

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 25000

NOTICE OF AMENDED EXHIBITS

Permian Resources Operating, LLC is providing the attached amended exhibit packet, which includes a revised Exhibit A-3 removing COG Operating LLC and Marathon Oil Permian as pooled parties.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy
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dhardy@hinklelawfirm.com
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Counsel for Permian Resources Operating, LLC

CERTIFICATE OF SERVICE

I certify that on this 13th day of February, 2025, I caused a true and correct copy of the foregoing pleading to be served electronically upon the following counsel of record:

Elizabeth Ryan
Keri L. Hatley
1048 Paseo de Peralta
Santa Fe, New Mexico 87501
(505) 780-8000
beth.ryan@conocophillips.com
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*Attorneys for COG Operating LLC and
Concho Oil & Gas Company*

/s/ Dana S. Hardy

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

Case No. 25000

HEARING EXHIBITS

Compulsory Pooling Checklist

Exhibit A Self-Affirmed Statement of Travis Macha

- A-1 Application and Proposed Notice of Hearing
- A-2 C-102s
- A-3 Plat of Tracts, Tract Ownership, Applicable Lease Numbers, Unit Recapitulation, Pooled Parties
- A-4 Sample Well Proposal Letter and AFEs
- A-5 Chronology of Contact

Exhibit B Self-Affirmed Statement of Chris Cantin

- B-1 Regional Locator Map
- B-2 Cross-Section Location Map
- B-3 Subsea Structure Map of Second Bone Spring
- B-4 Subsea Structure Map of Third Bone Spring
- B-5 Stratigraphic Cross-Section
- B-6 Gun Barrel Diagram

Exhibit C Self-Affirmed Statement of Dana S. Hardy

- C-1 Sample Notice Letter Sent December 6, 2024
- C-2 Chart of Notice to All Interested Parties
- C-3 Copies of Certified Mail Receipts and Returns

C-4

Affidavit of Publication for December 12, 2024

| COMPULSORY POOLING APPLICATION CHECKLIST | |
|--|--|
| ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS | |
| Case: 25000 | APPLICANT'S RESPONSE |
| Date: February 13, 2025 | |
| Applicant | Permian Resources Operating, LLC |
| Designated Operator & OGRID (affiliation if applicable) | Permian Resources Operating, LLC (OGRID No. 372165) |
| Applicant's Counsel: | Hinkle Shanor LLP |
| Case Title: | Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico. |
| Entries of Appearance/Intervenors: | COG Operating LLC; Concho Oil and Gas Company |
| Well Family | Lajitas |
| Formation/Pool | |
| Formation Name(s) or Vertical Extent: | Bone Spring |
| Primary Product (Oil or Gas): | Oil |
| Pooling this vertical extent: | Bone Spring |
| Pool Name and Pool Code: | Winchester; Bone Spring, West (Code 97569) |
| Well Location Setback Rules: | Statewide |
| Spacing Unit | |
| Type (Horizontal/Vertical) | Horizontal |
| Size (Acres) | 640 acres |
| Building Blocks: | quarter-quarter |
| Orientation: | West to East |
| Description: TRS/County | N/2 of Sections 4 and 5, Township 19 South, Range 28 East, Eddy County. |
| Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application? | Yes. |
| Other Situations | |
| Depth Severance: Y/N. If yes, description | N/A |
| Proximity Tracts: If yes, description | Yes. The Lajitas 5-4 State Com 132H well will be located within 330' of the quarter-quarter section line separating the N/2 N/2 and the S/2 N/2 of Sections 4 and 5 to allow for the creation of a 640-acre, more or less, standard horizontal spacing unit. |
| Proximity Defining Well: if yes, description | Lajitas 5-4 State Com 132H |
| 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 | Lajitas 5-4 State Com 121H (API # pending) SHL: 1,400' FNL & 120' FWL (Unit E), Section 5, T19S-R28E BHL: 330' FSL & 10' FEL (Lot 1), Section 4, T19S-R28E Completion Target: Bone Spring (Approx. 6,810' TVD) |
| Well #2 | Lajitas 5-4 State Com 131H (API # pending) SHL: 1,430' FNL & 150' FWL (Unit E), Section 5, T19S-R28E BHL: 330' FNL & 10' FEL (Lot 1), Section 4, T19S-R28E Completion Target: Bone Spring (Approx. 8,040' TVD) |
| Well #3 | Lajitas 5-4 State Com 122H (API # pending) SHL: 1,400' FNL & 150' FWL (Unit E), Section 5, T19S-R28E BHL: 2,190' FNL & 10' FEL (Unit H), Section 4, T19S-R28E Completion Target: Bone Spring (Approx. 6,810' TVD) |
| Well #4 | Lajitas 5-4 State Com 132H (API # pending) SHL: 1,430' FNL & 120' FWL (Unit E), Section 5, T19S-R28E BHL: 1,640' FNL & 10' FEL (Unit H), Section 4, T19S-R28E Completion Target: Bone Spring (Approx. 8,110' TVD) |
| AFE Capex and Operating Costs | |
| Drilling Supervision/Month \$ | \$10,000 |
| Production Supervision/Month \$ | \$1,000 |

| | |
|--|------------------------|
| Justification for Supervision Costs | Exhibit A-4 |
| 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. | N/A |
| Pooled Parties (including ownership type) | Exhibit A-3 |
| Unlocatable Parties to be Pooled | N/A |
| Ownership Depth Severance (including percentage above & below) | N/A |
| Joinder | |
| Sample Copy of Proposal Letter | Exhibit A-4 |
| List of Interest Owners (ie Exhibit A of JOA) | Exhibit A-3 |
| Chronology of Contact with Non-Joined Working Interests | Exhibit A-5 |
| Overhead Rates In Proposal Letter | Exhibit A-4 |
| Cost Estimate to Drill and Complete | Exhibit A-4 |
| Cost Estimate to Equip Well | Exhibit A-4 |
| Cost Estimate for Production Facilities | Exhibit A-4 |
| Geology | |
| Summary (including special considerations) | Exhibit B |
| Spacing Unit Schematic | Exhibit B-1 |
| Gunbarrel/Lateral Trajectory Schematic | Exhibit B-6 |
| Well Orientation (with rationale) | Exhibit B |
| Target Formation | Exhibit B |
| HSU Cross Section | Exhibit B-2 |
| Depth Severance Discussion | 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-2 |
| Structure Contour Map - Subsea Depth | Exhibit B-3, B-4 |
| Cross Section Location Map (including wells) | Exhibit B-2 |
| Cross Section (including Landing Zone) | Exhibit B-5 |
| Additional Information | |
| Special Provisions/Stipulations | N/A |
| CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate. | |
| Printed Name (Attorney or Party Representative): | Dana S. Hardy |
| Signed Name (Attorney or Party Representative): | /s/ Dana S. Hardy |
| Date: | 2/6/2025 |

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 25000

**SELF-AFFIRMED STATEMENT
OF TRAVIS MACHA**

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

2. Copies of Permian Resources’ 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. Permian Resources seeks an order pooling all uncommitted interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 4 and 5, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”).

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

- a. **Lajitas 5-4 State Com 121H** and **Lajitas 5-4 State Com 131H** wells, which will produce from a first take point in the NW/4 NW/4 (Unit D) of Section 5 to a last take point in the NE/4 NE/4 (Unit A) of Section 4; and

**Permian Resources Operating, LLC
Case No. 25000
Exhibit A**

- b. **Lajitas 5-4 State Com 122H** and **Lajitas 5-4 State Com 132H** wells, which will produce from a first take point in the SW/4 NW/4 (Unit E) of Section 5 to a last take point in the SE/4 NE/4 (Unit H) of Section 4.
6. The completed intervals of the Wells will be orthodox.
7. The **Lajitas 5-4 State Com 132H** well will be located within 330' of the quarter-section line separating the N/2 N/2 and the S/2 N/2 of Sections 4 and 5 to allow for the creation of a 640-acre, more or less, standard horizontal spacing unit.
8. **Exhibit A-2** contains the C-102s for the Wells.
9. **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 Permian Resources seeks to pool highlighted in yellow.
10. Permian Resources 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.
11. **Exhibit A-4** contains a sample well proposal letter and AFE sent to 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.
12. In my opinion, Permian Resources made a good-faith effort to reach voluntary joinder of uncommitted interests in the Wells as indicated by the chronology of contact described in **Exhibit A-5**.
13. Permian Resources requests overhead and administrative rates of \$10,000 per month while the Wells are being drilled and \$1,000 per month while the Wells are producing.

These rates are fair and are comparable to the rates charged by Permian Resources and other operators in the vicinity.

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

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

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



TRAVIS MACHA

2.5.2024

Date

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 25000

APPLICATION

Pursuant to NMSA § 70-2-17, Permian Resources Operating, LLC (OGRID No. 372165) (“Applicant”) applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 4 and 5, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the following wells (“Wells”):
 - a. **Lajitas 5-4 State Com 121H** and **Lajitas 5-4 State Com 131H** wells, which will produce from a first take point in the NW/4 NW/4 (Unit D) of Section 5 to a last take point in the NE/4 NE/4 (Unit A) of Section 4; and
 - b. **Lajitas 5-4 State Com 122H** and **Lajitas 5-4 State Com 132H** wells, which will produce from a first take point in the SW/4 NW/4 (Unit E) of Section 5 to a last take point in the SE/4 NE/4 (Unit H) of Section 4.
3. The completed intervals of the Wells will be orthodox.
4. The **Lajitas 5-4 State Com 132H** well will be located within 330’ of the quarter-quarter section line separating the N/2 N/2 and the S/2 N/2 of Sections 4 and 5 to allow for the creation of a 640-acre, more or less, standard horizontal spacing unit.

**Permian Resources Operating, LLC
Case No. 25000
Exhibit A-1**

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

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

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

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on January 9, 2025, and, after notice and hearing as required by law, the Division enter an order:

- A. Pooling all uncommitted interests in the Unit;
- B. Approving the Wells in the Unit;
- C. Designating Applicant as the operator of the Unit and the Wells to be drilled thereon;
- D. Authorizing Applicant to recover its costs of drilling, equipping, and completing the Wells;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- F. Imposing a 200% charge for the risk assumed by 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. Villescás

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jmclean@hinklelawfirm.com

dvillescás@hinklelawfirm.com

*Counsel for Permian Resources Operating,
LLC*

Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico. Applicant seeks an order pooling all uncommitted interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 4 and 5, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”). The Unit will be dedicated to the following wells (“Wells”): **Lajitas 5-4 State Com 121H** and **Lajitas 5-4 State Com 131H** wells, which will produce from a first take point in the NW/4 NW/4 (Unit D) of Section 5 to a last take point in the NE/4 NE/4 (Unit A) of Section 4; and **Lajitas 5-4 State Com 122H** and **Lajitas 5-4 State Com 132H** wells, which will produce from a first take point in the SW/4 NW/4 (Unit E) of Section 5 to a last take point in the SE/4 NE/4 (Unit H) of Section 4. The completed intervals of the Wells will be orthodox. The Lajitas 5-4 State Com 132H well will be located within 330’ of the quarter-quarter section line separating the N/2 N/2 and the S/2 N/2 of Sections 4 and 5 to allow for the creation of a 640-acre, more or less, standard horizontal spacing unit. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the cost, 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 16.8 miles North of Carlsbad, 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 type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled |
|---|--|--|

WELL LOCATION INFORMATION

| | | |
|---|--|---|
| API Number | Pool Code 97569 | Pool Name WINCHESTER; BONE SPRING, WEST |
| Property Code | Property Name LAJITAS 5-4 STATE COM | Well Number 132H |
| OGRID No. 372165 | Operator Name PERMIAN RESOURCES OPERATING, LLC | Ground Level Elevation 3,517' |
| Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal | | Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal |

Surface Location

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|------------|------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| E | 5 | 19S | 28E | | 1,430' FNL | 120' FWL | 32.692676° | -104.205741° | EDDY |

Bottom Hole Location

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|------------|------------|-----|-------------------|----------------|-------------------|---------------------|-------------|
| H | 4 | 19S | 28E | | 1,640' FNL | 10' FEL | 32.692435° | -104.172479° | EDDY |

| | | | | |
|------------------------|-------------------------------------|-------------------|--|--------------------|
| Dedicated Acres 640 | Infill or Defining Well Defining | Defining Well API | Overlapping Spacing Unit (Y/N) | Consolidation Code |
| Order Numbers. | | | Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Kick Off Point (KOP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|------------|------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| E | 5 | 19S | 28E | | 1,430' FNL | 120' FWL | 32.692676° | -104.205741° | EDDY |

First Take Point (FTP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|------------|------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| E | 5 | 19S | 28E | | 1,640' FNL | 100' FWL | 32.692098° | -104.205815° | EDDY |

Last Take Point (LTP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|------------|------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| H | 4 | 19S | 28E | | 1,640' FNL | 100' FEL | 32.692432° | -104.172771° | EDDY |

| | | |
|---|---|-------------------------|
| Unitized Area or Area of Uniform Interest | Spacing Unit Type <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | Ground Floor Elevation: |
|---|---|-------------------------|

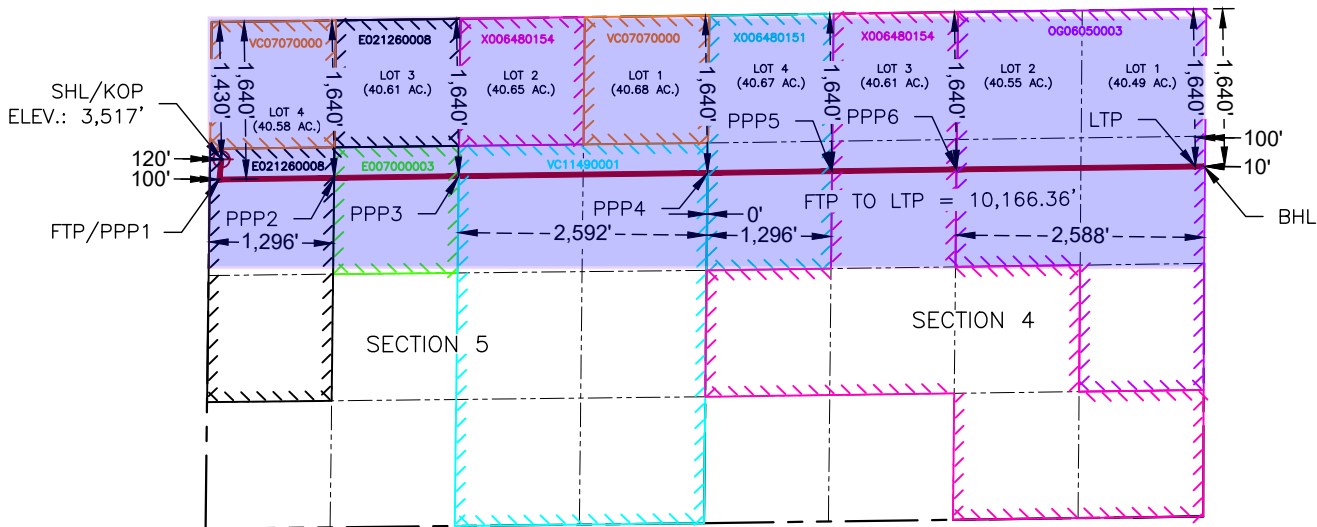
| | |
|---|---|
| <p>OPERATOR CERTIFICATIONS</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</p> | <p>SURVEYOR CERTIFICATIONS</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">PRELIMINARY</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 0.8em;">THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE AND SHALL NOT BE USED OR VIEWED OR RELIED UPON AS A FINAL SURVEY DOCUMENT.</p> |
| Signature _____ Date _____ | Signature and Seal of Professional Surveyor _____ |
| Printed Name _____ | Certificate Number _____ Date of Survey _____ |
| Email Address _____ | |

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

ACREAGE DEDICATION PLATS

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

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



LAJITAS 5-4 STATE 132H

SURFACE HOLE LOCATION & KICK-OFF POINT
1,430' FNL & 120' FWL
ELEV. = 3,517'

NAD 83 X = 580,589.26'
NAD 83 Y = 615,750.31'
NAD 83 LAT = 32.692676°
NAD 83 LONG = -104.205741°
NAD 27 X = 539,409.70'
NAD 27 Y = 615,688.04'
NAD 27 LAT = 32.692560°
NAD 27 LONG = -104.205231°

FIRST TAKE POINT & PENETRATION POINT 1
1,640' FNL & 100' FWL

NAD 83 X = 580,566.73'
NAD 83 Y = 615,539.98'
NAD 83 LAT = 32.692098°
NAD 83 LONG = -104.205815°
NAD 27 X = 539,387.17'
NAD 27 Y = 615,477.72'
NAD 27 LAT = 32.691982°
NAD 27 LONG = -104.205305°

PENETRATION POINT 2
1,640' FNL & 1,296' FWL

NAD 83 X = 581,762.99'
NAD 83 Y = 615,556.51'
NAD 83 LAT = 32.692139°
NAD 83 LONG = -104.201927°
NAD 27 X = 540,583.44'
NAD 27 Y = 615,494.24'
NAD 27 LAT = 32.692023°
NAD 27 LONG = -104.201416°

PENETRATION POINT 3
1,640' FNL & 2,592' FEL

NAD 83 X = 583,059.29'
NAD 83 Y = 615,574.42'
NAD 83 LAT = 32.692184°
NAD 83 LONG = -104.197713°
NAD 27 X = 541,879.73'
NAD 27 Y = 615,512.13'
NAD 27 LAT = 32.692068°
NAD 27 LONG = -104.197203°

PENETRATION POINT 4
1,640' FNL & 0' FWL

NAD 83 X = 585,651.72'
NAD 83 Y = 615,608.22'
NAD 83 LAT = 32.692267°
NAD 83 LONG = -104.189286°
NAD 27 X = 544,472.17'
NAD 27 Y = 615,545.92'
NAD 27 LAT = 32.692151°
NAD 27 LONG = -104.188776°

PENETRATION POINT 5
1,640' FNL & 1,296' FWL

NAD 83 X = 586,947.66'
NAD 83 Y = 615,626.32'
NAD 83 LAT = 32.692312°
NAD 83 LONG = -104.185073°
NAD 27 X = 545,768.11'
NAD 27 Y = 615,564.01'
NAD 27 LAT = 32.692196°
NAD 27 LONG = -104.184563°

PENETRATION POINT 6
1,640' FNL & 2,588' FEL

NAD 83 X = 588,243.60'
NAD 83 Y = 615,644.42'
NAD 83 LAT = 32.692357°
NAD 83 LONG = -104.180861°
NAD 27 X = 547,064.05'
NAD 27 Y = 615,582.10'
NAD 27 LAT = 32.692241°
NAD 27 LONG = -104.180351°

LAST TAKE POINT
1,640' FNL & 100' FEL

NAD 83 X = 590,732.18'
NAD 83 Y = 615,675.30'
NAD 83 LAT = 32.692432°
NAD 83 LONG = -104.172771°
NAD 27 X = 549,552.64'
NAD 27 Y = 615,612.96'
NAD 27 LAT = 32.692315°
NAD 27 LONG = -104.172261°

BOTTOM HOLE LOCATION
1,640' FNL & 100' FEL

NAD 83 X = 590,822.20'
NAD 83 Y = 615,676.43'
NAD 83 LAT = 32.692435°
NAD 83 LONG = -104.172479°
NAD 27 X = 549,642.65'
NAD 27 Y = 615,614.09'
NAD 27 LAT = 32.692318°
NAD 27 LONG = -104.171969°

| | | |
|---|--|---|
| 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 type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled |
|---|--|---|

WELL LOCATION INFORMATION

| | | |
|---|--|---|
| API Number | Pool Code 97569 | Pool Name WINCHESTER; BONE SPRING, WEST |
| Property Code | Property Name LAJITAS 5-4 STATE COM | Well Number 131H |
| OGRID No. 372165 | Operator Name PERMIAN RESOURCES OPERATING, LLC | Ground Level Elevation 3,517' |
| Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal | | Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal |

Surface Location

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|-------------|-------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| E | 5 | 19 S | 28 E | | 1,430' FNL | 150' FWL | 32.692677° | -104.205644° | EDDY |

Bottom Hole Location

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|--------------|----------|-------------|-------------|-----|-----------------|----------------|-------------------|---------------------|-------------|
| LOT 1 | 4 | 19 S | 28 E | | 330' FNL | 10' FEL | 32.696036° | -104.172433° | EDDY |

| | | | | |
|------------------------|-------------------------|-------------------|--|--------------------|
| Dedicated Acres 640 | Infill or Defining Well | Defining Well API | Overlapping Spacing Unit (Y/N) | Consolidation Code |
| Order Numbers. | | | Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Kick Off Point (KOP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|-------------|-------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| E | 5 | 19 S | 28 E | | 1,430' FNL | 150' FWL | 32.692677° | -104.205644° | EDDY |

First Take Point (FTP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|--------------|----------|-------------|-------------|-----|-----------------|-----------------|-------------------|---------------------|-------------|
| LOT 4 | 5 | 19 S | 28 E | | 330' FNL | 100' FWL | 32.695699° | -104.205759° | EDDY |

Last Take Point (LTP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|--------------|----------|-------------|-------------|-----|-----------------|-----------------|-------------------|---------------------|-------------|
| LOT 1 | 4 | 19 S | 28 E | | 330' FNL | 100' FEL | 32.696033° | -104.172725° | EDDY |

| | | |
|---|---|-------------------------|
| Unitized Area or Area of Uniform Interest | Spacing Unit Type <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | Ground Floor Elevation: |
|---|---|-------------------------|

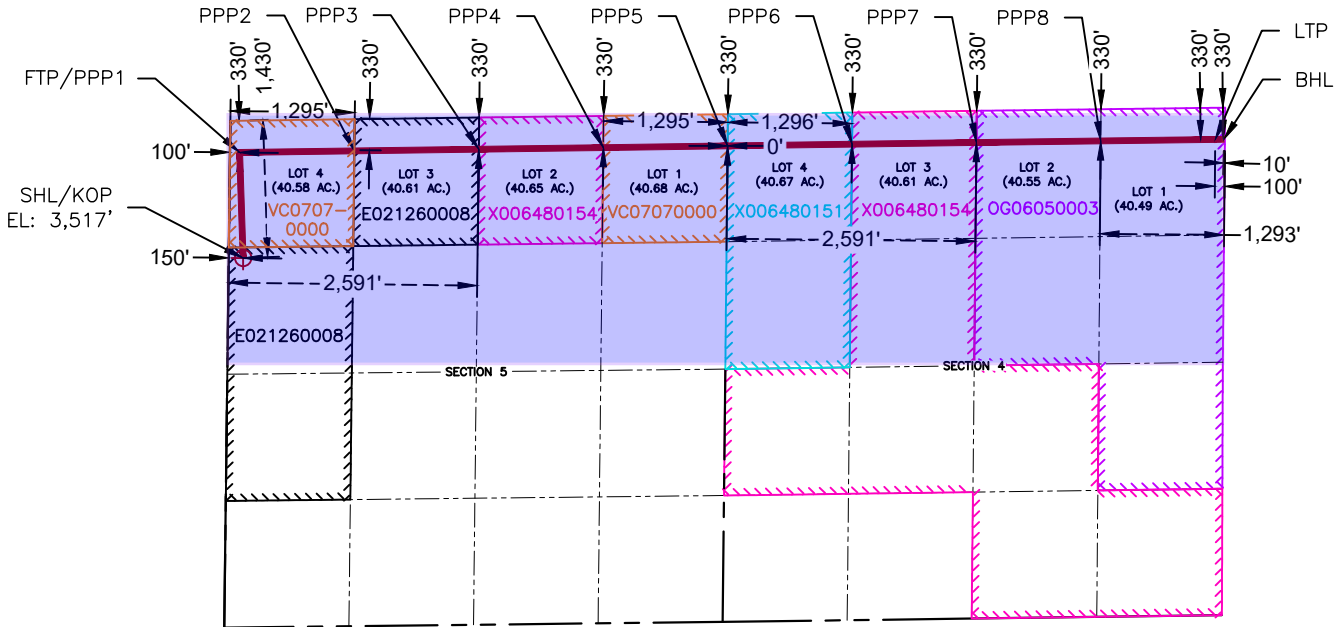
| | | |
|---|---|----------------------|
| <p>OPERATOR CERTIFICATIONS</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</p> | <p>SURVEYOR CERTIFICATIONS</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">PRELIMINARY</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 0.8em;">THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE AND SHALL NOT BE USED OR VIEWED OR RELIED UPON AS A FINAL SURVEY DOCUMENT.</p> | |
| Signature _____ Date _____ | Signature and Seal of Professional Surveyor _____ | |
| Printed Name _____ | Certificate Number _____ | Date of Survey _____ |
| Email Address _____ | | |

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

ACREAGE DEDICATION PLATS

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

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



LAJITAS 5-4 STATE 131H

SURFACE HOLE LOCATION & KICK-OFF POINT
1,430' FNL & 150' FWL
ELEV. = 3,517.00'

NAD 83 X = 580,619.26'
NAD 83 Y = 615,750.72'
NAD 83 LAT = 32.692677°
NAD 83 LONG = -104.205644°
NAD 27 X = 539,439.71'
NAD 27 Y = 615,688.45'
NAD 27 LAT = 32.692561°
NAD 27 LONG = -104.205133°

FIRST TAKE POINT & PENETRATION POINT 1
330' FNL & 100' FWL

NAD 83 X = 580,582.49'
NAD 83 Y = 616,850.32'
NAD 83 LAT = 32.695699°
NAD 83 LONG = -104.205759°
NAD 27 X = 539,402.95'
NAD 27 Y = 616,788.02'
NAD 27 LAT = 32.695583°
NAD 27 LONG = -104.205249°

PENETRATION POINT 2
330' FNL & 1,295' FWL

NAD 83 X = 581,778.22'
NAD 83 Y = 616,866.65'
NAD 83 LAT = 32.695740°
NAD 83 LONG = -104.201872°
NAD 27 X = 540,598.68'
NAD 27 Y = 616,804.34'
NAD 27 LAT = 32.695624°
NAD 27 LONG = -104.201362°

PENETRATION POINT 3
330' FNL & 2,591' FWL

NAD 83 X = 583,073.97'
NAD 83 Y = 616,884.34'
NAD 83 LAT = 32.695784°
NAD 83 LONG = -104.197660°
NAD 27 X = 541,894.44'
NAD 27 Y = 616,822.02'
NAD 27 LAT = 32.695668°
NAD 27 LONG = -104.197150°

PENETRATION POINT 4
330' FNL & 1,295' FEL

NAD 83 X = 584,369.53'
NAD 83 Y = 616,901.25'
NAD 83 LAT = 32.695826°
NAD 83 LONG = -104.193448°
NAD 27 X = 543,190.00'
NAD 27 Y = 616,838.92'
NAD 27 LAT = 32.695710°
NAD 27 LONG = -104.192938°

PENETRATION POINT 5
330' FNL & 0' FWL

NAD 83 X = 585,665.12'
NAD 83 Y = 616,918.16'
NAD 83 LAT = 32.695868°
NAD 83 LONG = -104.189237°
NAD 27 X = 544,485.59'
NAD 27 Y = 616,855.82'
NAD 27 LAT = 32.695752°
NAD 27 LONG = -104.188726°

PENETRATION POINT 6
330' FNL & 1,296' FWL

NAD 83 X = 586,961.02'
NAD 83 Y = 616,936.26'
NAD 83 LAT = 32.695913°
NAD 83 LONG = -104.185024°
NAD 27 X = 545,781.49'
NAD 27 Y = 616,873.91'
NAD 27 LAT = 32.695797°
NAD 27 LONG = -104.184514°

PENETRATION POINT 7
330' FNL & 2,591' FWL

NAD 83 X = 588,256.74'
NAD 83 Y = 616,954.35'
NAD 83 LAT = 32.695958°
NAD 83 LONG = -104.180812°
NAD 27 X = 547,077.22'
NAD 27 Y = 616,892.00'
NAD 27 LAT = 32.695841°
NAD 27 LONG = -104.180302°

PENETRATION POINT 8
330' FNL & 1,293' FEL

NAD 83 X = 589,550.90'
NAD 83 Y = 616,970.58'
NAD 83 LAT = 32.695997°
NAD 83 LONG = -104.176605°
NAD 27 X = 548,371.38'
NAD 27 Y = 616,908.22'
NAD 27 LAT = 32.695881°
NAD 27 LONG = -104.176095°

LAST TAKE POINT
330' FNL & 100' FEL

NAD 83 X = 590,744.34'
NAD 83 Y = 616,985.55'
NAD 83 LAT = 32.696033°
NAD 83 LONG = -104.172725°
NAD 27 X = 549,564.82'
NAD 27 Y = 616,923.18'
NAD 27 LAT = 32.695917°
NAD 27 LONG = -104.172215°

BOTTOM HOLE LOCATION
330' FNL & 16' FEL

NAD 83 X = 590,834.35'
NAD 83 Y = 616,986.68'
NAD 83 LAT = 32.696036°
NAD 83 LONG = -104.172433°
NAD 27 X = 549,654.83'
NAD 27 Y = 616,924.31'
NAD 27 LAT = 32.695919°
NAD 27 LONG = -104.171923°

| | | |
|---|--|---|
| 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 type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled |
|---|--|---|

WELL LOCATION INFORMATION

| | | |
|---|--|---|
| API Number | Pool Code 97569 | Pool Name WINCHESTER; BONE SPRING, WEST |
| Property Code | Property Name LAJITAS 5-4 STATE COM | Well Number 122H |
| OGRID No. 372165 | Operator Name PERMIAN RESOURCES OPERATING, LLC | Ground Level Elevation 3,517' |
| Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal | | Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal |

Surface Location

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|------------|------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| E | 5 | 19S | 28E | | 1,400' FNL | 150' FWL | 32.692759° | -104.205643° | EDDY |

Bottom Hole Location

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|------------|------------|-----|-------------------|----------------|-------------------|---------------------|-------------|
| H | 4 | 19S | 28E | | 2,190' FNL | 10' FEL | 32.690922° | -104.172498° | EDDY |

| | | | | |
|------------------------|-------------------------|-------------------|--|--------------------|
| Dedicated Acres 640 | Infill or Defining Well | Defining Well API | Overlapping Spacing Unit (Y/N) | Consolidation Code |
| Order Numbers. | | | Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Kick Off Point (KOP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|------------|------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| E | 5 | 19S | 28E | | 1,400' FNL | 150' FWL | 32.692759° | -104.205643° | EDDY |

First Take Point (FTP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|------------|------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| E | 5 | 19S | 28E | | 2,190' FNL | 100' FWL | 32.690586° | -104.205839° | EDDY |

Last Take Point (LTP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|------------|------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| H | 4 | 19S | 28E | | 2,190' FNL | 100' FEL | 32.690920° | -104.172791° | EDDY |

| | | |
|---|---|-------------------------|
| Unitized Area or Area of Uniform Interest | Spacing Unit Type <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | Ground Floor Elevation: |
|---|---|-------------------------|

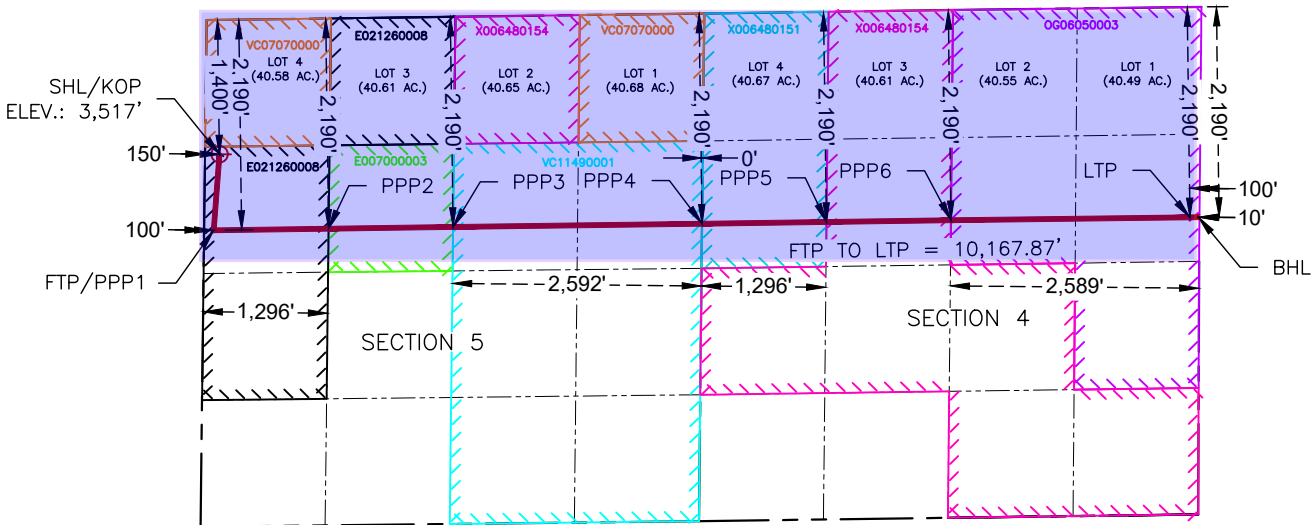
| | | |
|---|---|----------------------|
| <p>OPERATOR CERTIFICATIONS</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</p> | <p>SURVEYOR CERTIFICATIONS</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">PRELIMINARY</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 0.8em;">THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE AND SHALL NOT BE USED OR VIEWED OR RELIED UPON AS A FINAL SURVEY DOCUMENT.</p> | |
| Signature _____ Date _____ | Signature and Seal of Professional Surveyor _____ | |
| Printed Name _____ | Certificate Number _____ | Date of Survey _____ |
| Email Address _____ | | |

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

ACREAGE DEDICATION PLATS

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

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LAJITAS 5-4 STATE 122H

SURFACE HOLE LOCATION & KICK-OFF POINT
 1,400' FNL & 150' FWL
 ELEV. = 3,517'
 NAD 83 X = 580,619.63'
 NAD 83 Y = 615,780.73'
 NAD 83 LAT = 32.692759°
 NAD 83 LONG = -104.205643°
 NAD 27 X = 539,440.07'
 NAD 27 Y = 615,718.45'
 NAD 27 LAT = 32.692643°
 NAD 27 LONG = -104.205132°

FIRST TAKE POINT & PENETRATION POINT 1
 2,190' FNL & 100' FWL
 NAD 83 X = 580,560.11'
 NAD 83 Y = 614,989.84'
 NAD 83 LAT = 32.690586°
 NAD 83 LONG = -104.205839°
 NAD 27 X = 539,380.54'
 NAD 27 Y = 614,927.59'
 NAD 27 LAT = 32.690469°
 NAD 27 LONG = -104.205329°

PENETRATION POINT 2
 2,190' FNL & 1,296' FWL
 NAD 83 X = 581,756.60'
 NAD 83 Y = 615,006.45'
 NAD 83 LAT = 32.690627°
 NAD 83 LONG = -104.201950°
 NAD 27 X = 540,577.04'
 NAD 27 Y = 614,944.19'
 NAD 27 LAT = 32.690511°
 NAD 27 LONG = -104.201439°

PENETRATION POINT 3
 2,190' FNL & 2,592' FEL
 NAD 83 X = 583,053.12'
 NAD 83 Y = 615,024.45'
 NAD 83 LAT = 32.690672°
 NAD 83 LONG = -104.197735°
 NAD 27 X = 541,873.56'
 NAD 27 Y = 614,962.18'
 NAD 27 LAT = 32.690556°
 NAD 27 LONG = -104.197225°

PENETRATION POINT 4
 2,190' FNL & 0' FWL
 NAD 83 X = 585,646.10'
 NAD 83 Y = 615,058.25'
 NAD 83 LAT = 32.690756°
 NAD 83 LONG = -104.189307°
 NAD 27 X = 544,466.54'
 NAD 27 Y = 614,995.96'
 NAD 27 LAT = 32.690639°
 NAD 27 LONG = -104.188797°

PENETRATION POINT 5
 2,190' FNL & 1,296' FWL
 NAD 83 X = 586,942.14'
 NAD 83 Y = 615,076.35'
 NAD 83 LAT = 32.690801°
 NAD 83 LONG = -104.185094°
 NAD 27 X = 545,762.58'
 NAD 27 Y = 615,014.05'
 NAD 27 LAT = 32.690684°
 NAD 27 LONG = -104.184584°

PENETRATION POINT 6
 2,190' FNL & 2,589' FEL
 NAD 83 X = 588,238.08'
 NAD 83 Y = 615,094.45'
 NAD 83 LAT = 32.690845°
 NAD 83 LONG = -104.180881°
 NAD 27 X = 547,058.52'
 NAD 27 Y = 615,032.14'
 NAD 27 LAT = 32.690729°
 NAD 27 LONG = -104.180371°

LAST TAKE POINT
 2,190' FNL & 100' FEL
 NAD 83 X = 590,727.08'
 NAD 83 Y = 615,125.19'
 NAD 83 LAT = 32.690920°
 NAD 83 LONG = -104.172791°
 NAD 27 X = 549,547.52'
 NAD 27 Y = 615,062.86'
 NAD 27 LAT = 32.690803°
 NAD 27 LONG = -104.172281°

BOTTOM HOLE LOCATION
 2,190' FNL & 10' FEL
 NAD 83 X = 590,817.09'
 NAD 83 Y = 615,126.32'
 NAD 83 LAT = 32.690922°
 NAD 83 LONG = -104.172498°
 NAD 27 X = 549,637.54'
 NAD 27 Y = 615,063.99'
 NAD 27 LAT = 32.690806°
 NAD 27 LONG = -104.171988°

| | | |
|---|--|---|
| 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 type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled |
|---|--|---|

WELL LOCATION INFORMATION

| | | |
|---|--|---|
| API Number | Pool Code 97569 | Pool Name WINCHESTER; BONE SPRING, WEST |
| Property Code | Property Name LAJITAS 5-4 STATE COM | Well Number 121H |
| OGRID No. 372165 | Operator Name PERMIAN RESOURCES OPERATING, LLC | Ground Level Elevation 3,517' |
| Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal | | Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal |

Surface Location

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|-------------|-------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| E | 5 | 19 S | 28 E | | 1,400' FNL | 120' FWL | 32.692758° | -104.205740° | EDDY |

Bottom Hole Location

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|--------------|----------|-------------|-------------|-----|-----------------|----------------|-------------------|---------------------|-------------|
| LOT 1 | 4 | 19 S | 28 E | | 330' FNL | 10' FEL | 32.696036° | -104.172433° | EDDY |

| | | | | |
|------------------------|-------------------------|-------------------|--|--------------------|
| Dedicated Acres 640 | Infill or Defining Well | Defining Well API | Overlapping Spacing Unit (Y/N) | Consolidation Code |
| Order Numbers. | | | Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Kick Off Point (KOP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----------|----------|-------------|-------------|-----|-------------------|-----------------|-------------------|---------------------|-------------|
| E | 5 | 19 S | 28 E | | 1,400' FNL | 120' FWL | 32.692758° | -104.205740° | EDDY |

First Take Point (FTP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|--------------|----------|-------------|-------------|-----|-----------------|-----------------|-------------------|---------------------|-------------|
| LOT 4 | 5 | 19 S | 28 E | | 330' FNL | 100' FWL | 32.695699° | -104.205759° | EDDY |

Last Take Point (LTP)

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|--------------|----------|-------------|-------------|-----|-----------------|-----------------|-------------------|---------------------|-------------|
| LOT 1 | 4 | 19 S | 28 E | | 330' FNL | 100' FEL | 32.696033° | -104.172725° | EDDY |

| | | |
|---|---|-------------------------|
| Unitized Area or Area of Uniform Interest | Spacing Unit Type <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | Ground Floor Elevation: |
|---|---|-------------------------|

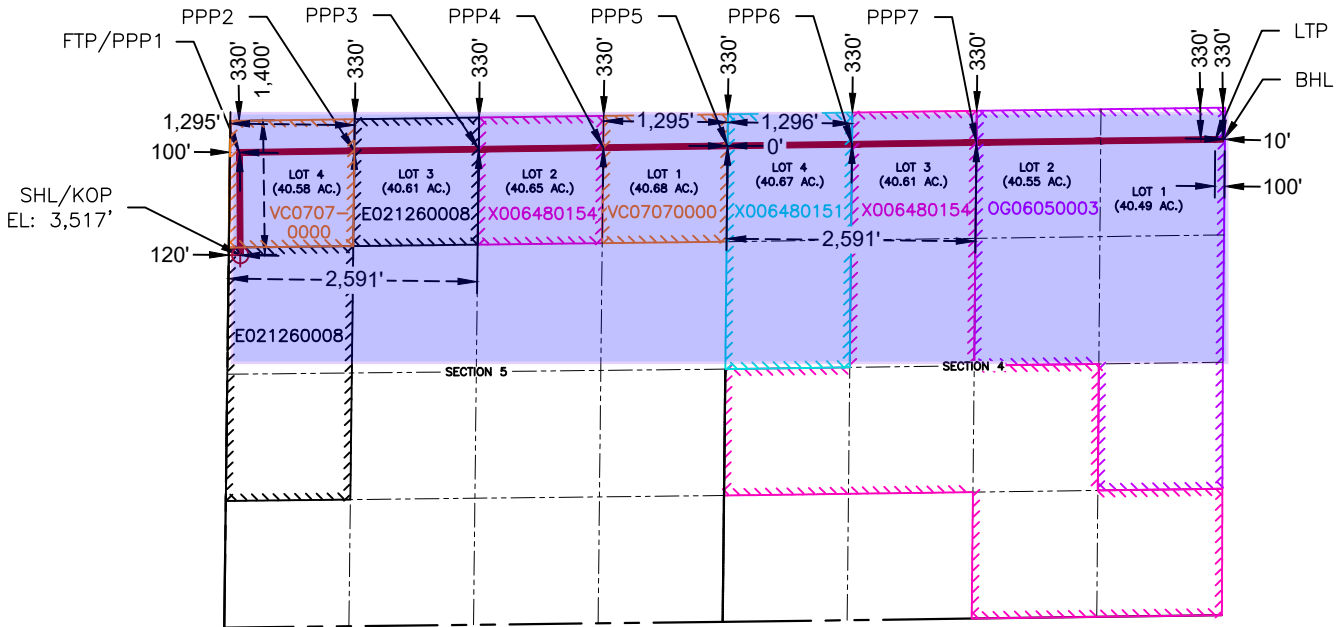
| | | |
|---|---|----------------------|
| <p>OPERATOR CERTIFICATIONS</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</p> | <p>SURVEYOR CERTIFICATIONS</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">PRELIMINARY</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 0.8em;">THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE AND SHALL NOT BE USED OR VIEWED OR RELIED UPON AS A FINAL SURVEY DOCUMENT.</p> | |
| Signature _____ Date _____ | Signature and Seal of Professional Surveyor _____ | |
| Printed Name _____ | Certificate Number _____ | Date of Survey _____ |
| Email Address _____ | | |

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LAJITAS 5-4 STATE 121H

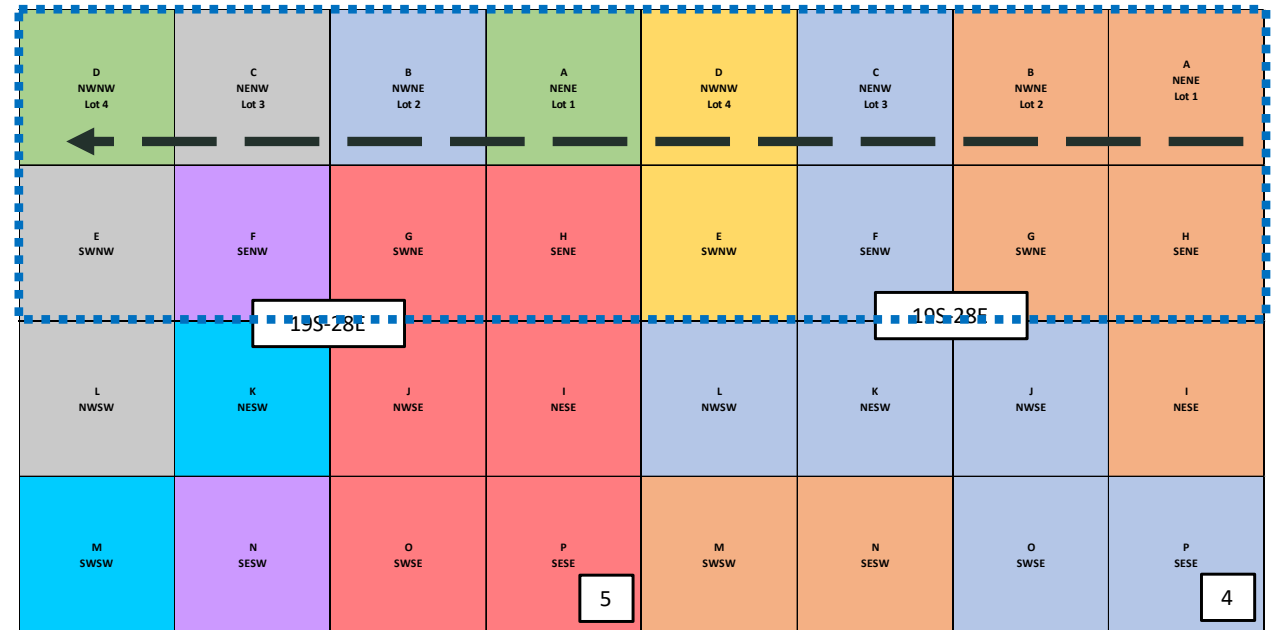
| SURFACE HOLE LOCATION & KICK-OFF POINT 1,400' FNL & 120' FWL ELEV. = 3,517.00' | FIRST TAKE POINT & PENETRATION POINT 1 330' FNL & 100' FWL | PENETRATION POINT 2 330' FNL & 1,295' FWL | PENETRATION POINT 3 330' FNL & 2,591' FWL | PENETRATION POINT 4 330' FNL & 1,295' FEL | PENETRATION POINT 5 330' FNL & 0' FWL |
|--|--|--|--|--|--|
| NAD 83 X = 580,589.62' NAD 83 Y = 615,780.32' NAD 83 LAT = 32.692758° NAD 83 LONG = -104.205740° NAD 27 X = 539,410.06' NAD 27 Y = 615,718.05' NAD 27 LAT = 32.692642° NAD 27 LONG = -104.205230° | NAD 83 X = 580,582.49' NAD 83 Y = 616,850.32' NAD 83 LAT = 32.695699° NAD 83 LONG = -104.205759° NAD 27 X = 539,402.95' NAD 27 Y = 616,788.02' NAD 27 LAT = 32.695583° NAD 27 LONG = -104.205249° | NAD 83 X = 581,778.22' NAD 83 Y = 616,866.65' NAD 83 LAT = 32.695740° NAD 27 X = 540,598.68' NAD 27 Y = 616,804.34' NAD 27 LAT = 32.695624° NAD 27 LONG = -104.201362° | NAD 83 X = 583,073.97' NAD 83 Y = 616,884.34' NAD 83 LAT = 32.695784° NAD 27 X = 541,894.44' NAD 27 Y = 616,822.02' NAD 27 LAT = 32.695668° NAD 27 LONG = -104.197150° | NAD 83 X = 584,369.53' NAD 83 Y = 616,901.25' NAD 83 LAT = 32.695826° NAD 27 X = 543,190.00' NAD 27 Y = 616,838.92' NAD 27 LAT = 32.695710° NAD 27 LONG = -104.192938° | NAD 83 X = 585,665.12' NAD 83 Y = 616,918.16' NAD 83 LAT = 32.695868° NAD 83 LONG = -104.189237° NAD 27 X = 544,485.59' NAD 27 Y = 616,855.82' NAD 27 LAT = 32.695752° NAD 27 LONG = -104.188726° |
| PENETRATION POINT 6 330' FNL & 1,296' FWL | PENETRATION POINT 7 330' FNL & 2,591' FWL | LAST TAKE POINT 330' FNL & 100' FEL | BOTTOM HOLE LOCATION 330' FNL & 10' FEL | | |
| NAD 83 X = 586,961.02' NAD 83 Y = 616,936.26' NAD 83 LAT = 32.695913° NAD 83 LONG = -104.185024° NAD 27 X = 545,781.49' NAD 27 Y = 616,873.91' NAD 27 LAT = 32.695797° NAD 27 LONG = -104.184514° | NAD 83 X = 588,256.74' NAD 83 Y = 616,954.35' NAD 83 LAT = 32.695958° NAD 83 LONG = -104.180812° NAD 27 X = 547,077.22' NAD 27 Y = 616,892.00' NAD 27 LAT = 32.695841° NAD 27 LONG = -104.180302° | NAD 83 X = 590,744.34' NAD 83 Y = 616,985.55' NAD 83 LAT = 32.696033° NAD 83 LONG = -104.172725° NAD 27 X = 549,564.82' NAD 27 Y = 616,923.18' NAD 27 LAT = 32.695917° NAD 27 LONG = -104.172215° | NAD 83 X = 590,834.35' NAD 83 Y = 616,986.68' NAD 83 LAT = 32.696036° NAD 83 LONG = -104.172433° NAD 27 X = 549,654.83' NAD 27 Y = 616,924.31' NAD 27 LAT = 32.695919° NAD 27 LONG = -104.171923° | | |



Lajitas N2 – Case 25000

| Unit Capitation - N2 | | |
|--|---------|---------------------|
| Owner | WI | Consented to Wells? |
| EOG Resources, Inc. | 27.978% | |
| Marathon Oil Permian | 3.337% | |
| Gahr Energy Company | 2.827% | |
| Fuel Products, Inc. | 2.593% | |
| Lodge Exploration Company, LLC | 0.511% | Yes |
| Mid-Western Energy, L.L.C. | 0.285% | |
| Vladin, LLC | 0.685% | Yes |
| Permian Resources Operating | 8.858% | N/A |
| MRC Delaware Resources, LLC | 1.335% | |
| Yates Energy Corporation | 0.442% | Yes |
| Jalapeno Corporation | 0.561% | Yes |
| Sharbro Energy, LLC | 2.339% | Yes |
| Santo Legado, LLC | 1.040% | |
| V-F Petroleum Inc | 28.995% | |
| Marigold LLLP | 0.258% | |
| Tulipan LLC | 0.258% | |
| Tinian Oil & Gas, LLC | 0.685% | Yes |
| New Mexico Western Minerals, Inc. | 1.174% | Yes |
| Est. of Theodore P. White (CP with Wife Marianne) | 0.391% | |
| Est. of Theodore P. White (Separate Property) | 0.196% | |
| Read & Stevens, Inc. | 1.330% | N/A |
| Harvard Petroleum Company, LLC | 1.174% | Yes |
| Opal Barton Revocable Trust UTA dated January 28, 1982 | 0.391% | |
| Charles F. Malone Living Trust uad 8/1/1987 | 0.196% | Yes |
| Gilbert J. Eaton | 0.196% | |
| COG Operating LLC | 3.633% | |
| Anne S. Johnson | 0.098% | |
| NonDarcy Oil & Gas, Inc. | 0.025% | |
| Slash Exploration Limited Partnership | 0.881% | |
| Andersen-Malone, LLC | 0.196% | Yes |
| Linda E. Schwarz | 0.098% | Yes |
| Pamela Anne Evans Glass | 0.049% | |
| James R. Gebel Revocable Living Trust dated March 20, 2013 | 0.049% | Non-Consent |
| LRF JR, LLC | 3.633% | Yes |
| Hanagan Investment, LLC | 1.861% | |
| William Fuller Kirkpatrick French GST Exempt Trust | 0.000% | N/A |
| Annabelle L.P. French | 0.000% | N/A |
| Marcia Millicent French | 0.000% | N/A |
| Robert Fuller Fulton French | 0.000% | N/A |
| T. T. Sanders, deceased | 0.000% | N/A |
| Zia Royalty, LLC | 0.000% | N/A |
| DML Revocable Trust uad 1/10/2007 | 0.261% | Yes |
| French Land & Cattle, Ltd. | 0.000% | N/A |
| Red River Energy Partners, LLC | 0.261% | Yes |
| Rockwood Resources, LLC | 0.531% | Yes |
| CCS Resources, Inc. | 0.000% | N/A |
| Bean Family Limited Company, LLC | 0.391% | Yes |

Lajitas Lease Map:



Lajitas N2 Pooling Info

Notes:

- Please see Tract Capitation Slide for Tract-by-Tract Interests
- Owners in YELLOW sought to be pooled
- Owners being pooled but having been denoted as consented just need to execute the JOA or express preference to participate under pooling order

Lajitas N2 Dedication:

Lajitas 5-4State Com 121H & 122H (2nd Bone)
Lajitas 5-4 State Com 131H & 132H (3rd Bone)

Defining Well:

Lajitas 5-4 State Com 132H – within 330’ of N2 QQ line
Standard proximity tract well

Permian Resources Operating, LLC
Case No. 25000
Exhibit A-3



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

OFFICE 432.695.4222
FAX 432.695.4063

September 11, 2024

Via Certified Mail

Anderson-Malone, LLC
P.O. Box 87
Roswell, New Mexico 88202

RE: Well Proposals – Lajitas 5-4 State Com
T19S-R28E, N.M.P.M.
Section 4: All
Section 5: All
Eddy County, New Mexico

To Whom It May Concern:

Permian Resources Operating, LLC (“Permian”), hereby proposes the drilling and completion of the following eight (8) wells, the Lajitas 5-4 State Com at the following approximate locations within Township 19 South, Range 28 East, Eddy Co., New Mexico:

- 1. Lajitas 5-4 State Com 121H**
SHL: At a legal location within the W/2 of the NW/4 of Section 5
BHL: 10’ FEL & 330’ FNL of Section 4
FTP: 100’ FWL & 330’ FNL of Section 5
LTP: 100’ FEL & 330’ FNL of Section 4
TVD: Approximately 6,810’
TMD: Approximately 17,095’
Proration Unit: N/2 of Sections 4 & 5
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE
- 2. Lajitas 5-4 State Com 122H**
SHL: At a legal location within the W/2 of the NW/4 of Section 5
BHL: 10’ FEL & 2,190’ FNL of Section 4
FTP: 100’ FWL & 2,190’ FNL of Section 5
LTP: 100’ FEL & 2,190’ FNL of Section 4
TVD: Approximately 6,810’
TMD: Approximately 17,095’
Proration Unit: N/2 of Sections 4 & 5
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE
- 3. Lajitas 5-4 State Com 123H**
SHL: At a legal location with the E/2 of the SE/4 of Section 6
BHL: 10’ FEL & 1,890’ FSL of Section 4
FTP: 100’ FWL & 1,890’ FSL of Section 5
LTP: 100’ FEL & 1,890’ FSL of Section 4
TVD: Approximately 6,910’
TMD: Approximately 17,195’
Proration Unit: S/2 of Sections 4 & 5
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

Permian Resources Operating, LLC
Case No. 25000
Exhibit A-4



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

OFFICE 432.695.4222
FAX 432.695.4063

4. Lajitas 5-4 State Com 124H

SHL: At a legal location with the E/2 of the SE/4 of Section 6
BHL: 10' FEL & 690' FSL of Section 4
FTP: 100' FWL & 690' FSL of Section 5
LTP: 100' FEL & 690' FSL of Section 4
TVD: Approximately 6,910'
TMD: Approximately 17,195'
Proration Unit: S/2 of Sections 4 & 5
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

5. Lajitas 5-4 State Com 131H

SHL: At a legal location within the W/2 of the NW/4 of Section 5
BHL: 10' FEL & 330' FNL of Section 4
FTP: 100' FWL & 330' FNL of Section 5
LTP: 100' FEL & 330' FNL of Section 4
TVD: Approximately 8,040'
TMD: Approximately 18,325'
Proration Unit: N/2 of Sections 4 & 5
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

6. Lajitas 5-4 State Com 132H (Defining Well)

SHL: At a legal location within the W/2 of the NW/4 of Section 5
BHL: 10' FEL & 1,640' FNL of Section 4
FTP: 100' FWL & 1,640' FNL of Section 5
LTP: 100' FEL & 1,640' FNL of Section 4
TVD: Approximately 8,110'
TMD: Approximately 18,395'
Proration Unit: N/2 of Sections 4 & 5
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

7. Lajitas 5-4 State Com 133H

SHL: At a legal location with the E/2 of the SE/4 of Section 6
BHL: 10' FEL & 2,310' FSL of Section 4
FTP: 100' FWL & 2,310' FSL of Section 5
LTP: 100' FEL & 2,310' FSL of Section 4
TVD: Approximately 8,115'
TMD: Approximately 18,400'
Proration Unit: S/2 of Sections 4 & 5
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE



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

OFFICE 432.695.4222
FAX 432.695.4063

8. Lajitas 5-4 State Com 134H (Defining Well)

SHL: At a legal location with the E/2 of the SE/4 of Section 6
BHL: 10' FEL & 1,000' FSL of Section 4
FTP: 100' FWL & 1,000' FSL of Section 5
LTP: 100' FEL & 1,000' FSL of Section 4
TVD: Approximately 8,185'
TMD: Approximately 18,470'
Proration Unit: S/2 of Sections 4 & 5
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

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

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

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

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

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

Elections can be returned by mail &/or email to the attention of Erin Lloyd – Erin.Lloyd@permianres.com

Respectfully,

Travis Macha
New Mexico Land
Manager

Enclosures

ELECTIONS ON PAGE TO FOLLOW

Well Proposal: Lajitas 5-4 State Com 121H-124H, 131H-134H



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

OFFICE 432.695.4222
FAX 432.695.4063

Lajitas 5-4 State Com Elections:

| Well Elections: <i>(Please indicate your responses in the spaces below)</i> | | |
|---|----------------------|---------------------------------|
| Well(s) | Elect to Participate | Elect to <u>NOT</u> Participate |
| Lajitas 5-4 State Com 121H | | |
| Lajitas 5-4 State Com 122H | | |
| Lajitas 5-4 State Com 123H | | |
| Lajitas 5-4 State Com 124H | | |
| Lajitas 5-4 State Com 131H | | |
| Lajitas 5-4 State Com 132H | | |
| Lajitas 5-4 State Com 133H | | |
| Lajitas 5-4 State Com 134H | | |

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

Well Proposal: Lajitas 5-4 State Com 121H-124H, 131H-134H



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

OFFICE 432.695.4222
FAX 432.695.4063

Participate / Rejection Declaration

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

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

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

| | | | |
|------------------------|------------------------------|---------------------|------------------------------|
| AFE Number: | | Description: | LAJITAS 5 - 4 STATE COM 121H |
| AFE Name: | LAJITAS 5 - 4 STATE COM 121H | AFE TYPE: | Drill and Complete |
| Well Operator: | PERMIAN RESOURCES | | |
| Operator AFE #: | | | |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|----------------------------|--|------------------------|
| Drilling Intangible | | |
| 8015.5000 | IDC - WELL CONTROL INSURANCE | \$8,285.13 |
| 8015.3200 | IDC - CONTRACT LABOR/ROUSTABOUT | \$15,000.00 |
| 8015.5200 | IDC - CONTINGENCY | \$124,812.11 |
| 8015.2400 | IDC - RIG WATER | \$7,150.00 |
| 8015.1200 | IDC - LEGAL, TITLE SERVICES | \$13,000.00 |
| 8015.2350 | IDC - FUEL/MUD | \$40,000.00 |
| 8015.3500 | IDC - TRUCKING/VACUUM/ TRANSP | \$18,000.00 |
| 8015.2300 | IDC - FUEL / POWER | \$97,750.00 |
| 8015.3100 | IDC - CASING CREW & TOOLS | \$50,000.00 |
| 8015.2200 | IDC - BITS, TOOLS, STABILIZERS | \$50,000.00 |
| 8015.1000 | IDC - PERMITS,LICENSES,ETC | \$15,000.00 |
| 8015.1700 | IDC - DAYWORK CONTRACT | \$418,000.00 |
| 8015.4100 | IDC - RENTAL EQUIPMENT | \$23,000.00 |
| 8015.4300 | IDC - WELLSITE SUPERVISION | \$66,000.00 |
| 8015.1100 | IDC - STAKING & SURVEYING | \$15,000.00 |
| 8015.1300 | IDC - SURFACE DAMAGE / ROW | \$35,000.00 |
| 8015.3000 | IDC - CEMENT SERV/FLOAT EQUIP | \$160,000.00 |
| 8015.4200 | IDC - MANCAMP | \$28,000.00 |
| 8015.2000 | IDC - CONDUCTOR HOLE & SERVICE | \$45,000.00 |
| 8015.3800 | IDC - WELLHEAD PREPARE/REPAIR | \$30,500.00 |
| 8015.2150 | IDC - DRILL BIT | \$53,000.00 |
| 8015.3600 | IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM | \$39,700.00 |
| 8015.4600 | IDC - SAFETY / ENVIRONMENTAL | \$8,400.00 |
| 8015.1400 | IDC - ROAD, LOCATIONS, PITS | \$108,333.33 |
| 8015.1310 | IDC - PERMANENT EASEMENT | \$12,000.00 |
| 8015.2700 | IDC - INSPECTION, TESTING & REPAIR | \$45,000.00 |
| 8015.3700 | IDC - DISPOSAL | \$97,000.00 |
| 8015.2500 | IDC - MUD/CHEMICALS/ACIDIZING | \$110,000.00 |
| 8015.1900 | IDC - DIRECTNL DRILL & SURVEY | \$224,000.00 |
| 8015.1600 | IDC - RIG MOB / STANDBY RATE | \$30,000.00 |
| 8015.3400 | IDC - MATERIALS & SUPPLIES | \$5,000.00 |
| 8015.1500 | IDC - RIG MOB / TRUCKING | \$100,000.00 |
| | Sub-total | \$2,091,930.57 |
| Facilities | | |
| 8035.1310 | FAC - PEMANENT EASEMENT | \$3,333.00 |
| 8035.2100 | FAC - INSPECTION & TESTING | \$833.00 |
| 8035.3300 | FAC - CIRCULATING TRNSFER PUMP | \$13,333.00 |
| 8035.2200 | FAC - CONTRACT LABOR / ROUSTAB | \$86,667.00 |
| 8035.1500 | FAC - MATERIALS & SUPPLIES | \$833.00 |
| 8035.3700 | FAC - AUTOMATION MATERIAL | \$41,667.00 |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|---------------------------------|--------------------------------------|------------------------|
| 8035.2500 | FAC - CONSULTING SERVICES | \$2,500.00 |
| 8035.4000 | FAC - SAFETY / ENVIRONMENTAL | \$667.00 |
| 8035.1700 | FAC - RENTAL EQUIPMENT | \$4,167.00 |
| 8035.1600 | FAC - TRANSPORTATION TRUCKING | \$5,000.00 |
| 8035.3000 | FAC - HEATER TREATER/SEPARATOR | \$150,000.00 |
| 8035.3800 | FAC - FLARE/COMBUSTER | \$16,667.00 |
| 8035.1900 | FAC - WATER DISPOSAL / SWD | \$500.00 |
| 8035.3400 | FAC - METER & LACT | \$34,467.00 |
| 8035.2400 | FAC - SUPERVISION | \$5,000.00 |
| 8035.3200 | FAC - VALVES FITTINGS & PIPE | \$108,333.00 |
| 8035.2900 | FAC - TANK BATTERY | \$96,667.00 |
| 8035.3500 | FAC - COMPRESSOR | \$5,333.00 |
| 8035.3600 | FAC - ELECTRICAL | \$41,667.00 |
| 8035.1400 | FAC - ROAD LOCATIONS PITS | \$29,167.00 |
| 8035.4500 | FAC - CONTINGENCY | \$23,833.00 |
| 8035.1300 | FAC - SURFACE DAMAGE / ROW | \$833.00 |
| | Sub-total | \$671,467.00 |
| Completion Intangible | | |
| 8025.2000 | ICC - TRUCKING | \$14,375.00 |
| 8025.1400 | ICC - WIRELINE OPEN/CASED HOLE | \$40,000.00 |
| 8025.2500 | ICC - WELL STIMULATION/FRACTUR | \$2,405,186.00 |
| 8025.3800 | ICC - OVERHEAD | \$10,000.00 |
| 8025.1100 | ICC - ROAD, LOCATIONS, PITS | \$10,500.00 |
| 8025.3000 | ICC - WATER HANDLING | \$172,358.00 |
| 8025.2300 | ICC - COMPLETION FLUIDS | \$10,000.00 |
| 8025.1500 | ICC - FUEL / POWER | \$560,880.00 |
| 8025.3700 | ICC - SAFETY / ENVIRONMENTAL | \$15,000.00 |
| 8025.3100 | ICC - WELLHEAD/FRACTREE REPAIR | \$40,000.00 |
| 8025.3600 | ICC - SUPERVISION/ENGINEERING | \$5,000.00 |
| 8025.1600 | ICC - COILED TUBING | \$226,602.00 |
| 8025.2600 | ICC - CONTRACT LABOR/ROUSTABOUT | \$15,000.00 |
| 8025.3400 | ICC - RENTAL EQUIPMENT | \$198,747.00 |
| 8025.2200 | ICC - ELECTRIC LOGGING / PERFORATING | \$406,429.00 |
| 8025.1800 | ICC - WATER DISPOSAL/VACUUM TRUCK | \$20,160.00 |
| 8025.3050 | ICC - SOURCE WATER | \$318,862.00 |
| 8025.3500 | ICC - WELLSITE SUPERVISION | \$48,600.00 |
| | Sub-total | \$4,517,699.00 |
| Artificial Lift Tangible | | |
| 8065.3100 | TAL - MEASUREMENT EQUIPMENT | \$30,000.00 |
| 8065.2000 | TAL - WELLHEAD EQUIPMENT | \$40,000.00 |
| 8065.1300 | TAL - DOWNHOLE ARTIFICIAL LIFT EQPT | \$10,000.00 |
| 8065.2500 | TAL - VALVES/CONNECTIONS/FTGS | \$95,000.00 |
| 8065.3400 | TAL - CONTRACT LABOR INSTALL | \$30,000.00 |
| 8065.1700 | TAL - PACKER/DOWNHOLE TOOLS | \$5,000.00 |
| 8065.1100 | TAL - TUBING | \$105,000.00 |
| | Sub-total | \$315,000.00 |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|-----------------------------------|-----------------------------------|------------------------|
| Artificial Lift Intangible | | |
| 8060.3500 | IAL - WELLSITE SUPERVISION | \$10,000.00 |
| 8060.2300 | IAL - COMPLETION FLUIDS | \$20,000.00 |
| 8060.3700 | IAL - HEALTH & SAFETY | \$5,000.00 |
| 8060.1200 | IAL - WORKOVER RIG | \$30,000.00 |
| 8060.2600 | IAL - CONTRACT LABOR/ROUSTABOUT | \$20,000.00 |
| 8060.3400 | IAL - RENTAL EQUIPMENT | \$25,000.00 |
| 8060.2000 | IAL - TRUCKING/VACUUM/TRANSP | \$20,000.00 |
| | Sub-total | \$130,000.00 |
| Pipeline | | |
| 8036.3620 | PLN - POWER DISTRIBUTION LABOR | \$11,666.00 |
| 8036.3610 | PLN - POWER DISTRIBUTION MATERIAL | \$33,333.00 |
| 8036.3200 | PLN - VALVES FITTINGS & PIPE | \$20,000.00 |
| 8036.1310 | PLN - PERMANENT EASEMENT | \$23,100.00 |
| 8036.1300 | PLN - SURFACE DAMAGE / ROW | \$2,500.00 |
| 8036.2200 | PLN - CONTRACT LABOR | \$70,000.00 |
| 8036.2800 | PLN - FLOWLINE MATERIAL | \$66,528.00 |
| | Sub-total | \$227,127.00 |
| Completion Tangible | | |
| 8030.2000 | TCC - WELLHEAD EQUIPMENT | \$47,250.00 |
| | Sub-total | \$47,250.00 |
| Drilling Tangible | | |
| 8020.1200 | TDC - CASING - INTERMEDIATE - 1 | \$177,697.81 |
| 8020.1100 | TDC - CASING - SURFACE | \$33,834.25 |
| 8020.1400 | TDC - CASING - PRODUCTION | \$652,674.41 |
| 8020.1500 | TDC - WELLHEAD EQUIPMENT | \$65,875.00 |
| | Sub-total | \$930,081.47 |
| Flowback Intangible | | |
| 8040.2900 | IFC - WELL TESTING / FLOWBACK | \$150,000.00 |
| 8040.1899 | IFC - FRAC WATER RECOVERY | \$290,000.00 |
| 8040.3500 | IFC - WELLSITE SUPERVISION | \$10,000.00 |
| 8040.3400 | IFC - RENTAL EQUIPMENT | \$25,000.00 |
| | Sub-total | \$475,000.00 |
| | Grand Total | \$9,405,555.04 |

| | | | |
|------------------------|------------------------------|---------------------|------------------------------|
| AFE Number: | | Description: | LAJITAS 5 - 4 STATE COM 122H |
| AFE Name: | LAJITAS 5 - 4 STATE COM 122H | AFE TYPE: | Drill and Complete |
| Well Operator: | PERMIAN RESOURCES | | |
| Operator AFE #: | | | |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|----------------------------|--|------------------------|
| Drilling Intangible | | |
| 8015.5000 | IDC - WELL CONTROL INSURANCE | \$8,285.13 |
| 8015.3200 | IDC - CONTRACT LABOR/ROUSTABOUT | \$15,000.00 |
| 8015.5200 | IDC - CONTINGENCY | \$124,812.11 |
| 8015.2400 | IDC - RIG WATER | \$7,150.00 |
| 8015.1200 | IDC - LEGAL, TITLE SERVICES | \$13,000.00 |
| 8015.2350 | IDC - FUEL/MUD | \$40,000.00 |
| 8015.3500 | IDC - TRUCKING/VACUUM/ TRANSP | \$18,000.00 |
| 8015.2300 | IDC - FUEL / POWER | \$97,750.00 |
| 8015.3100 | IDC - CASING CREW & TOOLS | \$50,000.00 |
| 8015.2200 | IDC - BITS, TOOLS, STABILIZERS | \$50,000.00 |
| 8015.1000 | IDC - PERMITS,LICENSES,ETC | \$15,000.00 |
| 8015.1700 | IDC - DAYWORK CONTRACT | \$418,000.00 |
| 8015.4100 | IDC - RENTAL EQUIPMENT | \$23,000.00 |
| 8015.4300 | IDC - WELLSITE SUPERVISION | \$66,000.00 |
| 8015.1100 | IDC - STAKING & SURVEYING | \$15,000.00 |
| 8015.1300 | IDC - SURFACE DAMAGE / ROW | \$35,000.00 |
| 8015.3000 | IDC - CEMENT SERV/FLOAT EQUIP | \$160,000.00 |
| 8015.4200 | IDC - MANCAMP | \$28,000.00 |
| 8015.2000 | IDC - CONDUCTOR HOLE & SERVICE | \$45,000.00 |
| 8015.3800 | IDC - WELLHEAD PREPARE/REPAIR | \$30,500.00 |
| 8015.2150 | IDC - DRILL BIT | \$53,000.00 |
| 8015.3600 | IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM | \$39,700.00 |
| 8015.4600 | IDC - SAFETY / ENVIRONMENTAL | \$8,400.00 |
| 8015.1400 | IDC - ROAD, LOCATIONS, PITS | \$108,333.33 |
| 8015.1310 | IDC - PERMANENT EASEMENT | \$12,000.00 |
| 8015.2700 | IDC - INSPECTION, TESTING & REPAIR | \$45,000.00 |
| 8015.3700 | IDC - DISPOSAL | \$97,000.00 |
| 8015.2500 | IDC - MUD/CHEMICALS/ACIDIZING | \$110,000.00 |
| 8015.1900 | IDC - DIRECTNL DRILL & SURVEY | \$224,000.00 |
| 8015.1600 | IDC - RIG MOB / STANDBY RATE | \$30,000.00 |
| 8015.3400 | IDC - MATERIALS & SUPPLIES | \$5,000.00 |
| 8015.1500 | IDC - RIG MOB / TRUCKING | \$100,000.00 |
| | Sub-total | \$2,091,930.57 |
| Facilities | | |
| 8035.1310 | FAC - PEMANENT EASEMENT | \$3,333.00 |
| 8035.2100 | FAC - INSPECTION & TESTING | \$833.00 |
| 8035.3300 | FAC - CIRCULATING TRNSFER PUMP | \$13,333.00 |
| 8035.2200 | FAC - CONTRACT LABOR / ROUSTAB | \$86,667.00 |
| 8035.1500 | FAC - MATERIALS & SUPPLIES | \$833.00 |
| 8035.3700 | FAC - AUTOMATION MATERIAL | \$41,667.00 |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|---------------------------------|--------------------------------------|------------------------|
| 8035.2500 | FAC - CONSULTING SERVICES | \$2,500.00 |
| 8035.4000 | FAC - SAFETY / ENVIRONMENTAL | \$667.00 |
| 8035.1700 | FAC - RENTAL EQUIPMENT | \$4,167.00 |
| 8035.1600 | FAC - TRANSPORTATION TRUCKING | \$5,000.00 |
| 8035.3000 | FAC - HEATER TREATER/SEPARATOR | \$150,000.00 |
| 8035.3800 | FAC - FLARE/COMBUSTER | \$16,667.00 |
| 8035.1900 | FAC - WATER DISPOSAL / SWD | \$500.00 |
| 8035.3400 | FAC - METER & LACT | \$34,467.00 |
| 8035.2400 | FAC - SUPERVISION | \$5,000.00 |
| 8035.3200 | FAC - VALVES FITTINGS & PIPE | \$108,333.00 |
| 8035.2900 | FAC - TANK BATTERY | \$96,667.00 |
| 8035.3500 | FAC - COMPRESSOR | \$5,333.00 |
| 8035.3600 | FAC - ELECTRICAL | \$41,667.00 |
| 8035.1400 | FAC - ROAD LOCATIONS PITS | \$29,167.00 |
| 8035.4500 | FAC - CONTINGENCY | \$23,833.00 |
| 8035.1300 | FAC - SURFACE DAMAGE / ROW | \$833.00 |
| | Sub-total | \$671,467.00 |
| Completion Intangible | | |
| 8025.2000 | ICC - TRUCKING | \$14,375.00 |
| 8025.1400 | ICC - WIRELINE OPEN/CASED HOLE | \$40,000.00 |
| 8025.2500 | ICC - WELL STIMULATION/FRACTUR | \$2,405,186.00 |
| 8025.3800 | ICC - OVERHEAD | \$10,000.00 |
| 8025.1100 | ICC - ROAD, LOCATIONS, PITS | \$10,500.00 |
| 8025.3000 | ICC - WATER HANDLING | \$172,358.00 |
| 8025.2300 | ICC - COMPLETION FLUIDS | \$10,000.00 |
| 8025.1500 | ICC - FUEL / POWER | \$560,880.00 |
| 8025.3700 | ICC - SAFETY / ENVIRONMENTAL | \$15,000.00 |
| 8025.3100 | ICC - WELLHEAD/FRACTREE REPAIR | \$40,000.00 |
| 8025.3600 | ICC - SUPERVISION/ENGINEERING | \$5,000.00 |
| 8025.1600 | ICC - COILED TUBING | \$226,602.00 |
| 8025.2600 | ICC - CONTRACT LABOR/ROUSTABOUT | \$15,000.00 |
| 8025.3400 | ICC - RENTAL EQUIPMENT | \$198,747.00 |
| 8025.2200 | ICC - ELECTRIC LOGGING / PERFORATING | \$406,429.00 |
| 8025.1800 | ICC - WATER DISPOSAL/VACUUM TRUCK | \$20,160.00 |
| 8025.3050 | ICC - SOURCE WATER | \$318,862.00 |
| 8025.3500 | ICC - WELLSITE SUPERVISION | \$48,600.00 |
| | Sub-total | \$4,517,699.00 |
| Artificial Lift Tangible | | |
| 8065.3100 | TAL - MEASUREMENT EQUIPMENT | \$30,000.00 |
| 8065.2000 | TAL - WELLHEAD EQUIPMENT | \$40,000.00 |
| 8065.1300 | TAL - DOWNHOLE ARTIFICIAL LIFT EQPT | \$10,000.00 |
| 8065.2500 | TAL - VALVES/CONNECTIONS/FTGS | \$95,000.00 |
| 8065.3400 | TAL - CONTRACT LABOR INSTALL | \$30,000.00 |
| 8065.1700 | TAL - PACKER/DOWNHOLE TOOLS | \$5,000.00 |
| 8065.1100 | TAL - TUBING | \$105,000.00 |
| | Sub-total | \$315,000.00 |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|-----------------------------------|-----------------------------------|------------------------|
| Artificial Lift Intangible | | |
| 8060.3500 | IAL - WELLSITE SUPERVISION | \$10,000.00 |
| 8060.2300 | IAL - COMPLETION FLUIDS | \$20,000.00 |
| 8060.3700 | IAL - HEALTH & SAFETY | \$5,000.00 |
| 8060.1200 | IAL - WORKOVER RIG | \$30,000.00 |
| 8060.2600 | IAL - CONTRACT LABOR/ROUSTABOUT | \$20,000.00 |
| 8060.3400 | IAL - RENTAL EQUIPMENT | \$25,000.00 |
| 8060.2000 | IAL - TRUCKING/VACUUM/TRANSP | \$20,000.00 |
| | Sub-total | \$130,000.00 |
| Pipeline | | |
| 8036.3620 | PLN - POWER DISTRIBUTION LABOR | \$11,666.00 |
| 8036.3610 | PLN - POWER DISTRIBUTION MATERIAL | \$33,333.00 |
| 8036.3200 | PLN - VALVES FITTINGS & PIPE | \$20,000.00 |
| 8036.1310 | PLN - PERMANENT EASEMENT | \$23,100.00 |
| 8036.1300 | PLN - SURFACE DAMAGE / ROW | \$2,500.00 |
| 8036.2200 | PLN - CONTRACT LABOR | \$70,000.00 |
| 8036.2800 | PLN - FLOWLINE MATERIAL | \$66,528.00 |
| | Sub-total | \$227,127.00 |
| Completion Tangible | | |
| 8030.2000 | TCC - WELLHEAD EQUIPMENT | \$47,250.00 |
| | Sub-total | \$47,250.00 |
| Drilling Tangible | | |
| 8020.1200 | TDC - CASING - INTERMEDIATE - 1 | \$177,697.81 |
| 8020.1100 | TDC - CASING - SURFACE | \$33,834.25 |
| 8020.1400 | TDC - CASING - PRODUCTION | \$652,674.41 |
| 8020.1500 | TDC - WELLHEAD EQUIPMENT | \$65,875.00 |
| | Sub-total | \$930,081.47 |
| Flowback Intangible | | |
| 8040.2900 | IFC - WELL TESTING / FLOWBACK | \$150,000.00 |
| 8040.1899 | IFC - FRAC WATER RECOVERY | \$290,000.00 |
| 8040.3500 | IFC - WELLSITE SUPERVISION | \$10,000.00 |
| 8040.3400 | IFC - RENTAL EQUIPMENT | \$25,000.00 |
| | Sub-total | \$475,000.00 |
| | Grand Total | \$9,405,555.04 |

| | | | |
|------------------------|-----------------------------|---------------------|-----------------------------|
| AFE Number: | | Description: | LAJITAS 5 -4 STATE COM 131H |
| AFE Name: | LAJITAS 5 -4 STATE COM 131H | AFE TYPE: | Drill and Complete |
| Well Operator: | PERMIAN RESOURCES | | |
| Operator AFE #: | | | |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|----------------------------|--|------------------------|
| Drilling Intangible | | |
| 8015.3700 | IDC - DISPOSAL | \$145,411.00 |
| 8015.3500 | IDC - TRUCKING/VACUUM/ TRANSP | \$31,500.00 |
| 8015.4100 | IDC - RENTAL EQUIPMENT | \$115,500.00 |
| 8015.3200 | IDC - CONTRACT LABOR/ROUSTABOUT | \$27,000.00 |
| 8015.3100 | IDC - CASING CREW & TOOLS | \$73,000.00 |
| 8015.2200 | IDC - BITS, TOOLS, STABILIZERS | \$123,746.00 |
| 8015.3600 | IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM | \$82,556.25 |
| 8015.5000 | IDC - WELL CONTROL INSURANCE | \$11,550.00 |
| 8015.2500 | IDC - MUD/CHEMICALS/ACIDIZING | \$176,811.69 |
| 8015.2300 | IDC - FUEL / POWER | \$196,350.00 |
| 8015.1400 | IDC - ROAD, LOCATIONS, PITS | \$95,625.00 |
| 8015.1310 | IDC - PERMANENT EASEMENT | \$12,000.00 |
| 8015.1700 | IDC - DAYWORK CONTRACT | \$809,943.75 |
| 8015.1100 | IDC - STAKING & SURVEYING | \$15,000.00 |
| 8015.2150 | IDC - DRILL BIT | \$66,750.00 |
| 8015.2400 | IDC - RIG WATER | \$26,250.00 |
| 8015.2000 | IDC - CONDUCTOR HOLE & SERVICE | \$42,500.00 |
| 8015.1500 | IDC - RIG MOB / TRUCKING | \$127,500.00 |
| 8015.3000 | IDC - CEMENT SERV/FLOAT EQUIP | \$190,500.00 |
| 8015.4200 | IDC - MANCAMP | \$54,600.00 |
| 8015.2350 | IDC - FUEL/MUD | \$66,000.00 |
| 8015.4300 | IDC - WELLSITE SUPERVISION | \$121,800.00 |
| 8015.1900 | IDC - DIRECTNL DRILL & SURVEY | \$345,843.75 |
| 8015.4600 | IDC - SAFETY / ENVIRONMENTAL | \$23,100.00 |
| 8015.2700 | IDC - INSPECTION, TESTING & REPAIR | \$37,000.00 |
| 8015.3800 | IDC - WELLHEAD PREPARE/REPAIR | \$12,500.00 |
| 8015.3400 | IDC - MATERIALS & SUPPLIES | \$5,000.00 |
| 8015.1600 | IDC - RIG MOB / STANDBY RATE | \$36,300.00 |
| 8015.5200 | IDC - CONTINGENCY | \$141,058.68 |
| 8015.1000 | IDC - PERMITS,LICENSES,ETC | \$15,000.00 |
| 8015.1300 | IDC - SURFACE DAMAGE / ROW | \$35,000.00 |
| 8015.1200 | IDC - LEGAL, TITLE SERVICES | \$13,000.00 |
| | Sub-total | \$3,275,696.12 |
| Facilities | | |
| 8035.2500 | FAC - CONSULTING SERVICES | \$1,667.00 |
| 8035.4000 | FAC - SAFETY / ENVIRONMENTAL | \$1,333.00 |
| 8035.2200 | FAC - CONTRACT LABOR / ROUSTAB | \$50,000.00 |
| 8035.4400 | FAC - COMPANY LABOR | \$3,333.00 |
| 8035.1800 | FAC - FUEL / POWER | \$2,667.00 |
| 8035.4500 | FAC - CONTINGENCY | \$11,450.00 |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|-----------------------------------|--------------------------------------|------------------------|
| 8035.1600 | FAC - TRANSPORTATION TRUCKING | \$10,000.00 |
| 8035.2400 | FAC - SUPERVISION | \$20,000.00 |
| 8035.3000 | FAC - HEATER TREATER/SEPARATOR | \$110,000.00 |
| 8035.3700 | FAC - AUTOMATION MATERIAL | \$23,333.00 |
| 8035.1900 | FAC - WATER DISPOSAL / SWD | \$667.00 |
| 8035.3500 | FAC - COMPRESSOR | \$10,000.00 |
| 8035.3400 | FAC - METER & LACT | \$37,000.00 |
| 8035.3600 | FAC - ELECTRICAL | \$25,000.00 |
| 8035.1500 | FAC - MATERIALS & SUPPLIES | \$10,000.00 |
| 8035.1300 | FAC - SURFACE DAMAGE / ROW | \$1,667.00 |
| 8035.3200 | FAC - VALVES FITTINGS & PIPE | \$50,000.00 |
| 8035.2100 | FAC - INSPECTION & TESTING | \$1,667.00 |
| 8035.1700 | FAC - RENTAL EQUIPMENT | \$23,333.00 |
| | Sub-total | \$393,117.00 |
| Completion Intangible | | |
| 8025.1800 | ICC - WATER DISPOSAL/VACUUM TRUCK | \$16,065.00 |
| 8025.3050 | ICC - SOURCE WATER | \$266,933.00 |
| 8025.1500 | ICC - FUEL / POWER | \$441,443.00 |
| 8025.3400 | ICC - RENTAL EQUIPMENT | \$164,232.00 |
| 8025.1600 | ICC - COILED TUBING | \$207,532.00 |
| 8025.2000 | ICC - TRUCKING | \$14,375.00 |
| 8025.3600 | ICC - SUPERVISION/ENGINEERING | \$5,000.00 |
| 8025.3500 | ICC - WELLSITE SUPERVISION | \$48,600.00 |
| 8025.2200 | ICC - ELECTRIC LOGGING / PERFORATING | \$317,380.00 |
| 8025.3700 | ICC - SAFETY / ENVIRONMENTAL | \$15,000.00 |
| 8025.1400 | ICC - WIRELINE OPEN/CASED HOLE | \$40,000.00 |
| 8025.2300 | ICC - COMPLETION FLUIDS | \$10,000.00 |
| 8025.2500 | ICC - WELL STIMULATION/FRACTUR | \$1,621,954.00 |
| 8025.2600 | ICC - CONTRACT LABOR/ROUSTABOUT | \$15,000.00 |
| 8025.3800 | ICC - OVERHEAD | \$10,000.00 |
| 8025.3100 | ICC - WELLHEAD/FRACTREE REPAIR | \$40,000.00 |
| 8025.1100 | ICC - ROAD, LOCATIONS, PITS | \$10,500.00 |
| 8025.3000 | ICC - WATER HANDLING | \$117,765.00 |
| | Sub-total | \$3,361,779.00 |
| Artificial Lift Intangible | | |
| 8060.2000 | IAL - TRUCKING/VACUUM/TRANSP | \$5,000.00 |
| 8060.1400 | IAL - WIRELINE OPEN/CASED HOLE | \$10,000.00 |
| 8060.1900 | IAL - INSPECTION & TESTING | \$3,000.00 |
| 8060.1200 | IAL - WORKOVER RIG | \$17,000.00 |
| 8060.2300 | IAL - COMPLETION FLUIDS | \$5,000.00 |
| 8060.3400 | IAL - RENTAL EQUIPMENT | \$5,000.00 |
| 8060.3420 | IAL - REVERSE UNIT RENTAL | \$5,000.00 |
| 8060.3500 | IAL - WELLSITE SUPERVISION | \$5,000.00 |
| 8060.3410 | IAL - LAYDOWN MACHINE | \$5,000.00 |
| 8060.2010 | IAL - KILL TRUCK | \$5,000.00 |
| 8060.2600 | IAL - CONTRACT LABOR/ROUSTABOUT | \$15,000.00 |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|---------------------------------|---|------------------------|
| | Sub-total | \$80,000.00 |
| Flowback Intangible | | |
| 8040.1899 | IFC - FRAC WATER RECOVERY | \$544,058.58 |
| 8040.4000 | IFC - CHEMICALS | \$15,000.00 |
| 8040.1100 | IFC - ROADS LOCATIONS / PITS | \$5,000.00 |
| 8040.3430 | IFC - SURFACE PUMP RENTAL | \$20,000.00 |
| 8040.2000 | IFC - TRUCKING/VACUUM/TRANSP | \$20,000.00 |
| 8040.2900 | IFC - WELL TESTING / FLOWBACK | \$125,000.00 |
| 8040.3420 | IFC - TANK RENTALS | \$20,000.00 |
| 8040.3500 | IFC - WELLSITE SUPERVISION | \$10,000.00 |
| | Sub-total | \$759,058.58 |
| Artificial Lift Tangible | | |
| 8065.2000 | TAL - WELLHEAD EQUIPMENT | \$60,000.00 |
| 8065.2500 | TAL - VALVES/CONNECTIONS/FTGS | \$15,000.00 |
| 8065.1320 | TAL - GAS LIFT EQUIPMENT/INSTALL | \$30,000.00 |
| 8065.3100 | TAL - MEASUREMENT EQUIPMENT | \$30,000.00 |
| 8065.2300 | TAL - GAS LIFT INJECTION LINE & INSTALL | \$130,000.00 |
| 8065.1100 | TAL - TUBING | \$125,000.00 |
| 8065.3200 | TAL - COMM, TELEMETRY & AUTOMA | \$10,000.00 |
| 8065.2400 | TAL - COMPRESSOR INSTALL & STARTUP | \$70,000.00 |
| | Sub-total | \$470,000.00 |
| Drilling Tangible | | |
| 8020.1400 | TDC - CASING - PRODUCTION | \$504,604.05 |
| 8020.1500 | TDC - WELLHEAD EQUIPMENT | \$53,125.00 |
| 8020.1200 | TDC - CASING - INTERMEDIATE - 1 | \$429,641.69 |
| 8020.1100 | TDC - CASING - SURFACE | \$77,295.28 |
| | Sub-total | \$1,064,666.02 |
| Pipeline | | |
| 8036.1310 | PLN - PERMANENT EASEMENT | \$22,727.00 |
| 8036.3620 | PLN - POWER DISTRIBUTION LABOR | \$25,000.00 |
| 8036.2200 | PLN - CONTRACT LABOR | \$87,500.00 |
| 8036.2800 | PLN - FLOWLINE MATERIAL | \$80,000.00 |
| 8036.3200 | PLN - VALVES FITTINGS & PIPE | \$15,000.00 |
| 8036.3610 | PLN - POWER DISTRIBUTION MATERIAL | \$25,000.00 |
| | Sub-total | \$255,227.00 |
| Completion Tangible | | |
| 8030.2000 | TCC - WELLHEAD EQUIPMENT | \$47,250.00 |
| | Sub-total | \$47,250.00 |
| | Grand Total | \$9,706,793.73 |

| | | | |
|------------------------|-----------------------------|---------------------|-----------------------------|
| AFE Number: | | Description: | LAJITAS 5 -4 STATE COM 132H |
| AFE Name: | LAJITAS 5 -4 STATE COM 132H | AFE TYPE: | Drill and Complete |
| Well Operator: | PERMIAN RESOURCES | | |
| Operator AFE #: | | | |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|----------------------------|--|------------------------|
| Drilling Intangible | | |
| 8015.3700 | IDC - DISPOSAL | \$145,411.00 |
| 8015.3500 | IDC - TRUCKING/VACUUM/ TRANSP | \$31,500.00 |
| 8015.4100 | IDC - RENTAL EQUIPMENT | \$115,500.00 |
| 8015.3200 | IDC - CONTRACT LABOR/ROUSTABOUT | \$27,000.00 |
| 8015.3100 | IDC - CASING CREW & TOOLS | \$73,000.00 |
| 8015.2200 | IDC - BITS, TOOLS, STABILIZERS | \$123,746.00 |
| 8015.3600 | IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM | \$82,556.25 |
| 8015.5000 | IDC - WELL CONTROL INSURANCE | \$11,550.00 |
| 8015.2500 | IDC - MUD/CHEMICALS/ACIDIZING | \$176,811.69 |
| 8015.2300 | IDC - FUEL / POWER | \$196,350.00 |
| 8015.1400 | IDC - ROAD, LOCATIONS, PITS | \$95,625.00 |
| 8015.1310 | IDC - PERMANENT EASEMENT | \$12,000.00 |
| 8015.1700 | IDC - DAYWORK CONTRACT | \$809,943.75 |
| 8015.1100 | IDC - STAKING & SURVEYING | \$15,000.00 |
| 8015.2150 | IDC - DRILL BIT | \$66,750.00 |
| 8015.2400 | IDC - RIG WATER | \$26,250.00 |
| 8015.2000 | IDC - CONDUCTOR HOLE & SERVICE | \$42,500.00 |
| 8015.1500 | IDC - RIG MOB / TRUCKING | \$127,500.00 |
| 8015.3000 | IDC - CEMENT SERV/FLOAT EQUIP | \$190,500.00 |
| 8015.4200 | IDC - MANCAMP | \$54,600.00 |
| 8015.2350 | IDC - FUEL/MUD | \$66,000.00 |
| 8015.4300 | IDC - WELLSITE SUPERVISION | \$121,800.00 |
| 8015.1900 | IDC - DIRECTNL DRILL & SURVEY | \$345,843.75 |
| 8015.4600 | IDC - SAFETY / ENVIRONMENTAL | \$23,100.00 |
| 8015.2700 | IDC - INSPECTION, TESTING & REPAIR | \$37,000.00 |
| 8015.3800 | IDC - WELLHEAD PREPARE/REPAIR | \$12,500.00 |
| 8015.3400 | IDC - MATERIALS & SUPPLIES | \$5,000.00 |
| 8015.1600 | IDC - RIG MOB / STANDBY RATE | \$36,300.00 |
| 8015.5200 | IDC - CONTINGENCY | \$141,058.68 |
| 8015.1000 | IDC - PERMITS,LICENSES,ETC | \$15,000.00 |
| 8015.1300 | IDC - SURFACE DAMAGE / ROW | \$35,000.00 |
| 8015.1200 | IDC - LEGAL, TITLE SERVICES | \$13,000.00 |
| | Sub-total | \$3,275,696.12 |
| Facilities | | |
| 8035.2500 | FAC - CONSULTING SERVICES | \$1,667.00 |
| 8035.4000 | FAC - SAFETY / ENVIRONMENTAL | \$1,333.00 |
| 8035.2200 | FAC - CONTRACT LABOR / ROUSTAB | \$50,000.00 |
| 8035.4400 | FAC - COMPANY LABOR | \$3,333.00 |
| 8035.1800 | FAC - FUEL / POWER | \$2,667.00 |
| 8035.4500 | FAC - CONTINGENCY | \$11,450.00 |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|-----------------------------------|--------------------------------------|------------------------|
| 8035.1600 | FAC - TRANSPORTATION TRUCKING | \$10,000.00 |
| 8035.2400 | FAC - SUPERVISION | \$20,000.00 |
| 8035.3000 | FAC - HEATER TREATER/SEPARATOR | \$110,000.00 |
| 8035.3700 | FAC - AUTOMATION MATERIAL | \$23,333.00 |
| 8035.1900 | FAC - WATER DISPOSAL / SWD | \$667.00 |
| 8035.3500 | FAC - COMPRESSOR | \$10,000.00 |
| 8035.3400 | FAC - METER & LACT | \$37,000.00 |
| 8035.3600 | FAC - ELECTRICAL | \$25,000.00 |
| 8035.1500 | FAC - MATERIALS & SUPPLIES | \$10,000.00 |
| 8035.1300 | FAC - SURFACE DAMAGE / ROW | \$1,667.00 |
| 8035.3200 | FAC - VALVES FITTINGS & PIPE | \$50,000.00 |
| 8035.2100 | FAC - INSPECTION & TESTING | \$1,667.00 |
| 8035.1700 | FAC - RENTAL EQUIPMENT | \$23,333.00 |
| | Sub-total | \$393,117.00 |
| Completion Intangible | | |
| 8025.1800 | ICC - WATER DISPOSAL/VACUUM TRUCK | \$16,065.00 |
| 8025.3050 | ICC - SOURCE WATER | \$266,933.00 |
| 8025.1500 | ICC - FUEL / POWER | \$441,443.00 |
| 8025.3400 | ICC - RENTAL EQUIPMENT | \$164,232.00 |
| 8025.1600 | ICC - COILED TUBING | \$207,532.00 |
| 8025.2000 | ICC - TRUCKING | \$14,375.00 |
| 8025.3600 | ICC - SUPERVISION/ENGINEERING | \$5,000.00 |
| 8025.3500 | ICC - WELLSITE SUPERVISION | \$48,600.00 |
| 8025.2200 | ICC - ELECTRIC LOGGING / PERFORATING | \$317,380.00 |
| 8025.3700 | ICC - SAFETY / ENVIRONMENTAL | \$15,000.00 |
| 8025.1400 | ICC - WIRELINE OPEN/CASED HOLE | \$40,000.00 |
| 8025.2300 | ICC - COMPLETION FLUIDS | \$10,000.00 |
| 8025.2500 | ICC - WELL STIMULATION/FRACTUR | \$1,621,954.00 |
| 8025.2600 | ICC - CONTRACT LABOR/ROUSTABOUT | \$15,000.00 |
| 8025.3800 | ICC - OVERHEAD | \$10,000.00 |
| 8025.3100 | ICC - WELLHEAD/FRACTREE REPAIR | \$40,000.00 |
| 8025.1100 | ICC - ROAD, LOCATIONS, PITS | \$10,500.00 |
| 8025.3000 | ICC - WATER HANDLING | \$117,765.00 |
| | Sub-total | \$3,361,779.00 |
| Artificial Lift Intangible | | |
| 8060.2000 | IAL - TRUCKING/VACUUM/TRANSP | \$5,000.00 |
| 8060.1400 | IAL - WIRELINE OPEN/CASED HOLE | \$10,000.00 |
| 8060.1900 | IAL - INSPECTION & TESTING | \$3,000.00 |
| 8060.1200 | IAL - WORKOVER RIG | \$17,000.00 |
| 8060.2300 | IAL - COMPLETION FLUIDS | \$5,000.00 |
| 8060.3400 | IAL - RENTAL EQUIPMENT | \$5,000.00 |
| 8060.3420 | IAL - REVERSE UNIT RENTAL | \$5,000.00 |
| 8060.3500 | IAL - WELLSITE SUPERVISION | \$5,000.00 |
| 8060.3410 | IAL - LAYDOWN MACHINE | \$5,000.00 |
| 8060.2010 | IAL - KILL TRUCK | \$5,000.00 |
| 8060.2600 | IAL - CONTRACT LABOR/ROUSTABOUT | \$15,000.00 |

| <u>Account</u> | <u>Description</u> | <u>Gross Est. (\$)</u> |
|---------------------------------|---|------------------------|
| | | Sub-total |
| | | \$80,000.00 |
| Flowback Intangible | | |
| 8040.1899 | IFC - FRAC WATER RECOVERY | \$544,058.58 |
| 8040.4000 | IFC - CHEMICALS | \$15,000.00 |
| 8040.1100 | IFC - ROADS LOCATIONS / PITS | \$5,000.00 |
| 8040.3430 | IFC - SURFACE PUMP RENTAL | \$20,000.00 |
| 8040.2000 | IFC - TRUCKING/VACUUM/TRANSP | \$20,000.00 |
| 8040.2900 | IFC - WELL TESTING / FLOWBACK | \$125,000.00 |
| 8040.3420 | IFC - TANK RENTALS | \$20,000.00 |
| 8040.3500 | IFC - WELLSITE SUPERVISION | \$10,000.00 |
| | | Sub-total |
| | | \$759,058.58 |
| Artificial Lift Tangible | | |
| 8065.2000 | TAL - WELLHEAD EQUIPMENT | \$60,000.00 |
| 8065.2500 | TAL - VALVES/CONNECTIONS/FTGS | \$15,000.00 |
| 8065.1320 | TAL - GAS LIFT EQUIPMENT/INSTALL | \$30,000.00 |
| 8065.3100 | TAL - MEASUREMENT EQUIPMENT | \$30,000.00 |
| 8065.2300 | TAL - GAS LIFT INJECTION LINE & INSTALL | \$130,000.00 |
| 8065.1100 | TAL - TUBING | \$125,000.00 |
| 8065.3200 | TAL - COMM, TELEMETRY & AUTOMA | \$10,000.00 |
| 8065.2400 | TAL - COMPRESSOR INSTALL & STARTUP | \$70,000.00 |
| | | Sub-total |
| | | \$470,000.00 |
| Drilling Tangible | | |
| 8020.1400 | TDC - CASING - PRODUCTION | \$504,604.05 |
| 8020.1500 | TDC - WELLHEAD EQUIPMENT | \$53,125.00 |
| 8020.1200 | TDC - CASING - INTERMEDIATE - 1 | \$429,641.69 |
| 8020.1100 | TDC - CASING - SURFACE | \$77,295.28 |
| | | Sub-total |
| | | \$1,064,666.02 |
| Pipeline | | |
| 8036.1310 | PLN - PEMANENT EASEMENT | \$22,727.00 |
| 8036.3620 | PLN - POWER DISTRIBUTION LABOR | \$25,000.00 |
| 8036.2200 | PLN - CONTRACT LABOR | \$87,500.00 |
| 8036.2800 | PLN - FLOWLINE MATERIAL | \$80,000.00 |
| 8036.3200 | PLN - VALVES FITTINGS & PIPE | \$15,000.00 |
| 8036.3610 | PLN - POWER DISTRIBUTION MATERIAL | \$25,000.00 |
| | | Sub-total |
| | | \$255,227.00 |
| Completion Tangible | | |
| 8030.2000 | TCC - WELLHEAD EQUIPMENT | \$47,250.00 |
| | | Sub-total |
| | | \$47,250.00 |
| | | Grand Total |
| | | \$9,706,793.73 |



Lajitas – Contact Chronology

- January 2024:** Original Lajitas proposals sent out
Correspondence with V-F
Jalapeno/Sharbro/Tinian consent (Only Jalapeno has signed JOA)
Correspondence with EOG
Correspondence with Sharbro
- February 2024:** Correspondence with V-F
- April 2024:** Correspondence with Featherstone
Correspondence with Marathon
Correspondence with EOG
- May 2024:** Correspondence with Midstream takeaway
Correspondence with V-F
- June 2024:** Correspondence with Marathon (They agreed to exit Lajitas, but the ConocoPhillips acquisition of Marathon halted this)
- July 2024:** Oxy Y-1, Oxy USA
- August 2024:** Correspondence with EOG
- September 2024:** Permian Resources re-proposes Lajitas
Correspondence with Sharbro, Tinian, MRC, Vladin, French Family, Rockwood, Andersen-Malone, Charles Malone Trust, Yates, DML Trust, V-F, Bean Family, NM Western,
- October 2024:** Correspondence with Jalapeno, Hanagan, French Family, Charles Malone Trust, Bean Family, NM Western, Harvard, Andersen-Malone, Sharbro, Charles Malone Trust, COG Operating
- November 2024:** Correspondence with COG, Charles Malone Trust, Linda Schwarz, Bean Family, NM Western, Jalapeno, V-F,
- December 2024:** Permian Acquires WC Minerals LLC interest
Correspondence with Yates, Red River, DML Trust, Lodge Exploration,
- February 2025:** Correspondence with Red River

General EOG commentary: Broader area discussions ongoing since 2023 to present on EOG's exit of surrounding lands inclusive of the Lajitas Unit

Correspondence includes but is not limited to interest confirmations, offers, JOA negotiations, pooling process explanation, well plans, etc. As noted in previous slides several parties have consented to these wells but not yet signed the JOA. The JOA offering will remain open until spud

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

APPLICATIONS OF PERMIAN
RESOURCES OPERATING, LLC FOR
COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

CASE NOS. 25000 & 25001

SELF-AFFIRMED STATEMENT
OF CHRIS CANTIN

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

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

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

4. **Exhibit B-2** is a cross-section location map for the proposed horizontal spacing unit within the Bone Spring formation. The approximate wellbore paths for the proposed **Lajitas 5-4 State Com 121H, Lajitas 5-4 State Com 131H, Lajitas 5-4 State Com 122H, Lajitas 5-4 State Com 132H, Lajitas 5-4 State Com 123H, Lajitas 5-4 State Com 133H, Lajitas 5-4 State Com 124H, and Lajitas 5-4 State Com 134H** wells are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section wells name and a black line in proximity

Permian Resources Operating, LLC
Case No. 25000
Exhibit B

to the proposed well. The pooling unit areas are defined by blue boxes and are labeled with its respective case number.

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

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

7. **Exhibit B-5** is a stratigraphic cross-section from A to A' using the representative wells identified on Exhibits B-2 and B-4. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is hung on the base of the Third Bone Spring formation. The proposed landing zones for the Wells are labeled on the exhibit. The approximate well-paths for the proposed wells are indicated by dashed lines to be drilled from west to east across the units. This cross-section demonstrates the target intervals are continuous across the Unit.

8. **Exhibit B-6** is a gun barrel diagram that shows the proposed wells in the Bone Spring formation. The spacing units are defined by blue boxes and are labeled with their respective case numbers.

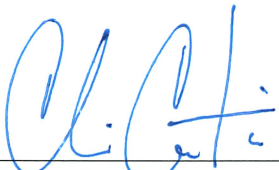
9. In my opinion, a laydown orientation for the wells is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and is the preferred fracture orientation in this portion of the trend.

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

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

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

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


Chris Cantin

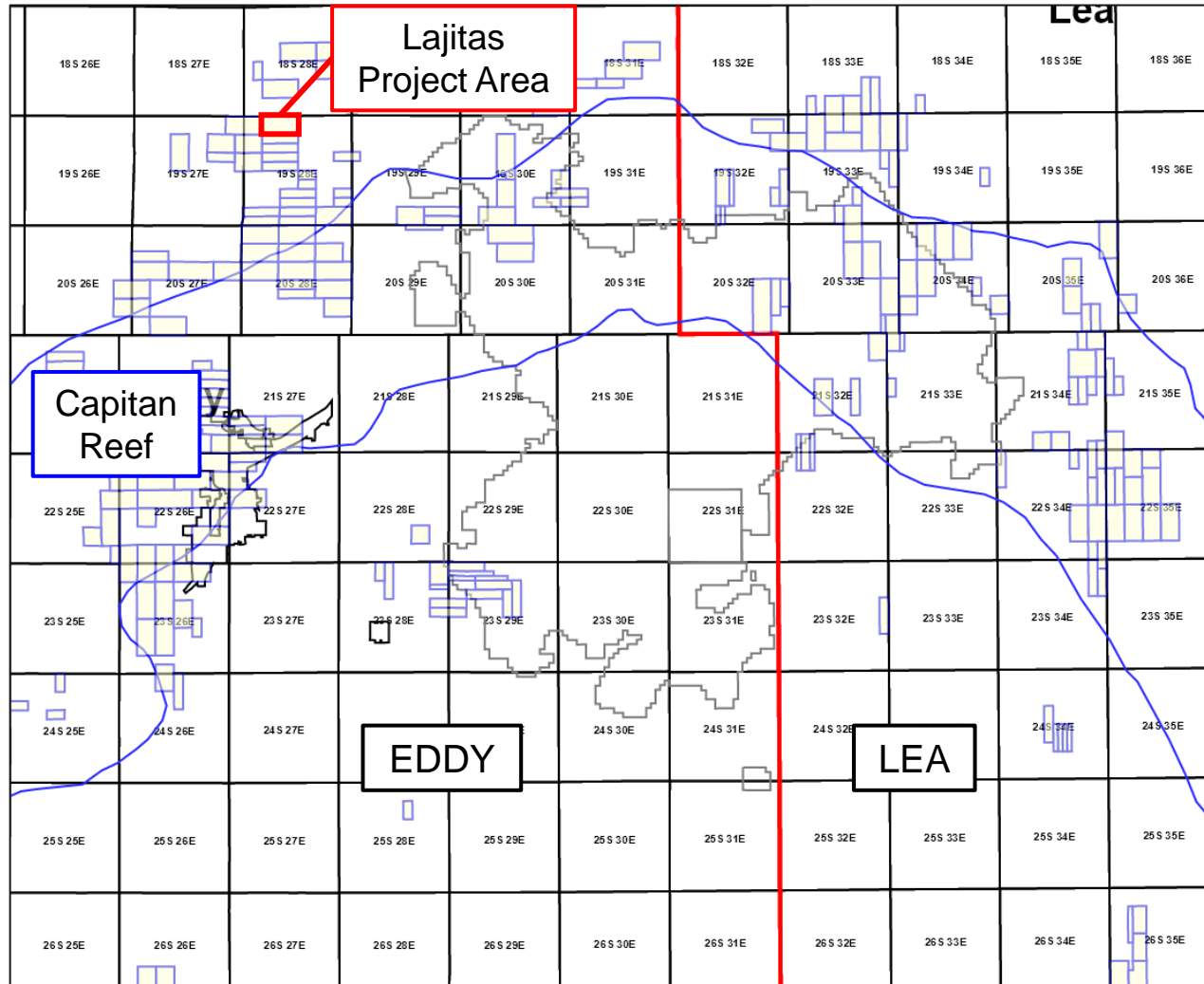
12/13/2024
Date

Regional Locator Map

Lajitas 5-4 State Com

Permian Resources Operating, LLC
Case No. 25000
Exhibit B-1

Exhibit B-1



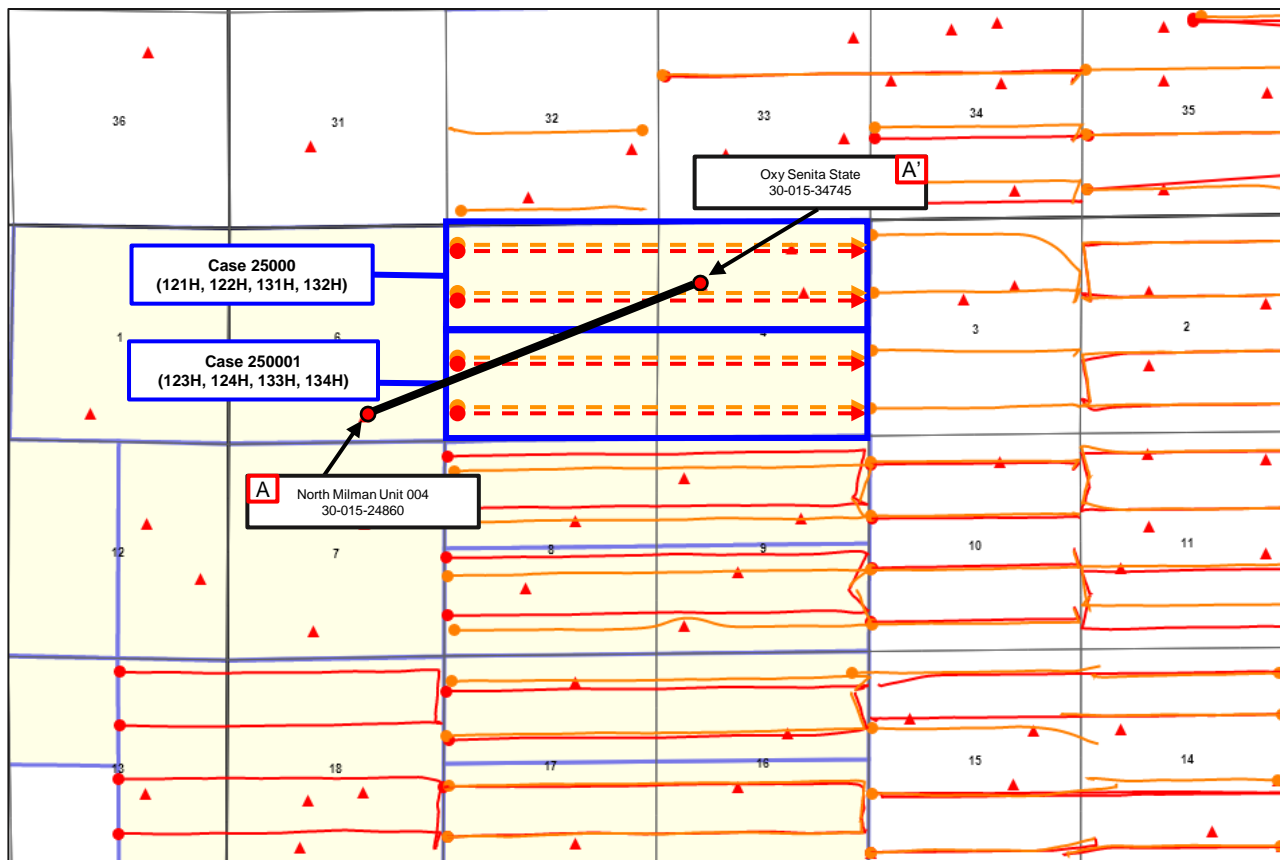
Permian Resources





Cross-Section Locator Map

Lajitas 5-4 State Com Second Bone Spring



Control Point



Proposed Wells

SBSG

SHL BHL

TBSG

SHL BHL

Producing Wells

SBSG

BHL SHL

TBSG

BHL SHL

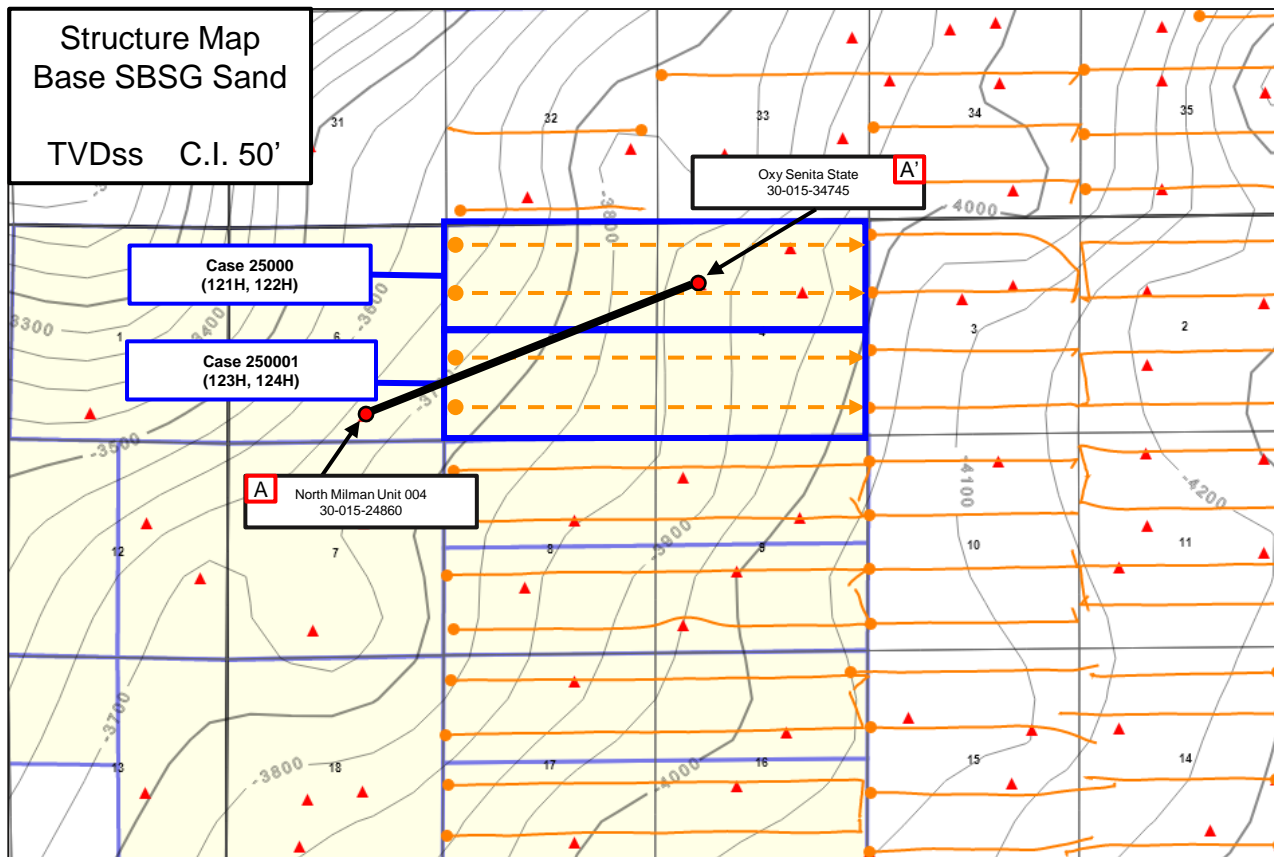
Permian Resources





Base of Second Bone Spring – Structure Map

Lajitas 5-4 State Com



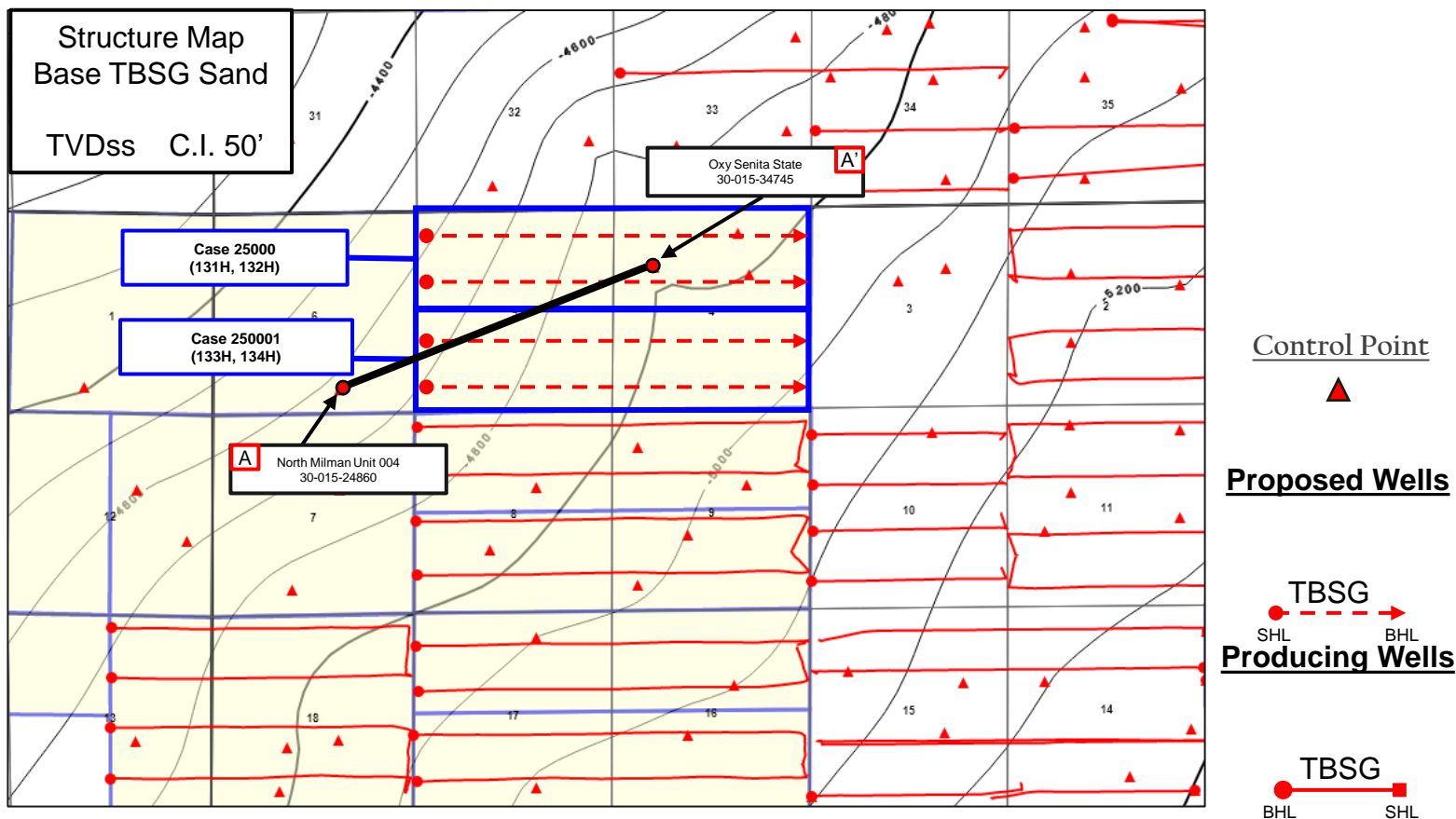
Permian Resources





Base of Third Bone Spring – Structure Map

Lajitas 5-4 State Com



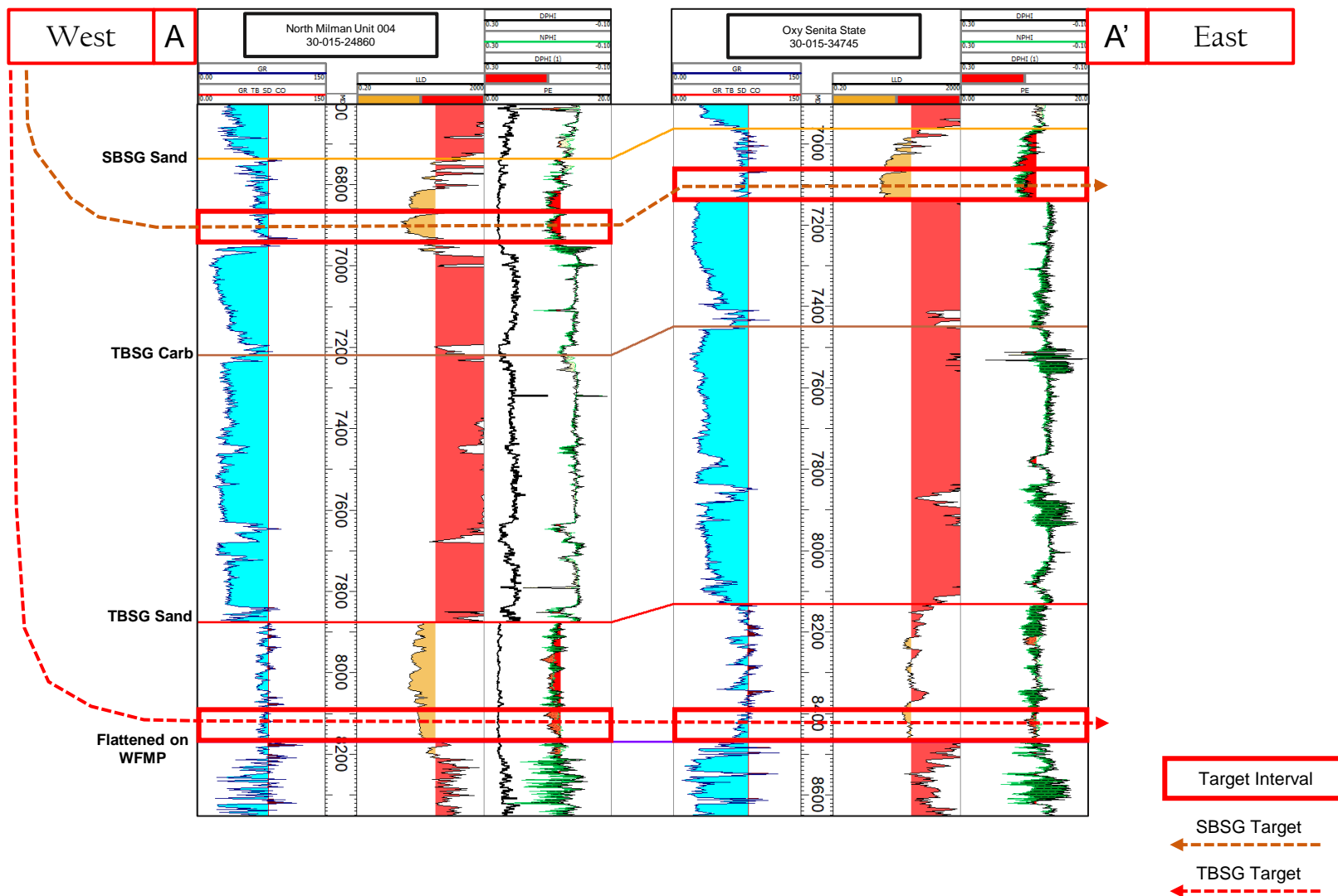
Permian Resources





Stratigraphic Cross-Section A-A' Lajitas 5-4 State Com Second and Third Bone Spring

Exhibit B-5

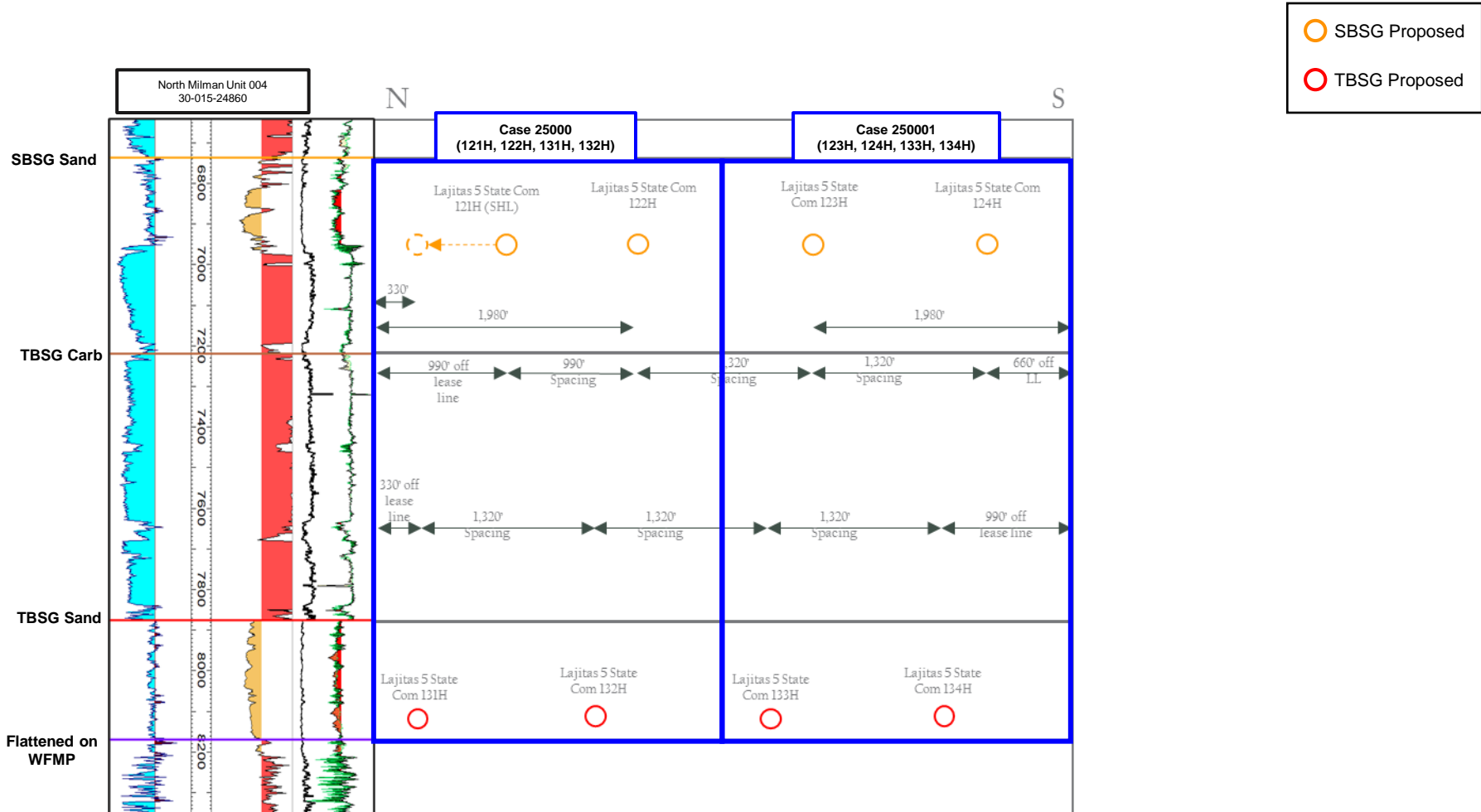


Gun Barrel Development Plan

Lajitas 5-4 State Com Bone Spring

Permian Resources Operating, LLC
Case No. 25000
Exhibit B-6

Exhibit B-6



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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 25000

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

1. I am attorney in fact and authorized representative of Permian Resources Operating, LLC., the Applicant herein.
2. I am familiar with the Notice Letter attached as **Exhibit C-1** and caused the Notice Letter, along with the Application in this case, to be sent to the parties set out in the chart attached as **Exhibit C-2**.
3. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received.
4. Copies of the certified mail green cards and white slips are attached as **Exhibit C-3** as supporting documentation for proof of mailing and the information provided on Exhibit C-2.
5. On December 12, 2024, I caused a notice to be published in the Carlsbad Current – Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current – Argus along with a copy of the notice publication, is attached as **Exhibit C-4**.
6. I understand this Self-Affirmed Statement will be used as written testimony in the subject case. I affirm that my testimony above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

/s/ Dana S. Hardy
Dana S. Hardy

January 17, 2025
Date

**Permian Resources Operating, LLC
Case No. 25000
Exhibit C**



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

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

December 6, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 25000 & 25001 – Applications of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **January 9, 2025**, beginning at 9:00 a.m.

The hearing will be conducted 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/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.

If you have any questions about this application, please contact Travis Macha, Landman at Permian Resources Operating, LLC, via e-mail at Travis.Macha@permianres.com, or by phone at (432) 400-1037.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Permian Resources Operating, LLC
Case No. 25000
Exhibit C-1

Enclosure

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

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

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

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 25000 & 25001

NOTICE LETTER CHART

| PARTY | NOTICE LETTER SENT | RETURN RECEIVED |
|--|--------------------------------------|---------------------------------|
| 801 LLC PO Box 900 Artesia, NM 88221 | 12-06-2024 9589071052702305985041 | 12-12-2024 |
| Anderson – Malone, LLC PO Box 87 Roswell, NM 88202 | 12-06-2024 9589071052702305985058 | 12-16-2024 |
| Annabelle LP French 1010W. Wall St. Midland, TX 79701 | 12-06-2024 9589071052702305985065 | 12-11-2024 |
| Anne S. Johnson 6529 Hwy 42 South Fort Valley, GA 31030 | 12-06-2024 9589071052702305985072 | 12-27-2024 Return to Sender. |
| Bean Family Limited Company, LLC PO Box 1738 Roswell, NM 88202 | 12-06-2024 9589071052702305985089 | 12-27-2024 Return to Sender. |
| Blue Star Oil & Gas, LLC PO Box 100 Artesia, NM 88211-0100 | 12-06-2024 9589071052702305985560 | 12-11-2024 |
| Charles F. Malone 2701 Chrysler Drive Roswell, NM 88201 | 12-06-2024 9589071052702305985577 | 12-16-2024 |
| Charles F. Malone 2701 Chrysler Dr. Roswell, NM 88201 | 12-06-2024 9589071052702305985584 | 12-16-2024 |
| Charles F. Malone Living Trust dtd 8/1/1997 2701 Chrysler Drive Roswell, NM 88201 | 12-06-2024 9589071052702305985591 | 12-16-2024 |
| COG Operating, LLC 600 West Illinois Avenue Midland, TX 79701 | 12-06-2024 9589071052702305985607 | 1-2-2025 |
| Concho Oil & Gas, LLC 600 West Illinois Ave. Midland, TX 79701 | 12-06-2024 9589071052702305985614 | 1-2-2025 |
| Dan M. Leonard, Trustee of the DML Revocable Trust PO Box 3422 Midland, TX 79702 | 12-06-2024 9589071052702305985621 | 12-12-2024 |

**Permian Resources Operating, LLC
Case No. 25000
Exhibit C-2**

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 25000 & 25001

NOTICE LETTER CHART

| | | |
|--|--------------------------------------|-------------------------------|
| Eaton Family Trust 9730 Bucknol Way Highlands Ranch, CO 80129 | 12-06-2024 9589071052702305985638 | 12-16-2024 |
| EOG Resources, Inc. 5509 Champions Dr. Midland, TX 79706 | 12-06-2024 9589071052702305985645 | 1-2-2025 |
| French Land & Cattle, Ltd. 1010 W. Wall Street Midland, TX 79701 | 12-06-2024 9589071052702305985652 | 12-11-2024 |
| Fuel Products, Inc. PO Box 3098 Midland, TX 79702 | 12-06-2024 9589071052702305985669 | 12-16-2024 |
| Gahr Energy Company PO Box 1889 Midland, TX 79702 | 12-06-2024 9589071052702305985676 | 12-16-2024 |
| Gilbert J. Eaton, MSU 1843 Windover Way West Chester, Pennsylvania 19382 | 12-06-2024 9589071052702305985683 | 1-3-2025 Return to Sender. |
| Hanagan Investment, LLC PO Box 1737 Roswell, NM 88202 | 12-06-2024 9589071052702305985690 | 12-16-2024 |
| Harvard Petroleum Company, LLC PO Box 936 Roswell, NM 88202 | 12-06-2024 9589071052702305985706 | 12-16-2024 |
| Jalapeno Corporation PO Box 1608 Albuquerque, NM 87103 | 12-06-2024 9589071052702305985713 | 12-11-2024 |
| James R. Gebel, Trustee of the James R. Gebel Revocable Living Trust PO Box 162 Roswell, NM 88202 | 12-06-2024 9589071052702305985737 | 1-2-2025 Return to Sender. |
| James R. Gebel, Trustee of the James R. Gebel Revocable Living Trust 58 Road 2335 Aztec, NM 87410 | 12-06-2024 9589071052702305985744 | 12-12-2024 |

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 25000 & 25001

NOTICE LETTER CHART

| | | |
|---|--------------------------------------|---|
| John Riggs, Eaton James Riggs, Michael Riggs, Co-Trustees of the Eaton Family Trust 3320 Avenue J Bay City, Texas 77414 | 12-06-2024 9589071052702305985751 | 12-17-2024 Return to Sender. |
| Linda E. Schwarz, MSU 324 W. Ramona Avenue Colorado Springs, Colorado 80905 | 12-06-2024 9589071052702305985768 | 1-2-2025 |
| Lodge Exploration Company, LLC 203 W. Wall Street, Ste. 920 Midland, TX 79701 | 12-06-2024 9589071052702305985782 | 1-2-2025 |
| LRF JR LLC PO Box 11327 Midland, TX 79702 | 12-06-2024 9589071052702305985799 | 12-16-2024 |
| Marathon Oil Permian LLC 990 Town and Country Blvd Houston, TX 77024 | 12-06-2024 9589071052702305985805 | 12-16-2024 |
| Marcia Millicent French 1010 W. Wall St. Midland, TX 79701 | 12-06-2024 9589071052702305985812 | 12-11-2024 |
| Mewbourne Oil Company PO Box 7698 Tyler, TX 75711 | 12-06-2024 9589071052702305985829 | 1-2-2025 |
| Mid-Western Energy, LLC 201 Rolling Winds Circle Odessa, TX 79765 | 12-06-2024 9589071052702305985836 | 12-11-2024 |
| MRC Delaware Resources, LLC One Lincoln Centre 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240 | 12-06-2024 9589071052702305985096 | 12-16-2024 |
| MRL Partners, LP 5151 San Felipe St. Ste 400 Houston, TX 77056 | 12-06-2024 9589071052702305985102 | USPS Tracking: Item in transit 12-18-2024. |
| New Mexico Western Minerals PO Box 2262 Carlsbad, NM 88221 | 12-06-2024 9589071052702305985119 | 12-18-2024 |
| OXY USA WTP, LP 5 Greenway Plaza, Suite 110 Houston, TX 77046 | 12-06-2024 9589071052702305985126 | 12-16-2024 |

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 25000 & 25001

NOTICE LETTER CHART

| | | |
|---|--------------------------------------|---------------------------------|
| Oxy Y-1 Company 5 Greenway Plaza, Suite 110 Houston, TX 77046 | 12-06-2024 9589071052702305985133 | 12-16-2024 |
| Pamela Anne Evans, MSU 7625 Parkview Circle Austin, TX 78731 | 12-06-2024 9589071052702305985140 | 12-17-2024 Return to Sender. |
| Pamela Anne Evans, MSU 801 Calinco Dr. Apt. 202 Granbury TX 76048 | 12-06-2024 9589071052702305985157 | 12-27-2024 Return to Sender. |
| Rayie, LLC 1006 S. Second Artesia, NM88210 | 12-06-2024 9589071052702305985164 | 12-18-2024 |
| Red River Energy Partners, LLC PO Box 2455 Midland, TX 79702 | 12-06-2024 9589071052701152547822 | 12-16-2024 |
| Robert Fuller Fulton French 1010 W. Wall St. Midland, TX 79701 | 12-06-2024 9589071052701152547839 | 12-11-2024 |
| Rockwood Energy, LLC 4450 Oak Park Lane, Suite 101897 Fort Worth, TX 76109 | 12-06-2024 9589071052701152547846 | 12-16-2024 |
| Roy G. Barton, Jr. as Trustee of the Roy G. Barton Sr. & Opal Barton Revocable Trust 1919 North Turner Street Hobbs, New Mexico 88240 | 12-06-2024 9589071052702305985195 | 12-16-2024 |
| Santo Legado, LLC PO Box 1020 Artesia, NM 88211 | 12-06-2024 9589071052702305985201 | 12-11-2024 |
| Sharbro Energy, LLC PO Box 840 Artesia, NM 88211 | 12-06-2024 9589071052702305985218 | 12-11-2024 |
| Slash Exploration, LP PO Box 1973 Roswell, NM 88202 | 12-06-2024 9589071052702305985225 | 12-16-2024 |
| Theodore P. White, SSP PO Box 533 Roswell, NM 88201 | 12-06-2024 9589071052702305985232 | 1-2-2025 |

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 25000 & 25001

NOTICE LETTER CHART

| | | |
|--|--------------------------------------|------------|
| Theodore P. White, SSP 3944 Cottonwood Ln. Roswell, NM 88203 | 12-06-2024 9589071052702305985249 | 12-12-2024 |
| Tinian Oil & Gas, LLC PO Box 900 Artesia, NM 88211-0900 | 12-06-2024 9589071052702305985256 | 12-12-2024 |
| V-F Petroleum, Inc. PO Box 1889 Midland, TX 79702 | 12-06-2024 9589071052702305985263 | 12-16-2024 |
| Vladin, LLC PO Box 100 Artesia, NM 88211 | 12-06-2024 9589071052702305985270 | 12-11-2024 |
| WD Minerals, LLC c/o Douglas Derrick 6505 Vasco Way El Paso, Texas 79912 | 12-06-2024 9589071052702305985287 | 12-11-2024 |
| William Fuller Kirkpatrick French GST Exempt Trust 1010 W. Wall St. Midland, TX 79701 | 12-06-2024 9589071052702305985294 | 12-11-2024 |
| Yates Energy Corporation PO Box 2323 Roswell, NM 88202 | 12-06-2024 9589071052702305985300 | 12-16-2024 |

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

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OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, if none are 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. 801 LLC
PO Box 900
 City, State, ZIP+4® Artesia NM 88221

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

Postmark Here
DEC 06 2024
USPS


SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

801 LLC
 PO Box 900
 Artesia, NM 88221

25000-25001 PRO - Lajitas


 9590 9402 9022 4122 7801 26

2. Article Number (Transfer from service label)
9589 0710 5270 2305 9850 41

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 12-10-24

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

RECEIVED
DEC 12 2024
 Hinkle Shanor LLP
 Santa Fe NM 87504

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 Mail Restricted Delivery (0)

Domestic Return Receipt

Permian Resources Operating, LLC
Case No. 25000
Exhibit C-3

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OFFICIAL USE

9589 0710 5270 2305 9850 58

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street a Anderson - Malone, LLC

PO Box 87

City, St. Roswell, NM 88202

25000-25001 PRO Lajita

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

SANTA FE, NM 87505

DEC 06 2024

USPS

Postmark Here

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> |
| <p>1. Article Addressed to:</p> <p>Anderson - Malone, LLC PO Box 87 Roswell, NM 88202</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p> | <div style="text-align: center;"> <p style="font-size: 2em; color: green; opacity: 0.5;">RECEIVED</p> <p style="color: red; font-size: 1.5em; font-weight: bold;">DEC 1 2024</p> <p style="color: red; font-weight: bold;">USPS</p> </div> |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9850 58</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>Mail Restricted Delivery (M)</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

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OFFICIAL USE

SANTA FE, NM 87501
DEC 05 2024
Postmark Here
USPS

9589 0710 5270 2305 9850 65

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 Annabelle LP French
1010W. Wall St.
City, State Midland, TX 79701

25000-25001 PRO Lajitas

PS Form 3800, January 2023 PSN 7530-09-000-9047 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>Annabelle LP French 1010W. Wall St. Midland, TX 79701</p> <p style="text-align: right;">25000-25001 PRO Lajitas</p> <div style="text-align: center;">  9590 9402 9022 4122 7801 02 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9850 65</p> | <p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>WC Job</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;"><i>WC TATE</i> 12/9/24</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; opacity: 0.5;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">DEC 11 2024</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (over \$500)</p> |

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

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OFFICIAL USE

SANTA FE, NM 87507
DEC 06 2024
Postmark Here
USPS

9589 0710 5270 2305 9855 60

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 Blue Star Oil & Gas, LLC

Street PO Box 100

City, State, ZIP+4® Artesia, NM 88211-0100 25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>R. Haynes</i></p> <p>B. Received by (Printed Name) <i>Rona Haynes</i></p> <p>C. Date of Delivery <i>12-9-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p style="text-align: center;">DEC 11 2024</p> <p style="text-align: center;">Hinkle Shanor LLP Santa Fe NM 87504</p> |
| <p>1. Article Addressed to:</p> <p>Blue Star Oil & Gas, LLC PO Box 100 Artesia, NM 88211-0100</p> <p style="text-align: right;">25000-25001 PRO Lajitas</p> | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9855 60</p> | <p>Mail Restricted Delivery (00)</p> |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

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OFFICIAL USE

SANTA, FE, NM 87501

Postmark
Here
DEC 06 2024

USPS

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Charles F. Malone
Street or PO Box 2701 Chrysler Drive
City, State, ZIP+4® Roswell, NM 88201 25000-25001 PRO Lajitas

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>Charles F. Malone 2701 Chrysler Drive Roswell, NM 88201</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p> <div style="text-align: center;">  9590 9402 9190 4225 2353 01 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9855 77</p> | <p>A. Signature</p> <p><i>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Charles F. Malone Jr</i> <i>12/10/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">DEC 10 2024</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Chanor</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p> | |

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SANTA FE, NM 87507
DEC 06 2024
USPS

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Charles F. Malone
2701 Chrysler Dr.
Roswell, NM 88201

City, State, ZIP+4® 25000-25001 PRO Lajitas

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:

Charles F. Malone
2701 Chrysler Dr.
Roswell, NM 88201

25000-25001 PRO Lajitas



9590 9402 9190 4225 2352 95

2. Article Number (Transfer from service label)
9589 0710 5270 2305 9855 84

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
CF Malone Addressee

B. Received by (Printed Name) *CF MALONE JR* C. Date of Delivery *12/10/24*

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

RECEIVED
DEC 10 2024

3. Service Type *Hinkia Shanor*

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Mail Restricted Delivery (over \$500)

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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 Charles F. Malone Living Trust dtd
8/1/1997
Street and Apt 2701 Chrysler Drive
City, State, Zip Roswell, NM 88201 25000-25001 PRO Lajitas

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



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to 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 CF MALONE JD 12/16/24</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>1. Article Addressed to:</p> <p>Charles F. Malone Living Trust dtd 8/1/1997 2701 Chrysler Drive Roswell, NM 88201 25000-25001 PRO Lajitas</p> | <div style="font-size: 2em; font-weight: bold; border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> RECEIVED DEC 16 2024 </div> |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9855 91</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Sherrill Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® Registered Mail Restr-</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery Delivery</p> <p><input type="checkbox"/> Collect on Delivery Signature Confirma^{tt}</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery Signature Confir^{tt}</p> <p style="text-align: right;">Mail Restricted Delivery</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Re</p> | |

9589 0710 5270 2305 9856 07

U.S. Postal Service™
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OFFICIAL RECEIPT


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

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Number: COG Operating, LLC
 600 West Illinois Avenue
 Midland, TX 79701
 City, State, ZIP+4®: 25000-25001 PRO Lajitas

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

SANTA FE, NM 87501
 DEC 06 2024
 USPS

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Ursula Wilkerson</u></p> <p>C. Date of Delivery <u>12-10</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 style="text-align: center;">RECEIVED JAN 2 2025</p> |
| <p>1. Article Addressed to:</p> <p>COG Operating, LLC 600 West Illinois Avenue Midland, TX 79701</p> <p style="text-align: right;">25000-25001 PRO Lajitas</p> <p style="text-align: center;">  9590 9402 9190 4225 2352 71 </p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p style="text-align: right;">Hinkie Shano... NM 87...</p> |
| <p>2. Article Number (Transfer from receipt label)</p> <p>9589 0710 5270 2305 9856 07</p> | |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

9589 0710 5270 2305 9856 14

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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 or PO Box Concho Oil & Gas, LLC
600 West Illinois Ave.
Midland, TX 79701
City, State, ZIP+4® 25000-25001 PRO Lajitas

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



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Wesley Wildman</i></p> <p>C. Date of Delivery <i>12-10</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>Concho Oil & Gas, LLC 600 West Illinois Ave. Midland, TX 79701 25000-25001 PRO Lajitas</p> | <p>RECEIVED JAN 2 2025</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9856 14</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"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

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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 Dan M. Leonard, Trustee of the DML
 Revocable Trust
 Street and PO Box 3422
 Midland, TX 79702
 City, State, 25000-25001 PRO Lajitas

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

SANTA FE NM 87504
DEC 06 2024
 Postmark Here
 USPS

9589 0710 5270 2305 9856 21

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Dan M. Leonard</i></p> <p>C. Date of Delivery <i>12-9-24</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><i>DEC 12 2024</i></p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p> |
| <p>1. Article Addressed to:</p> <p>Dan M. Leonard, Trustee of the DML Revocable Trust PO Box 3422 Midland, TX 79702 25000-25001 PRO Lajitas</p> <p> 9590 9402 9190 4225 2352 57</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9856 21</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 an Eaton Family Trust
 9730 Bucknol Way
 Highlands Ranch, CO 80129

City, State 25000-25001 PRO Lajitas

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



9589 0710 5270 2305 9856 38

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:

Eaton Family Trust
 9730 Bucknol Way
 Highlands Ranch, CO 80129
 25000-25001 PRO Lajitas

9590 9402 9190 4225 2352 40

2. Article Number (Transfer from service label)
 9589 0710 5270 2305 9856 38

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) MELBA RICA

C. Date of Delivery 12/9

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

RECEIVED
 DEC 16 2024

3. Service Type

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted

Certified Mail® Signature Confirmation™

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

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

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and _____
 City, State, _____ 25000-25001 PRO Lajitas

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



9589 0710 5270 2305 9856 45

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Van Burst</i></p> <p>C. Date of Delivery <i>12/11</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p>EOG Resources, Inc. 5509 Champions Dr. Midland, TX 79706</p> <p>25000-25001 PRO Lajitas</p> <p>9590 9402 9190 4225 2352 33</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"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9856 45</p> | <p>Mail Restricted Delivery</p> |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

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OFFICIAL RECEIPT

SANTA FE, NM 87501

DEC 06 2024

USPS

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street or PO Box No. French Land & Cattle, Ltd.
1010 W. Wall Street
City, State, and ZIP+4® Midland, TX 79701 25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">French Land & Cattle, Ltd. 1010 W. Wall Street Midland, TX 79701</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p> <div style="text-align: center;">  9590 9402 9190 4225 2352 26 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9856 52</p> | <p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>WC Jate</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;"><i>WC JATE</i> 12/9/20</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 1px solid black; padding: 5px;"> <p style="font-size: 2em; color: lightblue; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; color: gray; margin: 0;">DEC 11 2024</p> </div> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Mail Restricted Delivery (0)</p> |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

9589 0710 5270 2305 9856 69

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and _____ Fuel Products, Inc.
 PO Box 3098
 City, State, _____ Midland, TX 79702

25000-25001 PRO Lajitas

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

Stamp: SAN ANTONIO, TX, DEC 06 2024, USPS

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>Stamp: RECEIVED 3098 DEC 16 2024</p> |
| <p>1. Article Addressed to:</p> <p>Fuel Products, Inc. PO Box 3098 Midland, TX 79702</p> <p>25000-25001 PRO Lajitas</p> <p>Barcode: 9590 9402 9190 4225 2352 19</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 type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9856 69</p> | <p>Mail Restricted Delivery</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

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OFFICIAL USE

SANTA FE, NM 87504
DEC 06 2024
Postmark Here
USPS

9589 0710 5270 2305 9856 76

| | |
|--|-------------------------|
| 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 | Gahr Energy Company |
| | PO Box 1889 |
| City, State | Midland, TX 79702 |
| | 25000-25001 PRO Lajitas |

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;">Gahr Energy Company PO Box 1889 Midland, TX 79702</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p> <div style="text-align: center;">  9590 9402 9190 4225 2352 02 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9856 76</p> | <p>A. Signature</p> <p><input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 12-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 1px solid black; padding: 5px;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; margin: 0;">188</p> <p style="font-size: 1.2em; margin: 0;">DEC 16 2024</p> </div> <p>3. Service Type</p> <p>Hinkle Shand <input type="checkbox"/> Priority Mail Express® Santa Fe, NM 87504 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (over \$500)</p> |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

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OFFICIAL RECEIPT

Postmark
DEC 06 2024
 SANTA FE, NM 87501
 USPS

9589 0710 5270 2305 9856 90

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street a Hanagan Investment, LLC
 PO Box 1737
 Roswell, NM 88202
 City, Sta 25000-25001 PRO Lajitas

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;">Hanagan Investment, LLC PO Box 1737 Roswell, NM 88202 25000-25001 PRO Lajitas</p> <div style="text-align: center;">  9590 9402 9190 4225 2351 89 </div> | <p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <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;">  RECEIVED DEC 16 2024 </div> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">9589 0710 5270 2305 9856 90</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 checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery</p> |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt | |

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OFFICIAL USE

9589 0710 5270 2305 9857 06

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 _____ Harvard Petroleum Company, LLC

City, State _____ Roswell, NM 88202

25000-25001 PRO Lajitas

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



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | |
|---|---|--|---|--|---|--|--|---|--|--|---|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Harvard Petroleum Company, LLC PO Box 936 Roswell, NM 88202</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p> <div style="text-align: center;"> <p>9590 9402 9190 4225 2351 72</p> </div> | <div style="text-align: center; font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em;">DEC 16 2024</div> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9857 06</p> | <p>Mail Restricted Delivery (00)</p> | | | | | | | | | | | | |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p> | | | | | | | | | | | | | |

9589 0710 5270 2305 9857 13

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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 or PO Box 1608
 Jalapeno Corporation
 Albuquerque, NM 87103

City, State 25000-25001 PRO Lajas

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

Stamp: SANTA FE, NM, DEC 06 2024, USPS

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p>Jalapeno Corporation PO Box 1608 Albuquerque, NM 87103</p> <p>25000-25001 PRO Lajas</p> <p>9590 9402 9190 4225 2351 58</p> | <p>RECEIVED DEC 11 2024 ALCBUQUERQUE, NM 87103</p> |
| <p>2. Article Number (Transfer from service label) 9589 0710 5270 2305 9857 13</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

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OFFICIAL USE

SANTA FE, NM 87507
DEC 06 2024
Postmark Here
USPS

9589 0710 5270 2305 9857 44

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____


Total Postage and Fees \$ _____

Sent To James R. Gebel, Trustee of the James R. Gebel Revocable Living Trust

Street or PO Box 58 Road 2335

City, State, ZIP+4® Aztec, NM 87410 25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature X <i>J-R Gebel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JAMES R GEBEL</i></p> <p>C. Date of Delivery <i>12/9/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.5em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">DEC 12 2024</p> <p style="text-align: center; font-size: 0.8em;">Hinkle Shanon LLP Aztec, NM 87504</p> |
| <p>1. Article Addressed to:</p> <p>James R. Gebel, Trustee of the James R. Gebel Revocable Living Trust 58 Road 2335 Aztec, NM 87410</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p>  <p style="text-align: center; font-size: 1.1em;">9590 9402 9190 4225 2351 41</p> | <p>3. Service Type <i>PRO Lajitas</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9857 44</p> | <p>Mail Restricted Delivery</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

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

OFFICIAL USE

SANTA FE NM 807
DEC 06 2024
 Postmark Here

9589 0710 5270 2305 9857 68

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 _____ Linda E. Schwarz, MSU
 324 W. Ramona Avenue
 Colorado Springs, Colorado 80905

City, State _____ 25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to 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><i>L. Schwarz</i></p> <p>B. Received by (Printed Name) <i>L. Schwarz</i></p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED JAN 2 2025</p> |
| <p>1. Article Addressed to:</p> <p>Linda E. Schwarz, MSU 324 W. Ramona Avenue Colorado Springs, Colorado 80905 25000-25001 PRO Lajitas</p>  <p>9590 9402 9190 4225 2351 27</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"/> Mail Restricted Delivery (00)</p> <p>Hinkle Shaper, LLP Santa Fe NM 807504</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9857 68</p> | |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

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SANTA FE, NM 87507
DEC 06 2024
USPS

9589 0710 5270 2305 9857 82

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
Lodge Exploration Company, LLC
203 W. Wall Street, Ste. 920
Midland, TX 79701
25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Lodge Exploration Company, LLC 203 W. Wall Street, Ste. 920 Midland, TX 79701</p> <p style="text-align: center; font-size: 0.8em;">25000-25001 PRO Lajitas</p> <div style="text-align: center;">  9590 9402 9190 4225 2351 10 </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 2305 9857 82</p> | <p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>Jan 2 2025</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <p style="text-align: center; font-size: 1.2em;">JAN 2 2025</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and City, State LRF JR LLC
 PO Box 11327
 Midland, TX 79702

25000-25001 PRO Lajitas

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

Handwritten: 9589 0710 5270 2305 9857 99

Postmark: SANTA FE, NM 87501
 DEC 08 2024
 USPS

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>WCTATE</i></p> <p>B. Received by (Printed Name) <i>WCTATE</i></p> <p>C. Date of Delivery <i>12/12/24</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>LRF JR LLC PO Box 11327 Midland, TX 79702</p> <p>25000-25001 PRO Lajitas</p> <p></p> <p>9590 9402 9190 4225 2351 03</p> | <p>RECEIVED DEC 10 2024</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9857 99</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

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OFFICIAL USE

9589 0710 5270 2305 9858 05

| | |
|---|--|
| 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 an _____ Marathon Oil Permian LLC 990 Town and Country Blvd Houston, TX 77024 City, State _____ 25000-25001 PRO Lajitas | |

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;">Marathon Oil Permian LLC 990 Town and Country Blvd Houston, TX 77024 25000-25001 PRO Lajitas</p> <div style="text-align: center;"> <p>9590 9402 9190 4225 2350 97</p> </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 2305 9858 05</p> | <p>A. Signature <i>W. Hinkley</i></p> <p><input checked="" type="checkbox"/> B. Received by (Printed Name) <i>Hinkle Sha...</i></p> <p><input type="checkbox"/> C. Date of Delivery <i>DEC 16 2024</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p> <p style="text-align: center; font-size: 2em; color: gray;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">DEC 16 2024</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery (30)</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"/> Mail Restricted Delivery (30) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <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"/> Mail Restricted Delivery (30) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt | | | | | | | | | | | | | | | | | |

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SANTA FE, NM 87501
DEC 08 2024
USPS

9589 0710 5270 2305 9858 12

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 or _____
City, State _____
25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>WC Jato</i></p> <p>B. Received by (Printed Name) <i>WC Jato</i></p> <p>C. Date of Delivery <i>12/9/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center; font-size: 1.5em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">DEC 11 2024</p> <p style="text-align: center;">Hinkle Shanor LLP Santa Fe NM 87504</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Marcia Millicent French 1010 W. Wall St. Midland, TX 79701</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9858 12</p> | <p>Mail Mail Restricted Delivery (over 2000)</p> |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

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DEC 08 2024

USPS

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street Mewbourne Oil Company

PO Box 7698

City, State Tyler, TX 75711 25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Mewbourne Oil Company PO Box 7698 Tyler, TX 75711</p> <p style="text-align: right; margin-right: 40px;">25000-25001 PRO Lajitas</p> <div style="text-align: center;">  <p>9590 9402 9190 4225 2350 73</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9858 29</p> | <p>A. Signature</p> <p style="font-size: 2em; font-weight: bold; color: blue;">X</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____ <input type="checkbox"/> No</p> <p style="font-size: 2em; color: blue; text-align: center;">RECEIVED</p> <p style="font-size: 1.5em; color: red; text-align: center;">DEC 19 2024</p> <p style="text-align: center;">Gonzalo Argote Hinkle Shanor LLP Santa Fe NM 87504</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>4. Signature</p> <p style="font-size: 1.2em; font-weight: bold;">Hinkle Shanor LLP</p> <p style="text-align: right;">Santa Fe NM 87504</p> |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

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SANTA FE, NM 87501
DEC 11 2024
Postmark Here
USPS

9589 0710 5270 2305 9858 36

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____


Sent To _____

Street and _____
City, State _____

Mid-Western Energy, LLC
201 Rolling Winds Circle
Odessa, TX 79765

25000-25001 PRO Lajitas

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>Customer Request</i> <i>Hinkle</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Moulton</i></p> <p>C. Date of Delivery <i>12/11/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">DEC 11 2024 Hinkle Shanon LLP Santa Fe, NM 87501</p> |
| <p>1. Article Addressed to:</p> <p>Mid-Western Energy, LLC 201 Rolling Winds Circle Odessa, TX 79765</p> <p style="text-align: right;">25000-25001 PRO Lajitas</p> <p style="text-align: center;"> 9590 9402 9190 4225 2350 66</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9858 36</p> | <p>Mall Mail Restricted Delivery (over 500)</p> |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

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OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 MRC Delaware Resources, LLC
 One Lincoln Centre
 Street and Apt. No., or PO Box No. 5400 LBJ Freeway, Suite 1500
 Dallas, TX 75240
 City, State, ZIP+4® 25000-25001 PRO Lajitas

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



9589 0710 5270 2305 9850 96

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED DEC 16 2024</p> |
| <p>1. Article Addressed to:</p> <p>MRC Delaware Resources, LLC One Lincoln Centre 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240 25000-25001 PRO Lajitas</p> <p>9590 9402 9022 4122 7800 72</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shano</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Registered Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9850 96</p> | |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

9589 0710 5270 2305 9851 19

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box # New Mexico Western Minerals
 PO Box 2262

City, State, ZIP+4® Carlsbad, NM 88221 25000-25001 PRO Lajitas

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:

New Mexico Western Minerals
 PO Box 2262
 Carlsbad, NM 88221

25000-25001 PRO Lajitas

9590 9402 9022 4122 7800 58

2. Article Number (Transfer from service label)
 9589 0710 5270 2305 9851 19

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Vickie Kwats

B. Received by (Printed Name) Vickie Kwats

C. Date of Delivery 12-16-24

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

RECEIVED
 DEC 18 2024
 Santa Fe, NM 87501

3. Service Type Hinkle Shanor LLP
 Santa Fe, NM 87501

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 2305 9851 26

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

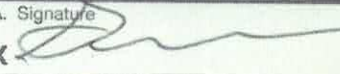
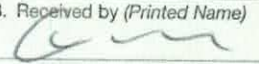

Sent To

Street and Apt. No., or PO Box No. OXY USA WTP, LP
 5 Greenway Plaza, Suite 110
 Houston, TX 77046

City, State, ZIP+4® 25000-25001 PRO Lajitas

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

Postmark
 Santa Fe, NM 87501
 DEC 06 2024
 USPS

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery 12/9/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED DEC 10 2024</p> |
| <p>1. Article Addressed to:</p> <p>OXY USA WTP, LP 5 Greenway Plaza, Suite 110 Houston, TX 77046</p> <p style="text-align: right;">25000-25001 PRO Lajitas</p>  <p>9590 9402 9022 4122 7800 41</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"/> Registered Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9851 26</p> | |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

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OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Oxy Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046

City, State, ZIP+4® Houston, TX 77046 25000-25001 PRO Lajitas

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

9589 0710 5270 2305 9851 33



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that 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 Y-1 Company 5 Greenway Plaza, Suite 110 Houston, TX 77046</p> <p style="text-align: center; font-size: 0.8em;">25000-25001 PRO Lajitas</p> <p style="text-align: center;">9590 9402 9022 4122 7800 34</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">9589 0710 5270 2305 9851 33</p> | <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 12/9/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">DEC 16 2024</p> <p>3. Service Type Hinkle Shano</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p> |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

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OFFICIAL USE

9589 0710 5270 2305 9851 64

| | |
|---|--|
| Certified Mail Fee \$ _____ | |
| Extra Services & Fees (check box, add fees as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ _____ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ | |
| <input type="checkbox"/> Adult Signature Required \$ _____ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | |
| Postage \$ _____ | |
| Total Postage and Fees \$ _____ | |
| Sent To Street and Apt. No., or PO Box No. _____ Rayie, LLC 1006 S. Second City, State, ZIP+4® _____ Artesia, NM88210 25000-25001 PRO Lajitas | |

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>Paula Decey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Paula Decey</i></p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">DEC 18 2024</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Rayie, LLC 1006 S. Second Artesia, NM88210 25000-25001 PRO Lajitas</p> <p style="text-align: center;">9590 9402 9190 4225 2355 30</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery SANTA FE NM 301 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9851 64</p> | |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

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OFFICIAL RECEIPT

9589 0710 5270 1152 5478 22

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 **Red River Energy Partners LLC**

Street and Apt. No., or PO Box No. **PO Box 2455**

City, State, ZIP+4® **Midland TX 79702**

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

SANTA, FE, NM 87507
 DEC 06 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>1. Article Addressed to:</p> <p style="text-align: center;">Red River Energy Partners, LLC PO Box 2455 Midland, TX 79702</p> <p style="text-align: center; font-size: 0.8em;">25000-25001 PRO Lajitas</p> <p style="text-align: center; font-weight: bold;">9590 9402 9022 4122 7764 57</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 1152 5478 22</p> <p style="font-size: 0.8em;">PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>A. Signature <input checked="" type="checkbox"/> <i>Jared M. Irish</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Jared M. Irish</p> <p>C. Date of Delivery 12/11/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 1px solid black; padding: 5px; color: red; font-weight: bold; font-size: 1.5em;"> RECEIVED 2455 DEC 11 2024 </div> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input checked="" 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 checked="" type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <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 checked="" type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | |
| <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) | | | | | | | | | | | | | | |

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9589 0710 5270 1152 5478 39

OFFICIAL
SANTA FE, NM 87501
DEC 07 2024
USPS

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$
 Sent To Robert Fuller Fulton French
 Street and Apt. No., or PO Box No. 1010 W. Wall St.
 City, State, ZIP+4® Midland, TX 79701 25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>WC Jate</i></p> <p>B. Received by (Printed Name) <i>WC JATE</i> C. Date of Delivery <i>12/9/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED DEC 11 2024 Hinkle Shanor LLP Santa Fe NM 87504</p> |
| <p>1. Article Addressed to:</p> <p>Robert Fuller Fulton French 1010 W. Wall St. Midland, TX 79701</p> <p>25000-25001 PRO Lajitas</p> <p> 9590 9402 9022 4122 7764 40</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> 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> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1152 5478 39</p> | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

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OFFICIAL
SANTA FE, NM 87507

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. Rockwood Energy, LLC
 4450 Oak Park Lane, Suite 101897
 City, State, ZIP+4® Fort Worth, TX 76109
 25000-25001 PRO Lajitas

DEC 06 2024
USPS

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Rockwood Energy, LLC
 4450 Oak Park Lane, Suite 101897
 Fort Worth, TX 76109
 25000-25001 PRO Lajitas

2. Article Number (Transfer from service label)
 9589 0710 5270 1152 5478 46

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) *[Name]* C. Date of Delivery *12/16/24*

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

RECEIVED
DEC 16 2024

3. Service Type
 Adult Signature Hinkle Shano 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 2305 9851 95

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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 fees as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Roy G. Barton, Jr. as Trustee of the Roy G. Barton Sr. & Opal Barton Revocable Trust
 1919 North Turner Street
 Hobbs, New Mexico 88240

City, State, ZIP+4® Hobbs, NM 87501-2500 PRO Lajitar

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



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>J. J. BELL</i></p> <p>C. Date of Delivery <i>12-10-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">DEC 16 2024</p> |
| <p>1. Article Addressed to:</p> <p>Roy G. Barton, Jr. as Trustee of the Roy G. Barton Sr. & Opal Barton Revocable Trust 1919 North Turner Street Hobbs, New Mexico 88240</p> <p>9590 9402 9190 4225 2355 09</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2305 9851 95</p> | <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p> |

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OFFICIAL USE

SANTA FE, NM 87507

DEC 06 2024

USPS

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____


Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Santo Legado, LLC
PO Box 1020
Artesia, NM 88211

City, State, ZIP+4® 25000-25001 PRO Lajitas

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; padding: 10px;">Santo Legado, LLC PO Box 1020 Artesia, NM 88211</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p> <div style="text-align: center;">  9590 9402 9190 4225 2354 86 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9852 01</p> | <p>A. Signature</p> <p style="font-size: 1.5em; color: blue; text-decoration: underline;">Fugues</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="font-size: 1.5em; color: blue; text-decoration: underline;">FUGUES</p> <p style="text-align: right; font-size: 1.5em; color: blue;">12/9/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.2em; color: gray;">DEC 11 2024</p> <p style="text-align: center; font-size: 0.8em; color: gray;">Hinkle Shanor LLP SANTA FE, NM 87507</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 | | | | | | | | | | | | | | | | |

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OFFICIAL USE

SANTA FE, NM 87504
 DEC 06 2024
 USPS

9589 0710 5270 2305 9852 18

Certified Mail Fee \$
 Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$
 Sent To
 Street and Apt. No., or PO Box No. Sharbro Energy, LLC
 PO Box 840
 City, State, ZIP+4® Artesia, NM 88211
 25000-25001 PRO Lajitas

PS Form 3800, January 2023 PSN 7530-02-000-3047 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:

Sharbro Energy, LLC
 PO Box 840
 Artesia, NM 88211
 25000-25001 PRO Lajitas

9590 9402 9190 4225 2354 79

2. Article Number (Transfer from service label)
 9589 0710 5270 2305 9852 18

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Alyssa Madrid Agent
 Addressee

B. Received by (Printed Name)
Alyssa Madrid

C. Date of Delivery
 DEC 11 2024

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

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

Domestic Return Receipt

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OFFICIAL USE

DEC 16 2024
Postmark Here
USPS

9589 0710 5270 2305 9852 25

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. Slash Exploration, LP
PO Box 1973

City, State, ZIP+4® Roswell, NM 88202 25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Slash Exploration, LP PO Box 1973 Roswell, NM 88202 <small>25000-25001 PRO Lajitas</small></p> <p style="text-align: center;"> 9590 9402 9190 4225 2354 62</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">9589 0710 5270 2305 9852 25</p> | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Ethan</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ethan</i></p> <p>C. Date of Delivery <i>12/11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; color: blue;">RECEIVED DEC 16 2024</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Registered 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 2305 9852 32

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 Theodore P. White, SSP
PO Box 533
Roswell, NM 88201
25000-25001 PRO Lajitas

City, State, ZIP+4®

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

SANTA FE, NM 87307
DEC 15 2024
Postmark Here

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>12-26-24</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>Theodore P. White, SSP PO Box 533 Roswell, NM 88201 25000-25001 PRO Lajitas</p> <p>9590 9402 9190 4225 2354 55</p> | <p>RECEIVED JAN 2 2025</p> |
| <p>2. Article Number (Transfer from service label) 9589 0710 5270 2305 9852 32</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

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SANTA FE, NM 87507
DEC 06 2024
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USPS

9589 0710 5270 2305 9852 49

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. Theodore P. White, SSP
3944 Cottonwood Ln.
Roswell, NM 88203

City, State, ZIP+4® 25000-25001 PRO Lajitas

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;">Theodore P. White, SSP 3944 Cottonwood Ln. Roswell, NM 88203</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p> <div style="text-align: center;">  9590 9402 9190 4225 2354 48 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9852 49</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Theodore P. White</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Theodore P. White</i></p> <p>C. Date of Delivery <i>12/12/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">DEC 12 2024</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |

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USPS

9589 0710 5270 2305 9852 56


| | |
|--|----|
| 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. Tinian Oil & Gas, LLC
PO Box 900

City, State, ZIP+4® Artesia, NM 88211-0900
25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | |
|---|--|--|---|--|---|--|--|---|--|--|---|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.5em;">DEC 12 2024</p> <p style="text-align: center;">Hinkie Shanor LLP Santa Fe NM 87501</p> | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Tinian Oil & Gas, LLC PO Box 900 Artesia, NM 88211-0900 25000-25001 PRO Lajitas</p>  <p style="text-align: center;">9590 9402 9190 4225 2354 31</p> | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em;">9589 0710 5270 2305 9852 56</p> | | | | | | | | | | | | | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | |

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box 1 V-F Petroleum, Inc.
 PO Box 1889
 City, State, ZIP+4® Midland, TX 79702 25000-25001 PRO Lajitas

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>Wanami R.</i> C. Date of Delivery <i>12/11/2024</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p>V-F Petroleum, Inc. PO Box 1889 Midland, TX 79702</p> <p>25000-25001 PRO Lajitas</p> <p> 9590 9402 9190 4225 2354 24</p> | <p>RECEIVED <i>1889</i> DEC 10 2024</p> |
| <p>2. Article Number (Transfer from service label) 9589 0710 5270 2305 9852 63</p> | <p>3. Service Type <i>Hinkle Shanon, H.P. Santa Fe, NM 87504</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail (over \$500)</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

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OFFICIAL USE

SANTA FE, NM 87501

DEC 30 2024

USPS

Postmark Here

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box Vladin, LLC
PO Box 100

City, State, ZIP+4® Artesia, NM 88211 25000-25001 PRO Lajitas

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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Vladin, LLC PO Box 100 Artesia, NM 88211</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p> <p style="text-align: center; font-size: 1.2em;">9590 9402 9190 4225 2354 17</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9852 70</p> | <p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Rina Hayus</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Rina Hayus</i> 12-9-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">DEC 11 2024</p> <p style="text-align: center; font-size: 0.8em;">Hinkle Shanor LLP Santa Fe NM 87504</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted | <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 | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Re | | | | | | | | | | | | | |

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OFFICIAL RECEIPT

SANTA FE, NM 87507

DEC 06 2024

USPS

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To


Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

WD Minerals, LLC
c/o Douglas Derrick
6505 Vasco Way
El Paso, Texas 79912

25000-25001 PRO Lajitas

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">WD Minerals, LLC c/o Douglas Derrick 6505 Vasco Way El Paso, Texas 79912</p> <p style="text-align: right; margin-right: 20px;">25000-25001 PRO Lajitas</p> <div style="text-align: center;">  9590 9402 9190 4225 2354 00 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9852 87</p> | <p>A. Signature</p> <p style="font-size: 1.5em; font-weight: bold;">X</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery</p> <p style="font-size: 1.5em; font-weight: bold;">12-9-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">DEC 11 2024</p> <p>3. Service Type</p> <p style="margin-left: 20px;">Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery</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"/> Registered Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (or \$500)</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

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OFFICIAL RECEIPT

SANTA FE, NM 87501

DEC 08 2024

USPS

9589 0710 5270 2305 9852 94

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To William Fuller Kirkpatrick French GST
Exempt Trust
1010 W. Wall St.
Midland, TX 79701 25000-25001 PRO Lajitas

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">William Fuller Kirkpatrick French GST Exempt Trust 1010 W. Wall St. Midland, TX 79701</p> <p style="text-align: right; font-size: 0.8em;">25000-25001 PRO Lajitas</p> | <p style="font-size: 2em; color: gray; opacity: 0.5;">RECEIVED</p> <p style="font-size: 1.5em; color: gray;">DEC 11 2024</p> <p style="font-size: 0.8em; color: gray;">Hinkle Shoop LLP SANTA FE, NM 87504</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 2305 9852 94</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail (over \$500)</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

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OFFICIAL

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

Yates Energy Corporation
 PO Box 2323
 Roswell, NM 88202

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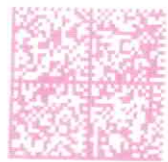
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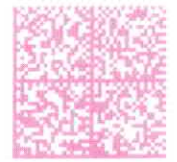
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Sherry Groves, being first duly sworn, says:

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:

December 12, 2024

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

SIGNED:

Sherry Groves

Agent

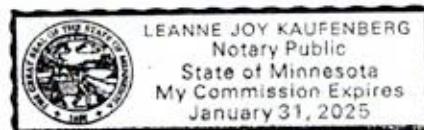
Subscribed to and sworn to me this 12th day of December 2024.

Leanne Kaufenberg

Leanne Kaufenberg, Notary Public, Redwood County Minnesota

CARA DOUGLAS
HINKLE SHANOR, LLP
PO BOX 2068
Santa Fe, NM 87504
cdouglas@hinklelawfirm.com

Permian Resources Operating, LLC
Case No. 25000
Exhibit C-4



PUBLIC NOTICE

This is to notify all interested parties, including: 801, LLC; Anderson Malone, LLC; Annabelle LP French; Anne S. Johnson; Bean Family Limited Company, LLC; Blue Star Oil & Gas, LLC; Charles F. Malone; Charles F. Malone Living Trust dated 8/1/1997; COG Operating, LLC; Concho Oil & Gas, LLC; Dan M. Leonard, Trustee of the DML Revocable Trust; Eaton Family Trust; EOG Resources, Inc.; French Land & Cattle, Ltd.; Fuel Products, Inc.; Gahr Energy Company; Gilbert J. Eaton, MSU; Hanagan Investment, LLC; Harvard Petroleum Company, LLC; Jalapeno Corporation; James R. Gebel, Trustee of the James R. Gebel Revocable Living Trust; John Riggs, Eaton James Riggs, Michael Riggs, Co-Trustees of the Eaton Family Trust; Linda E. Schwarz, MSU; Lodge Exploration Company, LLC; LRF JR LLC; Marathon Oil Permian LLC; Marcia Millicent French; Mewbourne Oil Company; Mid-Western Energy, LLC; MRC Delaware Resources, LLC; MRL Partners, LP; New Mexico Western Minerals; OXY USA WTP, LP; Oxy Y-1 Company; Pamela Anne Evans, MSU; Rayie, LLC; Red River Energy Partners; Robert Fuller Fulton French; Rockwood Energy, LLC; Roy G. Barton, Jr. as Trustee of the Roy G. Barton and Opal Barton Revocable Trust; Santo Lagado, LLC; Sharbro Energy, LLC; Slash Exploration, LP; Theodore P. White, SSP; Tinian Oil & Gas, LLC; V-F Petroleum, Inc.; Vladin, LLC; WD Minerals, LLC; William Fuller Kirkpatrick French GST Exempt Trust; Yates Energy Corporation; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on applications submitted by Permian Resources Operating, LLC ("Applicant") (Case Numbers 25000 and 25001). The hearing will be conducted on January 9, 2025, 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.emard.nm.gov/ocd/hearing-info/>.

In Case No. 25000, Applicant seeks an order pooling all uncommitted interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 4 and 5, Township 19 South, Range 28 East, Eddy County, New Mexico. The Unit will be dedicated to the

following wells: **Lajitas 5-4 State Com 121H** and **Lajitas 5-4 State Com 131H** wells, which will produce from a first take point in the NW/4 NW/4 (Unit D) of Section 5 to a last take point in the NE/4 NE/4 (Unit A) of Section 4; and **Lajitas 5-4 State Com 122H** and **Lajitas 5-4 State Com 132H** wells, which will produce from a first take point in the SW/4 NW/4 (Unit E) of Section 5 to a last take point in the SE/4 NE/4 (Unit H) of Section 4. The completed intervals of the Wells will be orthodox. The Lajitas 5-4 State Com 132H well will be located within 330' of the quarter-quarter section line separating the N/2 N/2 and the S/2 N/2 of Sections 4 and 5 to allow for the creation of a 640-acre, more or less, standard horizontal spacing unit.

In Case No. 25001, Applicant seeks an order pooling all uncommitted interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 4 and 5, Township 19 South, Range 28 East, Eddy County, New Mexico. The Unit will be dedicated to the following wells: **Lajitas 5-4 State Com 123H** and **Lajitas 5-4 State Com 133H** wells, which will produce from a first take point in the NW/4 SW/4 (Unit L) of Section 5 to a last take point in the NE/4 SE/4 (Unit I) of Section 4; and **Lajitas 5-4 State Com 124H** and **Lajitas 5-4 State Com 134H** wells, which will produce from a first take point in the SW/4 SW/4 (Unit M) of Section 5 to a last take point in the SE/4 SE/4 (Unit P) of Section 4. The completed intervals of the Wells will be orthodox. The Lajitas 5-4 State Com 134H well will be located within 330' of the quarter-quarter section line separating the S/2 S/2 and the N/2 S/2 of Sections 4 and 5 to allow for the creation of a 640-acre, more or less, standard horizontal spacing unit.

Published in the Carlsbad Current-Argus December 12, 2024.
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