

AE5G2-200131-C-107B 650

Revised March 23, 2017

RECEIVED: 1/31/20	REVIEWER: DM	TYPE: PLC	APP NO: pDM2005746600
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ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**  
 - Geological & Engineering Bureau -  
 1220 South St. Francis Drive, Santa Fe, NM 87505

**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND  
 REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

**Applicant:** Advance Energy Partners Hat Mesa, LLC **OGRID Number:** 372417  
**Well Name:** Dagger Lake 5 State Com # 501H **API:** 30-025-45579  
**Pool:** Various **Pool Code:** 37870,97929,97927,980

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION  
 INDICATED BELOW**

- 1) **TYPE OF APPLICATION:** Check those which apply for [A]  
 A. Location – Spacing Unit – Simultaneous Dedication  
☐ NSL ☐ NSP (PROJECT AREA) ☐ NSP (PRORATION UNIT) ☐ SD
- B. Check one only for [I] or [II]  
 [I] Commingling – Storage – Measurement  
☐ DHC ☐ CTB ☒ PLC ☐ PC ☐ OLS ☐ OLM  
 [II] Injection – Disposal – Pressure Increase – Enhanced Oil Recovery  
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR
- 2) **NOTIFICATION REQUIRED TO:** Check those which apply.  
 A. ☐ Offset operators or lease holders  
 B. ☒ Royalty, overriding royalty owners, revenue owners  
 C. ☐ Application requires published notice  
 D. ☒ Notification and/or concurrent approval by SLO  
 E. ☐ Notification and/or concurrent approval by BLM  
 F. ☐ Surface owner  
 G. ☒ For all of the above, proof of notification or publication is attached, and/or,  
 H. ☐ No notice required

**FOR OCD ONLY**

- ☐ Notice Complete  
☐ Application  
 Content  
 Complete

- 3) **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

**Note: Statement must be completed by an individual with managerial and/or supervisory capacity.**

Debbie Moughon

Print or Type Name

*Debbie Moughon*  
 Signature

01/08/2020

Date

346-444-9739

Phone Number

dmoughon@advacneenergypartners.com  
 e-mail Address

District I  
1625 N. French Drive, Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St Francis Dr, Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-107-B  
Revised August 1, 2011

**OIL CONSERVATION DIVISION**  
1220 S. St Francis Drive  
Santa Fe, New Mexico 87505

Submit the original  
application to the Santa Fe  
office with one copy to the  
appropriate District Office.

**APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)**

OPERATOR NAME: 3742417 Advance Energy Partners Hat Mesa, LLC  
OPERATOR ADDRESS: 11490 Westheimer Suite 950 Houston, Texas 77077  
APPLICATION TYPE:  
☐ Pool Commingling ☐ Lease Commingling ☒ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled)  
LEASE TYPE: ☐ Fee ☒ State ☐ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. \_\_\_\_\_  
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling  
☒ Yes ☐ No

**(A) POOL COMMINGLING**

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production	Calculated Value of Commingled Production	Volumes
97929 WC-025 G-06 S213326D;BONE SPRING	44/1332	45/1300	5871 BOPD/7990 MCFPD	1420,2691
97927 WC-025-G-07 S21330F;BONE SPRING	46/1250			1451/2350
98033 WC-025 G-10 S2133280 WOLFCAMP	47/1250			1500/2000
37870 LEGG; BONE SPRING	44/1332			1500/2000

- (2) Are any wells producing at top allowables? ☒ Yes ☐ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No.  
(4) Measurement type: ☒ Metering ☐ Other (Specify)  
(5) Will commingling decrease the value of production? ☐ Yes ☒ No If "yes", describe why commingling should be approved

**(B) LEASE COMMINGLING**

Please attach sheets with the following information

- (1) Pool Name and Code.  
(2) Is all production from same source of supply? ☐ Yes ☐ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No  
(4) Measurement type: ☐ Metering ☐ Other (Specify)

**(C) POOL and LEASE COMMINGLING**

Please attach sheets with the following information

- (1) Complete Sections A and E.

**(D) OFF-LEASE STORAGE and MEASUREMENT**

Please attached sheets with the following information

- (1) Is all production from same source of supply? ☐ Yes ☐ No  
(2) Include proof of notice to all interest owners.

**(E) ADDITIONAL INFORMATION (for all application types)**

Please attach sheets with the following information

- (1) A schematic diagram of facility, including legal location.  
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.  
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Debbie Moughon TITLE: ENG TECH. DATE: 01/08/2020  
TYPE OR PRINT NAME: DEBBIE MOUGHON TELEPHONE NO.: 346-444-9739  
E-MAIL ADDRESS: DMOUGHON@ADVACNEENERGYPARTNERS.COM

**Application for Surface Pool and Lease Commingling at Dagger Lake 5 State Com #501H Battery**

Advance Energy Partners Hat Mesa requests NMOCD approval to surface commingle oil and gas from multiple wells and multiple pools at the Dagger Lake State Com #501H Central Tank Battery. Wells to be produced through this battery are shown in Table 1.

Multiple state leases included are as follows:

NM State Lease V0-6151 covering the Lots 1, 2, 3, 4, S/2N/2 of Section 5, T22S-R33E, Lea County, NM;

NM State Lease V0-8404 covering the W/2 Section 32, T21S-R33E, Lea County, NM;

Total acreage is 640.2 acres. Owners are the same across all leases and the NM State royalty rate is the same 1/6 royalty for all the above leases.

The Central Tank Battery is located L-05-22S-33E.

Production from each well will flow into dedicated 3-phase separators. For each well the production stream will be separated into 3 independent streams, oil, gas and water.

Oil for each well is measured through dedicated turbine meters before combining into a heater and being stored in 500 bbl tanks. The oil is sold via a LACT unit or truck to 3 Bear Pipeline. The total oil volumes will be allocated back to each well based on metered well volumes.

Gas for each well is measured through dedicated orifice meters before combining in a 2-phase separator. The gas is then sold through a Daniel senior orifice meter. The total gas sales volume will be allocated back to each well based on metered well volumes. Gas volume for the gas lifted Dagger Lake State Com #503H and #501H will be accounted for via gas lift injection meter runs.

Gas from tank vapor recovery is compressed, metered and sold through a single dedicated orifice meter. The vapor recovery gas will be allocated back to individual wells based each well's percentage of total oil volumes.

Water for each well is measure through dedicated turbine meters. Water is then combined and stored in 500 bbl fiberglass storage tanks. Water is then moved either to water disposal or to the Dagger 504H recycle facility and pond.

Meter numbers will be provided for all wells once they are installed in the field. Meters will be proved periodically as described in 19.15.12.10 C for diverse ownership.

Production from all wells flowing into the Dagger Lake State Com #501H Central Tank Battery are in accordance with the hyperbolic production decline presented in Order R-14299. Initial annual decline rates are expected to be above 60%.

Commingling this production after well separation and measurement is the most effective means of producing these reserves. Pricing for all products will be the same with or without the commingling.

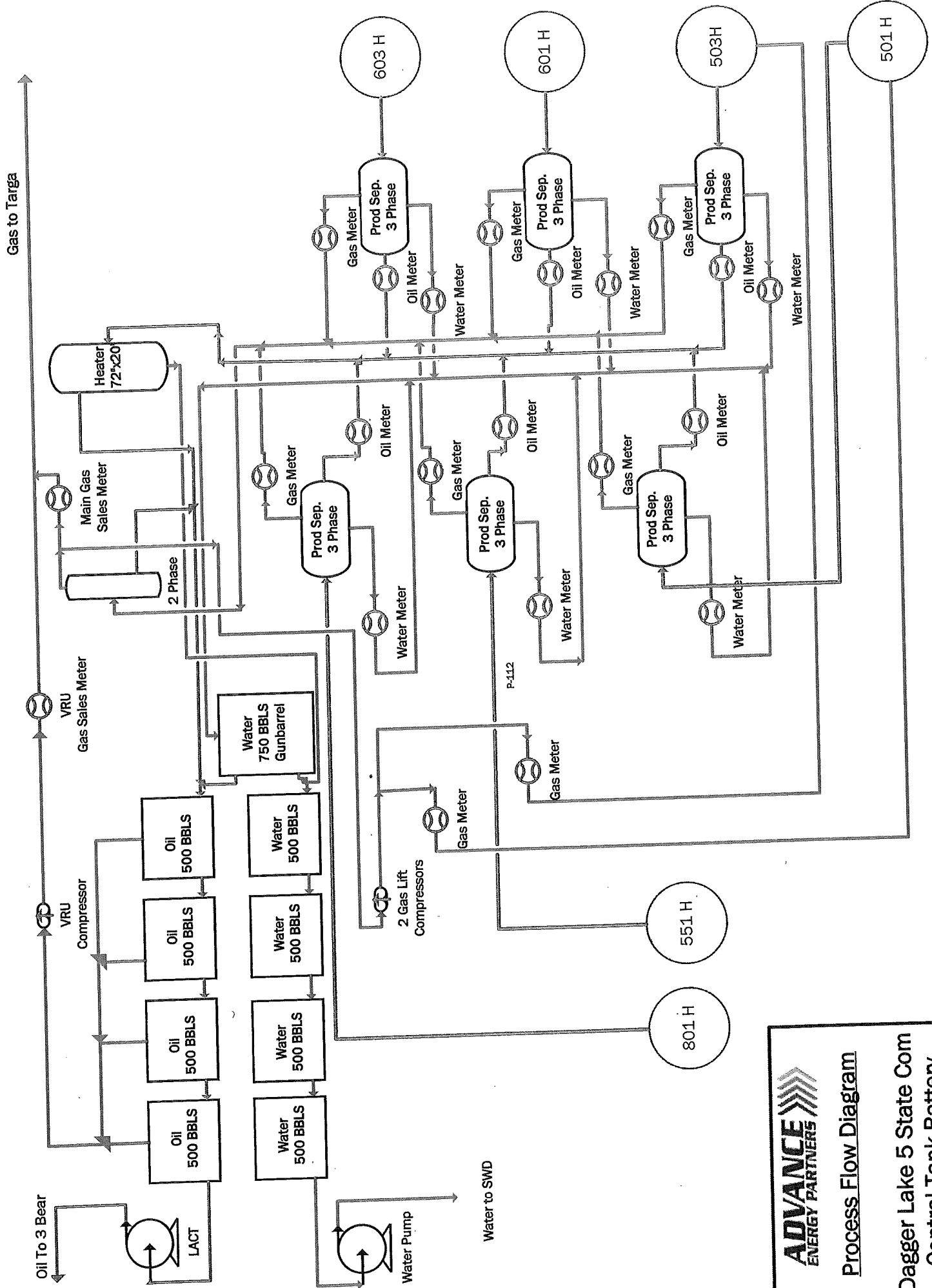
Advance requests the option to include future wells from the identified leases and pools.

Table 1

## Wells to Commingle

	API	Well Name	NM State Leases	Location	Pool Code/Name	Oil (BPD)	Gravity	Gas (MSCFD)	BTU
1	30-025-45579	Dagger Lake 5 State Com #501H	V0-6151 V0-8404	L-05-22S-33E	2BSS – Bone Spring	790	40	775	1359
2	30-025-45703	Dagger Lake 5 State Com #503H	V0-6151 V0-8404	L-05-22S-33E	2BSS – Bone Spring	630	40	865	1359
3	30-025-45853	Dagger Lake 5 State Com #601H	V0-6151 V0-8404	L-05-22S-33E	3BSS – Bone Spring	595	41	958	1391
4	30-025-45854	Dagger Lake 5 State Com #603H	V0-6151 V0-8404	L-05-22S-33E	3BSS – Bone Spring	856	41	1392	1391
5	30-025-46416	Dagger Lake 5 State Com #551H	V0-6151 V0-8404	L-05-22S-33E	3BSCarb – Bone Spring	1500	47	2000	1250
6	30-025-46289	Dagger Lake 5 State #801H	V0-6151 V0-8404	L-05-22S-33E	LWCA – Bone Spring	1500	46	2000	1250

Rates for the #551H and #801H are estimated.








**ADVANCE**  
ENERGY PARTNERS

### Process Flow Diagram

Dagger Lake 5 State Com  
Central Tank Battery

12/18/2019

**ADVANCE**   
ENERGY PARTNERS

-  Well Location
-  Well End Point
-  Well Line
-  Tank Battery

T-21-S R-38-E

T-22-S R-38-E

31

29

32

5

6

501H  
601H

551H  
603H



801H



1,100

Feet





**DISTRICT I**  
1025 N. French Dr., Hobbs, NM 88240  
Phone (505) 893-0101 Fax (505) 593-0720

**DISTRICT II**  
811 S. First St., Artesia, NM 88210  
Phone (505) 748-1283 Fax (505) 748-0720

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone (505) 334-0170 Fax (505) 334-0170

**DISTRICT IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 470-3400 Fax (505) 470-3400

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

Form C-102  
Revised August 4, 2011

Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

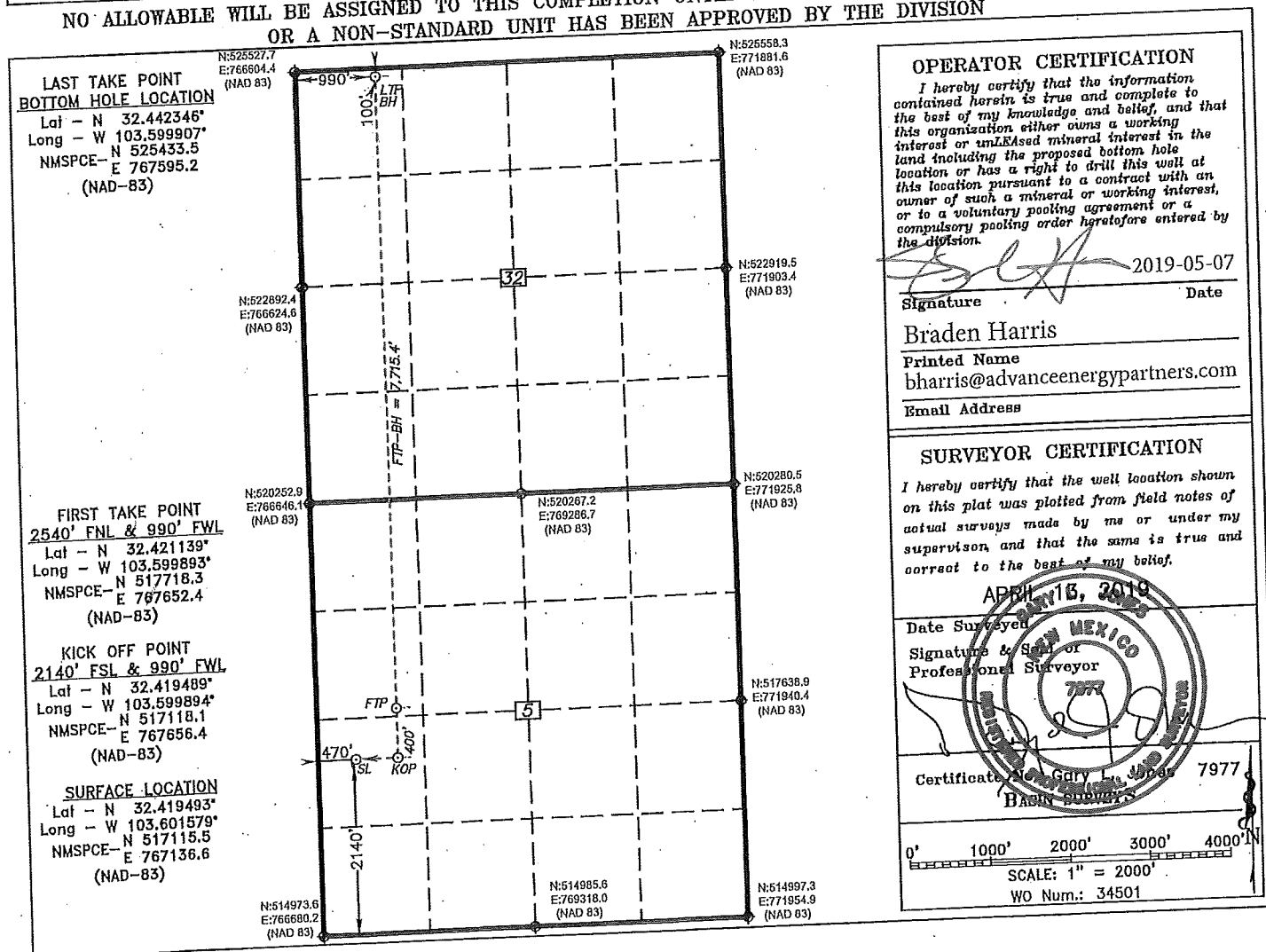
**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number	Pool Code	Pool Name
Property Code	Property Name <b>DAGGER LAKE 5 STATE</b>	Well Number <b>603H</b>
OGRID No.	Operator Name <b>ADVANCE ENERGY PARTNERS HAT MESA</b>	Elevation <b>3655'</b>

Surface Location									
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
L	5	22 S	33 E		2140	SOUTH	470	WEST	LEA

Bottom Hole Location If Different From Surface									
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
D	32	21 S	33 E		100	NORTH	990	WEST	LEA
Dedicated Acres		Joint or Infill		Consolidation Code		Order No.			

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



**DISTRICT I**  
1025 N. French Dr., Hobbs, NM 88240  
Phone (505) 393-0101 Fax (505) 393-0720

**DISTRICT II**  
811 S. First St., Artesia, NM 88210  
Phone (505) 740-1203 Fax (505) 740-0720

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone (505) 834-0170 Fax (505) 834-0170

**DISTRICT IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 470-3400 Fax (505) 470-3400

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Energy, Minerals and Natural Resources Department

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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number	Pool Code	Pool Name
Property Code	Property Name DAGGER LAKE 5 STATE	Well Number 601H
OGRID No.	Operator Name ADVANCE ENERGY PARTNERS HAT MESA	Elevation 3655'

Surface Location									
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
L	5	22 S	33 E		2140	SOUTH	440	WEST	LEA

Bottom Hole Location If Different From Surface									
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
D	32	21 S	33 E		100	NORTH	330	WEST	LEA
Dedicated Acres		Joint or Infill		Consolidation Code		Order No.			

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

**LAST TAKE POINT  
BOTTOM HOLE LOCATION**  
Lat - N 32.442348°  
Long - W 103.602047°  
NMSPC - N 525429.6  
E 766935.2  
(NAD-83)

**FIRST TAKE POINT  
2540' FNL & 330' FWL**  
Lat - N 32.421142°  
Long - W 103.602033°  
NMSPC - N 517714.8  
E 766992.3  
(NAD-83)

**KICK OFF POINT  
2140' FSL & 330' FWL**  
Lat - N 32.419493°  
Long - W 103.602033°  
NMSPC - N 517115.1  
E 766996.4  
(NAD-83)

**SURFACE LOCATION**  
Lat - N 32.419493°  
Long - W 103.601676°  
NMSPC - N 517115.3  
E 767106.6  
(NAD-83)

**OPERATOR CERTIFICATION**  
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or undivided 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 such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: *Braden Harris* Date: 2019-05-07

Printed Name: Braden Harris  
Email Address: bharris@advanceenergypartners.com

**SURVEYOR CERTIFICATION**  
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.

Date Surveyed: APRIL 16, 2019  
Signature: *[Signature]*  
Professional Surveyor: 7977

Certificate No. 7977

Scale: 1" = 2000'  
WO Num.: 34500



## DISTRICT I

1625 N. French Dr., Hobbs, NM 88240  
Phone (505) 393-6181 Fax: (505) 393-0720

## DISTRICT II

811 S. First St., Artesia, NM 88210  
Phone (505) 748-1283 Fax: (505) 748-9720

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410  
Phone (505) 334-8178 Fax: (505) 334-8170

## DISTRICT IV

1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 476-3480 Fax: (505) 476-3482State of New Mexico  
Energy, Minerals and Natural Resources DepartmentOIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

Form C-102

Revised August 4, 2011

Submit one copy to appropriate  
District Office

## WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number		Pool Code		Pool Name	
Property Code		Property Name DAGGER LAKE 5 STATE COM			Well Number 801H
OGRID No.		Operator Name ADVANCE ENERGY PARTNERS HAT MESA			Elevation 3655'

## Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
L	5	22 S	33 E		2140	SOUTH	500	WEST	LEA

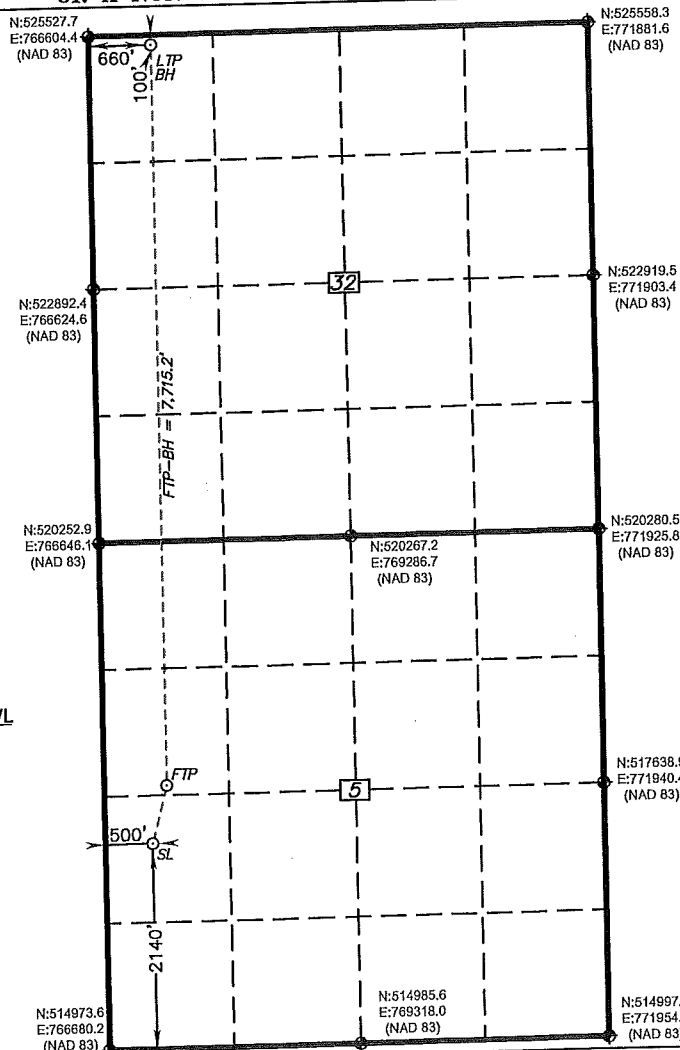
## Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
C	32	21 S	33 E		100	NORTH	660	WEST	LEA
Dedicated Acres	Joint or Infill	Consolidation Code	Order No.						

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

LAST TAKE POINT  
BOTTOM HOLE LOCATION

Lat - N 32.442347°  
Long - W 103.600977°  
NMSPC - N 525431.5  
E 767265.2  
(NAD-83)



## OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and 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 such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Email Address \_\_\_\_\_

## SURVEYOR CERTIFICATION

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.

SEPTEMBER 24 2019

Date Surveyed \_\_\_\_\_

Signature &amp; Seal of Professional Surveyor

Certificate No. 7977

0' 1000' 2000' 3000' 4000'

SCALE: 1" = 2000'

WO Num.: 34514

**DISTRICT IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 476-3460 Fax (505) 476-3462

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

Submit one copy to appropriate  
District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

220 S. St. Francis Dr., Suite 100 Phone (605) 476-3460 Fax: (605) 476-3468		WELL LOCATION AND ACREAGE DEDICATION		1 PAGE	
API Number		Pool Code		Pool Name	
Property Code		Property Name DAGGER LAKE 5 STATE COM			Well Number 551H
OGRID No.		Operator Name ADVANCE ENERGY PARTNERS HAT MESA			Elevation 3654'
Surface Location					

					Surface Location				
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
L	5	22 S	33 E		2140	SOUTH	530	WEST	LEA

Bottom Hole Location If Different From Surface								County
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line
D	32	21 S	33 E		100	NORTH	660	WEST
Dedicated Acres		Joint or Infill		Consolidation Code		Order No.		

NO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED

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

LAST TAKE POINT  
 BOTTOM HOLE LOCATION  
 Lat - N 32.442347  
 Long - W 103.600978  
 NMSPC - N 525431.5  
 E 767265.2  
 (NAD-83)

FIRST TAKE POINT  
 2540' FNL & 660' FWL  
 Lat - N 32.421142  
 Long - W 103.600964  
 NMSPC - N 517716.5  
 E 767322.5  
 (NAD-83)

SURFACE LOCATION  
 Lat - N 32.419492  
 Long - W 103.601384  
 NMSPC - N 517116.0  
 E 767196.5  
 (NAD-83)

N:525527.7  
 E:766604.4  
 (NAD 83)

N:522892.4  
 E:766624.0  
 (NAD 83)

N:520252.9  
 E:766846.1  
 (NAD 83)

N:514973.6  
 E:766680.2  
 (NAD 83)

N:520267.2  
 E:769286.7  
 (NAD 83)

N:514985.6  
 E:769318.0  
 (NAD 83)

N:522019.5  
 E:771003.4  
 (NAD 83)

N:520280.5  
 E:771925.8  
 (NAD 83)

N:517638.8  
 E:771940.4  
 (NAD 83)

N:514997.  
 E:771954.  
 (NAD 83)

## OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and 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 such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature

Date

Printed Name

Email Address

## SURVEYOR CERTIFICATION

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.

SEPTEMBER 14 2019

Date Surveyed

Signature & Seal of  
Professional Surveyor

Certificate of Gary L. Jones 7977

BASIN

0' 1000' 2000' 3000' 4000'

SCALE: 1" = 2000'

WO Num.: 34859

**DISTRICT I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone (505) 593-6101 Fax: (505) 593-0720

**DISTRICT II**  
811 S. First St., Artesia, NM 88210  
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**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone (505) 334-0170 Fax: (505) 334-0170

**DISTRICT IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
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State of New Mexico  
Energy, Minerals and Natural Resources Department

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1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

Form C-102  
Revised August 4, 2011

Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number		Pool Code		Pool Name	
Property Code		Property Name <b>DAGGER LAKE 5 STATE</b>			
OGRID No.		Operator Name <b>ADVANCE ENERGY PARTNERS HAT MESA</b>			
					Well Number <b>501H</b>
					Elevation <b>3658'</b>

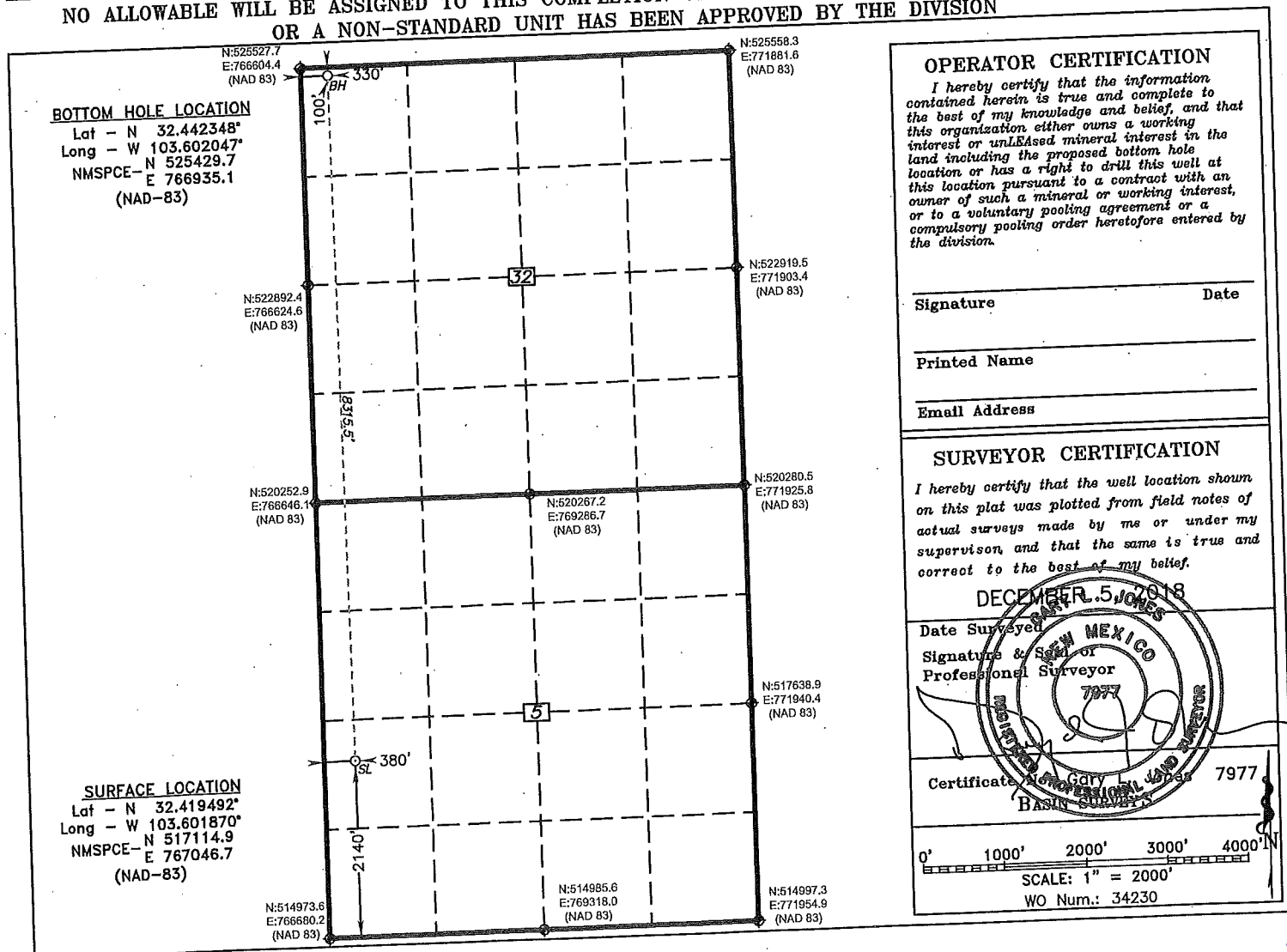
**Surface Location**

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
L	5	22 S	33 E		2140	SOUTH	380	WEST	LEA

**Bottom Hole Location If Different From Surface**

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
D	32	21 S	33 E		100	NORTH	330	WEST	LEA
Dedicated Acres	Joint or Infill	Consolidation Code	Order No.						

**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**



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Phone (505) 748-1283 Fax: (505) 748-0720

**DISTRICT III**  
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Phone (505) 334-0178 Fax: (505) 334-0170

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☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number		Pool Code		Pool Name	
Property Code		Property Name DAGGER LAKE 5 STATE			Well Number 503H
OGRID No.		Operator Name ADVANCE ENERGY PARTNERS HAT MESA			Elevation 3655'

**Surface Location**

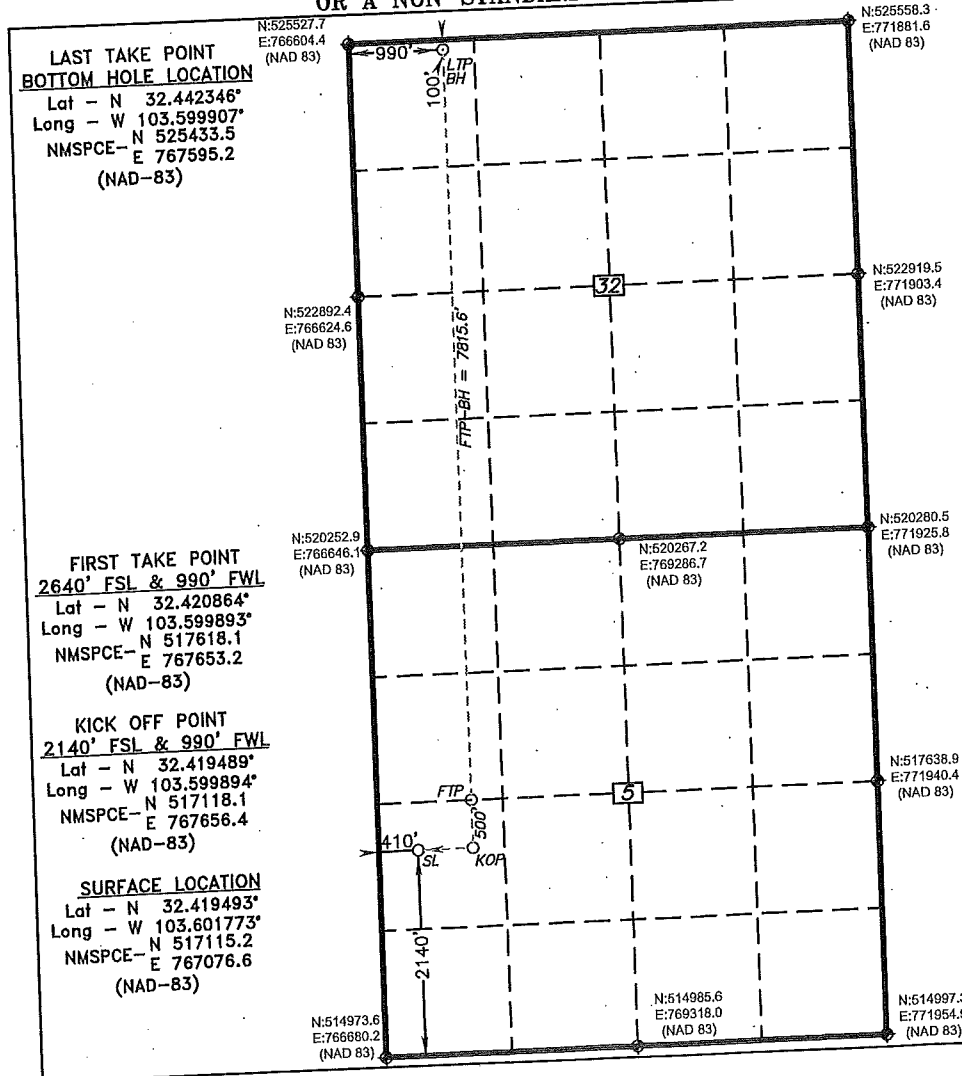
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
L	5	22 S	33 E		2140	SOUTH	410	WEST	LEA

**Bottom Hole Location If Different From Surface**

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
D	32	21 S	33 E		100	NORTH	990	WEST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
-----------------	-----------------	--------------------	-----------

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



**OPERATOR CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and 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 such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature

Date

Printed Name

Email Address

**SURVEYOR CERTIFICATION**

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.

Date Surveyed

Signature of Professional Surveyor

Certificate No. 7977

0' 1000' 2000' 3000' 4000'  
SCALE: 1" = 2000'  
WO Num.: 34418



11490 Westheimer Road, Suite 950, Houston, Texas 77077 • Phone 832-672-4700 • Fax 832-672-4609

January 31, 2020

Oil Conservation Division  
Energy Minerals and Natural Resources Department  
1220 South St. Frances  
Santa Fe, New Mexico 87004

**Re: Application to Commingle – Dagger Lake State Com Central Tank Battery  
W/2W/2 Section 5, of T21S-R32E and W/2W/2 Section 32 of T21S-R33E  
Lea County, New Mexico**

Ladies and Gentlemen:

Advance Energy Partners Hat Mesa, LLC is applying for a commingling permit for oil and gas production from wells in the subject lands.

This letter is to confirm the lease ownership in the following applicable leases listed on the attached Exhibit are identical ownership. In addition, the overriding royalty interests pertaining to the same leases and lands are identical in these lands and leases.

Thank you again for your consideration. If you require additional information, please notify me either by telephone or my email indicated below.

Sincerely,

A handwritten signature in cursive script, appearing to read "Paul J. Burdick".

Paul J. Burdick

Land Advisor

Advance Energy Partners Hat Mesa, LLC

Email: [PBurdick@Advanceenergypartners.com](mailto:PBurdick@Advanceenergypartners.com)

Office Telephone: 832-672-4623

Cell Telephone: 713-228-7320



New Mexico OCD  
January 31, 2020  
Page 2

Dagger Lake State Leases

NM State Lease Number	Section	Township-Range	Lessee of Record
VO 6151	5: North Half	21 South-32 East	Advance Energy Partners Hat Mesa, LLC
VO 8404	32: West Half	21 South-33 East	Advance Energy Partners Hat Mesa, LLC



11490 Westheimer Road, Suite 950, Houston, Texas 77077 • Phone 832-672-4700 • Fax 832-672-4609

January 14, 2020

Certified Mail  
Return Receipt Requested

See Address List:

**Re: Application of Lease Commingling and off Lease Measurement, Sales and Storage for the Dagger State 501 Well and other Dagger State Com Wells.**

Ladies and Gentlemen,

This letter is to advise you that Advance Energy Partners Hat Mesa, LLC is filing an application for surface commingling at the Dagger State Com 504H Battery. A copy of the application is attached.

Any objections or requests for a hearing regarding this application must be submitted to the New Mexico Oil Conservation Division Santa Fe office within 20 days from the date of this letter.

Pursuant to Statewide rule 19.15.12.10(C) (g), Advance Energy Partners Hat Mesa, LLC requests the option to include additional pools or leases within the defined parameters set forth in the order for future additions.

For questions regarding this application, please contact me at 346-444-9739.

Sincerely,

A handwritten signature in black ink that reads "Debbie Moughon". The signature is fluid and cursive, with the first name and last name clearly legible.

Debbie Moughon  
Engineering Tech.

Advance Energy Partners, LLC  
346-444-9739 or (cell) 713-447-0744

Email: dmoughon@advanceenergypartners.com

January 14, 2020

Page 2

Address List

Oil and Gas Operator:

Commissioner of Public Lands  
P.O. Box 1148  
Santa Fe, NM 87504

Certified Mail:

Blanco Holdings I LTS  
Attn: Peter Wat  
P.O. Box 36530  
Houston, Texas 77236

Certified Mail:

R.Miller Houghton  
3114 Gulf  
Midland, Texas 79705

Certified Mail:

Wellington Hotwells  
5599 San Felipe, Suite 110  
Houston, Texas 77056

Certified Mail:

John Wenck Jr.  
745 Pegasus Lane  
League City, Texas 77573

Certified Mail:

Brett D. Taylor  
7918 S. Wellington Ct.  
Houston, Texas 77055

Certified Mail:

Nearburg Exploration Co.  
P.O. Box 823085  
Dallas, Texas 75382

Certified Mail:

Twin Montana Inc  
P.O. Box 51933  
Graham, Texas 76450

Certified Mail:

Bullhead Energy, LLC  
P.O. Box 470158  
Fort Worth, Texas 76147

Certified Mail:

DG Royalty, LLC  
110 N Marienfield, Suite 200  
Midland, Texas 79707

Certified Mail:

January 14, 2020

Page 3

Tom M Ragsdale  
400 W Sam Houston Pkwy  
Suite 601  
Houston, Texas 77060

Certified Mail:

Attwell Interest Inc.  
P.O. Box 27225  
Houston, Texas 7727

Certified Mail:

Kevin M. Cokinos  
5718 Westheimer, Suite 900  
Houston, Texas 747057

Certified Mail:

Royal Oak Oil & Gas  
11510 Montmartre  
Attn: George Ragsdale  
Houston, Texas 77082

Certified Mail:

Oxy  
P.O. Box 27570  
Houston, Texas 77227

Certified Mail:

The Cornerstone Family Trust  
P.O. Box 558  
Peyton, Co. 80831

Certified Mail:

Tellus, Inc.  
P.O. Box 1210  
Gaja, Texas 76450

Certified Mail:

HH&P Energy, LLC  
P.O. Box 687  
Graham, Texas 76450

Certified Mail:

Advance Energy Partners Hat Mesa, LLC  
11490 Westheimer, Suite 950  
Houston, Texas 77077

Certified Mail:

**Surface Owners**

State of New Mexico  
State Land Office  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87504

Certified Mail:

*January 14, 2020*

Page 4

Bureau of Land Management  
Carlsbad Field office  
620 East Greene Street  
Carlsbad, New Mexico 88220

Certified Mail:



**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.  
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Brett D. Taylor  
 7918 S. Wellington Ct.  
 Houston, Texas 77055

7014 2280 0000 4474 5955

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
 X *Brett Taylor* ☐ Addressee

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

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

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

Domestic Return Receipt

7014 2280 0000 4474 5955

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

Postage \$  
 Total \$

Sent to: Brett D. Taylor  
 Street: 7918 S. Wellington Ct.  
 City: Houston, Texas 77055

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

1/31/20  
 Here

7019 2280 0000 4474 5900

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

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

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

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

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

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

Postage

1/5/20  
Postmark  
Here

Royal Oak Oil & Gas LLC  
 11510 Montmartre  
 Attn: George Ragsdale  
 Houston, Texas 77082

PS Form 3811, July 2015 PSN 7530-02-000-9053

**SENDER: COMPLETE THIS SECTION**

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☐ Print your name and address on the reverse so 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:

Royal Oak Oil & Gas  
 11510 Montmartre  
 Attn: George Ragsdale  
 Houston, Texas 77082

9590 9402 5167 9122 7909 40



9. Add the number Transfer from service label.

7019 2280 0000 4474 5900

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ Agent

Received by (Printed Name)

C. Date of Delivery

George Ragsdale 2-20

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

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail<sup>®</sup>

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express<sup>®</sup>

☐ Registered Mail<sup>™</sup>


☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation<sup>™</sup>

☐ Signature Confirmation Restricted Delivery

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<h1 style="margin: 0;">OFFICIAL USE</h1>	
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 \$ _____	
To: <b>DG Royalty, LLC</b>	
Attn: <b>110 N Martenfield, Suite 200</b>	
City: <b>Midland, Texas 79707</b>	
ZIP: _____	
Signature Here 	

## 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:

Bulthead Energy, LLC  
 P.O. Box 470158  
 Fort Worth, Texas 76147

9590 9402 5167 9122 7910 39



2. Article Number (Transfer from service label)

7019 2280 0000 4474 6013

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lisa Brown*☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Lisa Brown

C. Date of Delivery

1-23-20

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

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

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

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

Postage

Bulthead Energy, LLC

P.O. Box 470158

Fort Worth, Texas 76147

POSTNET barcode and instructions

SEE REVERSE FOR INSTRUCTIONS

1/23/20  
Asst Data  
there



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☐ Complete items 1, 2, and 3.  
☐ Print your name and address on the reverse so 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. Addressee  
 State Of New Mexico  
 State Land Office  
 310 Old Santa Fe Trail  
 Santa Fe, NM 87504

2. Article Number (Transfer from service label)  
 7019 2280 0000 4474 5856

PS Form 3811, July 2015 PSN 7530-02-000-9053

7019 2280 0000 4474 5856

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

Postage \$

State Of New Mexico  
 State Land Office  
 310 Old Santa Fe Trail  
 Santa Fe, NM 87504

PS Form 3800, April 2016 PSN 7530-02-000-1007 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

B. Received by (Printed Name)

C. Date of Delivery

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

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

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

Postage \$  
 To HH&P Energy, LLC  
 P.O. Box 687  
 Graham, Texas 76450

PS Form 3800, April 2016 PSN 7530-02-000-907 See Reverse for Instructions

## SENDER, COMPLETE THIS SECTION

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☐ Print your name and address on the reverse so 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:

HH&P Energy, LLC  
 P.O. Box 687  
 Graham, Texas 76450



9590 9402 5167 9122 7909 02

7019 2280 0000 4474 5863

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

B. Received by (Printed Name)

X

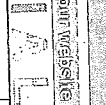
C. Date of Delivery

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

JAN 22 2020

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail<sup>®</sup>  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express<sup>®</sup>  
☐ Registered Mail<sup>™</sup>  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation<sup>™</sup>  
☐ Signature Confirmation Restricted Delivery

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
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 \$ _____	<div style="text-align: center;">   <b>Postmark</b>          Here       </div>

PS Form 3800, April 2015 PSN 7530-01-000-9000

See Reverse for Instructions

Nearburg Exploration Co  
P.O. Box 823085  
Dallas, Texas 75382

9590 9402 5167 9122 7908 65

2. Article Number *Transfer from service label*  
7019 2280 0000 4474 5948

PS Form 3811, July 2015 PSN 7530-02-000-9053

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☐ Attach this card to the back of the mailpiece, or on the front if space permits.

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent  
 B. Received by (Printed Name) ☐ Addressee  
 C. Date of Delivery 11/22/2016  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <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"/> Red Mail                                |   |
| <input type="checkbox"/> Red Mail Restricted Delivery            |   |
- (over \$500)

Domestic Return Receipt

7019 2280 0000 4474 5948

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OFFICIAL USE

Certified Mail Fee \$

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

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

Postmark Here 11/22/2016

Nearburg Exploration Co  
P.O. Box 823085  
Dallas, Texas 75382

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

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1. Article Addressed to:

Wellington Hotwells  
 5599 San Felipe, Suite 110  
 Houston, Texas 77056

9590 9402 5167 9122 7908 34

2. Article Number (Transfer from service label)

7019 2280 0000 4474 5979

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 1 ☐ Agent

B. Received by (Printed Name)

Do Anna Petrie

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature Restricted Delivery  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
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- ☐ Return Receipt (hardcopy) \$ \_\_\_\_\_  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

Total

Sent

Str Wellington Hotwells  
 City, 5599 San Felipe, Suite 110  
 Houston, Texas 77056

PS Form 3811, July 2015 PSN 7530-02-000-9053

Return Receipt

1/31/20  
 Postmark  
 Here

Domestic Return Receipt

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- ☐ Complete items 1, 2, and 3.  
☐ Print your name and address on the reverse so 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: \_\_\_\_\_

Commissioner of Public Lands  
 P.O. Box 1148  
 Santa Fe, NM 87504



9590 9402 5167 9122 7910 08

2. Article Number (Transfer from service label)  
 7019 2280 0000 4474 5849

PS Form 3811, July 2015 PSN 7530-02-000-9053

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

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <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) |   |

Domestic Return Receipt

7019 2280 0000 4474 5849

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**OFFICIAL USE**

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

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

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

Postage \_\_\_\_\_

Commissioner of Public Lands  
 P.O. Box 1148  
 Santa Fe, NM 87504

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

1/5/20  
 Postmarked Here



**SENDER: COMPLETE THIS SECTION**

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

Article Addressed to:

Blanco Holdings I LTS  
 Attn: Peter Wat  
 P.O. Box 36530  
 Houston, Texas 77236

9590 9402 5167 9122 7910 22

7019 2280 0000 4474 5993

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 B. Received by (Printed Name)  
 C. Date of Delivery  
 D. Is delivery address different from item 1? If YES, enter delivery address below:

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

Domestic Return Receipt

7019 2280 0000 4474 5993

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

For delivery information, visit our website at [www.usps.com](http://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 \$

Postmark Here 1/15/20

Blanco Holdings I LTS  
 Attn: Peter Wat  
 P.O. Box 36530  
 Houston, Texas 77236

PS Form 3800, April 2015 PSN 7500-02-000-9047 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:

Bureau of Land Management  
 Carlsbad Field Office  
 620 East Greene St.  
 Carlsbad, NM 88220

9590 9402 5167 9122 7908 96

2. Article Number (Transfer from service label)  
 7019 2280 0000 4474 6068

PS Form 3811, July 2015 PSN 7539-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
 X ☒ Special Agent  
 B. Received by (Print Name) C. Date of Delivery  
 1-2-20

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

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://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 \$15.00  
 Paid Here

Bureau of Land Management  
 Carlsbad Field Office  
 620 East Greene St.  
 Carlsbad, NM 88220

PS Form 3811, April 2015 PSN 7539-02-000-9053 See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
OFFICIAL USE	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<p><b>1. Article Addressed to:</b></p> <p>John Wenck Jr. 745 Pegasus Lane League City, Texas 77573</p> <p>9590 9402 5167 9122 7908 41</p> <p><b>2. Article Number/Tracker from previous label</b> 7019 2280 0000 4474 5962</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p><b>3. Service Type</b></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><b>4. Extra Services &amp; Fees (check box, add fee as appropriate)</b></p> <p><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 \$ _____</p> <p>Postage \$ _____</p> <p>To \$ _____ From \$ _____</p> <p>John Wenck Jr. 745 Pegasus Lane League City, Texas 77573</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>
COMPLETE THIS SECTION ON DELIVERY	
<p><b>1. SENDER COMPLETE THIS SECTION</b></p> <p><input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p><b>1. Article Addressed to:</b></p>	<p><b>A. Signature</b> X <i>[Signature]</i> <input type="checkbox"/> Agent</p> <p><b>B. Received by (Printed Name)</b> <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p><b>C. Date of Delivery</b> <i>2019 10 21</i></p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
3. Service Type	
<p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

7019 2280 0000 4474 5962

Postmark Here

# U.S. Postal Service<sup>®</sup>

## CERTIFIED MAIL<sup>®</sup> RECEIPT

### Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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

To

Oxy  
P.O. Box 27570

SI Houston, Texas 77227

PS Form 3811, April 2015 PSN 7530-02-000-9053

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.

4. Article Addressed To:

Oxy  
P.O. Box 27570  
Houston, Texas 77227



9590 9402 5167 9122 7909 33

2. Article Number (Transfer from service label)

7019 2280 0000 4474 5894

PS Form 3811, July 2015 PSN 7530-02-000-9053

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

B. Received by (Printed Name)

☐ Addressee

D. Is delivery restricted to the address below?  
 If YES, enter delivery address below: ☐ Yes ☐ No

James Beard

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail<sup>®</sup>
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express<sup>®</sup>
- ☐ Registered Mail<sup>™</sup>
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation<sup>™</sup>
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



U.S. Postal Service<sup>™</sup>  
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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

Kevin M. Cokinos

5718 Westheimer, Suite 900

Houston, Texas 77057

PS Form 3811, April 2015 PSN 7530-02-000-9053 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:

Kevin M. Cokinos  
 5718 Westheimer, Suite 900  
 Houston, Texas 77057



9590 9402 5167 9122 7909 57

2. Article Number (Transfer from service label)

7019 2280 0000 4474 5917

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent  
*Kevin Cokinos*  
 B. Received by (Printed Name) ☐ Addressee  
 C. Date of Delivery  
 1/17/2020  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail<sup>®</sup>  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)  
☐ Priority Mail Express<sup>®</sup>  
☐ Registered Mail<sup>™</sup>  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation<sup>™</sup>  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7019 2280 0000 4474 5917

1/15/20  
 Postmark  
 Here

PS Form 3811, July 2015 PSN 7530-02-000-9053

7019 2280 0000 4474 5986

9590 9402 5167 9122 7908 27

R. Miller Houghton  
3114 Gulf  
Midland, Texas 79705

## 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.

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 1-17-20  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

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

Domestic Return Receipt

7019 2280 0000 4474 5986

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Certified Mail Fee

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

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

Postage

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

To \$ \_\_\_\_\_

Se \$ \_\_\_\_\_

St \$ \_\_\_\_\_

R. Miller Houghton  
3114 Gulf  
Midland, Texas 79705

PS Form 3800, April 2015 PSN 7530-02-000-9053 Special Services for Institutions

1/15/20  
Houghton  
Here



**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.

4. Addressee Address and Zip:

Tom M. Ragsdale  
 400 W Sam Houston Pkwy, Suite 601  
 Houston, Texas 77060

5. Article Number (Transfer from service label)  
 7019 2280 0000 4474 5931

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
 X Tom M. Ragsdale ☐ Addressee

B. Received by Printed Name Tom M. Ragsdale C. Date of Delivery 1/17/20

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

3. Service Type  
☐ Adult Signature Restricted Delivery  
☐ 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  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7019 2280 0000 4474 5931

**U.S. Postal Service™  
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 Domestic Mail Only**

For delivery information, visit our website at [www.usps.com](http://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 \$  
 1/17/20  
 Here

Tom M. Ragsdale  
 400 W Sam Houston Pkwy, Suite 601  
 Houston, Texas 77060

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

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

For delivery information, visit our website at [www.usps.com](http://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 \$

11/5/20  
Postmark Here

Crownrock Minerals, LP  
P.O. Box 51933  
Midland, Texas 79710

PS Form 3806, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

Crownrock Minerals, LP  
P.O. Box 51933  
Midland, Texas 79710

9590 9402 5167 9122 7909 95

Article Number (Transfer from service label)  
9 2280 0000 4474 6037

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Elene Aranda* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Elene Aranda* C. Date of Delivery *1/31/20*

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

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053

U.S. Postal Service<sup>™</sup>  
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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**

11/15/20  
 Postmark  
 Here

Tallus, Inc.  
 P.O. Box 1210  
 Graja, Texas 76450

PS Form 3811, April 2015 PSN 7530-02-000-9053 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:

Tallus, Inc.  
 P.O. Box 1210  
 Graja, Texas 76450

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



9590 9402 5167 9122 7909 19

2. Article Number (Transfer from service label)

7019 2280 0000 4474 5870

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

3. Service Type
- ☐ Adult Signature
  - ☐ Adult Signature Restricted Delivery
  - ☐ Certified Mail
  - ☐ Certified Mail Restricted Delivery
  - ☐ Collect on Delivery
  - ☐ Collect on Delivery Restricted Delivery
  - ☐ Registered Mail
  - ☐ Registered Mail Restricted Delivery
  - ☐ Return Receipt for Merchandise
  - ☐ Signature Confirmation
  - ☐ Signature Confirmation Restricted Delivery
  - ☐ Priority Mail Express
  - ☐ Registered Mail
  - ☐ Registered Mail Restricted Delivery
  - ☐ Return Receipt for Merchandise
  - ☐ Signature Confirmation
  - ☐ Signature Confirmation Restricted Delivery

**SENDER COMPLETE THIS SECTION**

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

1. Address Addressed to:

The Cornerstone Family Trust  
P.O. Box 558  
Peyton, CO 80831

2. Article Number (Transfer from service label)

7019 2280 0000 4474 5887

PS Form 3811, July 2015 PSN 7530-02-000-9053

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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 \$

1/31/20  
Peyton  
Here

The Cornerstone Family Trust  
P.O. Box 558  
Peyton, CO 80831

FOR INFORMATION OF INSTITUTIONS

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent

B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery

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

3. Service Type

☐ Priority Mail Express<sup>®</sup>  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail<sup>®</sup>  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Registered Mail<sup>™</sup>  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation<sup>™</sup>  
☐ Signature Confirmation Restricted Delivery

JAN 25 2020

Domestic Return Receipt



USPS.com® - USPS Tracking® Results

FAQs &gt;

## USPS Tracking®

Track Another Package +

Remove X

Tracking Number: 70192280000044745924

Your item was picked up at a postal facility at 11:58 am on January 22, 2020 in HOUSTON, TX 77027.

 **Delivered**

January 22, 2020 at 11:58 am  
Delivered, Individual Picked Up at Postal Facility  
HOUSTON, TX 77027

---

**Text & Email Updates**

---

**Tracking History**

**January 22, 2020, 11:58 am**  
Delivered, Individual Picked Up at Postal Facility  
HOUSTON, TX 77027  
Your item was picked up at a postal facility at 11:58 am on January 22, 2020 in HOUSTON, TX 77027.

**January 16, 2020, 7:28 am**  
Arrived at Unit  
HOUSTON, TX 77027

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
Attwell Interest Inc. P.O. Box 27225 Houston, Texas 77027	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See reverse for instructions	

7019 2280 0000 4474 5924

1/15/20  
Postmark  
Here