East, Eddy County	Willow Lake; Bone Spring, Southeast Pool (Code 96217)
Showstopper 19 Federal Com #004H	30-015-37374	COG Operating LLC	Section 19, Township 25 South, Range 29 East, Eddy County	Willow Lake; Bone Spring, Southeast Pool (Code 95217)
Showstopper 19 Federal Com #005H	30-015-37373	COG Operating LLC	Section 19, Township 25 South, Range 29 East, Eddy County	Willow Lake; Bone Spring, Southeast Pool (Code 95217)

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

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

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

September 12, 2024

Page 2

Thriller BWL Federal #001H	30-015- 43909	XTO Energy, Inc	E/2 E/2 of Section 30, Township 25 South, Range 29 East, Eddy County	Rock Spur; Bone Spring Pool (Code 52775)
Cooper 31 Federal #003H	30-015- 37749	COG Production, LLC	S/2 N/2 of Section 31, Township 25 South, Range 29 East	Brushy Draw; Delaware Pool (Code 8080)

In accordance with 19.15.15.12(B) NMAC, you have 20 days to notify the undersigned counsel or Gianna Romero, CPL, Senior Land Negotiator for COG Operating LLC, by phone at (432) 221-0421 if you have any questions regarding this matter.

Please do not hesitate to contact me if you have any questions regarding this matter.

Sincerely,

/s/ Jaclyn M. McLean

Jaclyn M. McLean

Enclosure

HINKLE SHANOR LLP

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD, OVERLAPPING SPACING
UNIT, LEA COUNTY, NEW MEXICO,**

CASE NO24833

NOTICE LETTER CHART FOR POOLED PARTIES

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Big Three Energy Group, LLC P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147074869	09/16/2024
Chevron USA Inc. 1400 Smith Street Houston, TX 77002	09/12/2024 9589071052701147075026	USPS Tracking on 09/24/2024: Item delivered on 09/17/2024.
Featherstone Development Corporation P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147074852	09/16/2024
Fortis Minerals II, LLC Po Box 470788 Fort Worth, TX 76147	09/12/2024 9589071052701147070090	09/23/2024
Oxy Y-1 Company 5 Greenway Plaza Ste 110 Houston TX 77046	09/12/2024 9589071052701147070151	09/23/2024
Parrothead Properties,LLC P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147074876	09/16/2024
Prospector, LLC P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147074845	09/18/2024
XTO Holdings LLC 22777 Springwoods Village Pkwy Spring, TX 77389	09/12/2024 9589071052701147074814	09/20/2024
XTO Royalty Holdings, Lp 22777 Springwoods Village Pkwy Spring, TX 77389	09/12/2024 9589071052701147070106	09/20/2024

**COG Operating LLC
Case No. 24833
Exhibit C-2**

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD, OVERLAPPING SPACING UNIT,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 24833

NOTICE LETTER CHART FOR NON-STANDARD SPACING UNIT

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Big Three Energy Group, LLC P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147070076	09/18/2024
Bureau Of Land Management 301 Dinosaur Trail Santa Fe, NM 87508	09/12/2024 9589071052701147070113	09/23/2024
Chevron USA Inc. 1400 Smith Street Houston, TX 77002	09/12/2024 9589071052701147074883	USPS Tracking on 09/24/2024: Item delivered on 09/17/2024
Contango Resources LLC 717 Texas Ave, Suite 2900 Houston, TX 77002	09/12/2024 9589071052701147070137	09/17/2024 Returned to Sender.
EG3, Inc. P.O. Box 1567 Graham, TX 76450	09/12/2024 9589071052701147070250	09/19/2024
Endeavor Energy Resources LP 110 N Marienfeld St, Suite #200 Midland, TX 79701	09/12/2024 9589071052701147070274	09/19/2024
EOG Resources Inc. 1111 Bagby Street, Sky Lobby 2 Houston TX 77002	09/12/2024 9589071052701147070267	09/23/2024
Featherstone Development Corporation P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147070069	09/18/2024
Magnum Hunter Production Inc. 840 Gessner Road, Suite 1400 Houston, TX 77024	09/12/2024 9589071052701147070298	09/20/2024
Marathon Oil Permian LLC 990 Town and Country Blvd Houston, TX 77024	09/12/2024 9589071052701147070205	09/23/2024
Mewbourne Oil Company 500 West Texas, Suite 1020 Midland, TX 79701	09/12/2024 9589071052701147070236	09/18/2024

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD, OVERLAPPING SPACING UNIT,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 24833

NOTICE LETTER CHART FOR NON-STANDARD SPACING UNIT

Oxy USA Inc. 5 Greenway Plaza Ste 110 Houston TX 77046	09/12/2024 958907105270114738	09/23/2024
Oxy Y-1 Company 5 Greenway Plaza Ste 110 Houston TX 77046	09/12/2024 9589071052701147074821	09/23/2024
Parrothead Properties,LLC P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147070199	09/18/2024
Prospector,LLC P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147070182	09/18/2024
State Of NM 310 Old Santa Fe Trail Santa Fe, NM 87504	09/12/2024 9589071052701147070120	09/19/2024
The Allar Company P.O. Box 1567 Graham, TX 76450	09/12/2024 9589071052701147070243	09/19/2024
WPX Energy Permian LLC 333 West Sheridan Ave Oklahoma City, Ok 73102	09/12/2024 9589071052701147070281	09/23/2024
XTO Energy, Inc. 6401 Holiday Hill Rd, Building 5 Midland TX 79707	09/12/2024 9589071052701147070175	09/18/2024
XTO Holdings,LLC 22777 Springwoods Village Pkwy Spring, TX 77389	09/12/2024 9589071052701147070168	USPS Tracking on 09/24/2024: Item delivered on 09/16/2024.

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD, OVERLAPPING SPACING
UNIT, LEA COUNTY, NEW MEXICO,**

CASE NO. 24833

OVERLAPPING SPACING UNIT NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Big Three Energy Group, LLC P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147070229	09/18/2024
Chevron USA Inc. 1400 Smith Street Houston, TX 77002	09/12/2024 9589071052701147070304	USPS Tracking on 09/24/2024: Item delivered 09/17/2024.
Featherstone Development Corporation P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147070212	09/18/2024
Oxy USA Inc. 5 Greenway Plaza Ste 110 Houston TX 77046	09/12/2024 9589071052701147070144	09/23/2024
Oxy Y-1 Company 5 Greenway Plaza Ste 110 Houston TX 77046	09/12/2024 9589071052701147070045	09/23/2024
Parrothead Properties,LLC P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147070083	09/18/2024
Prospector,LLC P.O. Box 429 Roswell, NM 88202	09/12/2024 9589071052701147070052	09/18/2024
XTO Holdings LLC 22777 Springwoods Village Pkwy Spring, TX 77389	09/12/2024 9589071052701147075019	09/20/2024

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 BIG THREE ENERGY GROUP, LLC
 Street and Apt. No., or PO Box No. P.O. BOX 429
 ROSWELL, NM 88202
 City, State, ZIP+4® 24833 COG-Wild Thing

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

9589 0710 5270 1147 0748 69



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:
 BIG THREE ENERGY GROUP, LLC
 P.O. BOX 429
 ROSWELL, NM 88202
 24833 COG-Wild Thing

Hinkle Shanor LLP
 SEP 18 2024

9590 9402 9022 4122 7774 16

2. Article Number (transfer from service label)
 9589 0710 5270 1147 0748 69

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)
 ERICAN 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 checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery over \$500	

RECEIVED
 SEP 18 2024

Domestic Return Receipt

COG Operating LLC
Case No. 24833
Exhibit C-3

9589 0710 5270 1147 0748 52

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

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



Sent To
 Street and Apt. No., or PO Box No. FEATHERSTONE DEVELOPMENT CORPORATION
 P.O. BOX 429
 City, State, ZIP+4® ROSWELL, NM 88202 24833 COG-Wild Thing

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 FEATHERSTONE DEVELOPMENT CORPORATION
 P.O. BOX 429
 ROSWELL, NM 88202
 24833 COG-Wild Thing

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
 SEP 18 2024
 24833 COG-Wild Thing



2. Article Number (Transfer from service label)
 9589 0710 5270 1147 0748 52

3. Service Type

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

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9589 0710 5270 1147 0700 90

Certified Mail Fee	
\$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$ _____	
Total Postage and Fees	
\$ _____	
Sent To	
Street: FORTIS MINERALS II, LLC	
PO BOX 470788	
FORT WORTH, TX 76147	
City, State	24833 COG-Wild Thing

SEP 12 2024
Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>FORTIS MINERALS II, LLC PO BOX 470788 FORT WORTH, TX 76147</p> <p style="text-align: right;">24833 COG-Wild Thing</p> <div style="text-align: center;">  9590 9402 9022 4122 7727 49 </div> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1147 0700 90</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X K. Miller</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Keanna Miller</i> <i>9-20-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">SEP 23 2024</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><i>Hinkle Shanor LLC</i> <i>Sans 8758</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Adult Signature Restricted Delivery <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"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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9589 0710 5270 1147 0701 51

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street: OXY Y-1 COMPANY
5 GREENWAY PLAZA STE 110
HOUSTON TX 77046

City, State: _____

24833 COG-Wild Thing

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

SANTA FE NM MAIN POST OFFICE
SEP 23 2024
 Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Hinkle Shanor</u> C. Date of Delivery <u>9/17/24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">SEP 23 2024</p>
<p>1. Article Addressed to:</p> <p>OXY Y-1 COMPANY 5 GREENWAY PLAZA STE 110 HOUSTON TX 77046</p> <p style="text-align: right;">24833 COG-Wild Thing</p> <p></p> <p>9590 9402 9022 4122 7726 26</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1147 0701 51</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

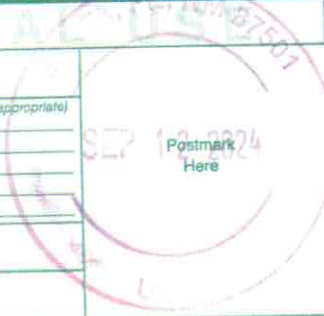
9589 0710 5270 1147 0748 76

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



Sent To: PARROTHEAD PROPERTIES, LLC
 Street and Apt. No., or PO Box No.: P.O. BOX 429
 City, State, ZIP+4®: ROSWELL, NM 88202
 24833 COG-Wild Thing

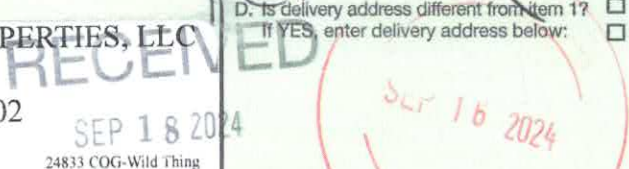
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Attach this card to the reverse of the envelope or on the front if space permits.
 1. Article Addressed to:
 PARROTHEAD PROPERTIES, LLC
 P.O. BOX 429
 ROSWELL, NM 88202
 24833 COG-Wild Thing

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Handwritten Signature]* Agent Addressee
 B. Received by (Printed Name): *[Handwritten Name]*
 C. Date of Delivery: *[Handwritten Date]*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



Hinkle Shano...
 3590 9402 9022 4122 7774 09
 2. Article Number (Transfer from service label):
 9589 0710 5270 1147 0748 76

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

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

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	SEP 12 2024 Postmark Here
Sent To Street and Apt. No., or PO Box No. PROSPECTOR, LLC P.O. BOX 429 City, State, ZIP+4® ROSWELL, NM 88202 24833 COG-Wild Thing	

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

9589 0710 5270 1147 0748 45

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: PROSPECTOR, LLC P.O. BOX 429 ROSWELL, NM 88202</p> <p style="text-align: center; font-size: 1.5em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center;">SEP 18 2024 24833 COG-Wild Thing</p> <p style="text-align: center;">Hinkle Shanor LLP Santa Fe NM 87504</p> <p style="text-align: center;">9590 9402 9022 4122 7774 30</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 1147 0748 45</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Enoch <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery SEP 16 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 style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

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Certified Mail Fee \$ _____	<div style="border: 1px solid gray; border-radius: 50%; padding: 10px; display: inline-block;"> SEP 12 2024 Postmark Here </div>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	

Sent To: XTO HOLDINGS, LLC
 Street and Apt. No., or PO Box No.: 22777 SPRINGWOODS VILLAGE PKWY
 SPRING, TX 77389
 City, State, ZIP+4®: 24833 COG-Wild Thing

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

9589 0710 5270 1147 0748 14

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to 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>W. Holland</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="font-size: 1.2em; margin: 0;">XTO HOLDINGS, LLC 22777 SPRINGWOODS VILLAGE PKWY SPRING, TX 77389</p> <p style="text-align: right; font-size: 0.8em;">24833 COG-Wild Thing</p>	<div style="font-size: 3em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 1.5em; margin: 5px 0;">SEP 20 2024</div>																
<div style="text-align: center;"> <p style="font-size: 1.2em; margin: 0;">9590 9402 9022 4122 7774 61</p> </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 1147 0748 14</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

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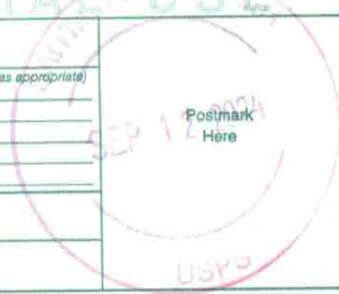
For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

9589 0710 5270 1147 0701 06

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
XTO ROYALTY HOLDINGS, LP	
Street	22777 SPRINGWOODS VILLAGE PKWY
City	SPRING, TX 77389
	24833 COG-Wild Thing

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>XTO ROYALTY HOLDINGS, LP 22777 SPRINGWOODS VILLAGE PKWY SPRING, TX 77389</p> <p style="text-align: right;">24833 COG-Wild Thing</p> <p style="text-align: center;">9590 9402 9022 4122 7727 25</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 9022 4122 7727 25</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>W. Holland</i> <input type="checkbox"/> Agent</p> <p>B. Receiver (Printed Name)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">SEP 20 2024</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

9589 0710 5270 1147 0750 26

U.S. Postal Service™
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Certified Mail Fee
 \$ _____

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

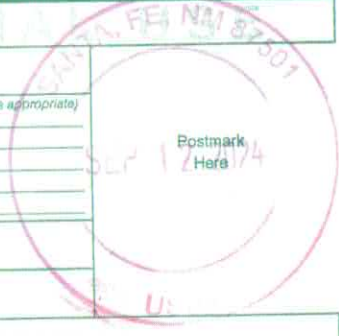
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 CHEVRON USA INC
 Street # 1400 SMITH STREE
 HOUSTON, TX 77002
 City, Sta 24833 COG-Wild Thing

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



ALERT: TROPICAL CYCLONE HELENE, FLOODING, AND SEVERE WEATHER IN THE SOUTHEA...

USPS Tracking[®]

FAQs >

Tracking Number:

Remove X

9589071052701147075026

Copy

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

Latest Update

Your item was picked up at a postal facility at 12:12 pm on September 17, 2024 in HOUSTON, TX 77002.

Get More Out of USPS Tracking:

USPS Tracking Plus[®]

Feedback

Delivered

Delivered, Individual Picked Up at Postal Facility

HOUSTON, TX 77002

September 17, 2024, 12:12 pm

Available for Pickup

SAM HOUSTON

1500 HADLEY ST

HOUSTON TX 77002-8943

M-F 0700-1700

September 17, 2024, 12:08 pm

Out for Delivery

HOUSTON, TX 77002

September 17, 2024, 11:55 am

Arrived at Post Office

HOUSTON, TX 77002

September 17, 2024, 11:44 am

In Transit to Next Facility

September 16, 2024

Arrived at USPS Regional Facility

SOUTH HOUSTON PROCESSING CENTER
September 15, 2024, 3:41 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
September 12, 2024, 9:24 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
September 12, 2024, 9:07 pm

Hide Tracking History

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

9589 0710 5270 1147 0700 76

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OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
BIG THREE ENERGY GROUP, LLC
Street P.O. BOX 429
ROSWELL, NM 88202
City: 24833 COG-Wild Thing

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

SEP 12 2024
Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery 9-16-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>BIG THREE ENERGY GROUP, LLC P.O. BOX 429 ROSWELL, NM 88202</p> <p>24833 COG-Wild Thing Hinkle Shanor Esq. Santa Fe NM 87505</p> <p>9590 9402 9022 4122 7727 63</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery over \$500</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1147 0700 76</p>	<p>SEP 18 2024</p> <p>SEP 16 2024</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 1147 0701 13

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Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
BUREAU OF LAND MANAGEMENT
301 Dinosaur Trail
Santa Fe, NM 87508

24833 COG-Wild Thing

Postmark Here
SEP 12 2024

USPS SANTA NM 87501
SANTA FE NM MAIL POST OFFICE

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> R Duran <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) SEP 23 2024</p> <p>C. Date of Delivery 9-16-24</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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>BUREAU OF LAND MANAGEMENT 301 Dinosaur Trail Santa Fe, NM 87508</p> <p style="text-align: right; font-size: 0.8em;">24833 COG-Wild Thing</p> </div> <p style="text-align: center; font-size: 1.2em;">9590 9402 9022 4122 7726 64</p>	<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE 620 EAST GREEN STREET CARLSBAD, NM 88220-6292</p> </div>																
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">9589 0710 5270 1147 0701 13</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

9589 0710 5270 1147 0702 50

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 EG3, INC.
 P.O. BOX 1567
 GRAHAM, TX 76450

City
 24833 COG-Wild Thing

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>M Barrett</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M Barrett</i></p> <p>C. Date of Delivery <i>9-16-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>EG3, INC. P.O. BOX 1567 GRAHAM, TX 76450</p> <p>24833 COG-Wild Thing</p>	<p>RECEIVED SEP 19 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1147 0702 50</p>	<p>3. Service Type <i>Hinkle Shanor LP</i> <input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 1147 0702 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 and Fees
 \$ _____

Ser ENDEAVOR ENERGY RESOURCES LP
 110 N MARIENFELD ST, Ste. #200
 Str MIDLAND, TX 79701
 City, State, ZIP+4® 24833 COG-Wild Thing

Postmark Here
 SEP 19 2024
 USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>9/17/24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED SEP 19 2024</p>
<p>1. Article Addressed to:</p> <p>ENDEAVOR ENERGY RESOURCES LP 110 N MARIENFELD ST, Ste. #200 MIDLAND, TX 79701</p> <p>9590 9402 9022 4122 7734 18</p>	<p>3. Service Type <u>Hinkle Shanor ID</u></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1147 0702 74</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 1147 0702 67

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street **EOG RESOURCES INC.**
1111 Bagby Street, Sky Lobby 2
HOUSTON TX 77002

City, S **HOUSTON TX** 24833 COG-Wild Thing

Postmark Here **SEP 12 2024**

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EOG RESOURCES INC.
1111 Bagby Street, Sky Lobby 2
HOUSTON TX 77002 24833 COG-Wild Thing

9590 9402 9022 4122 7734 25

2. Article Number (Transfer from service label)
 9589 0710 5270 1147 0702 67

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) *[Signature]* Date of Delivery *[Signature]*

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

RECEIVED
SEP 23 2024

3. Service Type *Hinkle Shanor LLP Santa Fe NM 87504*

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

9589 0710 5270 1147 0700 69

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To FEATHERSTONE DEVELOPMENT CORPORATION
 Street P.O. BOX 429
 City, St. ROSWELL, NM 88202
 24833 COG-Wild Thing

Postmark Here SEP 16 2024

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Hinkie Shandor</u> C. Date of Delivery <u>SEP 16 2024</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>FEATHERSTONE DEVELOPMENT CORPORATION P.O. BOX 429 ROSWELL, NM 88202</p> <p>24833 COG-Wild Thing Hinkie Shandor LLP Santa Fe NM 87504</p> <p>RECEIVED SEP 18 2024</p> <p>9590 9402 9022 4122 7727 70</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1147 0700 69</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 1147 0702 98

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Postmark Here

MAGNUM HUNTER PRODUCTION INC.
 840 GESSNER ROAD, SUITE 1400
 HOUSTON, TX 77024

24833 COG-Wild Thing

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Blain Hetmanick / 9-16-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED SEP 20 2024</p>
<p>1. Article Addressed to:</p> <p>MAGNUM HUNTER PRODUCTION INC. 840 GESSNER ROAD, SUITE 1400 HOUSTON, TX 77024</p> <p>9590 9402 9022 4122 7733 95</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1147 0702 98</p>	<p>Hinkie Shanor LP Santa Fe, NM 87501</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 1147 0702 05

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: MARATHON OIL PERMIAN LLC
 990 TOWN AND COUNTRY BLVD
 HOUSTON, TX 77024

Street: 24833 COG-Wild Thing

City, State, ZIP+4®: _____

Postmark: SEP 12 2024 Santa Fe NM MAIL POST OFFICE

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARATHON OIL PERMIAN LLC
 990 TOWN AND COUNTRY BLVD
 HOUSTON, TX 77024
 24833 COG-Wild Thing

2. Article Number (Transfer from service label)
 9589 0710 5270 1147 0702 05

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Hinke Shanor* SEP 16 2024

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
 SEP 16 2024
 SEP 23 2024

3. Service Type: Hinke Shanor LLC, Santa Fe NM 87505

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

9589 0710 5270 1147 0702 36

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

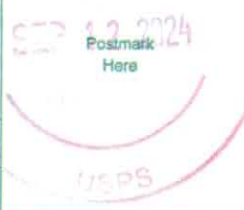
Total Postage and Fees
 \$ _____

Sent **MEWBOURNE OIL COMPANY**
 500 WEST TEXAS, SUITE 1020
 MIDLAND TX 79701

Street **24833 COG-Wild Thing**

City _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Hinkle Shanor</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>9/18/24</i></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>RECEIVED SEP 18 2024 Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>1. Article Addressed to:</p> <p>MEWBOURNE OIL COMPANY 500 WEST TEXAS, SUITE 1020 MIDLAND TX 79701</p> <p>24833 COG-Wild Thing</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 9022 4122 7725 34</p>	
<p>9589 0710 5270 1147 0702 36</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Apt. No., or PO Box No. OXY USA INC
 5 GREENWAY PLAZA STE 110
 HOUSTON TX 77046

City, State, ZIP+4® _____

24833 COG-Wild Thing

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

9589 0710 5270 1147 0748 38

SEP 12 2024
 Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>_____</u></p> <p>C. Date of Delivery <u>9/17/24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED</p> <p>SEP 23 2024</p>
<p>1. Article Addressed to:</p> <p>OXY USA INC. 5 GREENWAY PLAZA STE 110 HOUSTON TX 77046</p> <p>24833 COG-Wild Thing</p> <p>2. Article Number (Transfer from service label) <u>9590 9402 9022 4122 7774 47</u></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p>Hinkle Shanor Santa Fe NM 87505</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 1147 0748 21

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

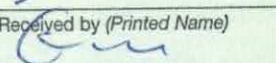
Street and Apt. No., or PO Box No. OXY Y-1 COMPANY
 5 GREENWAY PLAZA STE 110
 HOUSTON TX 77046

City, State, ZIP+4® _____ 24833 COG-Wild Thing

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

SEP 12 2024

Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>OXY Y-1 COMPANY 5 GREENWAY PLAZA STE 110 HOUSTON TX 77046</p> <p style="text-align: right; font-size: small;">24833 COG-Wild Thing</p> <div style="text-align: center;">  9590 9402 9022 4122 7774 54 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">9589 0710 5270 1147 0748 21</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery 9/10/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold; color: #333;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em; font-weight: bold; color: #333;">SEP 23 2024</p> <p>3. Service Type Hinkle Shanor Santa Fe NM 87504</p> <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p>Insured Mail (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													
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt												

9589 0710 5270 1147 0701 99

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

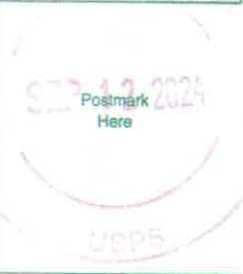
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

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

Sent To: PARROTHEAD PROPERTIES, LLC
 Street: P.O. BOX 429
 ROSWELL, NM 88202 24833 COG-Wild Thing
 City:

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 PARROTHEAD PROPERTIES, LLC
 P.O. BOX 429
 ROSWELL, NM 88202
 24833 COG-Wild Thing

Hinkle Shanor
 Santa Fe NM 87501

9590 9402 9022 4122 7725 58

2. Article Number (Transfer from service label)
 9589 0710 5270 1147 0701 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)
 [Signature]

C. Date of Delivery
 SEP 10 2024

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

USPS Service Type

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

Domestic Return Receipt

9589 0710 5270 1147 0701 82

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Postmark Here
 SEP 12 2024

USPS

Sent To
 Street: PROSPECTOR, LLC
 P.O. BOX 429
 ROSWELL, NM 88202

City: 24833 COG-Wild Thing

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PROSPECTOR, LLC
 P.O. BOX 429
 ROSWELL, NM 88202

24833 COG-Wild Thing

2. Article Number (Transfer from service label)
 9589 0710 5270 1147 0701 82

RECEIVED
 SEP 18 2024

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 E. H. ...

C. Date of Delivery
 SEP 16 2024

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

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

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

OFFICIAL


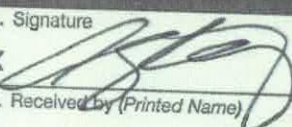
SANTA FE, NM 87501

Postmark Here
SEP 12 2024

9589 0710 5270 1147 0701 20

Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To	
Street and #	STATE OF NM 310 Old Santa Fe Trail Santa Fe, NM 87504 24833 COG-Wild Thing
City, State, ZIP	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>STATE OF NM 310 Old Santa Fe Trail Santa Fe, NM 87504 24833 COG-Wild Thing</p> <div style="text-align: center;">  9590 9402 9022 4122 7726 57 </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 1147 0701 20</p>	<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> <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">SEP 19 2024</div> <p>3. Service Type Hinkle Shanor LLP Santa Fe NM 87504</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

Domestic Return Receipt

9589 0710 5270 1147 0702 43

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

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

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Str THE ALLAR COMPANY P.O. BOX 1567 GRAHAM, TX 76450	
24833 COG-Wild Thing	

PS Form 3800, January 2023 PSN 7530-01-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> M Barrett <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>M Barrett</u> C. Date of Delivery <u>9-16-24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>THE ALLAR COMPANY P.O. BOX 1567 GRAHAM, TX 76450</p> <p style="text-align: right; font-size: 0.8em;">24833 COG-Wild Thing</p>	<p style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.5em;">SEP 19 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1147 0702 43</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u> <u>Santa Fe NM 87501</u></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 1147 0701 75

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: XTO ENERGY, INC.
 6401 HOLIDAY HILL RD, BLDG 5
 MIDLAND TX 79707

City: 24833 COG-Wild Thing

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



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 ENERGY, INC.
 6401 HOLIDAY HILL RD, BLDG 5
 MIDLAND TX 79707
 24833 COG-Wild Thing

9590 9402 9022 4122 7725 96

2. Article Number (Transfer from service label)
 9589 0710 5270 1147 0701 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 *9/16*

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

RECEIVED
 SEP 18 2024
 Hinkle Shanor LLP
 Santa Fe NM 87504

3. Service Type *Santa Fe NM 87504*

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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

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

OFFICIAL USE

SEP 12 2024
Postmark Here
USPS

9589 0710 5270 1147 0702 81

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

Sent To: WPX ENERGY PERMIAN LLC
333 WEST SHERIDAN AVE
OKLAHOMA CITY, OK 73102
24833 COG-Wild Thing

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WPX ENERGY PERMIAN LLC
333 WEST SHERIDAN AVE
OKLAHOMA CITY, OK 73102
24833 COG-Wild Thing

9590 9402 9022 4122 7734 01

2. Article Number (Transfer from service label)
9589 0710 5270 1147 0702 81

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
SEP 23 2024

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

RECEIVED
SEP 23 2024
USPS

3. Service Type

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

Domestic Return Receipt

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

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

OFFICIAL RECEIPT

9589 0710 5270 1147 0701 37

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street: CONTANGO RESOURCES LLC
717 TEXAS AVE, SUITE 2900
HOUSTON, TX 77002

City, State, ZIP+4®: _____
24833 COG-Wild Thing

Postmark Here: **SEP 12 2024**

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

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

CERTIFIED MAIL®



9589 0710 5270 1147 0701 37

ALBUQUERQUE NM 870

12 SEP 2024 PM 4:11

FIRST-CLASS



US POSTAGESM PITNEY BOWES

ZIP 87501 \$ 009.92⁰
02 7H
0006052409 SEP 12 2024

✓
2
9
17

CONTANGO RESOURCES LLC
717 TEXAS AVE, SUITE 2900
HOUSTON, TX 77002

24833 COG-Wild Thing

RECEIVED

SEP 17 2024

Hinkle Shanor LLP
Santa Fe NM 87504

NIXIE 871 NFE 1 2410000/13/24

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

INT

BC: 87504206868 *0768-08695-12-44

770020206868



9589 0710 5270 1147 0748 83

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

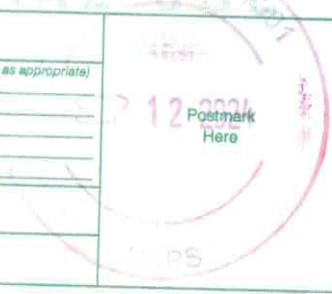
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

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

Sent To: CHEVRON USA INC
 Street and Apt. No., or PO Box No. 1400 SMITH STREET
 HOUSTON, TX 77002
 City, State, ZIP+4®
 24833 COG-Wild Thing

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



ALERT: TROPICAL CYCLONE HELENE, FLOODING, AND SEVERE WEATHER IN THE SOUTHEA...

USPS Tracking[®]

FAQs >

Tracking Number:

Remove X

9589071052701147074883

Copy

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

Latest Update

Your item was picked up at a postal facility at 12:12 pm on September 17, 2024 in HOUSTON, TX 77002.

Get More Out of USPS Tracking:

USPS Tracking Plus[®]

Feedback

Delivered

Delivered, Individual Picked Up at Postal Facility

HOUSTON, TX 77002

September 17, 2024, 12:12 pm

Available for Pickup

SAM HOUSTON

1500 HADLEY ST

HOUSTON TX 77002-8943

M-F 0700-1700

September 17, 2024, 12:08 pm

Out for Delivery

HOUSTON, TX 77002

September 17, 2024, 11:55 am

Arrived at Post Office

HOUSTON, TX 77002

September 17, 2024, 11:44 am

In Transit to Next Facility

September 16, 2024

Arrived at USPS Regional Facility

SOUTH HOUSTON PROCESSING CENTER
September 15, 2024, 3:41 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
September 12, 2024, 9:24 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
September 12, 2024, 9:08 pm

Hide Tracking History

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

9589 0710 5270 1147 0701 68

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OFFICIAL USE

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



Sent To	
XTO HOLDINGS LLC 22777 SPRINGWOODS VILLAGE PKWY SPRING, TX 77389	-----
24833 COG-Wild Thing	-----

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

ALERT: TROPICAL CYCLONE HELENE, FLOODING, AND SEVERE WEATHER IN THE SOUTHEA...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052701147070168

Copy

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

Latest Update

Your item was picked up at a postal facility at 8:43 am on September 16, 2024 in SPRING, TX 77379.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Postal Facility

SPRING, TX 77379

September 16, 2024, 8:43 am

In Transit to Next Facility

September 15, 2024

Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

September 14, 2024, 8:08 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

September 13, 2024, 8:10 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

September 12, 2024, 10:07 pm

9589 0710 5270 1147 0702 29

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Street

City, State

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BIG THREE ENERGY GROUP, LLC
P.O. BOX 429
ROSWELL, NM 88202
24833 COG-Wild Thing

Hinkle Shanor LLP
Santa Fe, NM 87504



2. Article Number (Transfer from service label)

9589 0710 5270 1147 0702 29

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

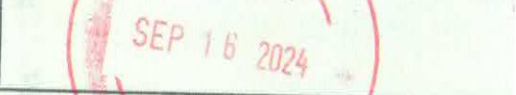
COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]
B. Received by (Printed Name) *[Handwritten Name]*

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

C. Date of Delivery



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

Domestic Return Receipt

9589 0710 5270 1147 0702 12

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

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street FEATHERSTONE DEVELOPMENT Corp.
 P.O. BOX 429
 ROSWELL, NM 88202 24833 COG-Wild Thing

City, St _____

Postmark Here
SEP 12 2024

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>FEATHERSTONE DEVELOPMENT CORPORATION</p> <p>P.O. BOX 429 ROSWELL, NM 88202</p> <p>Hinkle Sharon LLP 24833 COG-Wild Thing</p> <p>9590 9402 9022 4122 7725 72</p>	<p>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®</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>Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1147 0702 12</p>	<p>RECEIVED SEP 18 2024</p> <p>SEP 16 2024</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Domestic Mail Only

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

OFFICIAL USE

9589 0710 5270 1147 0701 44

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street: OXY USA INC. 5 GREENWAY PLAZA STE 110 HOUSTON TX 77046 City, St: _____ 24833 COG-Wild Thing	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">OXY USA INC. 5 GREENWAY PLAZA STE 110 HOUSTON TX 77046</p> <p style="text-align: right; font-size: 0.8em;">24833 COG-Wild Thing</p> <div style="text-align: center;">  9590 9402 9022 4122 7726 33 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 1147 0701 44</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> _____</p> <p>C. Date of Delivery <input checked="" type="checkbox"/> 9/17/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em;">SEP 23 2024</div> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p style="font-size: 0.8em;"> <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

9589 0710 5270 1147 0700 45

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

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

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

OXY Y-1 COMPANY
 5 GREENWAY PLAZA STE 110
 HOUSTON TX 77046

City: _____
 24833 COG-Wild Thing

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>9/17/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>														
<p>1. Article Addressed to:</p> <p>OXY Y-1 COMPANY 5 GREENWAY PLAZA STE 110 HOUSTON TX 77046</p> <p>24833 COG-Wild Thing</p>	<p>RECEIVED SEP 23 2024</p>														
<p>2. Article Number (Transfer from service label) 9589 0710 5270 1147 0700 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><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail														
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)														
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														



9590 9402 9022 4122 7727 94

9589 0710 5270 1147 0700 83

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 PARROTHEAD PROPERTIES, LLC
 Street P.O. BOX 429
 ROSWELL, NM 88202
 City 24833 COG-Wild Thing

Postmark Here
 SEP 12 2024

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery SEP 16 2024</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>PARROTHEAD PROPERTIES, LLC P.O. BOX 429 ROSWELL, NM 88202</p> <p>24833 COG-Wild Thing</p> <p>Hinkle Shanor L Street NM 87</p> <p>RECEIVED SEP 18 2024</p> <p>9590 9402 9022 4122 7727 56</p>	<p>3. Service Type</p> <table border="1"> <tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr> <tr><td><input type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td></td></tr> <tr><td><input type="checkbox"/> Collect on Delivery</td><td></td></tr> <tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td></td></tr> <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"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery		<input type="checkbox"/> Collect on Delivery		<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery																	
<input type="checkbox"/> Collect on Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1147 0700 83</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

9589 0710 5270 1147 0700 52

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 PROSPECTOR, LLC
 P.O. BOX 429
 ROSWELL, NM 88202

24833 COG-Wild Thing

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

Postmark Here
 SEP 12 2024

USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input 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: PROSPECTOR, LLC P.O. BOX 429 ROSWELL, NM 88202</p> <p>24833 COG-Wild Thing</p> <p>SEP 18 2024</p> <p>9590 9402 9022 4122 7727 87</p>	<p>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®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 1147 0700 52</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL RECEIPT

SEP 12 2024

9589 0710 5270 1147 0750 19

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

Sent To: XTO HOLDINGS LLC
Street: 22777 SPRINGWOODS VILLAGE PKWY
City, St: SPRING, TX 77389
24833 COG-Wild Thing

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: XTO HOLDINGS LLC 22777 SPRINGWOODS VILLAGE PKWY SPRING, TX 77389 24833 COG-Wild Thing</p> <div style="text-align: center;">  9590 9402 8913 4064 1167 51 </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 1147 0750 19</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>W. H. ...</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> <div style="text-align: center; font-size: 2em; font-weight: bold; color: #ccc;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">SEP 20 2024</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

9589 0710 5270 1147 0703 04

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

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

OFFICIAL USE

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

12 2024
Postmark
Here
USP

Sent to	CHEVRON USA INC.
Street	1400 SMITH STREET
	HOUSTON, TX 77002
City	24833 COG-Wild Thing

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

ALERT: TROPICAL CYCLONE HELENE, FLOODING, AND SEVERE WEATHER IN THE SOUTHEA...

USPS Tracking[®]

FAQs >

Tracking Number:

Remove X

9589071052701147070304

Copy

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

Latest Update

Your item was picked up at a postal facility at 12:12 pm on September 17, 2024 in HOUSTON, TX 77002.

Get More Out of USPS Tracking:

USPS Tracking Plus[®]

Feedback

Delivered

Delivered, Individual Picked Up at Postal Facility

HOUSTON, TX 77002

September 17, 2024, 12:12 pm

Available for Pickup

SAM HOUSTON

1500 HADLEY ST

HOUSTON TX 77002-8943

M-F 0700-1700

September 17, 2024, 12:08 pm

Out for Delivery

HOUSTON, TX 77002

September 17, 2024, 11:55 am

Arrived at Post Office

HOUSTON, TX 77002

September 17, 2024, 11:44 am

In Transit to Next Facility

September 16, 2024

Arrived at USPS Regional Facility

SOUTH HOUSTON PROCESSING CENTER
September 15, 2024, 3:41 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
September 13, 2024, 8:10 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
September 12, 2024, 10:09 pm

Hide Tracking History

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

AFFIDAVIT OF PUBLICATION

CARLSBAD CURRENT-ARGUS
PO BOX 507
HUTCHINSON, KS 67504-0507

STATE OF NEW MEXICO } SS
COUNTY OF EDDY }

Account Number: 94
Ad Number: 14610
Description: Case #24833
Ad Cost: \$140.26

Nicole Bitton, being first duly sworn, says:

That she is the Agent of the the Carlsbad Current-Argus, a Weekly newspaper of general circulation, printed and published in Carlsbad, Eddy County, New Mexico; that the publication, a copy of which is attached hereto, was published in said newspaper on the following dates:

September 19, 2024

That said newspaper was regularly issued and circulated on those dates.

SIGNED:

N Bitton

Agent

Subscribed to and sworn to me this 19th day of September 2024.

Latisha Romine

Notary Public
State of NM County Eddy
ID#: 1076338
My commission expires: 5/12/27

LATISHA ROMINE
Notary Public, State of New Mexico
Commission No. 1076338
My Commission Expires
05-12-2027

CARA DOUGLAS
HINKLE SHANOR, LLP
PO BOX 2068
Santa Fe, NM 87504

LEGAL NOTICE

This is to notify all interested parties, including: Bureau of Land Management; New Mexico State Land Office; Contango Resources; OXY Y-1 Company; XTO Energy, Inc.; Featherstone Development Corp.; Big Three Energy Group, LLC; Marathon Oil Permian LLC; The Allar Company; Prospector, LLC; Parrothead Properties, LLC; XTO Royalty Holdings, LP; Fortis Minerals II, LLC; Chevron USA Inc.; XTO Holdings LLC; State of New Mexico; EOG Resources; Endeavor Energy Resources LP; Magnum Hunter Production Inc.; WPX Permian LLC; EG3, Inc.; Mewbourne Oil Company; OXY USA Inc.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating, LLC (Case No. 24833). The hearing will be conducted on October 3, 2024, in a hybrid fashion, both virtually and in-person at the Energy, Minerals, Natural Resources Department, Wendell Chino Building, Pecos Hall, 1220 South St. Francis Drive, 1st Floor, Santa Fe, NM 87505. To participate virtually, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/oed/hearing-info/>. COG Operating, LLC (Applicant) Applicant applies for an order: (1) establishing a 1,601.05-acre, more or less, non-standard, overlapping horizontal spacing unit comprised of irregular Sections 30 and 31, and the S/2 of Section 19, Township 25 South, Range 29 East, Eddy County, New Mexico (Unit); and (2) pooling all uncommitted interests in the Bone Spring formation underlying the Unit from approximately 8,026 TVD to the base of the Bone Spring formation. The Unit will be dedicated to the following wells (Wells): **Wild Thing Fed Com 501H** and **Wild Thing Fed Com 502H** wells, which will be drilled from surface hole locations in the SW/4 SE/4 (Unit O) of Section 31 to bottom hole locations in the NW/4 SE/4 (Unit J) of Section 19; **Wild Thing Fed Com 503H** well, which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 31 to a bottom hole location in the NE/4 SE/4 (Unit K) of Section 19; and **Wild Thing Fed Com 504H** well, which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 31 to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 19. The completed intervals of the Wells will be orthodox. Due to a depth severance in the Bone Spring formation within the Unit, Applicant seeks to pool interests from approximately 8,026 TVD to the base of the Bone Spring formation. The Unit will partially overlap with the spacing units for the following wells: Showstopper 19 Federal #003H (API No. 30-015-37682), Showstopper 19 Federal Com #004H (API No. 30-015-37374), and Showstopper 19 Federal Com #005H (API No. 30-015-37373) wells; Thriller BWL Federal #001H well (API No. 30-015-43909); and Cooper 31 Federal #003H (API No. 30-015-37749) well. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 10.2 miles south of Malaga, New Mexico.

14610-Published in the Carlsbad Current-Argus on Sep 19, 2024.

COG Operating LLC
Case No. 24833
Exhibit C-4