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Exhibit C

Affidavit of
Ernest L. Padilla

OCD Case 21078 and 21079
(Big Burro wells)
Colgate Operating, LLC

These cases were transferred from Modrall-Sperling
to the Padilla Law Firm, P.A.

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January 16, 2020

Lance D. Hough
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Lance.Hough@modrall.com

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

TO: AFFECTED PARTIES

This letter is to advise you that Colgate Operating LLC has filed the enclosed applications with the New Mexico Oil Conservation Division:

Case No. 21078: Application of Colgate Operating LLC for compulsory pooling, Eddy County, New Mexico. Applicant seeks an order from the Division: (1) to the extent necessary, approving the creation of a 320-acre, more or less, Bone Spring horizontal spacing unit; and, (2) pooling all uncommitted mineral interests within a Bone Spring horizontal spacing unit underlying the N/2 S/2 of Section 27 and N/2 S/2 of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico. This spacing unit will be dedicated to the **Big Burro 27 State Com 123H** and **Big Burro 27 State Com 133H** wells, to be horizontally drilled. The producing area for these wells will be orthodox. Also to be considered will be the cost of drilling, completing and equipping said wells, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Colgate as operator of the wells, and a 200% 18 charge for risk involved in drilling said wells. Said area is located approximately 19 miles southeast of Artesia, New Mexico.

Case No. 21079: Application of Colgate Operating LLC for compulsory pooling, Eddy County, New Mexico. Applicant seeks an order from the Division: (1) to the extent necessary, approving the creation of a 320-acre, more or less, Bone Spring horizontal spacing unit; and, (2) pooling all uncommitted mineral interests within a Bone Spring horizontal spacing unit underlying the S/2 S/2 of Section 27 and S/2 S/2 of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico. This spacing unit will be dedicated to the **Big Burro 27 State Com 124H** and **Big Burro 27 State Com 134H** wells, to be horizontally drilled. The producing area for these wells will be orthodox. Also to be considered will be the cost of drilling, completing and equipping said wells, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Colgate as operator of the wells, and a 200% charge for risk involved in drilling said

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AFFECTED PARTIES

Colgate / Big Burro 27 State Com 123H-124H, 133H-134H

January 16, 2020

Page 2

wells. Said area is located approximately 19 miles southeast of Artesia, New Mexico.

These applications have been set for hearing before a Division Examiner at **8:15 a.m. on February 6, 2020**. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Office located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. As a party who may be affected by these applications, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the applications. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

You are further notified that if you desire to appear in these cases, then you are requested to file a Pre-Hearing Statement with the Division at least four business days in advance of a scheduled hearing before the Division or the Commission, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date, with a copy delivered to the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance D. Hough', with a stylized flourish at the end.

Lance D. Hough
Attorney for Applicant

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Enclosures: as stated

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

**APPLICATION OF COLGATE OPERATING, LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

CASE NO. _____

APPLICATION

Colgate Operating, LLC ("Colgate"), OGRID Number 14744, through its undersigned attorneys, hereby makes an application to the Oil Conservation Division pursuant to the provisions of NMSA (1978), Section 70-2-17, for an order pooling all uncommitted mineral interests within a Bone Spring horizontal spacing unit underlying the N/2 S/2 of Section 27 and N/2 S/2 of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico. In support of this application, Colgate states as follows:

1. Colgate is an interest owner in the subject lands and has a right to drill a well thereon.
2. Colgate seeks to dedicate the N/2 S/2 of Section 27 and N/2 S/2 of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico to form a 320-acre, more or less, Bone Spring horizontal spacing unit.
3. Colgate plans to drill the following horizontal wells to a depth sufficient to test the Bone Spring formation:
 - a. The **Big Burro 27 State Com 123H** well is a horizontal well with a surface location in the NE/4 SE/4 (Unit I) of Section 27, Township 19 South, Range 28 East, NMPM, Eddy County, and an intended bottom hole location in the NW/4 SW/4 (Unit L) of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County. This well is proposed to be drilled vertically to a depth of approximately 7,500' to the Bone Spring formation.
 - b. The **Big Burro 27 State Com 133H** well is a horizontal well with a surface location in the NE/4 SE/4 (Unit I) of Section 27, Township 19 South, Range 28 East, NMPM, Eddy County, and an intended bottom hole location in the NW/4

SW/4 (Unit L) of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County. This well is proposed to be drilled vertically to a depth of approximately 8,600' to the Bone Spring formation.

4. These wells will be located within the Winchester; Bone Spring Pool (Pool code 65010) and will comply with the Division's setback requirements.

5. Colgate sought, but has been unable to obtain, a voluntary agreement from all interest owners in the Bone Spring formation underlying the proposed spacing unit to participate in the drilling of the wells or to otherwise commit their interests to the wells.

6. The creation of a horizontal spacing unit and the pooling of all interests in the Bone Spring formation underlying the proposed unit will prevent the drilling of unnecessary wells, prevent waste and protect correlative rights.

WHEREFORE, Colgate requests that this case is set for hearing before an Examiner of the Oil Conservation Division on February 6, 2020, and after notice and hearing as required by law, the Division enter its order:

A. Creating an approximately 320-acre horizontal spacing unit in the Bone Spring formation comprised of N/2 S/2 of Section 27 and N/2 S/2 of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico;

B. Pooling all mineral interests in the Bone Spring formation underlying a horizontal spacing unit within the N/2 S/2 of Section 27 and N/2 S/2 of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico;

C. Designating Colgate as operator of this unit and the wells to be drilled thereon;

D. Authorizing Colgate to recover its costs of drilling, completing and equipping the wells;

E. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure;

F. Setting a 200% charge for the risk involved in drilling and completing the wells in the event a working interest owner elects not to participate in the wells.

Respectfully submitted,

MODRALL, SPERLING, ROEHL, HARRIS
& SISK, P.A.

By: 

Earl E. DeBrine, Jr.
Lance D. Hough
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edebrine@modrall.com
ldh@modrall.com
Attorneys for Applicant

W3624115.DOCX

CASE NO. _____: Application of Colgate Corporation for compulsory pooling, Eddy County, New Mexico. Applicant seeks an order from the Division: (1) to the extent necessary, approving the creation of a 320-acre, more or less, Bone Spring horizontal spacing unit; and, (2) pooling all uncommitted mineral interests within a Bone Spring horizontal spacing unit underlying the N/2 S/2 of Section 27 and N/2 S/2 of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico. This spacing unit will be dedicated to the **Big Burro 27 State Com 123H** and **Big Burro 27 State Com 133H** wells, to be horizontally drilled. The producing area for these wells will be orthodox. Also to be considered will be the cost of drilling, completing and equipping said wells, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Colgate as operator of the wells, and a 200% charge for risk involved in drilling said wells. Said area is located approximately 19 miles southeast of Artesia, New Mexico.

USPS Article Number	Date Created	Name 1	Address1	City	State	Zip	Mailing Status	Service Options	Mail Delivery Date
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9314869904300067754926	2020-01-16 2:01 PM	Patrick Joe Reynolds	806 Lake Valley Drive	Stockdale	TX	78160	Delivered	Return Receipt - Electronic, Certified Mail	01-24-2020
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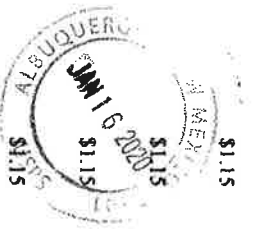
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01/16/2020



Firm Mailing Book ID: 162813

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4	9314 8699 0430 0067 7547 28	Crown Oil Partners VI, LLC P.O. Box 50820 Midland TX 79704	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
5	9314 8699 0430 0067 7547 35	Crump Energy Partners VI, LLC P.O. Box 50820 Midland TX 79701	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
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7	9314 8699 0430 0067 7547 59	Nightengale Petroleum Properties, Inc 2624 Guilford Lane Oklahoma City OK 73120	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
8	9314 8699 0430 0067 7547 66	ODS-ACS Properties, Ltd 3602 S. Washington Amarillo TX 79110	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
9	9314 8699 0430 0067 7547 73	Textivania, Ltd. 3602 S. Washington Amarillo TX 79110	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
10	9314 8699 0430 0067 7547 80	Curtis Smith I, Ltd. 3602 S. Washington Amarillo TX 79110	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
11	9314 8699 0430 0067 7547 97	Dale A. Smith 418 South Polk Amarillo TX 79101	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
12	9314 8699 0430 0067 7548 03	Ellen Smith Byrns 3602 S. Washington Amarillo TX 79110	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
13	9314 8699 0430 0067 7548 10	OXY USA WTP Limited Partnership 5 Greenway Plaza, Suite 110 Houston TX 77046	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
14	9314 8699 0430 0067 7548 27	ZPF Delaware I LLC 303 Veterans Airport Lane Midland TX 79705	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
15	9314 8699 0430 0067 7548 34	F/Z Association 13223 Copenhill Rd Dallas TX 75240	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice

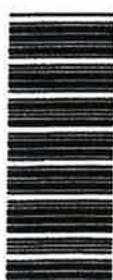


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Line	USPS Article Number	Name, Street, City, State, Zip	Postage	Service Fee	RR Fee	Rest.Del.Fee	Reference Contents
16	9314 8699 0430 0067 7548 41	Winchester Energy, LLC P.O. Box 13540 Oklahoma City OK 73113	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
17	9314 8699 0430 0067 7548 58	I Timothy 6, LLC P.O. Box 30598 Edmond OK 73025	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
18	9314 8699 0430 0067 7548 65	Vladin, LLC PO Box 100 Artesia NM 88211	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
19	9314 8699 0430 0067 7548 72	Trust Q, John A Yates Trustee P. O. Box 1394 Artesia NM 88211	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
20	9314 8699 0430 0067 7548 89	Lonsdale Resources, LLC 3102 Maple Avenue, Suite 400 Dallas TX 75201	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
21	9314 8699 0430 0067 7548 96	Maduro O&G LLC 3102 Maple Avenue, Suite 400 Dallas TX 75201	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
22	9314 8699 0430 0067 7549 02	Paul Slayton 3507 63rd Dr. Lubbock TX 79413	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
23	9314 8699 0430 0067 7549 19	Yates Brothers P. O. Box 1394 Artesia NM 88211	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
24	9314 8699 0430 0067 7549 26	Patrick Joe Reynolds 806 Lake Valley Drive Stockdale TX 78160	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
25	9314 8699 0430 0067 7549 33	Donna Kim Overbey 4617 Conlvey Ave. Odessa TX 79762	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
26	9314 8699 0430 0067 7549 40	Nancy Gail Stall 1607 West Sears Ave. Artesia NM 88210	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
27	9314 8699 0430 0067 7549 57	Clayton Todd Reynolds 1230 West Alabama St. Hobbs NM 88242	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
28	9314 8699 0430 0067 7549 64	Santo Royalty Company LLC P. O. Box 1020 Artesia NM 88221	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
29	9314 8699 0430 0067 7549 71	Redcliff Resources LLC P. O. Box 4848 Wichita Falls TX 76308	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice
30	9314 8699 0430 0067 7549 88	Riventures, LLC P. O. Box 4848 Wichita Falls TX 76308	\$1.15	\$3.55	\$1.60	\$0.00	10091,0002 Big Burro Notice



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Line	USPS Article Number	Name, Street, City, State, Zip	Postage	Service Fee	R.R. Fee	Rest.Del.Fee	Reference Contents
31	9314 8699 0430 0067 7549 95	Michael J. & Debra J. Bennett 3518 Plum Lane Amarillo TX 79109	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
32	9314 8699 0430 0067 7550 08	Greg Golladay & Julie Golladay 3505 Edgewood Drive Amarillo TX 79110	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
33	9314 8699 0430 0067 7550 15	Dusty Sanderson & Dana Sanderson 7802 Bennington Drive Amarillo TX 79119	\$1.15	\$3.55	\$1.60	\$0.00	10091.0002 Big Burro Notice
Totals:			\$37.95	\$117.15	\$52.80	\$0.00	
				Grand Total:	\$207.90		
List Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster: Name of receiving employee	Dated:				
33							



Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0004011274

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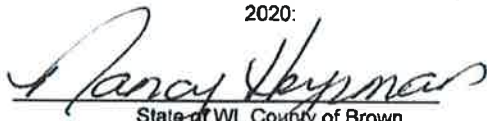
ALBUQUERQUE, NM 87103

I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

January 22, 2020


Legal Clerk

Subscribed and sworn before me this January 22,
2020:


State of WI, County of Brown
NOTARY PUBLIC
5.15.23
My commission expires

Ad # 0004011274
PO #: 21078, 21079
of Affidavits 1

This is not an invoice

NANCY HEYRMAN
Notary Public
State of Wisconsin

CASE NO. 21078: Notice to all affected parties, as well as their heirs and devisees, of Fasken Acquisitions 02, Ltd.; Glenrock Capital, LLC; EOG Resources, Inc.; Crown Oil Partners VI, LLC; Crump Energy Partners VI, LLC; RSC Resources LP; Nightengale Petroleum Properties, Inc.; ODS-ACSP Properties, Ltd.; Texilvania, Ltd.; Currie Smith I, Ltd.; Dale A. Smith; Ellen Smith Bivins; OXY USA WTP Limited Partnership; ZP2 Delaware I LLC; F/Z Association; Winchester Energy, LLC; 1 Timothy 6, LLC; Vladin, LLC; Trust Q, John A Yates; Lonsdale Resources, LLC; Maduro O&G; Paul Slayton; EOG Resources Inc.; Yates Brothers; Patrick Joe Reynolds; Donna Kim Overbey; Nancy Gail Stall; Clayton Todd Reynolds; Santo Royalty Company LLC; Redcliff Resources LLC; Rjventures, LLC; Michael J. Bennett & Debra J. Bennett; Greg Golladay & Julie Golladay; Dusty Sanderson & Dana Sanderson of Colgate Operating LLC's Application for compulsory pooling, Eddy County, New Mexico. The State of New Mexico through its Oil Conservation Division, hereby gives notice that the Division will conduct a public hearing at 8:15 a.m. on February 6, 2020 to consider this application. Applicant seeks an order from the Division: (1) to the extent necessary, approving the creation of a 320-acre, more or less, Bone Spring horizontal spacing unit; and, (2) pooling all uncommitted mineral interests within a Bone Spring horizontal spacing unit underlying the N/2 S/2 of Section 27 and N/2 S/2 of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico. This spacing unit will be dedicated to the Big Burro 27 State Com 123H and Big Burro 27 State Com 133H wells, to be horizontally drilled. The producing area for these wells will be orthodox. Also to be considered will be the cost of drilling, completing and equipping said wells, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Colgate as operator of the wells, and a 200% 18 charge for risk involved in drilling said wells. Said area is located approximately 19 miles southeast of Artesia, New Mexico.

CASE NO. 21079: Notice to all affected parties, as well as their heirs and devisees, of Fasken Acquisitions 02, Ltd.; Glenrock Capital, LLC; EOG Resources, Inc.; Crown Oil Partners VI, LLC; Crump Energy Partners VI, LLC; RSC Resources LP; Nightengale Petroleum Properties, Inc.; ODS-ACSP Properties, Ltd.; Texilvania, Ltd.; Currie Smith I, Ltd.; Dale A. Smith; Ellen Smith Bivins; OXY USA WTP Limited Partnership; ZP2 Delaware I LLC; F/Z Association; Winchester Energy, LLC; 1 Timothy 6, LLC; Vladin, LLC; Trust Q, John A Yates; Lonsdale Resources, LLC; Maduro O&G; Paul Slayton; EOG Resources Inc.; Yates Brothers; Patrick Joe Reynolds; Donna Kim Overbey; Nancy Gail Stall; Clayton Todd Reynolds; Santo Royalty Company LLC; Redcliff Resources LLC; Rjventures, LLC; Michael J. Bennett & Debra J. Bennett; Greg Golladay & Julie Golladay; Dusty Sanderson & Dana Sanderson of Colgate Operating LLC's Application for compulsory pooling, Eddy County, New Mexico. The State of New Mexico through its Oil Conservation Division, hereby gives notice that the Division will conduct a public hearing at 8:15 a.m. on February 6, 2020 to consider this application. Applicant seeks an order from the Division: (1) to the extent necessary, approving the creation of a 320-acre, more or less, Bone Spring horizontal spacing unit; and, (2) pooling all uncommitted mineral interests within a Bone Spring horizontal spacing unit underlying the S/2 S/2 of Section 27 and S/2 S/2 of Section 28, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico. This spacing unit will be dedicated to the Big Burro 27 State Com 124H and Big Burro 27 State Com 134H wells, to be horizontally drilled. The producing area for these wells will be orthodox. Also to be considered will be the cost of drilling, completing and equipping said wells, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Colgate as operator of the wells, and a 200% charge for risk involved in drilling said wells. Said area is located approximately 19 miles southeast of Artesia, New Mexico.

January 22, 2020

PADILLA LAW FIRM, P.A.

STREET ADDRESS
1512 S. ST. FRANCIS DRIVE

SANTA FE, NM 87505

MAILING ADDRESS

P.O. BOX 2523

SANTA FE, NEW MEXICO 87504-2523

EMAIL ADDRESS

padillalaw@qwestoffice.net

TELEPHONE
505-988-7577

FACSIMILE
505-988-7592

June 29, 2020

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Marbob Energy Corporation
PO Box 519
Ruidoso, NM 88355

Re: NMOCD Case Number#21078 & 21079, In the Matter of the Application of Colgate Operating, LLC, for compulsory pooling in Eddy County, New Mexico.


Ladies and Gentlemen:

This letter will advise that Colgate Operating, LLC has filed an application with the New Mexico Oil Conservation Division seeking an order for compulsory pooling in Eddy County, New Mexico as referenced above. Copy of the application is enclosed.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on August 14, 2020 at 8:30 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website:

<http://www.emnrd.state.nm.us/OCD/announcements.html> You are not required to attend these hearings, but as an owner of an interest or offset operator that may be affected, you may appear and present testimony. Failure to appear at the time and become a party of record will preclude you from challenging these applications at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,



ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

U.S. Postal ServiceSM

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☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

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Total Postage and Fees

\$ 5.60

Sent to

Marbob Energy Corporation

Street and Apt. No. PO Box 519

Ruidoso, NM 88355

City, State, ZIP+4[®]

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4962 8427 2000 0922 6702

PADILLA LAW FIRM, P.A.

STREET ADDRESS
1512 S. ST. FRANCIS DRIVE
SANTA FE, NM 87505

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

EMAIL ADDRESS
padillalaw@qwestoffice.net

TELEPHONE
505-988-7577

FACSIMILE
505-988-7592

June 29, 2020

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Pitch Energy Corporation
PO Box 227
Artesia, NM 88211

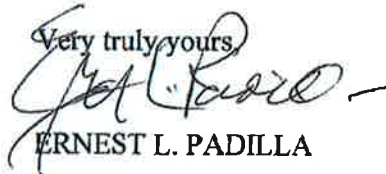
Re: NMOCD Case Numbers 21078 & 21079, In the Matter of the Application of Colgate Operating, LLC, for compulsory pooling in Eddy County, New Mexico.

Ladies and Gentlemen:

This letter will advise that Colgate Operating, LLC has filed an application with the New Mexico Oil Conservation Division seeking an order for compulsory pooling in Eddy County, New Mexico as referenced above. Copy of the application is enclosed.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on August 14, 2020 at 8:30 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website:

<http://www.emnrd.state.nm.us/OCD/announcements.html> You are not required to attend these hearings, but as an owner of an interest or offset operator that may be affected, you may appear and present testimony. Failure to appear at the time and become a party of record will preclude you from challenging these applications at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

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Extra Services & Fees (check box and add fee if applicable)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<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	\$ 1.09
Total postage and fees	\$ 4.64
Sent to	Pitch Energy Corporation
	PO Box 227
Street and Apt. No.	Artesia, NM 88211
City, State, ZIP+4 [®]	

PS Form 3800, September 2006

7019 6702 0822 2000 8427 400E

Table of Contents

Exhibit C

OCD Case 21239
(Weaver wells)
Colgate Operating, LLC
Affidavit of
Ernest L. Padilla

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PADILLA LAW FIRM, P.A.

STREET ADDRESS
1512 S. ST. FRANCIS DRIVE
SANTA FE, NM 87505

MAILING ADDRESS
P.O. BOX 2523

SANTA FE, NEW MEXICO 87504-2523

EMAIL ADDRESS
padillalaw@qwestoffice.net

TELEPHONE
505-988-7577

FACSIMILE
505-988-7592

April 14, 2020

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

TO: ALL INTEREST OWNERS

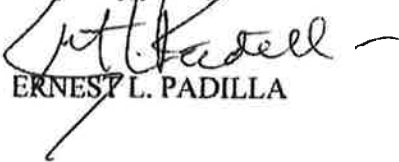
Re: NMOCD Case Number#21239, In the Matter of the Application of Colgate Operating, LLC, for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico.

Ladies and Gentlemen:

This letter will advise that Colgate Operating, LLC has filed an application with the New Mexico Oil Conservation Division seeking an order for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico as referenced above. Copy of the application is enclosed.

This application will be set for hearing before a Division Examiner on May 14, 2020 at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend these hearings, but as an owner of an interest or offset operator that may be affected, you may appear and present testimony. Failure to appear at the time and become a party of record will preclude you from challenging these applications at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,



ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

WI OWNER	ORRI OWNER
Apache Corporation 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705	Costaplenty Energy Corporation P. O. Box 1182 Artesia, New Mexico 88211
Crown Oil Partners VI, LLC P. O. Box 50820 Midland, Texas 79704	Paul Slayton 3507 63rd Dr. Lubbock, Texas 79413
Crump Energy Partners VI, LLC P. O. Box 50820 Midland, Texas 79701	Yates Brothers P. O. Box 1394 Artesia, New Mexico 88211
Currie Smith I, Ltd. 3602 S. Washington Amarillo, Texas 79110	Santo Royalty Company LLC P. O. Box 1020 Artesia, New Mexico 88221
Dale A. Smith 418 South Polk Amarillo, Texas 79101	Redcliff Resources LLC P. O. Box 4848 Wichita Falls, Texas 76308
Ellen Smith Bivins 3602 S. Washington Amarillo, Texas 79110	RJventures, LLC P. O. Box 4848 Wichita Falls, Texas 76308
EOG Resources, Inc. 5509 Champions Drive Midland, Texas 79706	Michael J. Bennett & Debra J. Bennett 3518 Plum Lane Amarillo, Texas 79109
Fasken Acquisitions 02, Ltd. 6101 Holiday Hill Road Midland, Texas 79701	Greg Golladay & Julie Golladay 3505 Edgewood Drive Amarillo, Texas
Glenrock Capital, LLC 3444 Milton Ave Dallas, Texas 75205	Dusty Sanderson & Dana Sanderson 7802 Bennington Drive Amarillo, Texas 79119

W I O W N E R	O R R I O W N E R
Nightengale Petroleum Properties, Inc 2624 Guiford Lane Oklahoma City, Oklahoma 73120	ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705
ODS-ACS Properties, Ltd. 3602 S. Washington Amarillo, Texas 79110	Ted F. Gawloski 3900 Edgebrook Ct. Midland, Texas 79707
OXY Y-1 Company 5 Greenway Plaza, Suite 110 Houston, Texas 77046	Santo Legado, LLC P.O. Box 1020 Artesia, New Mexico 88211
RSC Resources, LP, a Texas P.O. Box 8329 Horseshoe Bay, TX 78657	Redcliff Resources LLC P. O. Box 4848 Wichita Falls, Texas 76308
Texilvania, Ltd. 3602 S. Washington Amarillo, Texas 79110	Nestegg Energy Corporation 2308 Sierra Vista Artesia, New Mexico 88210
ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705	
WPX Energy Permian, LLC One Williams Center Tulsa, Oklahoma 74103	
COG Operating, LLC One Concho Center 600 W Illinois Avenue Midland, TX 79701	

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

**APPLICATION OF COLGATE OPERATING, LLC
FOR COMPULSORY POOLING, AND NON-
STANDARD SPACING AND PRORATION UNIT IN
EDDY COUNTY, NEW MEXICO**

CASE NO. 21239

**APPLICATION FOR COMPULSORY POOLING, AND NON-STANDARD
SPACING AND PRORATION UNIT**

COLGATE OPERATING, LLC applies for an order pooling all mineral interests within the Bone Spring Formation, underlying the N/2 of Sections 27 and 28, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico. In support of this application, Applicant states:

1. Applicant is a working interest owner in the proposed horizontal spacing units and has the right to drill thereon.
2. Applicant seeks to dedicate the above referenced horizontal spacing units to the following four initial wells:

- A. **Weaver 27 State Com 121H**
SHL: 655 FNL and 270 FEL of Section 27-19S-28E
BHL: 990 FNL and 10 FWL of Section 28-19S-28E
TVD: 7,500
TMD: 17,179 Targeted Interval: 2nd Bone Spring
Spacing Unit: N/2 N/2 of Section 27 and N/2 N/2 of Section 28.
- B. **Weaver 27 State Com 122H**
SHL: 1,975 FNL and 270 FEL of Section 27-19S-28E
BHL: 2,310 FNL and 10 FWL of Section 28-19S-28E
TVD: 7,500
TMD: 17,209
Targeted Interval: 2nd Bone Spring
Spacing Unit: S/2 N/2 of Section 27 and S/2 N/2 of Section 28.

- C. **Weaver 27 State Com 131H**
SHL: 700 FNL and 270 FEL of Section 27-19S-28E
BHL: 890 FNL and 10 FWL of Section 28-19S-28E
TVD: 8,600
TMD: 18,324
Targeted Interval: 3rd Bone Spring
Spacing Unit: N/2 N/2 of Section 27 and N/2 N/2 of Section 28.
- D. **Weaver 27 State Com 132H**
SHL: 2,020 FNL and 270 FEL of Section 27-19S-28E
BHL: 2,210 FNL and 10' FWL of Section 28-19S-28E
TVD: 8,600
TMD: 18,364
Targeted Interval: 3rd Bone Spring
Spacing Unit: S/2 N/2 of Section 27 and S/2 N/2 of Section 28.

3. Because the proposed wells will be continuously drilled and completed, Applicant requests an extension of the time period to drill and complete the initial wells from 120 days to 365 days.

4. Applicant has sought and been unable to obtain voluntary agreement for the development of these lands from all of the working interest owners in the subject spacing unit.

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

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

WHEREFORE, Applicant, requests after notice and hearing, the Division enter its order:

- A. Pooling all uncommitted interests in this horizontal spacing unit;
- B. Approving four initial horizontal wells in this spacing unit;
- C. Authorizing an extension of the 120-day requirement to drill and complete

the initial wells on this horizontal spacing unit;

- D. Designating Applicant operator of this spacing unit and the horizontal wells to be drilled thereon;
- E. Authorizing Applicant to recover its costs of drilling, equipping and completing the wells;
- F. Approving the actual operating charges and costs of supervision while drilling and after completing, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and;
- G. Imposing a 200% charge for 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.

PADILLA LAW FIRM, P.A.

By: /s/ Ernest L. Padilla
Ernest L. Padilla
P.O. Box 2523
Santa Fe, New Mexico 87504
(505) 988-7577
padillalaw@qwestoffice.net

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ 1.05

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Street and Apt. No. P.O. Box 8329

City, State, ZIP+4 Horseshoe Bay, Texas 78657

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 Horseshoe Bay, Texas 78657

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<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)	

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Street and Apt. No. 5 Greenway Plaza, Suite 110

City, State, ZIP+4® Houston, Texas 77046

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Extra Services & Fees (check box, add fee as appropriate)	
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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	65
Total Postage and Fees	
\$	7.05

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 3602 S. Washington
 Amarillo, Texas 79110

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 3602 S. Washington
 Amarillo, Texas 79110



9590 9402 5751 0003 4150 92 21239

2. Article Number (Transfer from service label)

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

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A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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 If YES, enter delivery address below: ☐ No

3. Service Type

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

Postage	\$ 6.54
Total Postage	\$ 7.09

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 Street and Apt.
 City, State, ZIP

ZPZ Energy Permian, LLC
 303 Veterans Airpark Lane,
 Suite 1000
 Midland, Texas 79705

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PS Form 3800, April 2012 PSN 7530-02-000-9063

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1. Article Addressed to:

ZPZ Energy Permian, LLC
 303 Veterans Airpark Lane,
 Suite 1000
 Midland, Texas 79705



9590 9402 5751 0003 4150 85

2. Article Number (Transfer from service label)

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PS Form 3811, July 2015 PSN 7530-02-000-9063

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B. Received by (Printed Name) J. B. Smith	C. Date of Delivery 8-17-20	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
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<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ <u>69</u>	
Total Postage and Fees \$ <u>7.89</u>	
Sent To	WPX Energy Permian, LLC
Street and Apt. No.	One Williams Center
City, State, ZIP+4	Tulsa, Oklahoma 74103
PS Form 3800, July 2015	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u></p> <p>C. Date of Delivery <u>SEP 20 2020</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>WPX Energy Permian, LLC One Williams Center Tulsa, Oklahoma 74103</p>	
<p>2. Article Number (Transfer from service label) <u>7019 2280 0002 1748 2960</u></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 checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2280 0002 1748 4322

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	\$ 3.55
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<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	\$.65
Total Postage and	\$ 7.05
Sent To	Dale A. Smith
Street and Apt. No.	418 South Polk
City, State, ZIP+4 [®]	Amarillo, Texas 79110

PS Form 3800, April 2010 PSN 7530-02-000-9054

Postmark
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:

Dale A. Smith
418 South Polk
Amarillo, Texas 79110

2. Article Number (Transfer from service label)

9590 9402 4038 8079 4197 53

7019 2280 0002 1748 4322

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Felix* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Felix Robertson

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 checked="" 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	

Domestic Return Receipt

7019 2280 0002 1748 4339

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:	
\$	7.99
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.39
<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	
\$.09
Total Postage:	
\$	7.09
Sent To:	
Street and Apt.	
City, State, ZIP	

Postmark
Here

Currie Smith I, Ltd.
 3602 S. Washington
 Amarillo, Texas 79110

PS Form 3800

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:

Currie Smith I, Ltd.
 3602 S. Washington
 Amarillo, Texas 79110



9590 9402 4038 8079 4197 46

2. Article Number (Transfer from service label)

7019 2280 0002 1748 4339

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
X		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		

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

Domestic Return Receipt

7019 2280 0002 1748 4346

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	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 6.5
Total Postage & Fees	\$ 10.05

Sent to **Crump Energy Partners VI, LLC**
 Street and Apt. **P.O. Box 50820**
 City, State, ZIP+4 **Midland, Texas 79701**

PS Form 3800, Jan 2015

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:

Crump Energy Partners VI, LLC
P.O. Box 50820
Midland, Texas 79701



9590 9402 4038 8079 4197 39

2. Article Number (Transfer from service label)

7019 2280 0002 1748 4346

PS Form 3811, July 2015 PSN 7630-02-000-9059

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>R. Paul</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>R. Paul</i>	C. Date of Delivery <i>4-21-20</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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

Domestic Return Receipt

7019 2280 0002 1748 4353

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 \$ <u>2.95</u>	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.85</u>	
<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 \$ <u>65</u>	
Total Postage and Fees \$ <u>71.85</u>	
Sent To Crown Oil Partners VI, LLC	
Street and Apt. No. P.O. Box 50820	
City, State, ZIP+4® Midland, Texas 79704	
PS Form 3800, January 2010 Edition	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <u>R. Par</u>	
1. Article Addressed to: Crown Oil Partners VI, LLC P.O. Box 50820 Midland, Texas 79704		B. Received By (Printed Name) <u>R. Par</u>	
2. Article Number (Transfer from service label) 7019 2280 0002 1748 4353		C. Date of Delivery <u>4-20-20</u>	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" 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)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
9590 9402 4038 8079 4197 15 <u>2239</u>		<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	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7019 2280 0002 1748 4360

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	\$ 3.59
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.89
<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	\$ 1.69
Total Postage and Fees	\$ 7.09
Sent to	Apache Corporation
Street and Apt. No.	303 Veterans Airpark Lane
City, State, ZIP+4	Suite 1000 Midland, Texas 79705

PS Form 3800, 11-15

Postmark
Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to: Apache Corporation 303 Veterans Airpark Lane Suite 1000 Midland, Texas 79705	B. Received by (Printed Name) <i>[Signature]</i>
	C. Date of Delivery 4-20-20
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 9590 9402 4038 8079 4197 22 7019 2280 0002 1748 4360	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" 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 (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2280 0002 1748 4384

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 \$ 1.95

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

☒ Return Receipt (hardcopy) \$ 2.85

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$.65

Total Postage on \$ 7.05

Sent To Redcliff Resources LLC

Street and Apt. # P.O. Box 4848

City, State, ZIP+4 Wichita Falls, Texas 76308

PS Form 3800, April 2010

Postmark
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:

Redcliff Resources LLC
 P.O. Box 4848
 Wichita Falls, Texas 76308

9590 9402 5751 0003 4163 03 2124

2. Article Number (Transfer from service label)
 7019 2280 0002 1748 4384

PS Form 3811, July 2015 PSN 7530-02-000-9058

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) S. Beavon

C. Date of Delivery 10/10/15

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

7019 2280 0002 1748 4971

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	\$ 3.55
Extra Services & Fees (check box, add fee if appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<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	\$ 6.54
Total Postage and	\$ 7.05
Sent To	COG Operating, LLC
Street and Apt. No	One Concho Center
City, State, ZIP+4	600 W. Illinois Avenue Midland, Texas 79701

PS Form 3800, 7-15

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) <u>Trusten Brown</u> C. Date of Delivery <u>7/24/20</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>																
<p>1. Article Addressed to:</p> <p>COG Operating, LLC One Concho Center 600 W. Illinois Avenue Midland, Texas 79701</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0002 1748 4971</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>3. Service Type</p> <table border="0"><tr><td><input checked="" type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input checked="" type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td><td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr><tr><td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td><td></td></tr></table>	<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input checked="" 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 checked="" 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)	
<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input checked="" 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 checked="" 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)																	

7019 2280 0002 1748 4995

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

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

OFFICIAL USE

Certified Mail Fee	
\$	1.95
Extra Services & Fees (check box, add fee if applicable)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.10
<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	
\$	1.89
Total Postage and Fees	
\$	3.84

Postmark
Here

Sent To
Street and Apt. No.
City, State, ZIP+4[®]
Ellen Smith Bivins
3602 S. Washington
Amarillo, Texas 79110

PS Form 3800, 11-15

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:

Ellen Smith Bivins
3602 S. Washington
Amarillo, Texas 79110



9590 9402 4038 8079 4197 60 21279

2. Article Number (Transfer from service label)

7019 2280 0002 1748 4995

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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 TM
<input checked="" 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 TM
<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 2970 0000 7593 8797

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 \$ <u>7.95</u>	Postmark Here
Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.85</u> <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 \$ <u>1.69</u>	
Total Postage and \$ <u>7.05</u>	
Sent To Santo Legado, LLC P.O. Box 1020 Artesia, New Mexico 88211	
Street and Apt. No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <u>PAM HORNER</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Santo Legado, LLC P.O. Box 1020 Artesia, New Mexico 88211		B. Received by (Printed Name) <u>PAM HORNER</u>	C. Date of Delivery
2. Article Number (Transfer from service label) <u>7019 2970 0000 7593 8797</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery over \$500		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7019 2970 0000 7593 8810

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
\$ 7.59

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.89</u>
<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
\$.09

Total Postage and
\$ 7.68

Sent To
Greg Golladay &
Julie Golladay
3505 Edgewood Drive
Amarillo, Texas 79109

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9004 See Reverse for Instructions

Postmark
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:

Greg Golladay &
Julie Golladay
3505 Edgewood Drive
Amarillo, Texas 79109

2. Article Number (Transfer from service label)

7019 2970 0000 7593 8810

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Julie Golladay

B. Received by (Printed Name)
JULIE GOLLADAY

C. Date of Delivery
4/18/20

D. Is delivery address different from Item 1?
If YES, enter delivery address below:

☐ Agent
☒ Addressee
☐ Yes
☒ 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 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 2970 0000 7593 8827

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

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

OFFICIAL USE

Certified Mail Fee	
\$	7.99
Extra Services & Fees (check box, add fee to postage)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<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	
\$	0.99
Total Postage and	
\$	7.00
Sent To	
Street and Apt. No.	
City, State, ZIP+4 [®]	

Postmark
Here

Santo Royalty Company LLC
 P.O. Box 1020
 Artesia, New Mexico 88221

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Santo Royalty Company LLC
 P.O. Box 1020
 Artesia, New Mexico 88221



9590 9402 5751 0003 4257 49

2. Article Number (Transfer from service label)

7019 2970 0000 7593 8827

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input checked="" type="checkbox"/> Agent
X <i>Pam Horner</i>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
<i>PAM HORNER</i>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type		<input type="checkbox"/> Priority Mail Express [®]
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail TM	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation TM
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail Restricted Delivery over \$500	<input type="checkbox"/> 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

OFFICIAL USE

Certified Mail Fee
\$ 4.15

Extra Services & Fees (attach doc, and fee)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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
\$ 1.00

Total Postage at
\$ 5.15

Postmark
Here

ZPZ Delaware I LLC
303 Veterans Airpark Lane
Suite 1000
Midland, Texas 79705

PS Form 3800, April 2015 PSN 7530-02-000-9063

7019 2970 0000 7593 8834

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ZPZ Delaware I LLC
303 Veterans Airpark Lane
Suite 1000
Midland, Texas 79705

9590 9402 5751 0003 4257 94

2. Article Number (Transfer from service label)

7019 2970 0000 7593 8834

PS Form 3811, July 2015 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]
B. Received by (Printed Name)

C. Date of Delivery
4-22-22

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

3. Service Type

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

Domestic Return Receipt

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

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

OFFICIAL USE

7019 2970 0000 7593 8841

Certified Mail Fee \$ <u>3.55</u>	
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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 \$ <u>4.05</u>	
Total Postage and Fees \$ <u>7.60</u>	
Sent To _____	
Street and Apt. No. _____	
City, State, ZIP+4 _____	

Postmark
Here

Michael J. Bennett &
 Debra J. Bennett
 3518 Plum Lane
 Amarillo, Texas 79109

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:

Michael J. Bennett &
 Debra J. Bennett
 3518 Plum Lane
 Amarillo, Texas 79109

9590 9402 5751 0003 4257 872399

2. Article Number (Transfer from service label)

7019 2970 0000 7593 8841

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent
<u>Michael J. Bennett</u>	
B. Received by (Printed Name)	<input type="checkbox"/> Addressee
<u>Michael J. Bennett</u>	
C. Date of Delivery	
<u>9/18/10</u>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Service Type	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express [®]
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail [™]
<input type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> 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 2970 0000 7593 8858

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 \$ <u>3.55</u>	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.80</u>	
<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 \$ <u>.05</u>	
Total Postage and \$ <u>7.05</u>	
Sent To	Yates Brothers
Street and Apt. No	P.O. Box 1394
City, State, ZIP+4®	Artesia, New Mexico 88211
PS Form 3800, A	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <u>Yates Brothers</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Yates Brothers P.O. Box 1394 Artesia, New Mexico 88211 </div>	B. Received by (Printed Name) <u>Yates Brothers</u>
2. Article Number (Transfer from service label) <div style="border: 1px solid black; padding: 5px; margin: 5px;"> 9590 9402 5751 0003 4257 70 </div>	C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee	
\$ 4.95	
Extra Services & Fees (attach form and fee)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.95
<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	\$ 1.65
Total Package and Postage	\$ 7.55

Postmark
Here

Sent to Riventures, LLC
 Street and Apt. No. P.O. Box 4848
 City, State, ZIP+4[®] Wichita Falls, Texas 76308

PS Form 3800

7019 2970 0000 7593 8872

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:

Riventures, LLC
 P.O. Box 4848
 Wichita Falls, Texas 76308



9590 9402 5751 0003 4257 56

2. Article Number (Transfer from service label)

7019 2970 0000 7593 8872

COMPLETE THIS SECTION ON DELIVERY

A. Signature <input checked="" type="checkbox"/> Signature		C. Date of Delivery 8/13/08	
B. Received by (Printed Name) Spencer		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express [®] |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail [®] |
| <input type="checkbox"/> Certified Mail [®] | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation SM |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

Domestic Return Receipt

7019 2970 0000 7593 8889

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ <u>7.55</u>	Postmark Here
Extra Services & Fees (check box, add fees as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.85</u> <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 \$ <u>.65</u>	
Total Postage and \$ <u>7.05</u>	
Sent To Paul Slayton 3507 63 rd Drive Lubbock, Texas 79413	
Street and Apt. No. City, State, ZIP+4®	
PS Form 3800, April 2010	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Paul Slayton 3507 63 rd Drive Lubbock, Texas 79413		B. Received by (Printed Name) <u>Andrea Slayton</u>	
2. Article Number (Transfer from service label) <u>9590 9402 4038 8079 4196 92</u>		C. Date of Delivery <u>APR 17 2020</u>	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9058		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
\$ 4.95

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

☒ Return Receipt (hardcopy) \$ 3.40

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ 67

Total Postage and Fees \$ 7.05

Sent to \$

Street and Apt. No.

City, State, ZIP+4[®]

7019 2280 0001 9628 9154

Fasken Acquisition 02, Ltd.
6101 Holiday Hill Road
Midland, Texas 79706

PS Form 3800, April 2015 PSN 7530-02-000-9053

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:

Fasken Acquisition 02, Ltd.
6101 Holiday Hill Road
Midland, Texas 79706

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail[®]

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ 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

☐ Signature Confirmation Restricted Delivery

9590 9402 5751 0003 4151 46

2. Article Number (transfer from service label)

7019 2280 0001 9628 9154

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

Domestic Return Receipt

7019 2280 0001 9628 9178

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fees as applicable)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<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	\$ 1.69
Total Postage and Fees	\$ 7.09
Sent To	
Street and Apt. No.	
City, State, ZIP+4	

Postmark Here

Nightengale Petroleum Properties, Inc.
2624 Guiford Lane
Oklahoma City, Oklahoma 73120

PS Form 3800, April 2015 PSN 7530-02-000-9053

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:

Nightengale Petroleum Properties, Inc.
2624 Guiford Lane
Oklahoma City, Oklahoma 73120

2. Article Number (Transfer from service label)

7019 2280 0001 9628 9178

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
NIGHTENGAL

C. Date of Delivery
7/17/20

D. Is delivery address different from item 1?
If YES, enter delivery address below:

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 TM
<input checked="" type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" 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 TM
<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

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
 \$ 7.95

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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
 \$ 1.05

Total Postage and
 \$ 7.05

Sent To
 ODS-ACS Properties, Ltd.
 3602 S. Washington
 Amarillo, Texas 79110

Street and Apt. No.
 City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ODS-ACS Properties, Ltd.
 3602 S. Washington
 Amarillo, Texas 79110

2. Article Number (Transfer from service label)
 7019 2280 0001 9628 9888

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

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

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

3. Service Type

<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 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

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
\$ 3.95

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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
\$.09

Total Postage and
\$ 7.09

Sent To
Ted F. Gawloski
3900 Edgebrook Ct.
Midland, Texas 79707

City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

7019 2280 0002 1748 4988

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
\$ 3.95

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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
\$.09

Total Postage and
\$ 7.09

Sent To
EOG Resources
5509 Champions Drive
Midland, Texas 79706

City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

Postmark
Here

Postmark
Here

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
\$ 3.95

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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
\$.65

Total Postage and
\$ 7.09

Sent To
Glenrock Capital, LLC
3444 Milton Ave.
Dallas, Texas 75205

City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

Postmark
Here

7019 2970 0000 7593 8865

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

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

OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and
\$

Sent To
Dusty Sanderson &
Dana Sanderson
7802 Bennington Drive
Amarillo, Texas 79119

City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

Postmark
Here

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
\$ 3.55

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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
\$.65

Total Postage and
\$ 7.05

Sent To
Dusty Sanderson &
Dana Sanderson
7802 Bennington Drive
Amarillo, Texas 79119

City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

Postmark
Here

7019 2280 0001 9628 9475

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
\$ 3.55

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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
\$.65

Total Postage and
\$ 7.05

Sent To
Glenrock Capital, LLC
3444 Milton Ave.
Dallas, Texas 75205

City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

Postmark
Here

Ex.C-Ex.1-044

7019 2280 0001 9628 9864

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	\$ <u>3.55</u>
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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	\$ <u>0.65</u>
Total Postage and	\$ <u>7.05</u>
Sent To	Ted F. Gawloski
Street and Apt. No.	3900 Edgebrook Ct.
City, State, ZIP+4 [®]	Midland, Texas 79707
PS Form 3800, April 2015 PSN 7530-02-000-9001 See Reverse for Instructions	

Postmark
Here

PADILLA LAW FIRM, P.A.

STREET ADDRESS
1512 S. ST. FRANCIS DRIVE
SANTA FE, NM 87505

MAILING ADDRESS
P.O. BOX 2523

SANTA FE, NEW MEXICO 87504-2523

EMAIL ADDRESS
padillalaw@qwestoffice.net

TELEPHONE
505-988-7577

FACSIMILE
505-988-7592

June 29, 2020

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Pitch Energy Corporation
PO Box 227
Artesia, NM 88211

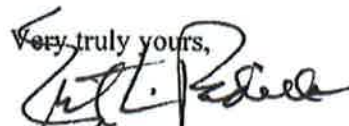
Re: NMOCD Case Number#21239, In the Matter of the Application of Colgate Operating, LLC, for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico.

Ladies and Gentlemen:

This letter will advise that Colgate Operating, LLC has filed an application with the New Mexico Oil Conservation Division seeking an order for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico as referenced above. Copy of the application is enclosed.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on August 14, 2020 at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website:

<http://www.emnrd.state.nm.us/OCD/announcements.html> You are not required to attend these hearings, but as an owner of an interest or offset operator that may be affected, you may appear and present testimony. Failure to appear at the time and become a party of record will preclude you from challenging these applications at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

U.S. Postal ServiceTM

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☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

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Total Postage and

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Pitch Energy Corporation

PO Box 227

Artesia, NM 88211

Street and Apt. No.

City, State, ZIP+4[®]

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NM 870

29 JUN 20

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Ernest L. Padilla Law Firm, P.A.
Ernest L. Padilla
PO Box 2523
Santa Fe, NM 87504

JKF

Pitch Energy Corporation

PO Box 227

Artesia, NM 88211

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STREET ADDRESS
1512 S. ST. FRANCIS DRIVE

SANTA FE, NM 87505

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P.O. BOX 2523

SANTA FE, NEW MEXICO 87504-2523

EMAIL ADDRESS

padillalaw@qwestoffice.net

TELEPHONE
505-988-7577

FACSIMILE
505-988-7592

June 29, 2020

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Marbob Energy Corporation
PO Box 519
Ruidoso, NM 88355

Re: *NMOCD Case Number#21239, In the Matter of the Application of Colgate Operating, LLC, for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico.*


Ladies and Gentlemen:

This letter will advise that Colgate Operating, LLC has filed an application with the New Mexico Oil Conservation Division seeking an order for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico as referenced above. Copy of the application is enclosed.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on August 14, 2020 at 8:30 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website:

<http://www.emnrd.state.nm.us/OCD/announcements.html> You are not required to attend these hearings, but as an owner of an interest or offset operator that may be affected, you may appear and present testimony. Failure to appear at the time and become a party of record will preclude you from challenging these applications at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,



ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

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\$ 7.45

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☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ 1.90

Total Postage and Fees \$ 6.50

Sent to PO Box 519

Street and Apt. No. Ruidoso, NM 88355

City, State, ZIP+4

PS Form 3800, April 2012

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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:

Marbob Energy Corporation
 PO Box 519
 Ruidoso, NM 88355

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A. Signature

☒ Agent

☒ Addressee

B. Received by (Printed Name)

MIST McLEUG

C. Date of Delivery

07-2-20

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

If YES, enter delivery address below:

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- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

PADILLA LAW FIRM, P.A.

STREET ADDRESS
1512 S. ST. FRANCIS DRIVE
SANTA FE, NM 87505

MAILING ADDRESS
P.O. BOX 2523

SANTA FE, NEW MEXICO 87504-2523

EMAIL ADDRESS
padillalaw@qwestoffice.net

TELEPHONE
505-988-7577

FACSIMILE
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June 29, 2020

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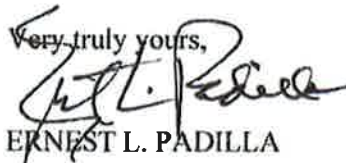
Pitch Energy Corporation
PO Box 227
Artesia, NM 88211

Re: NMOCD Case Number#21239, In the Matter of the Application of Colgate Operating, LLC, for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico.

Ladies and Gentlemen:

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Very truly yours,

ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

Ex.C-Ex.1-051

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<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	2.80
<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	\$	1.90
Total Postage and Fees	\$	6.90
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Street and Apt. No.	PO Box 227	
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CERTIFIED MAIL

Padilla Law Firm, P.A.
 Ernest L. Padilla
 PO Box 2523
 Santa Fe, NM 87504



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ALBUQUERQUE
 NM 8750
 29 JUN 20
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Pitch Energy Corporation
 PO Box 227
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