



HALBERD S/2 (Deep) HSU
NMOCD Exhibits
(Case No. 21882)

Hearing Date: 5/6/21

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

**APPLICATION OF SPUR ENERGY
PARTNERS, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO**

Case No. 21882

**SPUR ENERGY PARTNERS, LLC'S
HEARING EXHIBITS**

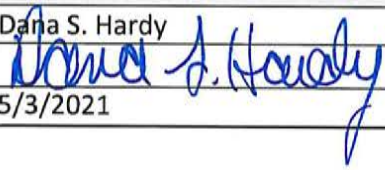
Compulsory Pooling Checklist

- | | |
|-----------|--|
| Exhibit A | Self-Affirmed Statement of Morgan Landry |
| A-1 | Application & Proposed Notice of Hearing |
| A-2 | C-102(s) |
| A-3 | Plat of Tracts, Tract Ownership, Pooled Party, Unit Recapitulation |
| A-4 | Sample Well Proposal Letter & AFE(s) |
| A-5 | Summary of Communications |
| A-6 | Hearing Notice Letter and Return Receipts |
| A-7 | Affidavit of Publication |
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 | |
| Exhibit B | Self-Affirmed Statement of C.J. Lipinski |
| B-1 | Location Map |
| B-2 | Structure Map |
| B-3 | Cross Section |
| B-4 | Gunbarrel Schematic |

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	21882
Hearing Date:	5/6/2021
Applicant	Spur Energy Partners, LLC
Designated Operator & OGRID	OGRID # 328947
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Spur Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	N/A
Well Family	Halberd
Formation/Pool	
Formation Name(s) or Vertical Extent	Yeso
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Yeso, 4000' MD to 5568' MD.
Pool Name and Pool Code	Loco Hills; Glorieta-Yeso (Pool Code 96718)
Well Location Setback Rules	Statewide
Spacing Unit Size	320-acre
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acre
Building Blocks	quarter-quarter
Orientation	Standup
Description: TRS/County	S/2 of Section 27, Township 17 South, Range 28 East, Eddy
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	Yes at 4000' MD in the Loco Hills; Glorieta-Yeso Pool
Proximity Tracts: If yes, description	Yes The completed interval of the Halberd D 27 State 72H well will be within 330' of the line separating the N/2S/2 from the S/2S/2 of Section 27 to allow inclusion of this acreage into a 320-acre horizontal spacing unit.
Proximity Defining Well: if yes, description	Halberd D 27 State 72H
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Halberd C 27 State 52H (API # pending) SHL: 1780' FSL & 345' FEL, Unit I, Section 28, T17S-R28E BHL: 1950' FSL & 50' FEL, Unit I, Section 27, T17S-R28E Completion Target: Yeso formation (Approx. 4150' TVD)
Well #2	Halberd C 27 State 92H (API # pending) SHL: 1760' FSL & 345' FEL, Unit I, Section 28, T17S-R28E BHL: 1575' FSL & 50' FEL, Unit I, Section 27, T17S-R28E Completion Target: Yeso formation (Approx. 4650' TVD)
Well #3	Halberd D 27 State 72H (API # pending) SHL: 875' FSL & 645' FEL, Unit P, Section 28, T17S-R28E BHL: 1575' FSL & 50' FEL, Unit P, Section 27, T17S-R28E Completion Target: Yeso formation (Approx. 4500' TVD)
Well #4	Halberd D 27 State 53H (API # pending) SHL: 875' FSL & 625' FEL, Unit P, Section 28, T17S-R28E BHL: 450' FSL & 50' FEL, Unit P, Section 27, T17S-R28E Completion Target: Yeso formation (Approx. 4200' TVD)
Horizontal Well First and Last Take Points	Exhibit A-4

Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	8000
Production Supervision/Month \$	800
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-6
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-7
Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A-3
Ownership Depth Severance (including percentage above & below)	Exhibit A-3
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	N/A
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-4
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-3
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-3
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	
Date:	5/3/2021

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

**APPLICATION OF SPUR ENERGY
PARTNERS, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO**

CASE NO. 21882

**SELF-AFFIRMED STATEMENT
OF MORGAN LANDRY**

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.

2. I am the Senior Landman at Spur Energy Partners LLC ("Spur"). I had direct involvement with Spur's development of the acreage that is the subject of these cases. Copies of the application and proposed notice are attached as **Exhibit A-1**.

3. I have previously testified before the Division, and my qualifications as an expert in petroleum land matters were accepted.

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

5. Spur seeks an order pooling all uncommitted mineral interests from a depth of approximately 4,000 feet to the base of the Yeso formation in a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 27, Township 17 South, Range 28 East in Eddy County, New Mexico.

6. The spacing unit will be dedicated to the following wells:

SPUR ENERGY
PARTNERS, LLC
Case No. 21882

Exhibit A

- **Halberd C 27 State 52H** and **Halberd C 27 State 92H** wells, which will be horizontally drilled from a surface location in Unit I of Section 28 to a bottom hole location in Unit I of Section 27; and
- **Halberd D 27 State 53H** and **Halberd D 27 State 72H** wells, which will be horizontally drilled from a surface location in Unit P of Section 28 to a bottom hole location in Unit P of Section 27.

7. The completed interval of the **Halberd D 27 State 72H** well will be within 330' of the line separating the N/2S/2 from the S/2S/2 of Section 27 to allow inclusion of this acreage into a 320-acre horizontal spacing unit.
8. The completed intervals of the proposed wells will be orthodox.
9. The proposed wells are located in the Artesia; Glorieta-Yeso (Pool Code 96830).
10. With respect to well setback requirements, this pool is subject to the statewide horizontal well rules set out in NMAC 19.15.16.15.
11. The C-102s for the proposed wells are attached as **Exhibit A-2**.
12. A depth severance exists in the Artesia; Glorieta-Yeso pool within the Yeso formation at a stratigraphic equivalent of 4,000 feet measured depth.
13. Ownership is different above and below the depth severance line.
14. **Exhibit A-3** contains a plat identifying ownership by tract in the spacing units from a depth of 4,000 feet to the base of the formation. This exhibit also contains any applicable lease numbers, a unit recapitulation, and the interests Spur seeks to pool.
15. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the proposed wells. The estimated costs reflected on the AFEs are fair and

reasonable and comparable to the cost of other wells of similar depth and length drilled in the Yeso formation in the area.

16. Spur has conducted a diligent search of all public records in Eddy County, including phone directories and computer databases.

17. Unlocatable interests are shown on Exhibit A-3.

18. In my opinion, Spur made a good-faith effort to reach voluntary joinder of uncommitted interests in the proposed wells as indicated by the chronology of contact described in **Exhibit A-5**.

19. Notice of Spur's application and the Division hearing was provided to the uncommitted interests by certified mail more than 20 days prior to the hearing date. A sample of the notice letters and the associated green cards are attached as **Exhibit A-6**.

20. Notice of Spur's application and the Division hearing was published more than ten business days prior to the hearing date. The affidavits of publication are attached as **Exhibit A-7**.

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

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

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

24. I understand that this Self-Affirmed Statement will be used as written testimony in these cases. I affirm that my testimony in paragraphs 1 through 23 above is true and correct and

is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.



Morgan Landry

5/3/2021
Date

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

**APPLICATION OF SPUR ENERGY
PARTNERS, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO**

Case No. _____

APPLICATION

Pursuant to NMSA § 70-2-17, Spur Energy Partners, LLC (“Spur”) applies for an order pooling all uncommitted mineral interests from a depth of approximately 4,000’ to the base of the Yeso formation in a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 27, Township 17 South, Range 28 East in Eddy County, New Mexico. In support of its application, Spur states the following.

1. Spur (OGRID No. 328947) is a working interest owner in the horizontal spacing unit and has the right to drill wells thereon.

2. The horizontal spacing unit will be dedicated to the following wells:
 - (a) Halberd C 27 State 52H, which will be horizontally drilled from a surface location in Unit I of Section 28 to a bottom hole location in Unit I of Section 27;
 - (b) Halberd C 27 State 92H, which will be horizontally drilled from a surface location in Unit I of Section 28 to a bottom hole location in Unit I of Section 27;
 - (c) Halberd D 27 State 72H, which will be horizontally drilled from a surface location in Unit P of Section 28 to a bottom hole location in Unit P of Section 27; and

**SPUR ENERGY
PARTNERS, LLC
Case No. 21882**

Exhibit A-1

(d) Halberd D 27 State 53H, which will be horizontally drilled from a surface location in Unit P of Section 28 to a bottom hole location in Unit P of Section 27 (“Wells”).

3. The completed interval of the Halberd D 27 State 72H well will be within 330’ of the line separating the N/2S/2 from the S/2S/2 of Section 27 to allow inclusion of this acreage into a 320-acre horizontal spacing unit.

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

5. A depth severance exists in the Yeso formation in the horizontal spacing unit. Accordingly, Spur seeks to pool uncommitted interests from a depth of approximately 4,000’ to the base of the Yeso formation (at a stratigraphic equivalent of approximately 5,568’ MD as observed on the Rio Cinco 26 State #1 Platform Express, Compensated Neutron Lithodensity well log (API No. 30-015-31043)).

6. Spur has undertaken diligent, good-faith efforts to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the wells but has been unable to obtain voluntary agreements from all of the mineral interest owners.

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

8. In order to allow Spur to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted mineral interests in the horizontal spacing unit should be pooled and Spur should be designated the operator of the proposed horizontal wells and spacing unit.

WHEREFORE, Spur requests that this application be set for hearing on May 6, 2021 and that, after notice and hearing, the Division enter an order:

- A. Pooling all uncommitted interests in the horizontal spacing unit, as set forth above;
- B. Approving the wells in the horizontal spacing unit;

- C. Designating Spur as operator of the spacing unit and the wells to be drilled thereon;
- D. Authorizing Spur to recover its costs of drilling, equipping and completing the wells;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- F. Imposing a 200% penalty for the risk assumed by Spur in drilling and completing the wells against any working interest owner who does not voluntarily participate in the drilling of the wells.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Michael Rodriguez

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

Facsimile: (505) 982-8623

dhardy@hinklelawfirm.com

mrodriguez@hinklelawfirm.com

Counsel for Spur Energy Partners, LLC

Application of Spur Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico. Applicant seeks to pool uncommitted interests from a depth of approximately 4,000' to the base of the Yeso formation (at a stratigraphic equivalent of approximately 5,568' MD as observed on the Rio Cinco 26 State #1 Platform Express, Compensated Neutron Lithodensity well log (API No. 30-015-31043)) in a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 27, Township 17 South, Range 28 East in Eddy County, New Mexico. The horizontal spacing unit will be dedicated to the following wells: (1) Halberd C 27 State 52H, which will be horizontally drilled from a surface location in Unit I of Section 28 to a bottom hole location in Unit I of Section 27; (2) Halberd C 27 State 92H, which will be horizontally drilled from a surface location in Unit I of Section 28 to a bottom hole location in Unit I of Section 27; (3) Halberd D 27 State 72H, which will be horizontally drilled from a surface location in Unit P of Section 28 to a bottom hole location in Unit P of Section 27; and (4) Halberd D 27 State 53H, which will be horizontally drilled from a surface location in Unit P of Section 28 to a bottom hole location in Unit P of Section 27. The completed interval of the Halberd D 27 State 72H well will be within 330' of the line separating the N/2S/2 from the S/2S/2 of Section 27 to allow inclusion of this acreage into a 320-acre horizontal spacing unit. The completed intervals of the wells will be orthodox. Also to be considered will be the cost of drilling and completing the wells and the allocation of the cost, the designation of Spur Energy Partners, LLC as the operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells are located approximately 10 miles west of Loco Hills, New Mexico.

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code		³ Pool Name	
⁴ Property Code		⁵ Property Name HALBERD			⁶ Well Number 52H
⁷ OGRID NO.		⁸ Operator Name SPUR ENERGY PARTNERS LLC.			⁹ Elevation 3688'

¹⁰ Surface Location

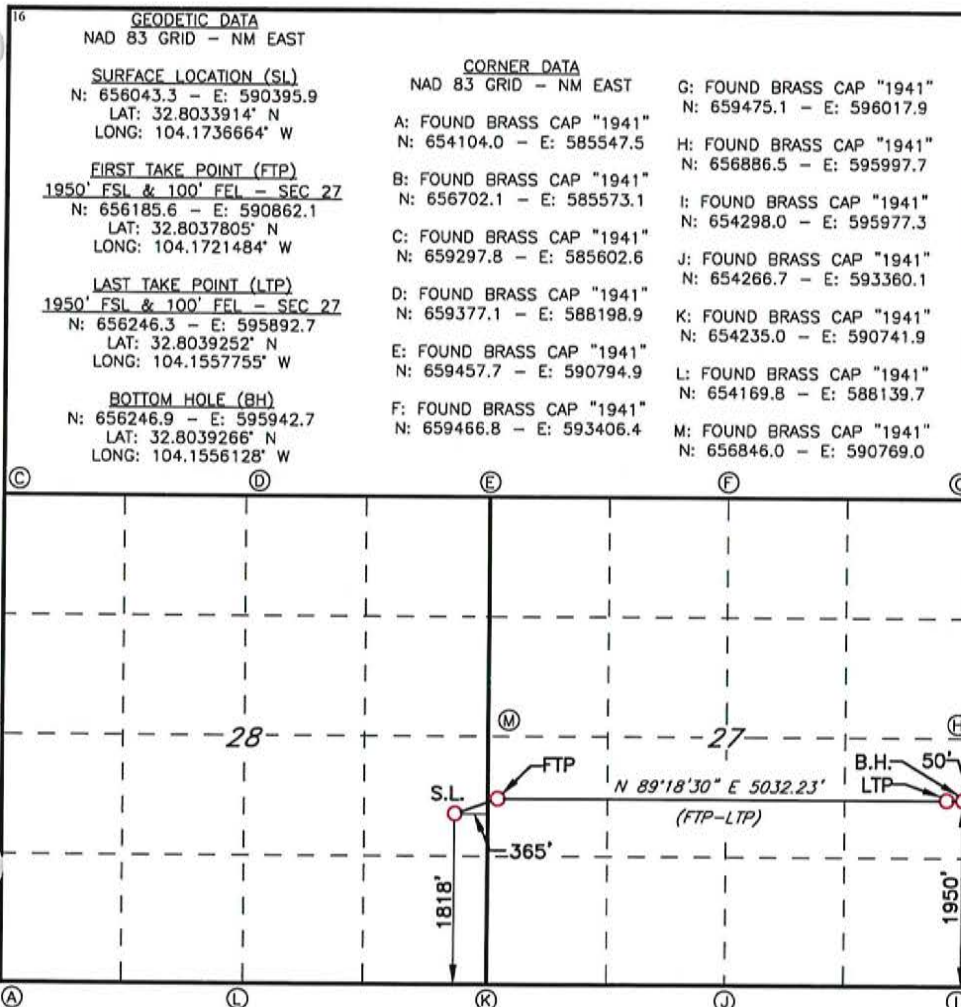
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
I	28	17S	28E		1818	SOUTH	365	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	27	17S	28E		1950	SOUTH	50	EAST	EDDY

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.



¹⁷ OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____
Printed Name _____
E-mail Address _____

¹⁸ SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

04/20/2021
Date of Survey

Signature and Seal of Professional Surveyor _____

19680
Certificate Number



LS21040341

SPUR ENERGY PARTNERS, LLC
Case No. 21882

Exhibit A-2

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code		3 Pool Name		
4 Property Code		5 Property Name HALBERD			6 Well Number 53H	
7 GRID NO.		8 Operator Name SPUR ENERGY PARTNERS LLC.			9 Elevation 3677'	

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
P	28	17S	28E		878	SOUTH	640	EAST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	27	17S	28E		450	SOUTH	50	EAST	EDDY

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
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No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.

16 GEODETIC DATA
NAD 83 GRID - NM EAST

SURFACE LOCATION (SL)
N: 655096.7 - E: 590111.5
LAT: 32.8007906° N
LONG: 104.1745969° W

FIRST TAKE POINT (FTP)
450' FSL & 100' FEL - SEC 27
N: 654686.0 - E: 590846.6
LAT: 32.7996589° N
LONG: 104.1722065° W

LAST TAKE POINT (LTP)
450' FSL & 100' FEL - SEC 27
N: 654746.7 - E: 595880.9
LAT: 32.7998035° N
LONG: 104.1558221° W

BOTTOM HOLE (BH)
N: 654747.3 - E: 595930.9
LAT: 32.7998049° N
LONG: 104.1556595° W

CORNER DATA
NAD 83 GRID - NM EAST

A: FOUND BRASS CAP "1941"
N: 654104.0 - E: 585547.5

B: FOUND BRASS CAP "1941"
N: 656702.1 - E: 585573.1

C: FOUND BRASS CAP "1941"
N: 659297.8 - E: 585602.6

D: FOUND BRASS CAP "1941"
N: 659377.1 - E: 588198.9

E: FOUND BRASS CAP "1941"
N: 659457.7 - E: 590794.9

F: FOUND BRASS CAP "1941"
N: 659466.8 - E: 593406.4

G: FOUND BRASS CAP "1941"
N: 659475.1 - E: 596017.9

H: FOUND BRASS CAP "1941"
N: 656886.5 - E: 595997.7

I: FOUND BRASS CAP "1941"
N: 654298.0 - E: 595977.3

J: FOUND BRASS CAP "1941"
N: 654266.7 - E: 593360.1

K: FOUND BRASS CAP "1941"
N: 654235.0 - E: 590741.9

L: FOUND BRASS CAP "1941"
N: 654169.8 - E: 588139.7

M: FOUND BRASS CAP "1941"
N: 656846.0 - E: 590769.0

17 OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____

Printed Name _____

E-mail Address _____

18 SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

04/20/2021
Date of Survey

Signature and Seal of Professional Surveyor _____

19680
Certificate Number

LS21040349

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
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1220 South St. Francis Dr.
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Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code		³ Pool Name	
⁴ Property Code		⁵ Property Name HALBERD			⁶ Well Number 72H
⁷ OGRID NO.		⁸ Operator Name SPUR ENERGY PARTNERS LLC.			⁹ Elevation 3677'

¹⁰ Surface Location

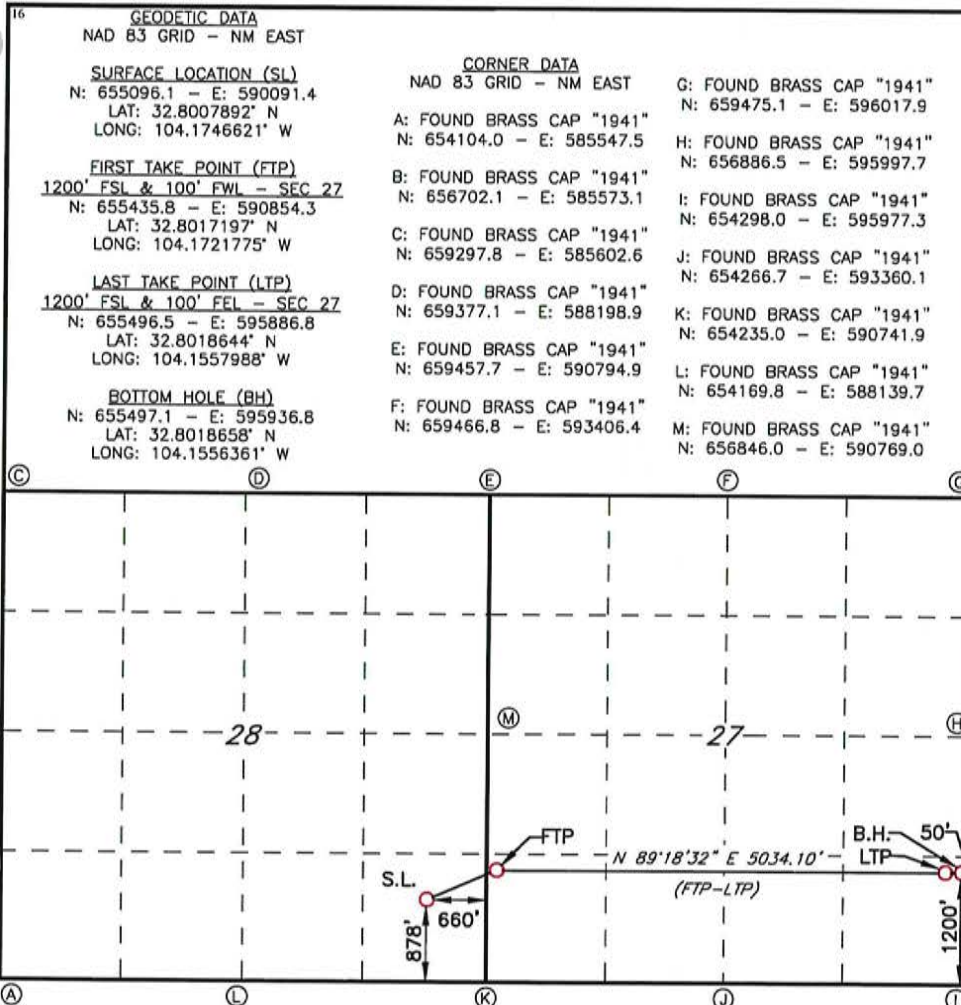
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
P	28	17S	28E		878	SOUTH	660	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	27	17S	28E		1200	SOUTH	50	EAST	EDDY

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.

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



17 OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____
Printed Name _____
E-mail Address _____

18 SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

04/20/2021
Date of Survey

Signature and Seal of Professional Surveyor _____

19680
Certificate Number

ROBERT M. HOWETT
NEW MEXICO
19680
PROFESSIONAL SURVEYOR

LS21040348

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
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Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code		³ Pool Name	
⁴ Property Code		⁵ Property Name HALBERD			⁶ Well Number 92H
⁷ OGRID NO.		⁸ Operator Name SPUR ENERGY PARTNERS LLC.			⁹ Elevation 3688'

¹⁰ Surface Location

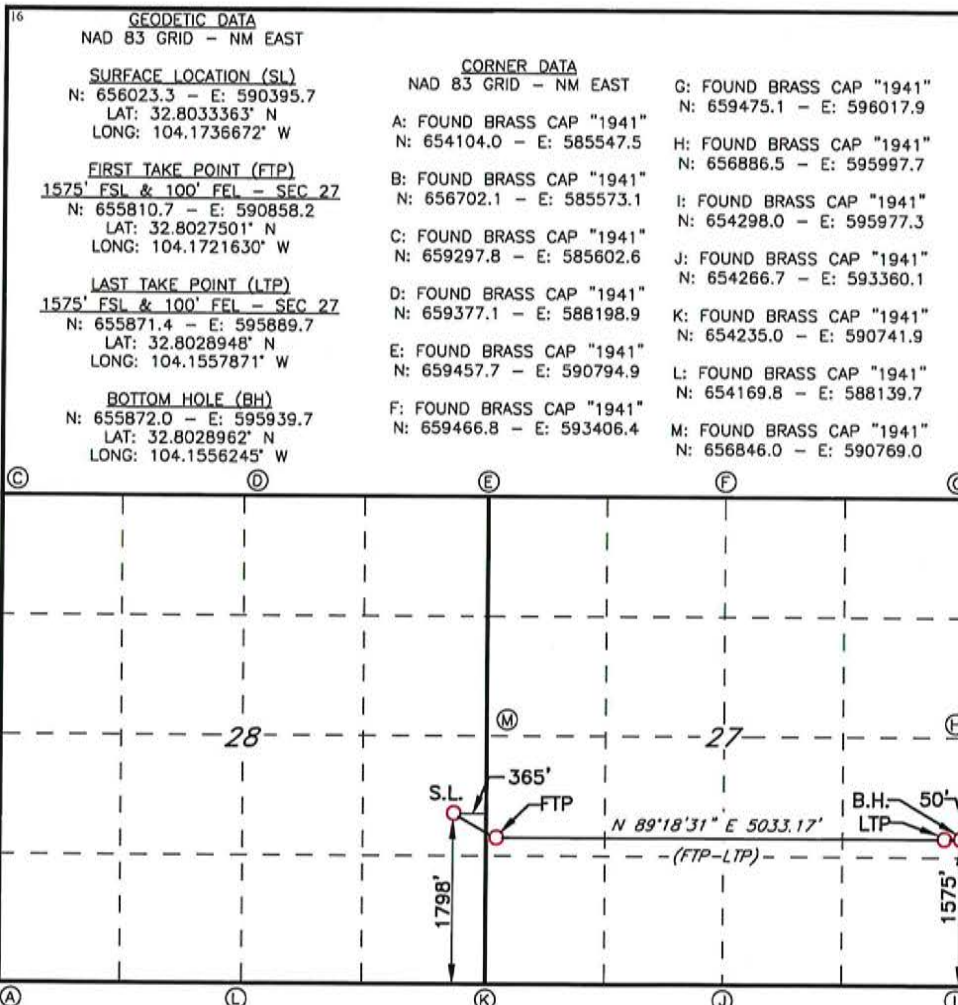
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
I	28	17S	28E		1798	SOUTH	365	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	27	17S	28E		1575	SOUTH	50	EAST	EDDY

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.

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



¹⁷ OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____
Printed Name _____
E-mail Address _____

¹⁸ SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

04/20/2021
Date of Survey

Signature and Seal of Professional Surveyor _____

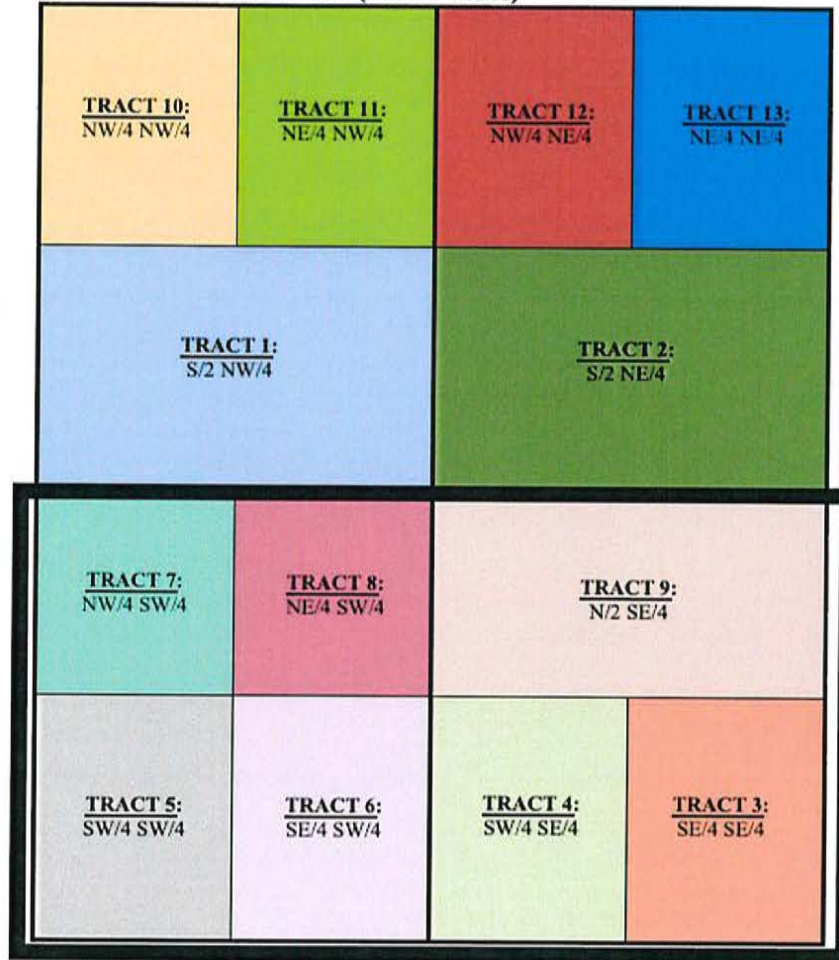
19680
Certificate Number

LS21040342

Exhibit A-3

South Half (S/2) of Section 27, Township 17 South, Range 28 East, Eddy County, New Mexico as to those depths from 4000' down to the Top of the Abo Formation.

SECTION 27-T17S-R28E (640.00 acres)



Tract 7: NW4 SW4 of Section 27-17S-28E (NM State Lease No. B1-1593-0010)

- Occidental Petroleum Corporation 100% Working Interest

Tract 8: NE4 SW4 of Section 27-17S-28E (NM State Lease No. X0-0647-0324)

- EOG Resources Inc. 43.75% Working Interest
- Jalapeno Corporation 2.999% Working Interest
- Sharbro Energy, LLC 18.75% Working Interest
- Spiral, Inc. 7.136% Working Interest
- Vladin LLC 25.00% Working Interest
- Yates Energy Corporation 2.365% Working Interest

Tract 9: N2 SE4 of Section 27-17S-R28E (NM State Lease No. B0-2071-0023)

- Occidental Permian Limited Partnership 22.00% Working Interest
- WPX Energy Permian, LLC 78.00% Working Interest

Tract 3: SE4 SE4 of Section 27-17S-28E (NM State Lease No. B0-2071-0023)

- Occidental Permian Limited Partnership 22.00% Working Interest

**SPUR ENERGY
PARTNERS, LLC
Case No. 21882**

Exhibit A-3

- WPX Energy Permian, LLC 78.00% Working Interest

Tract 4: SW4 SE4 of Section 27-17S-28E (NM State Lease No. B0-2071-0035)

- SEP Permian LLC 100% Working Interest

Tract 5: SW4 SW4 of Section 27-17S-R28E (NM State Lease No. B0-8814-0030)

- Occidental Permian Limited Partnership 100% Working Interest

Tract 6: SE4 SW4 of Section 27-17S-R28E (NM State Lease No. E0-0135-0005)

- Beverly Gooden 0.5729% Working Interest
- Longfellow LH LLC 8.3743% Working Interest
- Chisos, Ltd. 6.2500% Working Interest
- Cross Border Resources, Inc. 3.1250% Working Interest
- David W. Marcum 0.5787% Working Interest
- Latham Family Trust 0.1250% Working Interest
- DMM Family, LLC 0.5787% Working Interest
- Dorothy Marcum Oil & Gas Assets Trust 1.2152% Working Interest
- Greg Benton 0.0521% Working Interest
- John Kennedy 0.0521% Working Interest
- Judith Ann Moats Gilchrist 0.2083% Working Interest
- Judy F. Mulroy 0.5729% Working Interest
- Mark B. Heinen 1.1865% Working Interest
- Mark Tisdale 0.8675% Working Interest
- Marla Joe Moats Schmid 0.2083% Working Interest
- Mary Ann Curtis, LLC 3.1250% Working Interest
- Mel Riggs 0.8675% Working Interest
- Gordon G. Marcum, II Trust 0.8681% Working Interest
- Occidental Permian Limited Partnership 23.7857% Working Interest
- SEP Permian LLC 47.3860% Working Interest

RECAPITULATION

Tract Number	Number of Acres Committed	Percentage of Interest in Unit
3	40	12.50%
4	40	12.50%
5	40	12.50%
6	40	12.50%
7	40	12.50%
8	40	12.50%
9	80	25.00%
TOTAL	320	100.00%

<u>Owners</u>	<u>Consolidated Working Interest</u>
Beverly Gooden	0.0716%
Chisos, Ltd.	0.7813%
Cross Border Resources, Inc.	0.3906%
David W. Marcum	0.0723%
Latham Family Trust	0.0156%
DMM Family, LLC	0.0723%
Dorothy Marcum Oil & Gas Assets Trust	0.1519%
EOG Resources, Inc.	5.4688%
Greg Benton	0.0065%
Jalapeno Corporation	0.3749%
John Kennedy	0.0065%
Judith Ann Moats Gilchrist	0.0260%
Judy F. Mulroy	0.0716%
Longfellow LH, LLC	1.0468%
Mark B. Heinen	0.1483%
Mark Tisdale	0.1084%
Marla Joe Moats Schmid	0.0260%
Mary Ann Curtis, LLC	0.3906%
Mel Riggs	0.1084%
Gordon G. Marcum, II Trust	0.1085%
Occidental Permian Limited Partnership	23.7232%
Occidental Petroleum Corporation	12.5000%
SEP Permian LLC	18.4233%
Sharbro Energy, LLC	2.3438%
Spiral, Inc.	0.8920%
Vladin LLC	3.1250%
WPX Energy Permian, LLC	29.2500%
Yates Energy Corporation	0.2956%
Total	100.0000%

Leasehold Interest:

Owner	Address
Beverly Gooden	5050 Capitol Ave., Apt 150, Dallas, TX 75206-6993
Chisos, Ltd.	1331 Lamar, Ste. 1077, Houston, TX 77010
Cross Border Resources, Inc.**	14282 Gillis Road, Farmers Branch, TX 75244
David W. Marcum	3115 Stanolind Ave., Midland, TX 79705-8241
Latham Family Trust	954 River Forest Dr., New Braunfels, TX 78132
DMM Family, LLC	P.O. Box 101, Midland, TX 79702-0101
Dorothy Marcum Oil & Gas Assets Trust	5205 Rain Creek Pkwy., Austin, TX 78759
EOG Resources, Inc.	104 S. 4th Street, Artesia, NM 88210
Greg Benton	4812 Rustic Trail, Midland, TX 79707-1402
Jalapeno Corporation	P.O. Box 1608, Albuquerque, NM 87103-1608
John Kennedy**	4812 Rustic Trail, Midland, TX 79707-1402
Judith Ann Moats Gilchrist	1518 Lexington Street, Taylor, TX 76574-2615
Judy F. Mulroy	2231 Pine River Drive, Kingwood, TX 77339
Longfellow LH, LLC	16803 Dallas Parkway, Addison, TX 75001
Mark B. Heinen	122 Mountain Spring Dr., Boerne, TX 78006
Mark Tisdale	6951 Sunrise Court, Midland, TX 79707-1414
Marla Joe Moats Schmid	5205 Rain Creek Pkwy., Austin, TX 78759
Mary Ann Curtis, LLC	3013 NW 59th Street, Oklahoma City, OK 73112
Mel Riggs	2513 Regency Oaks Ct., Midland, TX 79705
Gordon G. Marcum, II Trust	782 Kreutzberg Road, Boerne, TX 78006
Occidental Permian Limited Partnership	5 Greenway Plaza, Suite 110, Houston, TX 77046
Occidental Petroleum Corporation	5 Greenway Plaza, Suite 110, Houston, TX 77046
SEP Permian LLC	9655 Katy Freeway, Suite 500, Houston, TX 77024
Sharbro Energy, LLC	P.O. Box 840, Artesia, NM 88211-0840
Spiral, Inc.	P.O. Box 1933, Roswell, NM 88202-1933
Vladin LLC	P.O. Box 100, Artesia, NM 88211-0100
WPX Energy Permian, LLC	3500 One Williams Center, MD 34, Tulsa, OK 74172
Yates Energy Corporation	P.O. Box 2323, Roswell, NM 88202-2323

Overriding Royalty Interests:

Bud F. Walker	Manta Oil and Gas Inc.
CKHallco LLC	Marjorie Ann Estevis
Dianna Ray Wynne, Successor Trustee of the Carolyn Kay Lisle 1990 Revocable Trust dated September 17, 1990	Michael Lee Hailey
DMM Family, LLC	Mike Petraitis
Ernest Byron Hailey, III	Olwick Corporation
Finwing Corporation	Red Bird Ventures, Inc.
John & Theresa Hillman Family Properties, LP	S.E.S Oil & Gas Inc.
Larry Marcum	SAC Investments I, L.P.
Manix Royalty, Ltd	Wadi Petroleum Inc.
The Wright Company	

Parties being pooled

**Unlocatable



March 2, 2021

Sharbro Energy, LLC
Attn: Elizabeth Baker
P.O. Box 840
Artesia, NM 88211-0840

RE: Well Proposals
Halberd C 27 State 52H, Halberd C 27 State 92H, Halberd D 27 State 72H and Halberd D 27 State 53H
S/2 of Section 27-T17S-R28E
Eddy County, New Mexico

Dear Working Interest Owner,

SEP Permian LLC ("Spur"), an affiliate of Spur Energy Partners LLC, hereby proposes to drill and complete the **Halberd C 27 State 52H, Halberd C 27 State 92H, Halberd D 27 State 72H and Halberd D 27 State 53H** wells to the approximate total vertical depths as referenced below as horizontal Yeso wells (the "Subject Wells") at the following proposed locations (subject to change upon staking and survey).

Halberd C 27 State 52H – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 1780' FSL & 345' FEL, Section 28, T17S-R28E
- Proposed Bottom Hole Location – 1950' FSL & 50' FEL, Section 27, T17S-R28E
- TVD: 4150'

Halberd C 27 State 92H – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 1760' FSL & 345' FEL, Section 28, T17S-R28E
- Proposed Bottom Hole Location – 1575' FSL & 50' FEL, Section 27, T17S-R28E
- TVD: 4650'

Halberd D 27 State 72H – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 875' FSL & 645' FEL, Section 28, T17S-R28E
- Proposed Bottom Hole Location – 1200' FSL & 50' FEL, Section 27, T17S-R28E
- TVD: 4500'

Halberd D 27 State 53H – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 875' FSL & 625' FEL, Section 28, T17S-R28E
- Proposed Bottom Hole Location – 450' FSL & 50' FEL, Section 27, T17S-R28E
- TVD: 4200'

Spur proposes to form a Drilling Spacing Unit ("DSU") covering the S/2 of Section 27-T17S-R28E, Eddy County, New Mexico, containing 320 acres of land, more or less, from 4000' to the base of Yeso formation. Portions of these lands are likely governed by existing Joint Operating Agreements ("JOAs") which also cover the Yeso formation and which govern operations for vertical wells. For the mutually exclusive development of horizontal wells, and any concept wells (i.e. micro seismic wells, pilot hole wells) within the DSU, Spur hereby submits for your consideration, a new joint operating agreement dated March 1, 2021, being a modified 2015 Horizontal AAPL Form 610 Operating Agreement ("NJOA") to govern proposals and operations within the DSU.



The NJOA shall supersede any existing operations under any JOAs, expressly limited however, to horizontal well development and operations within the DSU. The NJOA has the following general provisions:

- Effective Date of March 1, 2021
- S/2 of Section 27-T17S-R28E
- Limited in depth from 4000' to the base the Yeso formation
- 100%/300%/300% non-consenting penalty
- \$8,000/\$800 drilling and producing monthly overhead rate
- Spur Energy Partners LLC named as Operator

The enclosed AFEs reflect the total estimated drilling and completion costs for each well. The AFEs are an estimate only and those parties electing to participate in the Subject Wells shall be responsible for their share of actual well costs, whether more or less than those shown on the enclosed AFEs.

Spur respectfully requests that you select one of the following four options with regard to your interest in the proposed wells:

Option 1: Participate in the drilling and completion of the proposed well and agree to enter into the NJOA with the terms specified above.

Option 2: Not participate in the proposed well (an election of "Non-Consent").

Term Assignment Option: Assign your working interest in the S/2 of Section 27-17S-28E, exclusive of existing wellbores, to Spur through a term assignment with a primary term of three (3) years and a bonus consideration of \$500 per net acre, delivering a 75% leasehold net revenue interest (limited to the Yeso formation).

Assignment Option: Assign your working interest in the S/2 of Section 27-17S-28E, exclusive of existing wellbores, to Spur for a bonus consideration of \$1,000 per net acre, delivering a 75% leasehold net revenue interest (all rights owned).

Should you elect Option 1 or Option 2, Spur will send the NJOA for your review and execution. If you prefer to review the NJOA prior to making an election, please request a copy by email and Spur will supply you the NJOA. In the event you elect to assign your working interest under the terms outlined above in the Term Assignment or Assignment Option, please indicate this by signing the enclosed Assignment Election page and returning an executed W-9. Upon receipt, Spur will submit an Assignment to you for your review and execution.

Spur looks forward to working with you on this matter. However, if an agreement cannot be reached within 30 days of the receipt date of this proposal, please be advised Spur may apply to the New Mexico Oil Conservation Division for Compulsory Pooling of any uncommitted interest owners into a spacing unit for the proposed wells.

Please indicate your elections as to the Subject Wells in the spaces provided below and execute and return a copy of this letter to the undersigned within 30 days of receipt of this proposal. Should you have any questions regarding this proposal, please contact me via email at mlandry@spurepllc.com.

Sincerely,

Morgan Landry
Sr. Landman

SEP Permian LLC
AUTHORITY FOR EXPENDITURE

AFE NO.: C21061	COMPANY
AFE DESC: HALBERD C 27 STATE 52H	DIVISION
DATE: 03/01/2021	OPERATOR:
AFE TYPE: DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,
GROSS/NET: G	LLC

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS	13,000.00		0.00		13,000.00	
TOTAL:	13,000.00		0.00		13,000.00	
LOCATION/DAMAGES/ROW-LAND	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
TITLE WORK/LANDMAN SERVICES - L	60,000.00		0.00		60,000.00	
TOTAL:	60,000.00		0.00		60,000.00	
SURVEY - LAND	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLING RENTALS: SURFACE	45,000.00		0.00		45,000.00	
TOTAL:	45,000.00		0.00		45,000.00	
DRILLING RENTALS: SUBSURFACE	30,000.00		0.00		30,000.00	
TOTAL:	30,000.00		0.00		30,000.00	
DRILL MUD & COMPL FLUID	20,000.00		0.00		20,000.00	
TOTAL:	20,000.00		0.00		20,000.00	
WELLSITE SUPERVISION	35,000.00		0.00		35,000.00	
TOTAL:	35,000.00		0.00		35,000.00	
GROUND TRANSPORT	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
CONTRACT DRILLING (DAY RATE/TUF	190,000.00		0.00		190,000.00	
TOTAL:	190,000.00		0.00		190,000.00	
DIRECTIONAL TOOLS AND SERVICES	130,000.00		0.00		130,000.00	
TOTAL:	130,000.00		0.00		130,000.00	
FLUID & CUTTINGS DISPOSAL	60,000.00		0.00		60,000.00	
TOTAL:	60,000.00		0.00		60,000.00	
FRAC TANK RENTALS	250.00		0.00		250.00	
TOTAL:	250.00		0.00		250.00	
BITS	30,500.00		0.00		30,500.00	
TOTAL:	30,500.00		0.00		30,500.00	
COMPANY LABOR	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
FUEL, WATER & LUBE	45,000.00		0.00		45,000.00	
TOTAL:	45,000.00		0.00		45,000.00	
CEMENT	53,000.00		0.00		53,000.00	
TOTAL:	53,000.00		0.00		53,000.00	
CASING CREWS AND LAYDOWN SER	8,500.00		0.00		8,500.00	
TOTAL:	8,500.00		0.00		8,500.00	
PROD CSG CEMENT AND SERVICE	35,000.00		0.00		35,000.00	
TOTAL:	35,000.00		0.00		35,000.00	
MUD LOGGER	12,000.00		0.00		12,000.00	
TOTAL:	12,000.00		0.00		12,000.00	
MOB/DEMOB RIG	12,500.00		0.00		12,500.00	
TOTAL:	12,500.00		0.00		12,500.00	
VACUUM TRUCKING	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLPIPE INSPECTION	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
CONTRACT LABOR/SERVICES	30,000.00		0.00		30,000.00	
TOTAL:	30,000.00		0.00		30,000.00	
MISC IDC/CONTINGENCY	84,750.00		0.00		84,750.00	
TOTAL:	84,750.00		0.00		84,750.00	
SURFACE CASING	20,000.00		0.00		20,000.00	
TOTAL:	20,000.00		0.00		20,000.00	
INTERMEDIATE CASING	24,000.00		0.00		24,000.00	
TOTAL:	24,000.00		0.00		24,000.00	
PRODUCTION/LINER CASING	200,000.00		0.00		200,000.00	
TOTAL:	200,000.00		0.00		200,000.00	
CONDUCTOR PIPE	20,000.00		0.00		20,000.00	

SEP Permian LLC
AUTHORITY FOR EXPENDITURE

AFE NO.:	C21061	COMPANY	
AFE DESC:	HALBERD C 27 STATE 52H	DIVISION	
DATE:	03/01/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	G	LLC	

	TOTAL:	20,000.00	0.00	20,000.00
WELLHEAD		17,500.00	0.00	17,500.00
	TOTAL:	17,500.00	0.00	17,500.00
LINER HANGER/CASING ACCESSORY		25,000.00	0.00	25,000.00
	TOTAL:	25,000.00	0.00	25,000.00
EQUIP RENT		25,000.00	0.00	25,000.00
	TOTAL:	25,000.00	0.00	25,000.00
RENTALS: SURFACE IRON		45,000.00	0.00	45,000.00
	TOTAL:	45,000.00	0.00	45,000.00
DRILL MUD & COMPL FLUID		270,000.00	0.00	270,000.00
	TOTAL:	270,000.00	0.00	270,000.00
WELLSITE SUPERVISION		35,000.00	0.00	35,000.00
	TOTAL:	35,000.00	0.00	35,000.00
COMPLETION CHEMICALS		110,000.00	0.00	110,000.00
	TOTAL:	110,000.00	0.00	110,000.00
GROUND TRANSPORT		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
PUMPDOWN		20,000.00	0.00	20,000.00
	TOTAL:	20,000.00	0.00	20,000.00
CASED HOLE WIRELINE		70,000.00	0.00	70,000.00
	TOTAL:	70,000.00	0.00	70,000.00
FRAC PLUGS		40,000.00	0.00	40,000.00
	TOTAL:	40,000.00	0.00	40,000.00
FRAC/FLUID SW DISPOSAL		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
FRAC TANK RENTALS		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
FLOWBACK		30,000.00	0.00	30,000.00
	TOTAL:	30,000.00	0.00	30,000.00
STIMULATION AND PUMPING SERVIC		270,000.00	0.00	270,000.00
	TOTAL:	270,000.00	0.00	270,000.00
PROPPANT		145,000.00	0.00	145,000.00
	TOTAL:	145,000.00	0.00	145,000.00
FUEL, WATER & LUBE		100,000.00	0.00	100,000.00
	TOTAL:	100,000.00	0.00	100,000.00
CASING CREWS AND LAYDOWN SER\		2,500.00	0.00	2,500.00
	TOTAL:	2,500.00	0.00	2,500.00
COMPLETION/WORKOVER RIG		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
KILL TRUCK		2,500.00	0.00	2,500.00
	TOTAL:	2,500.00	0.00	2,500.00
CONTRACT LABOR - ARTIFICIAL LIFT		17,500.00	0.00	17,500.00
	TOTAL:	17,500.00	0.00	17,500.00
CONTRACT LABOR - ELECTRICAL/AU'		20,000.00	0.00	20,000.00
	TOTAL:	20,000.00	0.00	20,000.00
CONTRACT LABOR - WELL LEVEL		15,000.00	0.00	15,000.00
	TOTAL:	15,000.00	0.00	15,000.00
FACILITY PAD CONSTRUCTION			15,000.00	15,000.00
MISC INTANGIBILE FACILITY COSTS			5,000.00	5,000.00
CONTRACT LABOR - AUTOMATION			6,500.00	6,500.00
EQUIPMENT RENTALS			5,000.00	5,000.00
FREIGHT & HANDLING			5,000.00	5,000.00
CONTRACT LABOR - ELECTRICAL			15,000.00	15,000.00
FACILITY CONSTRUCTION LABOR			55,000.00	55,000.00
OVERHEAD POWER		12,500.00	0.00	12,500.00
	TOTAL:	12,500.00	0.00	12,500.00
PARTS & SUPPLIES - ARTIFICIAL LIFT		50,000.00	0.00	50,000.00
	TOTAL:	50,000.00	0.00	50,000.00
	TOTAL:	50,000.00	0.00	50,000.00

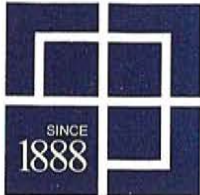
SEP Permian LLC
AUTHORITY FOR EXPENDITURE

AFE NO.:	C21061		COMPANY	
AFE DESC:	HALBERD C 27 STATE 52H		DIVISION	
DATE:	03/01/2021	OPERATOR:		
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,		
GROSS/NET:	G	LLC		
PARTS & SUPPLIES - ELECTRICAL/AU		5,000.00	0.00	5,000.00
TOTAL:		5,000.00	0.00	5,000.00
PARTS & SUPPLIES - WELL LEVEL		20,000.00	0.00	20,000.00
TOTAL:		20,000.00	0.00	20,000.00
TUBING		45,000.00	0.00	45,000.00
TOTAL:		45,000.00	0.00	45,000.00
TUBING HEAD/XMAS TREE		10,000.00	0.00	10,000.00
TOTAL:		10,000.00	0.00	10,000.00
VESSELS			65,000.00	65,000.00
ELECTRICAL - OVERHEAD & TRANSF			15,000.00	15,000.00
LACT			20,000.00	20,000.00
AUTOMATION METERS, SENSORS, V/			25,000.00	25,000.00
MISC FITTINGS & SUPPLIES			22,500.00	22,500.00
PUMPS & PUMP SUPPLIES			6,000.00	6,000.00
MISC TANGIBLE FACILITY COSTS			5,000.00	5,000.00
TANKS (OIL & WATER)			40,000.00	40,000.00
CONTAINMENT			15,000.00	15,000.00
PIPING			15,000.00	15,000.00
ELECTRICAL - FACILITY			65,000.00	65,000.00
TOTAL THIS AFE:		1,241,000.00	1,400,000.00	400,000.00
				3,041,000.00

Entity	Address	Interest	Comments
EOG Resources, Inc.	104 S. 4th Street, Artesia, NM 88210	0.054688	Acknowledged receipt of proposal on 3/11. Have not received election response as of 4/30.
Sharbro Energy, LLC	P.O. Box 840, Artesia, NM 88211-0840	0.023438	Business Development working possible assignment.
Spiral, Inc.	P.O. Box 1933, Roswell, NM 88202-1933	0.008920	Elected to not participate in well. Sending NJOA for review and signature.
Jalapeno Corporation	P.O. Box 1608, Albuquerque, NM 87103-1608	0.003749	Elected to participate in well. Provided them with NJOA but has not signed
Vladin, LLC	P.O. Box 100, Artesia, NM 88211-0100	0.031250	Elected to participate in well. Reviewed our JOA and have requested changes that SEP can not agree to. Working through possible Letter Agreement. As of 4/30, we have not obtained a Voluntary Agreement.
Yates Energy Corporation	P.O. Box 2323, Roswell, NM 88202-2323	0.002956	Have not received election for these sets of wells. Elected to participate in other Halberd wells.
WPX Energy Permian LLC	3500 One Williams Center, MD 34, Tulsa, OK 74172	0.292500	No Response
Occidental Permian Limited Partnership	5 Greenway Plaza, Suite 110, Houston, TX 77046	0.237232	Will make election under Pooling Order
Occidental Petroleum Corporation	5 Greenway Plaza, Suite 110, Houston, TX 77046	0.125000	Have not received election response as of 4/30. Business Development working possible assignment.
Longfellow LH, LLC	16803 Dallas Parkway, Addison, TX 75001	0.010468	Have not received election response as of 4/30. Business Development working possible assignment.
Chisos, Ltd.	1331 Lamar, Ste. 1077, Houston, TX 77010	0.007813	Have not received election response as of 4/30. Business Development working possible assignment.
Mary Ann Curtis, LLC	3013 NW 59th Street, Oklahoma City, OK 73112	0.003906	Acknowledged receipt. Provided answers to questions asked but has not made an election.
Dorothy Marcum Oil & Gas Assets Trust	5205 Rain Creek Pkwy., Austin, TX 78759	0.001519	Reviewing NJOA
Mark B. Heinen, MSU	122 Mountain Spring Dr., Boerne, TX 78006	0.001483	Reviewing NJOA
Gordon G. Marcum, II Trust	782 Kreutzberg Road, Boerne, TX 78006	0.001085	No response
Mark Tisdale and wife, Betty Nugent Tisdale	6951 Sunrise Court, Midland, TX 79707-1414	0.001084	Wants to assign
Mel Riggs and wife, Marsha Kay Riegs	2513 Regency Oaks Ct., Midland, TX 79705	0.001084	Reviewing NJOA
David W. Marcum	3115 Stanolind Ave., Midland, TX 79705-8241	0.000723	Reviewing NJOA
DMM Family, LLC	P.O. Box 101, Midland, TX 79702-0101	0.000723	No Response
Beverly Gooden	5050 Capitol Ave., Apt 150, Dallas, TX 75206-6993	0.000716	Reviewing NJOA
Judy Mulroy	2231 Pine River Drive, Kingwood, TX 77339	0.000716	No Response
Marla Jo Moats Schmid	5205 Rain Creek Pkwy., Austin, TX 78759	0.000260	No Response
Judith Ann Moats Gilchrist	1518 Lexington Street, Taylor, TX 76574-2615	0.000260	No Response
Latham Family Trust	954 River Forest Dr., New Braunfels, TX 78132	0.000156	No Response
Greg Benton and wife, Mary Anne Benton	4812 Rustic Trail, Midland, TX 79707-1402	0.000065	No Response
Cross Border Resources, Inc.	14282 Gillis Road, Farmers Branch, TX 75244	0.003906	Mailout was returned to Sender
John Kennedy	4812 Rustic Trail, Midland, TX 79707-1402	0.000065	Mailout was returned to Sender
SEP Permian LLC		0.184233	

SPUR ENERGY
PARTNERS, LLC
Case No. 21882

Exhibit A-5



HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

April 7, 2021

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Case No. 21882
Application of Spur Energy Partners, LLC for compulsory pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that Spur Energy Partners, LLC filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **May 06, 2021** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. 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 this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.135.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement, and serve copies on other parties or, for parties that are represented, their attorneys at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or electronically submitted to ocd.hearings@state.nm.us and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

**SPUR ENERGY
PARTNERS, LLC
Case No. 21882**

Exhibit A-6

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

PO BOX 1720
ARTESIA, NEW MEXICO 88211
575-622-6510
(FAX) 575-746-6316

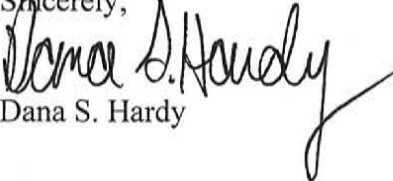
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

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

March 8, 2021
Page 2

If you have any questions about this matter, please contact **Morgan Landry** at (832) 930-8616 or mlandry@spurepllc.com.

Sincerely,


Dana S. Hardy

Enclosure

7019 2970 0000 7593 6830

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

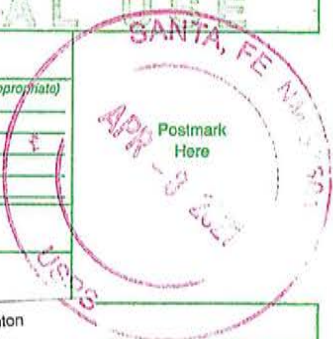
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Greg Benton and Mary Anne Benton
 Street and 4812 Rustic Trail
 City, State Midland, TX 79707-1402

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Mary Anne Benton</i></p> <p>B. Received by/(Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>M.A. BENTON</i></p>
<p>1. Article Addressed to:</p> <p>Greg Benton and Mary Anne Benton 4812 Rustic Trail Midland, TX 79707-1402</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 6830</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail (over \$500)</p>

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7019 2970 0000 7593 6847

OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Black Shale Minerals, LLC	
Street and P.O. Box 2243	
Longview, TX 75606	
City, State	
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. 	<p>A. Signature X <i>ashyward</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ashyward</i></p> <p>C. Date of Delivery 4/14/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Black Shale Minerals, LLC P.O. Box 2243 Longview, TX 75606</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 6847</p>	



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OFFICIAL USE

7019 2970 0000 7593 6861

Certified Mail Fee			
\$			
Extra Services & Fees (check box, add fee as appropriate)			
<input type="checkbox"/>	Return Receipt (hardcopy)		\$
<input type="checkbox"/>	Return Receipt (electronic)		\$
<input type="checkbox"/>	Certified Mail Restricted Delivery	\$	
<input type="checkbox"/>	Adult Signature Required	\$	
<input type="checkbox"/>	Adult Signature Restricted Delivery	\$	
Postage			
\$			
Total Postage and Fees			
\$			
Sent To			
Chisos, Ltd.			
Street and, Attn: Marshall Baker			
1331 Lamar, Ste. 1077			
City, State, Houston, TX 77010			
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:

Chisos, Ltd.
Attn: Marshall Baker
1331 Lamar, Ste. 1077
Houston, TX 77010



9590 9402 5751 0003 3980 43

2. Article Number (Transfer from service label)

7019 2970 0000 7593 6861

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rt. 1001 Agent Addressee

B. Received by (Printed Name) *C-19* C. Date of Delivery *4/12/2021*

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 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 (over \$500)	

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OFFICIAL USE

7019 2970 0000 7593 6854

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Cross Border Resources, Inc.
 Street and 14282 Gillis Road
 Farmers Branch, TX 75244
 City, State, .

PS Form 3800, April 2015 PSN 7530-02-000-9047



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Cross Border Resources, Inc.
 14282 Gillis Road
 Farmers Branch, TX 75244



9590 9402 5941 0062 9811 71

2. Article Number (Transfer from service label)

7019 2970 0000 7593 6854

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- 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

re-sent (new add)

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OFFICIAL USE

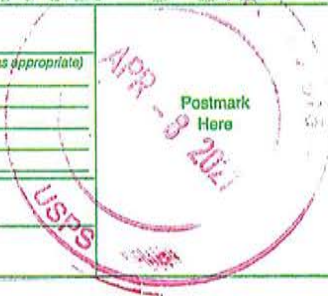
7019 2970 0000 7593 6922

Certified Mail Fee

\$

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

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



Postage

\$

Total Postage and Fees

\$

Sent To

DMM Family, LLC
P.O. Box 101
Midland, TX 79702-0101

City, State, Z

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:

DMM Family, LLC
P.O. Box 101
Midland, TX 79702-0101



9590 9402 5751 0003 3979 61

2. Article Number (Transfer from service label)

7019 2970 0000 7593 6922

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

Annie Orvas

C. Date of Delivery

4-19-21

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- 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

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

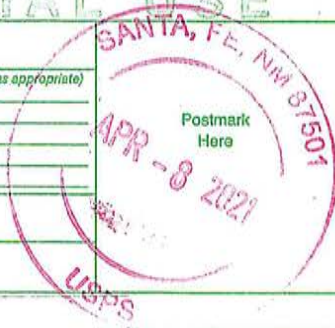
Total Postage and Fees \$ _____

Sent To

Street and /
EOG Resources, Inc.
Attn: Janet Richardson
104 S. 4th Street

City, State,
Artesia, NM 88210

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



7019 2970 0000 7593 6809

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Nancy H. Franco <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) NANCY H. FRANCO</p> <p>C. Date of Delivery 4-12-21</p>
<p>1. Article Addressed to:</p> <p>EOG Resources, Inc. Attn: Janet Richardson 104 S. 4th Street Artesia, NM 88210</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 6809</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>



9590 9402 5751 0003 3981 35

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

Domestic Return Receipt

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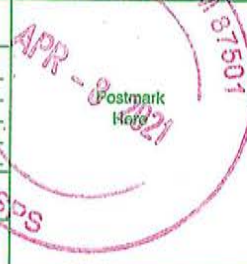
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Jalapeno Corporation
 Attn: Kathryn J. Reese
 P.O. Box 1608
 City, State, Albuquerque, NM 87103-1608

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

7019 2970 0000 7593 6885



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:
 Jalapeno Corporation
 Attn: Kathryn J. Reese
 P.O. Box 1608
 Albuquerque, NM 87103-1608



9590 9402 5751 0003 3981 04

2. Article Number (Transfer from service label)
 7019 2970 0000 7593 6885

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Julio A. Pasca Agent Addressee

B. Received by (Printed Name)
Julie A. Pasca C. Date of Delivery
APR 21

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



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

7019 2970 0000 7593 6793

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

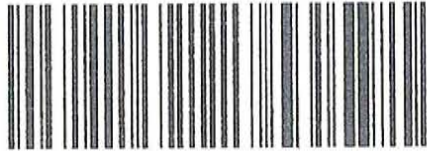
Sent To

Street and Apt. John Kennedy
4812 Rustic Trail
City, State, ZIP+4 Midland, TX 79707

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



HINDE SHANOR LLP
ATTORNEYS AT LAW
311 WEST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



7019 2970 0000 7593 6793



40
4/19

RECEIVED

APR 20 2021

ANK
PR 13

John Kennedy
4812 Rustic Trail
Midland, TX 797

NIXIE 799 DE 1 0004/14/21

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

Hinde Shanor LLP
Santa Fe NM 87504

ANK
87504-2068
79707-1402 7019

BC: 87504206868 *0268-01763-03-42



7019 2970 0000 7593 7028

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 David W. Marcum
 3115 Stanolind Ave.
 Midland, TX 79705-8241

City, State

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

Postmark: APR - 8 2021
 7501

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>David W. Marcum 3115 Stanolind Ave. Midland, TX 79705-8241</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5751 0003 3979 78</p> <p>7019 2970 0000 7593 7028</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

**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 7004

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Gordon G. Marcum, II Trust

Street and

Attn: Michael Dedwylder
782 Kreuzberg Road
Boerne, TX 78006

City, State

SANTA, F.

Postmark
Here

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:

Gordon G. Marcum, II Trust
Attn: Michael Dedwylder
782 Kreuzberg Road
Boerne, TX 78006



9590 9402 5751 0003 3980 05

2. Article Number (Transfer from service label)

7019 2970 0000 7593 7004

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Covid-19

Agent

Addressee

B. Received by (Printed Name)

Michael Dedwylder

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 (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

7019 2970 0000 7593 6939

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Mary Ann Curtis, LLC
3013 NW 59th Street
Oklahoma City, OK 73112

City, State

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:

Mary Ann Curtis, LLC
3013 NW 59th Street
Oklahoma City, OK 73112



9590 9402 5751 0003 3980 36

2. Article Number (Transfer from service label)

7019 2970 0000 7593 6939

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Woods*

Agent

Addressee

B. Received by (Printed Name)

James Woods

C. Date of Delivery

4/22

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

3. Service Type

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

Domestic Return Receipt

7019 2970 0000 7593 7011

CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Judy Mulroy Street and 2231 Pine River Drive Kingwood, TX 77339 City, State	
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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>J. Lott</i></p> <p>B. Received by (Printed Name) <i>R. L. C. I. 9</i></p> <p>C. Date of Delivery <i>4/12/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Judy Mulroy 2231 Pine River Drive Kingwood, TX 77339</p>	<p>3. Service Type</p> <p><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)</p> <p><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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5751 0003 3979 23</p> <p>7019 2970 0000 7593 7011</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Manix Royalty, Ltd.
P.O. Box 2818
Midland, TX 79702

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 2280 0001 9628 6542

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Wendrix</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Manix Royalty, Ltd. P.O. Box 2818 Midland, TX 79702</p>	<p>B. Received by (Printed Name) <i>Wendrix</i></p> <p>C. Date of Delivery <i>4/27/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<div style="text-align: center;"> <p>9590 9402 5941 0062 9813 48</p> </div> <p>2. Article Number (Transfer from service label) 7019 2280 0001 9628 6542</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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

7019 2970 0000 7593 6953

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

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OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Occidental Permian Limited Partnership	
Street and A	Attn: Alissa Payne
5 Greenway Plaza, Suite 110	
City, State, ZIP	Houston, TX 77046
PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X <u>C. V. I. G.</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>C. V. I. G.</u></p> <p>C. Date of Delivery <u>4-13-15</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>Occidental Permian Limited Partnership Attn: Alissa Payne 5 Greenway Plaza, Suite 110 Houston, TX 77046</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"/> 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"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 6953</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt



7019 2970 0000 7593 7035

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Mel Riggs and Marsha Kay Riggs

Street or 2513 Regency Oaks Ct.

City, Sta. Midland, TX 79705

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:

Mel Riggs and Marsha Kay Riggs
2513 Regency Oaks Ct.
Midland, TX 79705



9590 9402 5751 0003 3979 85

2. Article Number (Transfer from service label)

7019 2970 0000 7593 7035

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Mel Riggs*

B. Received by (Printed Name) *MR* C. Date of Delivery *4/14/15*

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

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

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

Domestic Return Receipt

7019 2970 0000 7593 6816

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Sharbro Energy, LLC
Attn: Elizabeth Baker
P.O. Box 840

City, State Artesia, NM 88211-0840

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

Stamp: SAN JUAN, NM 87501 APR - 8 2015 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:

Sharbro Energy, LLC
Attn: Elizabeth Baker
P.O. Box 840
Artesia, NM 88211-0840



9590 9402 5751 0003 3981 28

2. Article Number (Transfer from service label)

7019 2970 0000 7593 6816

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kandra Guay Agent
 Addressee

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

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

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

Domestic Return Receipt

7019 2970 0000 7593 6823

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and City, State, Zip+4 Spiral, Inc.
P.O. Box 1933
Roswell, NM 88202-1933

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

Postmark Here
APR - 8 2021
SANTA FE, NM 87501
USP

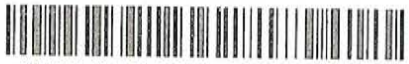
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Anna Cannon</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Anna Cannon</i> C. Date of Delivery <i>4/13/21</i></p>
<p>1. Article Addressed to:</p> <p>Spiral, Inc. P.O. Box 1933 Roswell, NM 88202-1933</p> <p>9590 9402 5751 0003 3981 11</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 6823</p>	<p>APR 13 2021 ROSWELL, NM 88201</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7593 7059

CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To	
Mark Tisdale and Betty Nugent Tisdale	
Street	6951 Sunrise Court
City, State	Midland, TX 79707-1414
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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Mark Tisdale</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Betty Tisdale</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>Mark Tisdale and Betty Nugent Tisdale 6951 Sunrise Court Midland, TX 79707-1414</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input 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 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)	
<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)																	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 7059</p>																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																



9590 9402 5751 0003 3979 92

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____



Sent To The Wright Company
 P.O. Box 1799
 Street and Midland, TX 78702
 City, State, _____

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

7019 2970 0000 7593 5857

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:

The Wright Company
 P.O. Box 1799
 Midland, TX 78702



9590 9402 4582 8278 6039 59

2. Article Number (Transfer from service label)

7019 2970 0000 7593 5857

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Jim Covert Agent
 Addressee

B. Received by (Printed Name) *Jim Covert* C. Date of Delivery *4/13/21*

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7019 2970 0000 7593 6915

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Yates Energy Corporation
Street and Apt. # P.O. Box 2323
Roswell, NM 88202-2323
City, State, ZIP+4

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

APR - 8 2021
Postmark Here
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>LISA K. ELDRIDGE</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Yates Energy Corporation P.O. Box 2323 Roswell, NM 88202-2323</p>	<p><i>[Postmark: APR 13 2021]</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5751 0003 3980 81</p> <p>7019 2970 0000 7593 6915</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and P.O. Box 100
 City, State, Artesia, NM 88211-0100

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

7019 2970 0000 7593 6892

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:

Vladin, LLC
 P.O. Box 100
 Artesia, NM 88211-0100



2. Article Number (Transfer from service label)
 7019 2970 0000 7593 6892

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
 4-12-21

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

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

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Dorothy Marcum Oil & Gas Assets Trust
 Attn: Marla Jo Moats Schmid
 5205 Rain Creek Pkwy.
 Austin, TX 78759

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Beverly Gooden
 5050 Capitol Ave., Apt. 150
 Dallas, TX 75206-6993

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Latham Family Trust
 Attn: Debra Latham
 954 River Forest Dr.
 New Braunfels, TX 78132

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Judith Ann Moats Gilchrist
 1518 Lexington Street
 Taylor, TX 76574-2615

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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Certified Mail Fee

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Mark B. Heinen, MSU
 122 Mountain Spring Dr.
 Boerne, TX 78006

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Longfellow LH, LLC
 Attn: Ryan Culpepper
 16803 Dallas Parkway
 Addison, TX 75001

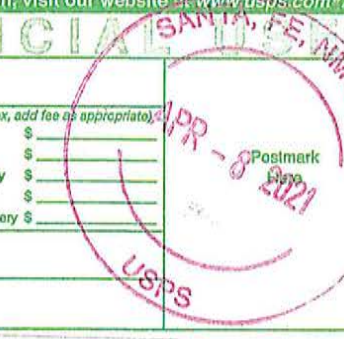
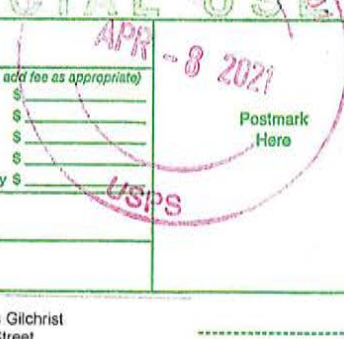
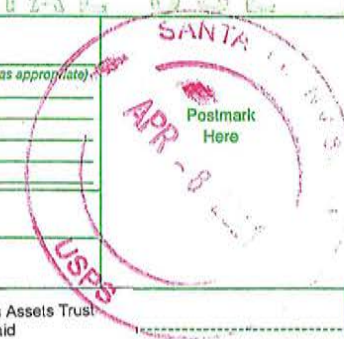
PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 2970 0000 7593 6984

7019 2970 0000 7593 6946

7019 2970 0000 7593 6960



7019 2970 0000 7593 7042

CERTIFIED MAIL® RECEIPT

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OFFICIAL USPS

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. Marla Jo Moats Schmid
5205 Rain Creek Pkwy.
City, State, Zip Austin, TX 78759

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 2970 0000 7593 6908

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OFFICIAL USPS

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. WPX Energy Permian LLC
Attn: Tanner Tape
3500 One Williams Center, MD 34
City, State, Zip Tulsa, OK 74172

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions





HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

April 13, 2021

VIA CERTIFIED MAIL

TO ALL OVERRIDING ROYALTY OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Spur Energy/New Mexico Oil Conservation Division Application,
NMOCD Case No. 21882

To whom it may concern:

This letter is to advise you that Spur Energy Partners, LLC filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **May 6, 2021** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. 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 this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.135.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement, and serve copies on other parties or, for parties that are represented, their attorneys at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or electronically submitted to ocd.hearings@state.nm.us and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter, please contact **Morgan Landry** at (832) 930-8616 or mlandry@spurepllc.com.

Sincerely,

Dana S. Hardy

Enclosure

7019 2280 0001 9628 6153

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and City, State _____

CK Hallico LLC
324 N. Robinson Ave., Ste. 100
Oklahoma City, OK 73102

Postmark Here
APR 13 2021
SANTA FE, NM 87501

USPS

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:

CK Hallico LLC
324 N. Robinson Ave., Ste. 100
Oklahoma City, OK 73102



2. Article Number (Transfer from service label)

7019 2280 0001 9628 6153

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Cindy Castillo Agent
 Addressee

B. Received by (Printed Name) H e-19

C. Date of Delivery APR 13 2021

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

7018 2290 0000 3433 1203

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Cross Border Resources, Inc.
 Street: 6334 Maple Avenue, Ste. 500
 Dallas, TX 75235-5527
 City, St. _____

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

ATA, FE, NM 8752
 APR 3 2021
 Postmark Here
 USPS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cross Border Resources, Inc.
 6334 Maple Avenue, Ste. 500
 Dallas, TX 75235-5527



2. Article Number (Transfer from service label)
 7018 2290 0000 3433 1203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X LOUIE -19 Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery
4-19

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

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

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7019 2280 0001 9628 6177

OFFICIAL RECEIPT
SANTA FE, NM 87501

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: DMM Family, LLC
Street and A1: P.O. Box 101
City, State, Z: Midland, TX 79702

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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>DMM Family, LLC P.O. Box 101 Midland, TX 79702</p>	<p>B. Received by (Printed Name) <i>Arnie Urias</i> C. Date of Delivery <i>4-19-21</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6177</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>9590 9402 5941 0062 9814 09</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Marjorie Ann Estevis
 Street and A 1620 Vista Florida St.
 Edinburg, TX 78539
 City, State, Z _____

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

7019 2280 0001 9628 6573



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:

Marjorie Ann Estevis
 1620 Vista Florida St.
 Edinburg, TX 78539

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x M Estevis Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 P. Garcia C-5 C19 4-17-21

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



9590-9402-5941 0062 9813-93

2. Article Number (transfer from service label)
 7019 2280 0001 9628 6573

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

7019 2280 0001 9628 6191

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____


Total Postage and Fees \$ _____

Sent To _____

Finwing Corporation
Street and P.O. Box 10886
Midland, TX 79702
City, State _____

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

APR 13 2021
Postman Here
87501
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>London Linn</i></p> <p>C. Date of Delivery <i>4/20/2021</i></p>
<p>1. Article Addressed to:</p> <p>Finwing Corporation P.O. Box 10886 Midland, TX 79702</p> <p> 9590 9402 5941 0062 9813 86</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 7019 2280 0001 9628 6191</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

Domestic Return Receipt

7019 2970 0000 7593 6984

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and A Judith Ann Moats Gilchrist
 1518 Lexington Street
 Taylor, TX 76574-2615
 City, State, Z _____

PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

APR 8 2021
Postmark Here
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Judith Ann Moats Gilchrist 1518 Lexington Street Taylor, TX 76574-2615</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 6984</p>	

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

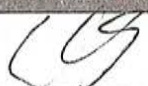

OFFICIAL USE

7019 2280 0001 9628 6207

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To John & Theresa Hillman Family Properties, LP	
1501 Country Club Dr.	
Midland, TX 79702	
City, St.	



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. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>John & Theresa Hillman Family Properties, LP 1501 Country Club Dr. Midland, TX 79702</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input 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 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)	
<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)																	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6207</p>																	

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OFFICIAL USE

7019 2280 0001 9628 6603

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



Sent To
 Olwick Corporation
 Street a P.O. Box 10886
 Midland, TX 79702
 City, St

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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Linda L...</i> C. Date of Delivery <i>4/20/2021</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Olwick Corporation P.O. Box 10886 Midland, TX 79702</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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) <ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6603</p>	



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

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OFFICIAL USE

7019 2280 0001 9628 6597

Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Postage and Fees		
\$		
Sent To		
	Mike Petraitis	
Street and A ₁	1603 Holloway	
	Midland, TX 79701	
City, State, Z		
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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Rudky</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>COULD-49</i></p> <p>C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p>Mike Petraitis 1603 Holloway Midland, TX 79701</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><i>1603</i></p>																
<p>9590 9402 5554 9249 4984 93</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input 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 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)	
<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)																	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6597</p>																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

7019 2280 0001 9628 6634

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OFFICIAL USE

SANTA FE, NM 87507

APR 13 2021

USPS

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To SAC Investments I, L.P.
Street and A 1603 Oakridge Trail
Bridgeport, TX 76426
City, State, z _____

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:

SAC Investments I, L.P.
1603 Oakridge Trail
Bridgeport, TX 76426



2. Article Number (Transfer from service label)

7019 2280 0001 9628 6634

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) *J CRADDOCK*

C. Date of Delivery *4-20-21*

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

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

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Certified Mail Fee

\$

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

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$ 4.00
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

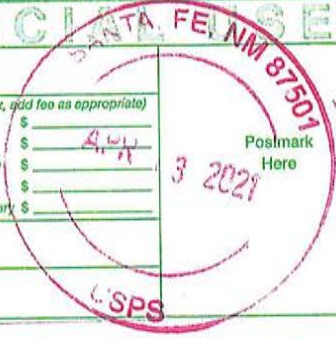
Total Postage and Fees

\$

Sent To

SEP Permian LLC
9655 Katy Fwy., Ste. 500
Houston, TX 77024

City, St



7019 2280 0001 9628 6641

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:

SEP Permian LLC
9655 Katy Fwy., Ste. 500
Houston, TX 77024



9590 9402 5554 9249 4986 84

2. Article Number (Transfer from service label)

7019 2280 0001 9628 6641

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Michelle

- Agent
- Addressee

B. Received by (Printed Name)

4-16-21

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

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

Domestic Return Receipt

7019 2280 0001 9628 6627

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 S.E.S. Oil & Gas Inc.
 Street and P.O. Box 10886
 Midland, TX 79702
 City, State, _____

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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lincoln</i></p> <p>C. Date of Delivery <i>4/13/2021</i></p>
<p>1. Article Addressed to:</p> <p>S.E.S. Oil & Gas Inc. P.O. Box 10886 Midland, TX 79702</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 9590 9402 5554 9249 4986 77 7019 2280 0001 9628 6627</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2280 0001 9628 6665

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OFFICIAL USE

Certified Mail Fee \$ _____

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

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

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Wadi Petroleum Inc.
13231 Champion Forest Dr., Ste. 401
Houston, TX 77069

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. 	<p>A. Signature x L Caldwell <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) SK C-19 <input type="checkbox"/> Date of Delivery 4-16-21</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>Wadi Petroleum Inc. 13231 Champion Forest Dr., Ste. 401 Houston, TX 77069</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input 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 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)	
<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)																	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6665</p>																	

7019 2280 0001 9628 6146

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and _____ Bud F. Walker
 1235 Diamondback Dr., NE
 Albuquerque, NM 87113

City, State _____

PS Form 3800, April 2016 PSN 7530-02-000-9047 See Reverse for Instructions

SANTA FE, NM 87501
APR 13 2021

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:

Bud F. Walker
 1235 Diamondback Dr., NE
 Albuquerque, NM 87113



9590 9402 4582 8278 6039 66

2. Article Number (Transfer from service label)
 7019 2280 0001 9628 6146

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Montoya R102 C-19 Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

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

7019 2280 0001 9628 6160

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OFFICIAL RECEIPT

SANTA FE, NM 87501
APR 13 2021
Postmark Here
USPS

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Dianna Ray Wynne, Successor Trustee

Street and: Carolyn Kay Lisle 1990 Revocable Trust

P.O. Box 21357

City, State: Oklahoma City, OK 73156

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. <p>1. Article Addressed to:</p> <p>Dianna Ray Wynne, Successor Trustee Carolyn Kay Lisle 1990 Revocable Trust P.O. Box 21357 Oklahoma City, OK 73156</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6160</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>James Woods</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>James Woods</i> C. Date of Delivery <i>4/21/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Ernest Byron Hailey, III
 Street and/or P.O. Box No. 6 Parwood Ct.
 The Woodlands, TX 77382
 City, State, ZIP+4® _____

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



0519 8229 9628 0001 9628 6580

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

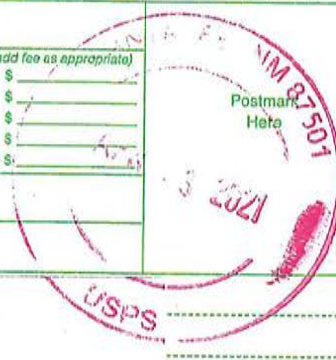
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Michael Lee Hailey
 Street and/or P.O. Box No. 22145 County Road 798
 Mathis, TX 78368
 City, State, ZIP+4® _____

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



7019 2280 0001 9628 6214

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OFFICIAL USE

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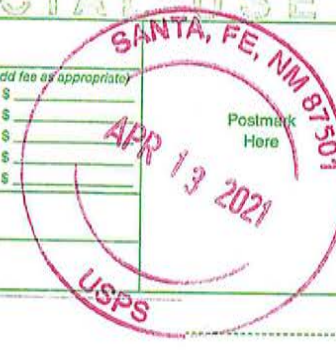
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Affidavit of Publication

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HINKLE SHANOR LLP
218 MONTEZUMA


SANTA FE, NM 87501

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:

04/16/2021


Legal Clerk

Subscribed and sworn before me this April 16, 2021:


State of WI, County of Brown
NOTARY PUBLIC

1-7-25
My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0004690509
PO #: 4690509
of Affidavits 1

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This is to notify all interested parties, including Greg Benton, Mary Anne Benton, Black Shale Minerals, LLC, Chisos, Ltd., CKHallco LLC, Cross Border Resources, Inc., DMM Family, LLC, Dorothy Marcum Oil & Gas Assets Trust, EOG Resources, Inc., Marjorie Ann Estevis, Finwing Corporation, Judith Ann Moats Gilchrist, Beverly Gooden, Ernest Byron Hailey, III, Michael Lee Hailey, Mark B. Heinen, John & Theresa Hillman Family Properties, LP, Jalapeno Corporation, John Kennedy, Latham Family Trust, Longfellow LH, LLC, Manix Royalty, Ltd., Manta Oil and Gas Inc., David W. Marcum, Gordon G. Marcum, II Trust, Larry Marcum, Mary Ann Curtis, LLC, Judy Mulroy, Occidental Permian Limited Partnership, Olwick Corporation, Mike Petraitis, Red Bird Ventures, Inc., Marsha Kay Riggs, Mel Riggs, SAC Investments I, L.P., Marla Jo Moats Schmid, SEP Permian LLC, S.E.S. Oil & Gas Inc., Sharbro Energy, LLC, Spiral, Inc., Betty Nugent Tisdale, Mark Tisdale, Vladin, LLC, WPX Energy Permian LLC, Wadi Petroleum, Bud F. Walker, The Wright Company, Yates Energy Corporation, and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Spur Energy Partners, LLC (Case No. 21882). 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 May 6, 2021, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for that date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant seeks to pool uncommitted interests from a depth of approximately 4,000' to the base of the Yeso formation (at a stratigraphic equivalent of approximately 5,568' MD as observed on the Rio Cinco 26 State #1 Platform Express, Compensated Neutron Lithodensity well log (API No. 30-015-31043)) in a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 27, Township 17 South, Range 28 East in Eddy County, New Mexico. The horizontal spacing unit will be dedicated to the following wells: (1) Halberd C 27 State 52H, which will be horizontally drilled from a surface location in Unit I of Section 28 to a bottom hole location in Unit I of Section 27; (2) Halberd C 27 State 92H, which will be horizontally drilled from a surface location in Unit I of Section 28 to a bottom hole location in Unit I of Section 27; (3) Halberd D 27 State 72H, which will be horizontally drilled from a surface location in Unit P of Section 28 to a bottom hole location in Unit P of Section 27; and (4) Halberd D 27 State 53H, which will be horizontally drilled from a surface location in Unit P of Section 28 to a bottom hole location in Unit P of Section 27. The completed interval of the Halberd D 27 State 72H well will be within 330' of the line separating the N/2S/2 from the S/2S/2 of Section 27 to allow inclusion of this acreage into a 320-acre horizontal spacing unit. The completed intervals of the wells will be orthodox. Also to be considered will be the cost of drilling and completing the wells and the allocation of the cost, the designation of Spur Energy Partners, LLC as the operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells are located approximately 10 miles west of Loco Hills, New Mexico.
#4690509, Current Argus, April 16, 2021

SPUR ENERGY PARTNERS, LLC
Case No. 21882

Exhibit A-7

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

**APPLICATION OF SPUR ENERGY
PARTNERS, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO**

CASE NO. 21882

**SELF-AFFIRMED STATEMENT OF
C.J. LIPINSKI**

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.
2. I am a geologist at Spur Energy Partners, LLC (“Spur”). I am familiar with the geological matters that pertain to Spur’s applications.
3. I have previously testified before the New Mexico Oil Conservation Division as an expert in geology, and my qualifications were accepted.
4. The Schlumberger Platform Express Compensated Neutron-Lithodensity well log for the Geronimo 28 State Com #1 well (API No. 30-015-31829) shows the top of the pool/top of the Yeso at approximately 3,375 feet measured depth, and bottom of the pool/base of the Yeso at 5,605 feet measured depth.
5. **Exhibit B-1** is a location map that I prepared for the proposed spacing unit (“HSU”) which shows the following proposed wells with black lines: **Halberd C 27 State 52H, 92H** wells; and **Halberd D 27 State 53H, 72H** wells (“Wells”). Offset Yeso producers are shown with purple squares.
6. **Exhibit B-1** also identifies five wells penetrating the targeted intervals that I used to construct a structural cross-section from A to A’. I utilized these well logs because they penetrate

SPUR ENERGY
PARTNERS, LLC
Case No. 21882

Exhibit B

the targeted intervals, are of good quality, and have been subjected to a petrophysical analysis of the targeted landing zones. In my opinion, these well logs are representative of the geology in the area.

7. **Exhibit B-2** is a structure map for the top of the Glorieta formation which also reflects the surrounding area in relation to the HSU. The Wells are depicted with black lines, and I have identified the surface and bottom hole locations. The map shows a modest dip to the East. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

8. **Exhibit B-2** also contains a cross-section line from B to B' that I used to construct a Gun Barrel diagram.

9. **Exhibit B-3** is a structural cross-section using the representative wells depicted on **Exhibit B-1**. It contains gamma ray, resistivity, and porosity logs. The approximate landing zones for the Wells are labeled on the exhibit. The cross-section demonstrates the targeted intervals within the Yeso formation extend across the HSU. This exhibit also shows a depth severance with a red line at 4,000 feet.

10. **Exhibit B-4** is a Gun Barrel diagram from B to B' of Spur's intended development of the Yeso formation.

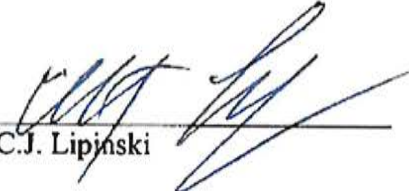
11. In my opinion, a laydown orientation for the Wells is the preferred orientation for horizontal well development in this area and is appropriate to efficiently and effectively develop the subject acreage because of the consistent rock properties throughout the HSU and the lack of preferred fracture orientation in this portion of the trend.

12. Based on my geologic study of the area, the Yeso formation underlying the HSU is suitable for development by horizontal wells and the tracts comprising the HSU will contribute more or less equally to the production of the Wells.

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

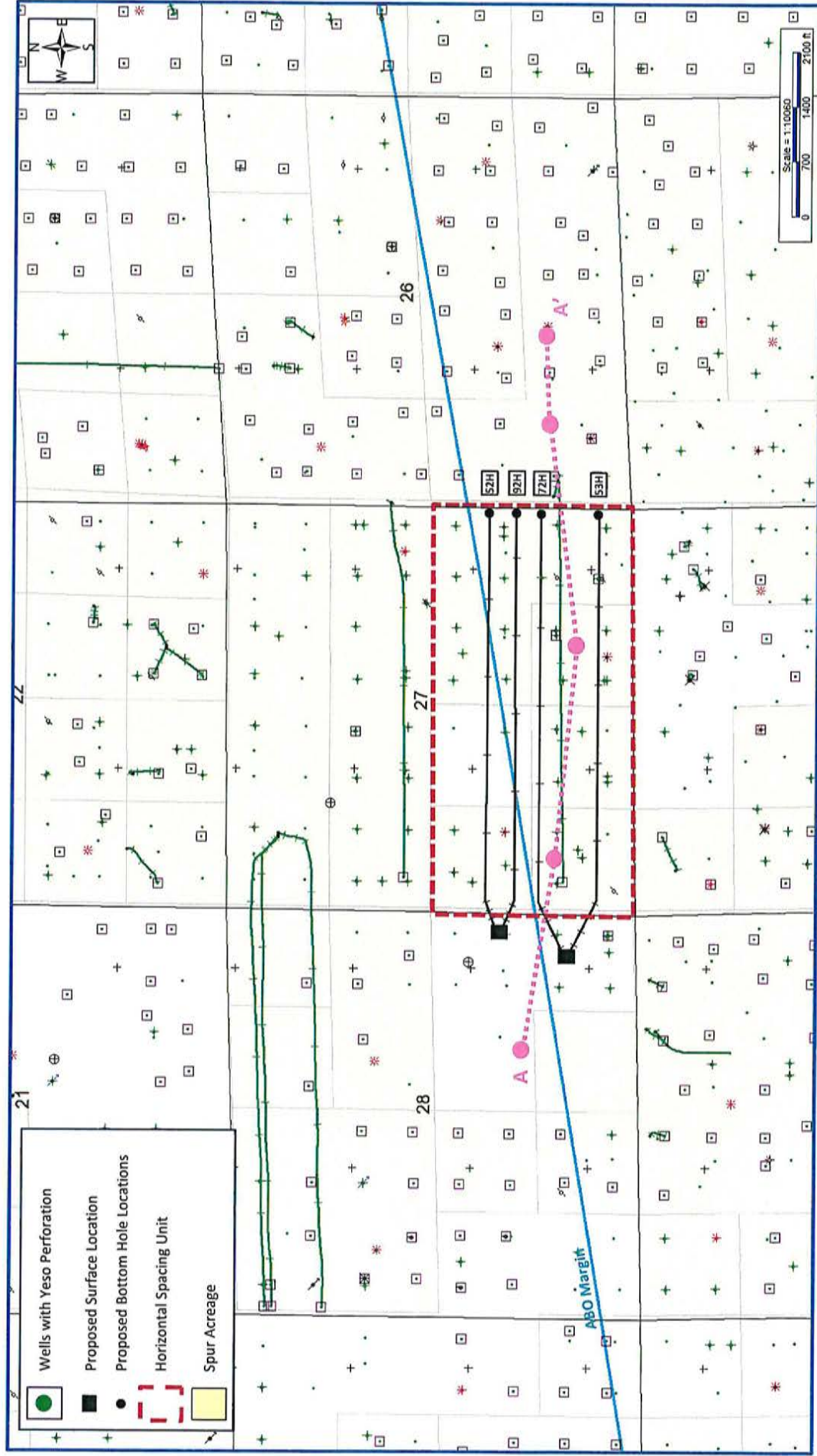
14. The exhibits attached hereto were either prepared by me or under my supervision or were compiled from company business records.

15. I understand that this Self-Affirmed Statement will be used as written testimony in these cases. I affirm that my testimony in paragraphs 1 through 14 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.


C.J. Lipinski

5/3/21
Date

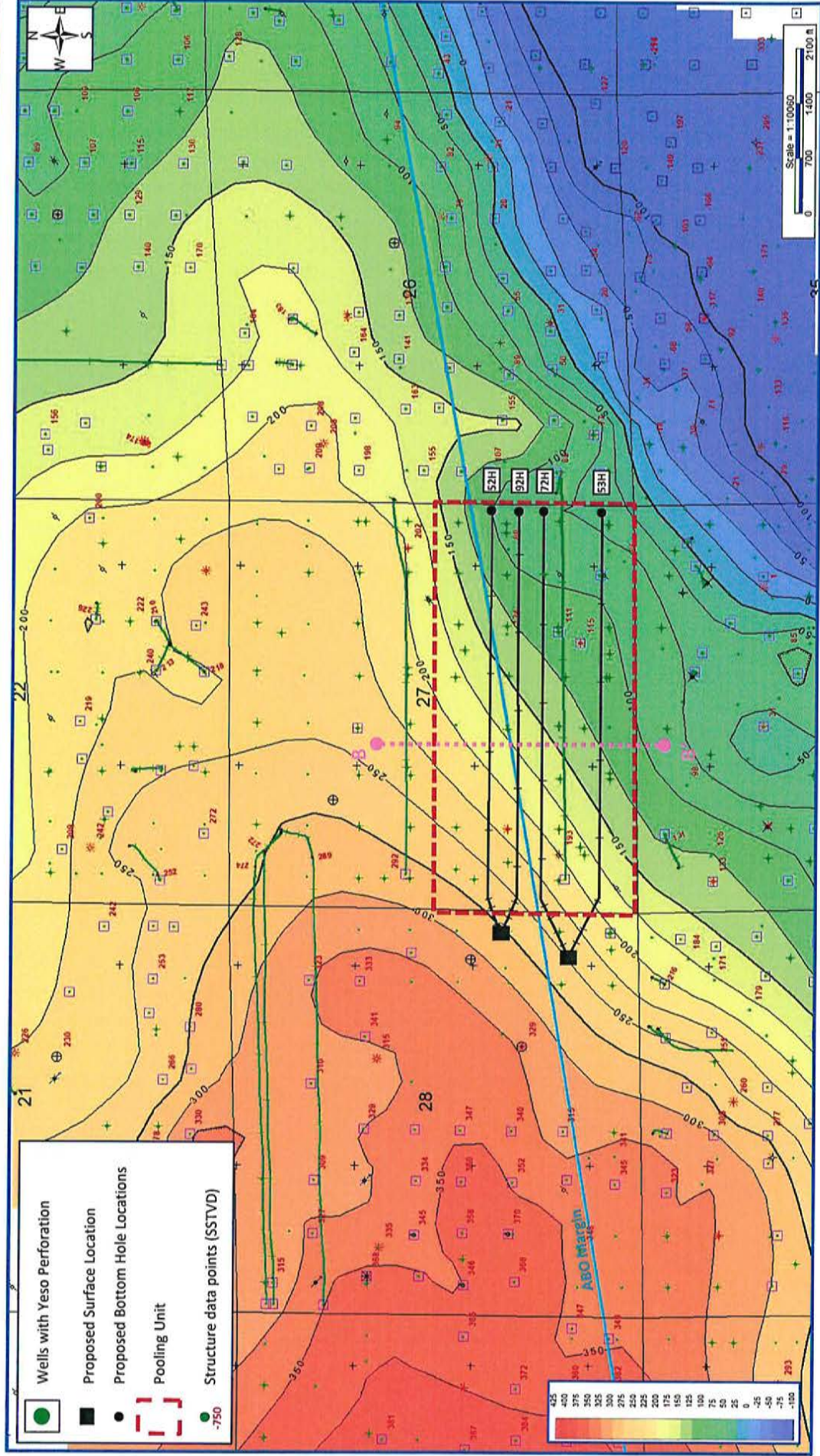
Exhibit B-1: Halberd Basemap (Case No. 21882)



SPUR ENERGY PARTNERS, LLC
Case No. 21882
Exhibit B-1



Exhibit B-2: Structure Map (SSTVD) - Top Glorieta (Case No. 21882)



SPUR ENERGY PARTNERS, LLC
Case No. 21882
Exhibit B-2





Exhibit B-3: Structural Cross Section (TVD)

(Case No. 21882)

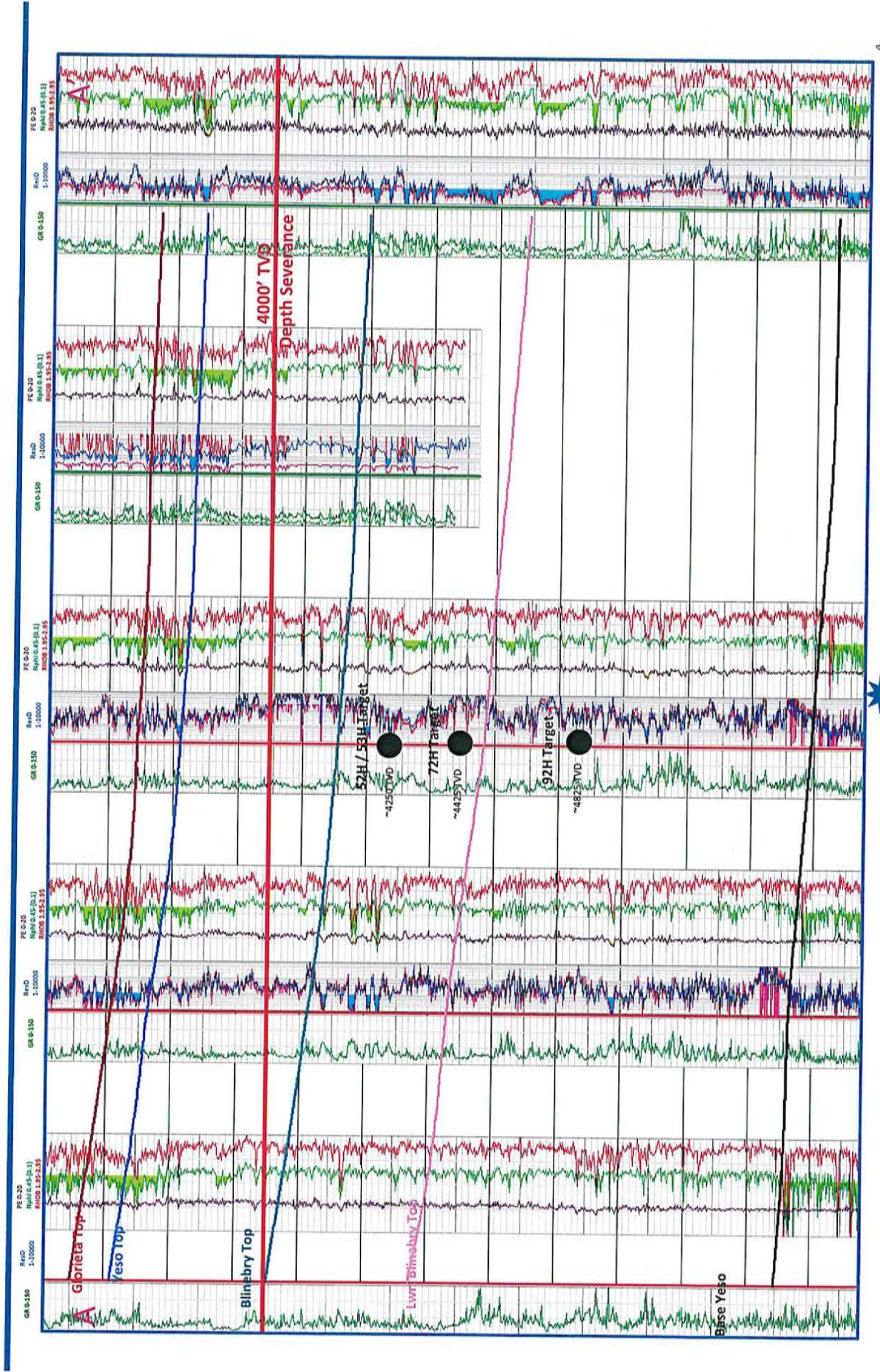
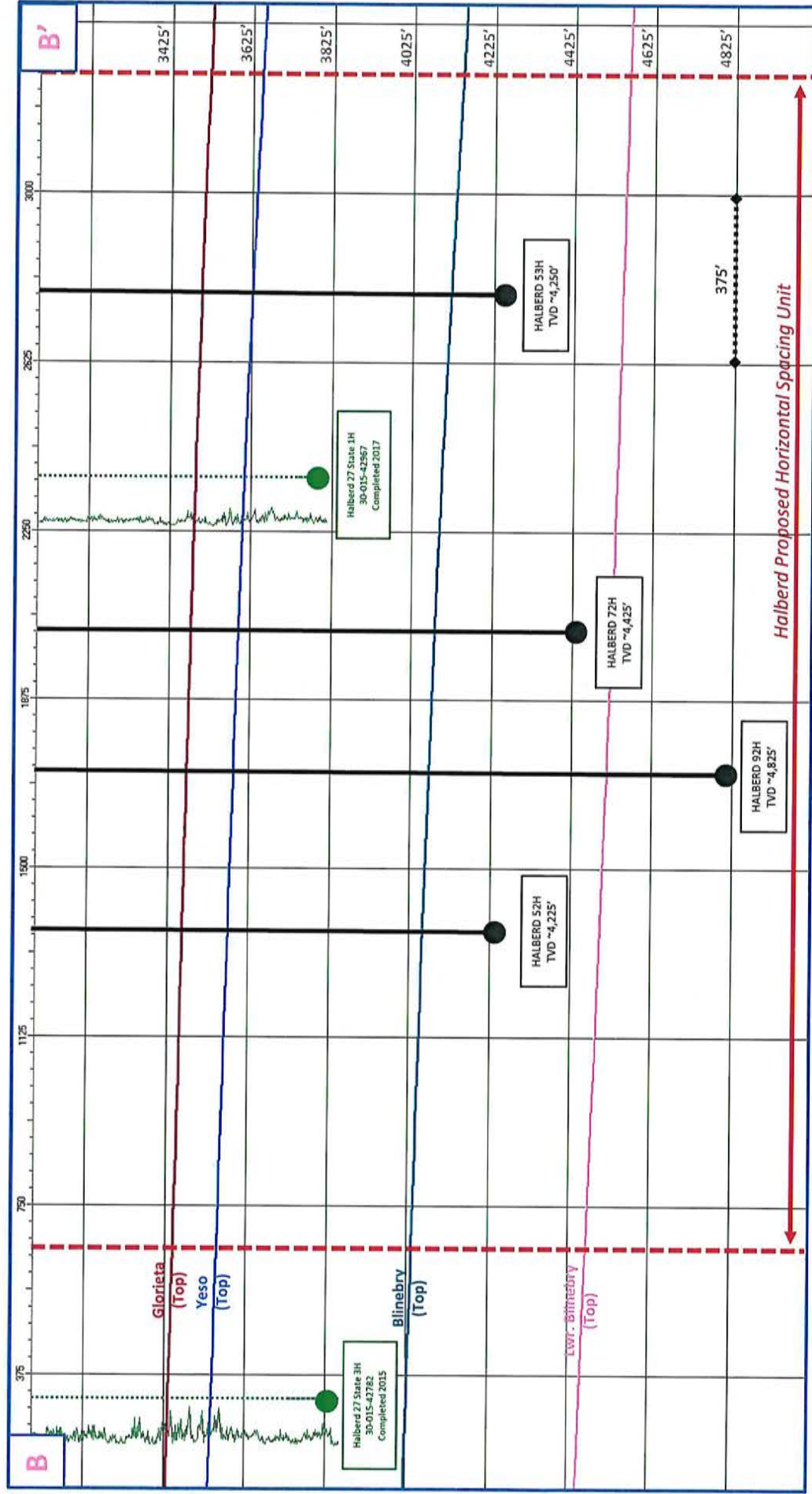


Exhibit B-4: Halberd Gun Barrel (TVD)

(Case No. 21882)



SPUR ENERGY PARTNERS, LLC
Case No. 21882
Exhibit B-4

