

SPUR



MERAK 7 FEDERAL
NMOCD Exhibits
(Case No. 21677)

**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. 21677

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

Compulsory Pooling Checklist

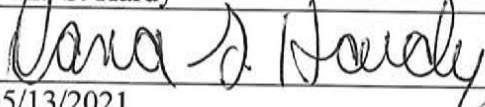
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| Exhibit A | Self-Affirmed Statement of Morgan Landry |
| A-1 | Application & Proposed Notice of Hearing |
| A-2 | C-102(s) |
| A-3 | Plat of Tracts, Tract Ownership, Pooled Party, Unit Recapitulation |
| A-4 | Sample Well Proposal Letter & AFE(s) |
| A-5 | Summary of Communications |
| A-6 | Hearing Notice Letter and Return Receipts |
| A-7 | Affidavit of Publication |
| 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: 21677	APPLICANT'S RESPONSE
Date	May 20, 2021
Applicant	Spur Energy Partners, LLC
Designated Operator & OGRID (affiliation if applicable)	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:	ConocoPhillips Company
Well Family	Merak
Formation/Pool	
Formation Name(s) or Vertical Extent:	Yeso
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Yeso, 5000' MD to 6341' MD.
Pool Name and Pool Code:	Loco Hills; Glorieta-Yeso Pool (Pool Code 97618)
Well Location Setback Rules:	Statewide
Spacing Unit Size:	~315 acres
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	~315 acres
Building Blocks:	Quarter-quarter
Orientation:	Laydown
Description: TRS/County	S/2 of Section 7, Township 17 South, Range 30 East in Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	Yes, at 5,000' MD in the Loco Hills; Glorieta-Yeso Pool within the Yeso formation.
Proximity Tracts: If yes, description	Yes, the completed interval for the Merak 7 Federal 70H will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 7 to allow inclusion of this acreage into a standard 315-acre HSU.
Proximity Defining Well: if yes, description	Merak 7 Federal 70H
Applicant's Ownership in Each Tract	Exhibit A-3
Well(s)	
Name (API [if assigned]); Surface hole location; Bottom hole location; Completion target (TVD); Orientation, Completion status (standard or non-standard).	
Well #1	Merak 7 Federal 70H (API # pending) SHL: 895' FSL & 1060' FWL, Section 8, T17S-R30E BHL: 1265' FSL & 50' FWL, Section 7, T17S-R27E Completion Target: Yeso formation (Approx. 5100' TVD)

	Completion status: Standard
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	7000
Production Supervision/Month \$	700
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 the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	Exhibits A and 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	Yeso
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-1
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:	05/13/2021

**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. 21677

**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 a Senior Landman at Spur Energy Partners LLC ("Spur"). I had direct involvement with Spur's development of the acreage that is the subject of this case. 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.

A. Proposed Well(s) and HSU

5. Spur seeks an order pooling all uncommitted mineral interests in the Yeso formation (from the stratigraphic equivalent of 5,000' MD to 6,341' MD as observed on the Anderson-Federal 1 well Schlumberger Sidewall Neutron Porosity Log (API No. 30-015-20565)) in a 315-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 7, Township 17 South, Range 30 East in Eddy County, New Mexico ("HSU").

SPUR ENERGY
PARTNERS, LLC
Case No. 21677

Exhibit A

6. The HSU will be dedicated to the **Merak 7 Federal 70H** well, which will be horizontally drilled from a surface location in Unit M of Section 8 to a bottom hole location in Lot 4 of Section 7.

7. The proposed well is located in the Loco Hills; Glorieta-Yeso pool (Pool code 97618).

8. With respect to well setback requirements, this pool is subject to the statewide horizontal well rules set out in NMAC 19.15.16.15.

9. The completed interval for the **Merak 7 Federal 70H** will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 7 to allow inclusion of this acreage into a standard 315-acre HSU.

10. The completed interval of the proposed well will be orthodox.

11. Federal APDs for the proposed wells were submitted on or around November 13, 2020.

12. **Exhibit A-2** contains the C-102 for the proposed well.

B. Ownership Determination

13. A depth severance exists in the Loco Hills; Glorieta-Yeso pool within the Yeso formation at a stratigraphic equivalent of 5,000 feet measured depth.

14. Ownership is different above and below the depth severance line.

15. **Exhibit A-3** identifies ownership by tract in the HSU from 5,000' MD to the base of the Yeso formation. This exhibit also contains a unit recapitulation and the interests Spur seeks to pool.

16. Spur provided notice of this application to the vertical offset parties within the pool who are not subject to this application.

C. Joinder

17. **Exhibit A-4** contains a sample well proposal letter and AFE sent to working interest owners for the proposed well. The estimated costs reflected on the AFE are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the Yeso formation in the area.

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

19. All working interest owners Spur seeks to pool are locatable.

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

D. Notice of Hearing

21. 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 letter and the associated green cards are attached as **Exhibit A-6**.

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

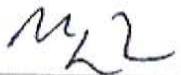
E. Drilling and Operating Costs

23. Spur requests overhead and administrative rates of \$7,000 per month while the proposed well is being drilled and \$700 per month while the proposed well is producing. These rates are fair and are comparable to the rates charged by Spur and by other operators in the vicinity. Spur further requests the rates be adjusted periodically in accordance with the COPAS Accounting Procedure.

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

25. 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.

26. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 25 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

5/13/2021
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. 21677

APPLICATION

Pursuant to NMSA § 70-2-17, Spur Energy Partners, LLC (“Spur”) applies for an order pooling all uncommitted mineral interests in the Yeso formation (from the stratigraphic equivalent of 5,000’ MD to 6,341’ MD as observed on the Anderson-Federal 1 well Schlumberger Sidewall Neutron Porosity Log (API No. 30-015-20565)) in a 315-acre, more or less, standard (proximity tract) horizontal spacing unit comprised of the S/2 of Section 7, Township 17 South, Range 30 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 Merak 7 Federal 70H well, which will be horizontally drilled from a surface location in Unit M of Section 8 to a bottom hole location in Lot 4 of Section 7.
3. The completed interval of the well will be orthodox.
4. Spur has undertaken diligent, good-faith efforts to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the well but has been unable to obtain voluntary agreements from all of the mineral interest owners.
5. The pooling of uncommitted mineral interests will prevent the drilling of unnecessary wells, prevent waste, and protect correlative rights.

**SPUR ENERGY
PARTNERS, LLC
Case No. 21677**

Exhibit A-1

6. 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 well and spacing unit.

WHEREFORE, Spur requests that this application be set for hearing on March 4, 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 well in the horizontal spacing unit;
- C. Designating Spur as operator of the spacing unit and the well to be drilled thereon;
- D. Authorizing Spur to recover its costs of drilling, equipping and completing the well;
- 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 well against any working interest owner who does not voluntarily participate in the drilling of the well.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy
Dioscoro A. Blanco
P.O. Box 2068
Santa Fe, NM 87504-2068
Phone: (505) 982-4554
Facsimile: (505) 982-8623
dhardy@hinklelawfirm.com

Counsel for Spur Energy Partners, LLC

Application of Spur Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico. Applicant seeks an order pooling all uncommitted mineral interests in the Yeso formation (from the stratigraphic equivalent of 5,000' MD to 6,341' MD as observed on the Anderson-Federal 1 well Schlumberger Sidewall Neutron Porosity Log (API No. 30-015-20565)) in a 315-acre, more or less, standard (proximity tract) horizontal spacing unit comprised of the S/2 of Section 7, Township 17 South, Range 30 East in Eddy County, New Mexico. The horizontal spacing unit will be dedicated to the Merak 7 Federal 70H well, which will be horizontally drilled from a surface location in Unit M of Section 8 to a bottom hole location in Lot 4 of Section 7. The completed interval of the well will be orthodox. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Spur Energy Partners, LLC as the operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well is located approximately 3 miles northwest 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 30-015		² Pool Code 97618		³ Pool Name Loco Hills; Glorieta-Yeso	
⁴ Property Code		⁵ Property Name MERAK 7 FEDERAL			⁶ Well Number 70H
⁷ GRID NO. 328947		⁸ Operator Name SPUR ENERGY PARTNERS LLC.			⁹ Elevation 3666'

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
M	8	17S	30E		895	SOUTH	1060	WEST	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
4	7	17S	30E		1265	SOUTH	50	WEST	EDDY

¹² Dedicated Acres 320	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		CORNER DATA	
NAD 83 GRID - NM EAST		NAD 83 GRID - NM EAST	
SURFACE LOCATION (SL) N: 671038.1 - E: 643922.9 LAT: 32.8442628° N LONG: 103.9993037° W		A: FOUND BRASS CAP "1914" N: 670118.1 - E: 637673.2	H: FOUND BRASS CAP "1916" N: 672796.7 - E: 648137.7
FIRST TAKE POINT (FTP) 1265' FSL & 100' FWL - SEC 7 N: 671404.3 - E: 642762.1 LAT: 32.8452794° N LONG: 104.0030797° W		B: FOUND BRASS CAP "1914" N: 672751.6 - E: 637657.6	I: FOUND BRASS CAP "1916" N: 670156.3 - E: 648146.2
LAST TAKE POINT (LTP) 1265' FSL & 100' FWL - SEC 7 N: 671383.2 - E: 637765.7 LAT: 32.8452631° N LONG: 104.0193487° W		C: FOUND BRASS CAP "1914" N: 675387.8 - E: 637653.6	J: FOUND BRASS CAP "1916" N: 670148.2 - E: 645506.1
BOTTOM HOLE (BH) N: 671383.0 - E: 637715.7 LAT: 32.8452629° N LONG: 104.0195115° W		D: FOUND BRASS CAP "1916" N: 675403.7 - E: 640208.3	K: FOUND BRASS CAP "1916" N: 670140.1 - E: 642866.3
		E: FOUND BRASS CAP "1916" N: 675419.9 - E: 642848.2	L: FOUND BRASS CAP "1916" N: 670128.3 - E: 640226.3
		F: FOUND BRASS CAP "1916" N: 675428.2 - E: 645488.7	M: FOUND BRASS CAP "1916" N: 672779.6 - E: 642857.5
		G: FOUND BRASS CAP "1916" N: 675436.4 - E: 648128.9	

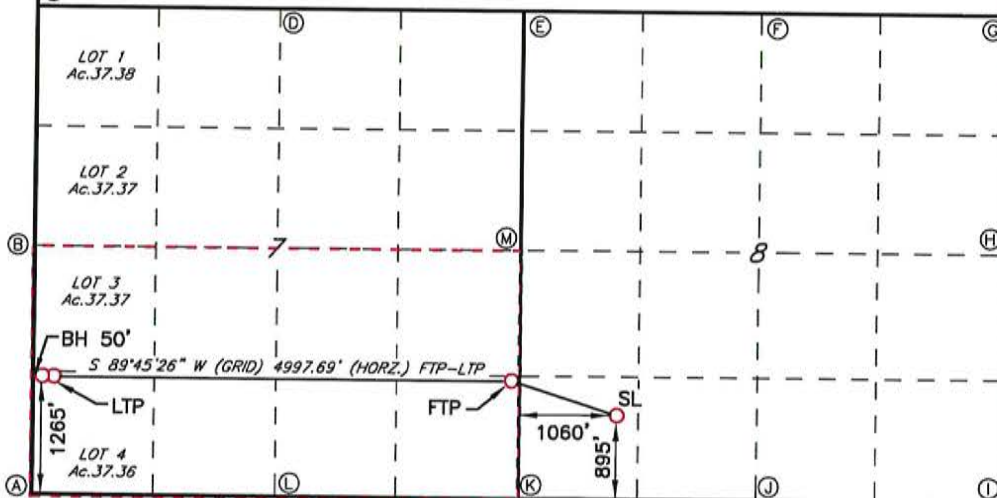
¹⁷ OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to 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.

Sarah Chapman 11/5/2020
Signature Date
Sarah Chapman
Printed Name
schapman@spurepllc.com
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.

10-21-2020
Date of Survey
Signature and Seal of Professional Surveyor

19880
Certificate Number



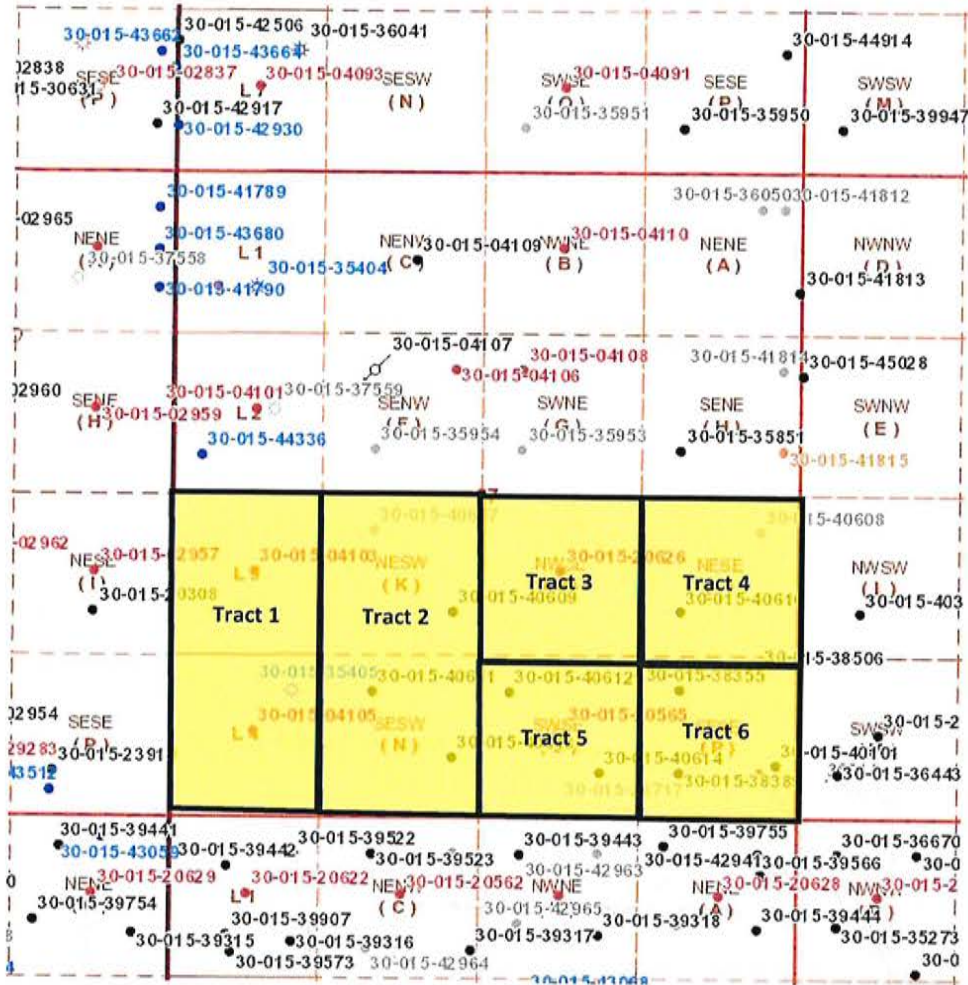
LS20100555

SPUR ENERGY PARTNERS, LLC
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Exhibit A-2

Exhibit A-3

South Half (S/2) of Section 7, Township 17 South, Range 30 East, Eddy County, New Mexico as to those depths from 5000' to the base of the Yeso Formation.



Tract 1: W2 SW4 (Lots 3 & 4) of Section 7-17S-30E (BLM Lease LC 028785)

- ConocoPhillips Company 50.00% Working Interest
- EOG Resources, Inc. 25.00% Working Interest
- Great Western Drilling Company 16.12% Working Interest
- Davoil Oil & Gas Limited Partnership 8.880% Working Interest

Tract 2: E2 SW4 of Section 7-17S-R30E (NM State Lease 7752)

- SEP Permian Holding Corp 32.1875% Working Interest
- EOG Resources, Inc. 22.3125% Working Interest
- Jere C. Hubbard Revocable Trust 17.5000% Working Interest
- Samson Resources Company 16.4500% Working Interest
- High Sky No. 3 Ltd. 7.0000% Working Interest
- Aikman Brothers, LLC 3.1500% Working Interest

**SPUR ENERGY
PARTNERS, LLC**
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Exhibit A-3

- Tamerisk Partners 0.8750% Working Interest
- C.R. Winkler 0.3500% Working Interest
- Duer Wagner III 0.1750% Working Interest

Tract 3: NW4 SE4 of Section 7-17S-R30E (NM State Lease 7752)

- EOG Resources, Inc. 22.3125% Working Interest
- Jere C. Hubbard Revocable Trust 17.5000% Working Interest
- Samson Resources Company 16.4500% Working Interest
- Rhodes Interests, Ltd. 15.0000% Working Interest
- D. Lloyd Henderson, et ux 15.0000% Working Interest
- High Sky No. 3 Ltd. 7.0000% Working Interest
- Josephine Freede, et al 2.1875% Working Interest
- Aikman Brothers, LLC 3.1500% Working Interest
- Tamerisk Partners 0.8750% Working Interest
- C.R. Winkler 0.3500% Working Interest
- Duer Wagner III 0.1750% Working Interest

Tract 4: NE4 SE4 of Section 7-17S-30E (NM State Lease 7752)

- SEP Permian Holding Corp 32.1875% Working Interest
- EOG Resources, Inc. 22.3125% Working Interest
- Jere C. Hubbard Revocable Trust 17.5000% Working Interest
- Samson Resources Company 16.4500% Working Interest
- High Sky No. 3 Ltd. 7.0000% Working Interest
- Aikman Brothers, LLC 3.1500% Working Interest
- Tamerisk Partners 0.8750% Working Interest
- C.R. Winkler 0.3500% Working Interest
- Duer Wagner III 0.1750% Working Interest

Tract 5: SW4 SE4 of Section 7-17S-30E (NM State Lease 7752)

- SEP Permian Holding Corp 32.1875% Working Interest
- EOG Resources, Inc. 22.3125% Working Interest
- Jere C. Hubbard Revocable Trust 17.5000% Working Interest
- Samson Resources Company 16.4500% Working Interest
- High Sky No. 3 Ltd. 7.0000% Working Interest
- Aikman Brothers, LLC 3.1500% Working Interest
- Tamerisk Partners 0.8750% Working Interest
- C.R. Winkler 0.3500% Working Interest
- Duer Wagner III 0.1750% Working Interest

Tract 6: SE4 SE4 of Section 7-17S-30E (NM State Lease 7752)

- SEP Permian Holding Corp 32.1875% Working Interest
- EOG Resources, Inc. 22.3125% Working Interest
- Jere C. Hubbard Revocable Trust 17.5000% Working Interest
- Samson Resources Company 16.4500% Working Interest
- High Sky No. 3 Ltd. 7.0000% Working Interest
- Aikman Brothers, LLC 3.1500% Working Interest
- Tamerisk Partners 0.8750% Working Interest
- C.R. Winkler 0.3500% Working Interest
- Duer Wagner III 0.1750% Working Interest

RECAPITULATION

Tract Number	Number of Acres Committed	Percentage of Interest in Unit
1	80	25.00%
2	80	25.00%
3	40	12.50%
4	40	12.50%
5	40	12.50%
6	40	12.50%
TOTAL	320	100.00%

Owners	Consolidated Working Interest
ConocoPhillips Company	12.50%
EOG Resources, Inc.	22.98%
Great Western Drilling Company	4.03%
Davoil Oil & Gas Limited Partnership	2.22%
SEP Permian Holding Corp	20.12%
Jere C. Hubbard Revocable Trust	13.13%
Samson Resources Company	12.34%
High Sky No. 3 Ltd.	5.25%
Aikman Brothers, LLC	2.36%
Tamerisk Partners	0.66%
C.R. Winkler	0.26%
Duer Wagner III	0.13%
D. Lloyd Henderson, et ux	1.88%
Rhodes Interests, Ltd.	1.88%
Josephine Freede, et al	0.27%
Total	100.00%

Leasehold Interest:

<u>Owner</u>	<u>Address</u>
SEP Permian Holding Corp	9655 Katy Freeway, Ste. 500, Houston, Texas 77024
ConocoPhillips Company	600 W. Illinois Avenue, Midland, Texas 79701
EOG Resources, Inc.	104 South 4th Street, Artesia, New Mexico 88210
Great Western Drilling Company	P.O. Box 1659, Midland, Texas 79702
Davoil Oil & Gas Limited Partnership	P.O. Box 122269, Fort Worth, Texas 76121
Jere C. Hubbard Revocable Trust	1604 Gulf Avenue, Midland, Texas 79705
Samson Resources Company**	Two West Second Street, Tulsa, Oklahoma 74103
High Sky No. 3 Ltd.	2201 Civic Circle, Ste. 509, Amarillo, Texas 79109
Aikman Brothers, LLC	2201 Civic Circle, Ste. 509, Amarillo, Texas 79109
Tamerisk Partners**	P.O. Box 448, Nevada, Texas 75173-0448
C.R. Winkler	2201 Civic Circle, Ste. 509, Amarillo, Texas 79109
Duer Wagner III	1902 Spanish Trail, Fort Worth, Texas 76107
D. Lloyd Henderson and wife, Jean E. Henderson	332 San Saba Street, Meadowlakes, Texas 78654-7009
Rhodes Interests, Ltd.	110 W. Louisiana Avenue, St. 200, Midland, Texas 79701
Josephine Freede, individually and as Personal Representative of the Estate of H.J. Freede	430 NW 13th Street, Oklahoma City, Oklahoma 73103
Parties being pooled are highlighted	**Unlocatable

Overriding Royalty Interests:

1. Heirs of Kate G. Lowrey, dec.
2. Mary Carolyn Johnson, SSP
3. RRA Minerals, LLC
4. Root Family Holdings, LLC
5. Estate of Eugene E. Nearburg, deceased, et al
6. COG Operating LLC
7. TCW DR II Royalty Partnership
8. Leland Price, Inc.
9. The Wheatley Family Trust u/t/a dated 2/12/1990
10. Abbe Kanner, SSP
11. Fred O. McDowell and Platform Energy III, LLC
12. Claire J. Carter, SSP
13. Dr. John N. Brentwood, SSP
14. Barbara Brentwood McCahen, SSP
15. The Brentwood Revocable Living Trusts
16. John Bedingfield, SSP
17. Rhodes Interests, Ltd.
18. D. Lloyd Henderson and wife, Jean E. Henderson
19. Josephine Freede
20. Estate of HJ Freede, Dec
21. John W. Gates, SSP
22. Robert B. Gates, SSP
23. Wallace S. Gates, SSP
24. Peter N. Maxwell, SSP
25. Jonathan V. Maxwell, SSP

26. David L. Maxwell, SSP
27. Susan M. Shope, SSP
28. Robert Morely Irish, SSP
29. Nancy Helen Castillo, SSP
30. Kenneth William Irish, SSP
31. Mary Carolyn Johnson, SSP
32. Concho Oil & Gas LLC
33. Joanna L. McDermott
34. Michael McDowell, MSU
35. Gates Properties, Ltd.
36. Rusell Sanford Gates
37. William Allen Gates



December 22, 2020

ConocoPhillips Company
Attn: Wyn E. McCubbin
925 N. Eldridge Pkwy.
Houston, Texas 77079

RE: Well Proposal
Merak 7 Federal 70H
South-half (S/2) of Section 7, Township 17 South, Range 30 East
Eddy County, New Mexico

Dear Working Interest Owner,

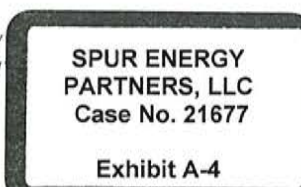
SEP Permian Holding Corp (“Spur”), an affiliate of Spur Energy Partners LLC, hereby proposes to drill and complete the **Merak 7 Federal 70H** well to the approximate total vertical depth as referenced below as a horizontal Yeso well (the “Subject Well”) at the following proposed location (subject to change upon staking and survey).

Merak 7 Federal 70H well – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 895’ FSL & 1060’ FWL, Section 8, T17S-R30E
- Proposed Bottom Hole Location – 1265’ FSL & 50’ FWL, Section 7, T17S-R30E
- TVD: 5100’

Spur proposes to form a Drilling Spacing Unit (“DSU”) covering the S/2 of Section 7-T17S-R30E, Eddy County, New Mexico, containing 320 acres of land, more or less, from 5000 feet to the base of the 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 January 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 January 1, 2021
- S/2 of Section 7-T17S-R30E
- Limited in depth from 5000’ to the base of the Yeso formation
- 100%/300%/300% non-consenting penalty
- \$7,000/\$700 drilling and producing monthly overhead rate
- Spur Energy Partners LLC named as Operator



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

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

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 7-17S-30E, 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 7-17S-30E, 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 well.

Please indicate your elections as to the Subject Well 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

Merak 7 Federal 70H

Owner: ConocoPhillips Company

WI Decimal: 0.1250

_____ **Option 1)** *The undersigned elects to participate in the drilling and completion of the Merak 7 Federal 70H well and agrees to the formation of the DSU and to the terms of the NJOA as detailed in this proposal, with the cost and maintenance of all surface facilities, including any shared well pads, being reapportioned between each well drilled in the DSU.*

_____ **Option 2)** *The undersigned elects not to participate in the drilling and completion of the Merak 7 Federal 70H.*

Should you elect to participate, please also indicate your Well Insurance election below. If you elect to obtain individual Well Insurance coverage, please provide Spur with a copy of your Certificate of Insurance.

Well Insurance:

_____ *The undersigned requests Well Insurance coverage provided by Spur Energy Partners.*

_____ *The undersigned elects to obtain individual Well Insurance coverage.*

Agreed to and Accepted this _____ day of _____, 2020.

Company/Individual: _____

By: _____

Name: _____

Title: _____

Term Assignment Option

Owner: ConocoPhillips Company

WI Decimal: 0.1250

_____ *The undersigned hereby elects to assign their working interest in the S/2 of Section 7, T17S-R30E, 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

Owner: ConocoPhillips Company

WI Decimal: 0.1250

_____ *The undersigned hereby elects to assign their working interest in the S/2 of Section 7, T17S-R30E, 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).*

Agreed to and Accepted this _____ day of _____, 2020.

Company/Individual: _____

By: _____

Name: _____

Title: _____

SEP Permian LLC
AUTHORITY FOR EXPENDITURE

AFE NO.:	C20027		COMPANY
AFE DESC.:	MERAK 7 FEDERAL 70H		DIVISION
DATE:	12/21/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS		20,000.00	0.00		20,000.00	
TOTAL:		20,000.00	0.00		20,000.00	
LOCATION/DAMAGES-LAND		10,000.00	0.00		10,000.00	
TOTAL:		10,000.00	0.00		10,000.00	
TITLE WORK/OPINIONS - LAND		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		51,000.00	0.00		51,000.00	
TOTAL:		51,000.00	0.00		51,000.00	
DRILLING RENTALS: SUBSURFACE		25,000.00	0.00		25,000.00	
TOTAL:		25,000.00	0.00		25,000.00	
DRILL MUD & COMPL FLUID		30,000.00	0.00		30,000.00	
TOTAL:		30,000.00	0.00		30,000.00	
WELLSITE SUPERVISION		38,750.00	0.00		38,750.00	
TOTAL:		38,750.00	0.00		38,750.00	
GROUND TRANSPORT		9,000.00	0.00		9,000.00	
TOTAL:		9,000.00	0.00		9,000.00	
CONTRACT DRILLING (DAY RATE/TUF		191,000.00	0.00		191,000.00	
TOTAL:		191,000.00	0.00		191,000.00	
DIRECTIONAL TOOLS AND SERVICES		129,000.00	0.00		129,000.00	
TOTAL:		129,000.00	0.00		129,000.00	
FLUID & CUTTINGS DISPOSAL		45,000.00	0.00		45,000.00	
TOTAL:		45,000.00	0.00		45,000.00	
FRAC TANK RENTALS		250.00	0.00		250.00	
TOTAL:		250.00	0.00		250.00	
BITS		44,000.00	0.00		44,000.00	
TOTAL:		44,000.00	0.00		44,000.00	
COMPANY LABOR		5,000.00	0.00		5,000.00	
TOTAL:		5,000.00	0.00		5,000.00	
FUEL, WATER & LUBE		48,500.00	0.00		48,500.00	
TOTAL:		48,500.00	0.00		48,500.00	
CEMENT		35,000.00	0.00		35,000.00	
TOTAL:		35,000.00	0.00		35,000.00	
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		30,000.00	0.00		30,000.00	
TOTAL:		30,000.00	0.00		30,000.00	
MUD LOGGER		12,500.00	0.00		12,500.00	
TOTAL:		12,500.00	0.00		12,500.00	
MOB/DEMOB RIG		13,500.00	0.00		13,500.00	
TOTAL:		13,500.00	0.00		13,500.00	
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		78,250.00	0.00		78,250.00	
TOTAL:		78,250.00	0.00		78,250.00	
SURFACE CASING		13,000.00	0.00		13,000.00	
TOTAL:		13,000.00	0.00		13,000.00	
INTERMEDIATE CASING		24,000.00	0.00		24,000.00	
TOTAL:		24,000.00	0.00		24,000.00	
PRODUCTION/LINER CASING		205,000.00	0.00		205,000.00	
TOTAL:		205,000.00	0.00		205,000.00	
CONDUCTOR PIPE		20,000.00	0.00		20,000.00	

SEP Permian LLC
AUTHORITY FOR EXPENDITURE

AFE NO.:	C20027	OPERATOR:	COMPANY
AFE DESC:	MERAK 7 FEDERAL 70H		DIVISION
DATE:	12/21/2020		
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

	TOTAL:	20,000.00	0.00	20,000.00
WELLHEAD		19,000.00	0.00	19,000.00
	TOTAL:	19,000.00	0.00	19,000.00
LINER HANGER/CASING ACCESSORY		25,000.00	0.00	25,000.00
	TOTAL:	25,000.00	0.00	25,000.00
EQUIP RENT		44,000.00	0.00	44,000.00
	TOTAL:	44,000.00	0.00	44,000.00
RENTALS: SURFACE IRON		65,000.00	0.00	65,000.00
	TOTAL:	65,000.00	0.00	65,000.00
DRILLING RENTALS: SUBSURFACE		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
DRILL MUD & COMPL FLUID		275,000.00	0.00	275,000.00
	TOTAL:	275,000.00	0.00	275,000.00
WELLSITE SUPERVISION		46,250.00	0.00	46,250.00
	TOTAL:	46,250.00	0.00	46,250.00
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		25,000.00	0.00	25,000.00
	TOTAL:	25,000.00	0.00	25,000.00
CASED HOLE WIRELINE		82,000.00	0.00	82,000.00
	TOTAL:	82,000.00	0.00	82,000.00
FRAC PLUGS		44,000.00	0.00	44,000.00
	TOTAL:	44,000.00	0.00	44,000.00
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		47,000.00	0.00	47,000.00
	TOTAL:	47,000.00	0.00	47,000.00
STIMULATION AND PUMPING SERVIC		300,000.00	0.00	300,000.00
	TOTAL:	300,000.00	0.00	300,000.00
PROPPANT		150,000.00	0.00	150,000.00
	TOTAL:	150,000.00	0.00	150,000.00
FUEL, WATER & LUBE		120,000.00	0.00	120,000.00
	TOTAL:	120,000.00	0.00	120,000.00
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		51,500.00	0.00	51,500.00
	TOTAL:	51,500.00	0.00	51,500.00
KILL TRUCK		2,500.00	0.00	2,500.00
	TOTAL:	2,500.00	0.00	2,500.00
COIL TUBING, SNUBBING, NITRO SVC		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
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		17,500.00	0.00	17,500.00
	TOTAL:	17,500.00	0.00	17,500.00
MISC INTANGIBLE FACILITY COSTS		5,000.00	0.00	5,000.00
	TOTAL:	5,000.00	0.00	5,000.00
CONTRACT LABOR - AUTOMATION		5,750.00	0.00	5,750.00
	TOTAL:	5,750.00	0.00	5,750.00
EQUIPMENT RENTALS		3,750.00	0.00	3,750.00

SEP Permian LLC
AUTHORITY FOR EXPENDITURE

AFE NO.:	C20027	COMPANY	
AFE DESC:	MERAK 7 FEDERAL 70H	DIVISION	
DATE:	12/21/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

	TOTAL:	3,750.00	0.00	3,750.00
FREIGHT & HANDLING		3,750.00	0.00	3,750.00
	TOTAL:	3,750.00	0.00	3,750.00
CONTRACT LABOR - ELECTRICAL		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
FACILITY CONSTRUCTION LABOR		45,000.00	0.00	45,000.00
	TOTAL:	45,000.00	0.00	45,000.00
BITS		1,000.00	0.00	1,000.00
	TOTAL:	1,000.00	0.00	1,000.00
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
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		44,250.00	0.00	44,250.00
	TOTAL:	44,250.00	0.00	44,250.00
TUBING HEAD/XMAS TREE		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
VESSELS		41,750.00	0.00	41,750.00
	TOTAL:	41,750.00	0.00	41,750.00
ELECTRICAL - OVERHEAD & TRANSF		12,500.00	0.00	12,500.00
	TOTAL:	12,500.00	0.00	12,500.00
LACT		18,750.00	0.00	18,750.00
	TOTAL:	18,750.00	0.00	18,750.00
AUTOMATION METERS, SENSORS, V/		23,750.00	0.00	23,750.00
	TOTAL:	23,750.00	0.00	23,750.00
MISC FITTINGS & SUPPLIES		20,000.00	0.00	20,000.00
	TOTAL:	20,000.00	0.00	20,000.00
PUMPS & PUMP SUPPLIES		7,500.00	0.00	7,500.00
	TOTAL:	7,500.00	0.00	7,500.00
MISC TANGIBLE FACILITY COSTS		2,500.00	0.00	2,500.00
	TOTAL:	2,500.00	0.00	2,500.00
TANKS (OIL & WATER)		43,750.00	0.00	43,750.00
	TOTAL:	43,750.00	0.00	43,750.00
CONTAINMENT		15,000.00	0.00	15,000.00
	TOTAL:	15,000.00	0.00	15,000.00
PIPING		12,500.00	0.00	12,500.00
	TOTAL:	12,500.00	0.00	12,500.00
ELECTRICAL - FACILITY		61,250.00	0.00	61,250.00
	TOTAL:	61,250.00	0.00	61,250.00
TOTAL THIS AFE:		3,195,250.00	0.00	3,195,250.00

Merak - Deep		
<u>Entity</u>	<u>Comments</u>	<u>Ownership %</u>
Aikman Brothers, LLC	NJOA provided for review. Provided estimated WI/NRI when requested. As of 5/12/2021, we have not received signed NJOA or election response.	2.360000%
C.R. Winkler	Rec'd Proposal on 12/28/2020. Have not received any response.	0.260000%
ConocoPhillips Company	Business Development is working with COPC on deal.	12.500000%
D. Lloyd Henderson, et ux	Elected to sell interest. Performing due diligence to assure ownership is correct.	1.880000%
Davoil Oil & Gas Limited Partnership	Works closely with Great Western Drilling - will do whatever they elect to do. Provided NJOA but has not signed.	2.220000%
Duer Wagner III	Provided answers to Landman's questions but have not rec'd election response or request for NJOA.	0.130000%
EOG Resources, Inc.	Business Development is working with EOG on deal.	22.980000%
Estate of H.J. Freede	Rec'd Proposal on 12/28/2020. Have not received any response.	0.270000%
Great Western Drilling Ltd.	Provided NJOA but has not signed.	4.030000%
High Sky No. 3 Ltd.	1.7.2021 Emailed proposal to Tere Anderson. Have not received any response or election since.	5.250000%
Jere C. Hubbard Revocable Trust	Reviewing NJOA but have not rec'd election or signed NJOA	13.130000%
Rhodes Interests, Ltd.	Reviewing NJOA but have not rec'd election or signed NJOA	1.880000%
Samson Resources Company	Undeliverable - Proposal was returned when mailed to 2 W. 2nd Street, Tulsa, OK 74103-3103	12.340000%
Tamerisk Partners	Undeliverable - Proposal was returned when mailed to 6500 West Fwy. #222, Fort Worth, TX 76116. Call number provided (972-843-4301) but did not get an answer	0.660000%
SEP Permian	N/A	20.120000%



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

February 2, 2021

VIA CERTIFIED MAIL

TO ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Spur Energy/New Mexico Oil Conservation Division Application,
NMOCD Case No. 21677

Sir/Madam:

Enclosed is a copy of an application that Spur Energy Partners, LLC ("Spur") has filed with the New Mexico Oil Conservation Division ("the Division").

Spur seeks an order pooling all uncommitted mineral interests in the Yeso formation (from the stratigraphic equivalent of 5,000' MD to 6,341' MD as observed on the Anderson-Federal 1 well Schlumberger Sidewall Neutron Porosity Log (API No. 30-015-20565)) in a 315-acre, more or less, standard (proximity tract) horizontal spacing unit comprised of the S/2 of Section 7, Township 17 South, Range 30 East in Eddy County, New Mexico.

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 March 4, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. You are not required to attend the hearing, but as an owner of an interest that may be affected by Spur's application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record, you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, February 25, 2021. The Pre-Hearing Statement must be filed with the Division and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

**SPUR ENERGY
PARTNERS, LLC
Case No. 21677**

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

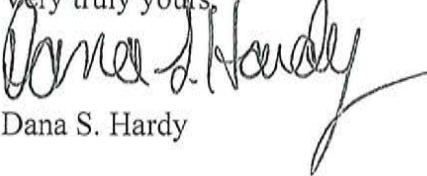
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

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

February 2, 2021
Page 2

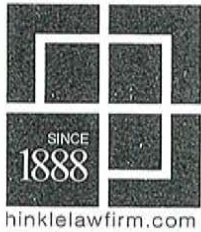
Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Dana S. Hardy". The signature is written in a cursive style with a long, sweeping tail that extends to the right.

Dana S. Hardy

Enclosure



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

March 9, 2021

VIA CERTIFIED MAIL

Marathon Oil Permian, LLC
5555 San Felipe Street
Houston, TX 77056

Re: Ridge Runner Resources Operating, LLC/New Mexico Oil Conservation Division
Application, NMOCD Case No. 21766

Sir/Madam:

Enclosed is an application that Ridge Runner Resources Operating, LLC has filed with the New Mexico Oil Conservation Division ("the Division").

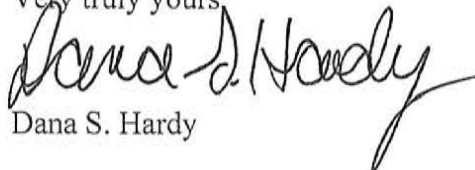
Applicant applies for an order pooling all uncommitted mineral interests in the Bone Spring formation in a 240-acre, more or less, standard horizontal spacing unit comprised of the W/2 W/2 of Section 36 and the W/2 SW/4 of Section 25, Township 20 South, Range 35 East in Lea County, New Mexico.

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 April 8, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. You are not required to attend the hearing, but as an owner of an interest that may be affected by the application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record, you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, April 1, 2021. The Pre-Hearing Statement must be filed with the Division and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,


Dana S. Hardy

Enclosure

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

7020 0640 0000 0303 0788

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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
 \$ _____

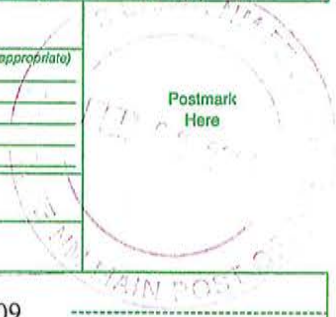
Total Postage and Fees
 \$ _____

Sent To: Aikman Brothers, LLC

Street: 2201 Civic Circle, Ste 509

City: Amarillo, Texas 79109

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"/> <u>Mr Anderson</u> <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: <u>Aikman Brothers, LLC</u> <u>2201 Civic Circle, Ste. 509</u> <u>Amarillo, TX 79109</u></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"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) <u>7020 0640 0000 0303 0788</u></p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



7020 0640 0000 1403 8667

CERTIFIED MAIL® RECEIPT	
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For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<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 Bedingfield, SSP	
1002 W. Dallas Avenue	
Artesia, New Mexico 88210-1806	
City, State, ZIP+4® _____	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>John Bedingfield, SSP 1002 W. Dallas Avenue Artesia, New Mexico 88210-1806</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 1403 8667</p>	<p>A. Signature</p> <p>X <i>[Signature]</i> <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>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)																	

CERTIFIED MAIL® RECEIPT

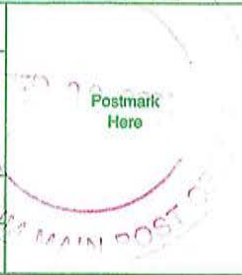
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OFFICIAL USE

7020 0640 0000 1403 8490

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 Bedingfield, SSP
 Street or PO Box 1002 W. Dallas Avenue
 City, State, ZIP+4® Artesia, New Mexico 88210-1806

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 <i>John Bedingfield</i> <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 Bedingfield, SSP 1002 W. Dallas Avenue Artesia, New Mexico 88210-1806</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 mailpiece)</p> <p>7020 0640 0000 1403 8490</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: Nancy Helen Castillo, SSP

Stre: 1108 Dahlia Court

City: Calexico, California 92231

City:

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

See Reverse for Instructions



7020 0640 0000 0303 0993

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:

Nancy Helen Castillo, SSP
1108 Dahlia Court
Calexico, California 92231



9590 9402 5941 0062 9776 55

2. Article Number (transfer from service label)

7020 0640 0000 0303 0993

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *N. Castillo*

Agent

Addressee

B. Received by (Printed Name)

Ann M22 Cse

C. Date of Delivery

Aug 31

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

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 COG Operating LLC
 Street: 600 W. Illinois Avenue
 Midland, Texas 79701
 City, St _____

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

7020 0640 0000 0303 1006

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:

COG Operating LLC
 600 W. Illinois Avenue
 Midland, Texas 79701



9590 9402 5941 0062 9778 91

2. Article Number (Transfer from service label)

7020 0640 0000 0303 1006

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) Christy Murry
 C. Date of Delivery 2-8-21
 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

7020 0640 0000 1403 8643

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 \$ _____

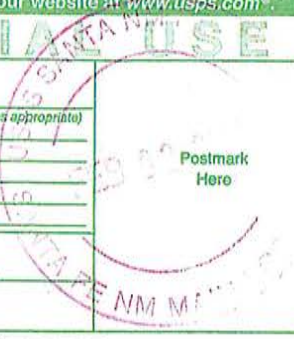
Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To Concho Oil & Gas LLC
 Street at 600 W. Illinois Avenue
 Midland, Texas 79701
 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.

Concho Oil & Gas LLC
 600 W. Illinois Avenue
 Midland, Texas 79701



9590 9402 5941 0062 9776 24

2. Article Number (Transfer from service label)

7020 0640 0000 1403 8643

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Chris Murry Agent Addressee

B. Received by (Printed Name) Chris Murry

C. Date of Delivery 2-8-21

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

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

Domestic Return Receipt

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
\$ _____



Sen^r ConocoPhillips Company
 Attn: Wyn E. McCubbin
 925 N. Eldridge Pkwy.
 Houston, TX 77079

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

7020 0640 0000 0303 0801

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:

ConocoPhillips Co.
 Attn: Wyn E. McCubbin
 925 N. Eldridge Pkwy.
 Houston, TX 77079



9590 9402 5941 0062 9628 28

2. Article Number (Transfer from service label)

7020 0640 0000 0303 0801

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X) *Jackie Turner*

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

Jackie Turner 2/8/11

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 (over \$500)

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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OFFICIAL USE

7020 0640 0000 0303 0849

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Postage and Fees		
\$		
Sent To EOG Resources, Inc.		
Street a 104 South 4 th Street		
City, St Artesia, NM 88210		
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"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Nancy Hernandez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>2/5/21</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: EOG Resources, Inc. 104 South 4th Street Artesia, NM 88210</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) 7020 0640 0000 0303 0849</p>																	



9590 9402 5941 0062 9627 81

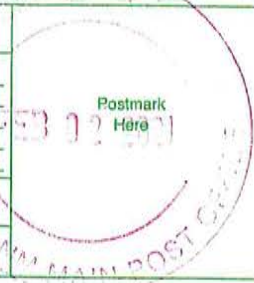
7020 0640 0000 1403 8438

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Domestic Mail Only

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

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



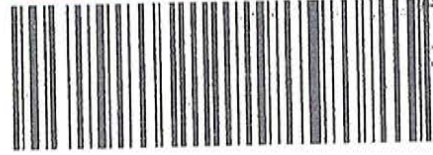
Postage	
\$	
Total Postage and Fees	
\$	

Sent To	FIRST NATIONAL BANK OF ARTESIA, NM, Agent for Abbe Kanner, SSP
Street and	2001 West Main Street
City, State	Artesia, New Mexico 88210

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

CERTIFIED MAIL®

J.E SHANOR LLP
ATTORNEYS AT LAW
OFFICE BOX 2068
E. NEW MEXICO 87504



ALBUQUERQUE NM 870

2 FEB 2021 PM 2 L



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 006.96
0000913767 FEB 02 2021
MAILED FROM ZIP CODE 87504

7020 0640 0000 1403 8438

First National Bank of Artesia, NM, Agent
for Abbe Kanner, SSP
2001 West
Artesia, NM

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

0000913767

0000913767
04559473068
0000-07190
0000-04277-02-42

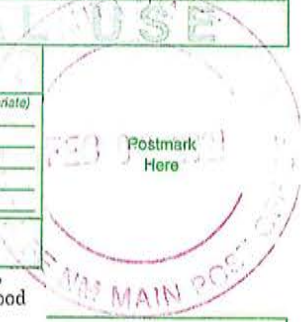
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

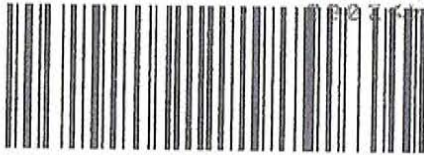
7020 0640 0000 1403 8476

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	\$
Total P First National Bank of Artesia, NM, Agent for Barbara Bentwood	
Sent To McCahen, SSP	
2001 West Main Street	
Artesia, New Mexico 88210	
City, St.	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



CERTIFIED MAIL®

JE SHANOR LLP
ORNEYS AT LAW
OFFICE BOX 2068
E. NEW MEXICO 87504



ALBUQUERQUE NM 870

2 FEB 2021 PM 3:11



7020 0640 0000 1403 8476

NIXIE 750 FE 1 8882/09/21
 RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 BC: 87504286368 *8668-02182-02-42
 88210

832182048248

88210-371901



7020 0640 0000 1403 8445

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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: **FIRST National Bank of Artesia**
 NM, Agent for Fred O. McDowell
 and Platform Energy III, LLC

Street and P.O. Box: **P.O. Box 2078**

City, State: **Abilene, Texas 79604**

PS Form 3811, July 2015 PSN 7630-02-000-9053

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:

First National Bank of Artesia, NM, Agent
 for Fred O. McDowell and Platform Energy
 III, LLC
 P.O. Box 2078
 Abilene, Texas 79604



2. Article Number (Transfer from service label)

7020 0640 0000 1403 8445

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name) **Brandi Hartzfeld**

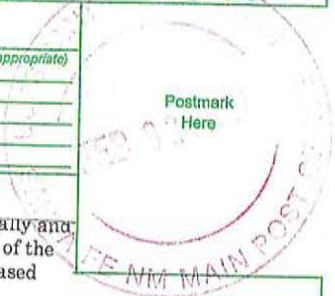
C. Date of Delivery **2/12**

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)

7020 0640 0000 1403 8520

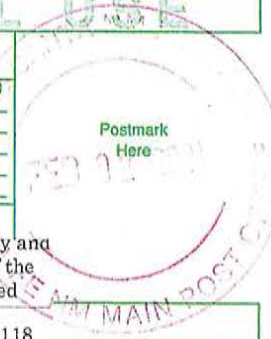
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total	\$ _____
Sent to: Josephine Freede, Individually and as Personal Representative of the Estate of H.J. Freede, Deceased	
Street	430 NW 13th Street
City, State	Oklahoma City, Oklahoma 73103
PS Form 3811, July 2015 PSN 7530-02-000-9053 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><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Josephine Freede, Individually and as Personal Representative of the Estate of H.J. Freede, Deceased 430 NW 13th Street Oklahoma City, Oklahoma 73103</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 checked="" 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>7020 0640 0000 1403 8520</p>	

7020 0640 0000 1403 8537

CERTIFIED MAIL® RECEIPT	
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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<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	\$ _____
Sent To	Josephine Freede, Individually and as Personal Representative of the Estate of H.J. Freede, Deceased
Street and #	316 NW 39 th Street
City, State, ZIP+4®	Oklahoma City, Oklahoma 73118
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>X</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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Josephine Freede, Individually and as Personal Representative of the Estate of H.J. Freede, Deceased 316 NW 39th Street Oklahoma City, Oklahoma 73118</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>
<p>2. 7020 0640 0000 1403 8537</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt



7020 0640 0000 1403 8698

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

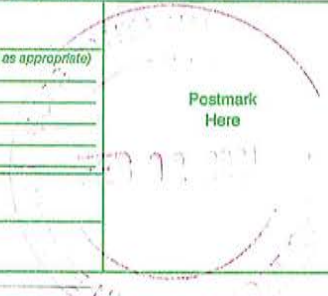
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To: Gates Properties, Ltd.
 Street: c/o Nada Gates
 P.O. Box 81119
 City: Midland, Texas 79708

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>Karen Gates</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Karen Gates</i> <i>2-6-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>Gates Properties, Ltd. c/o Nada Gates P.O. Box 81119 Midland, Texas 79708</p> <p>9590 9402 5941 0062 9775 70</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>7020 0640 0000 1403 8698</p>																	

7020 0640 0000 1403 8681

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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 \$ _____

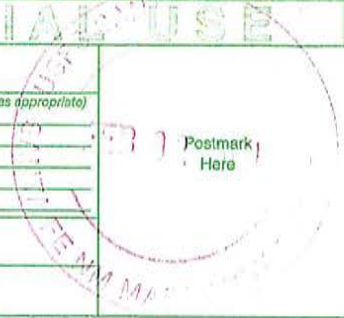
Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
John W. Gates, LLC
Street: c/o Margaret J. Gates
706 W. Grand Avenue
City, St: Artesia, New Mexico 88210-1935

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>John W. Gates, LLC c/o Margaret J. Gates 706 W. Grand Avenue Artesia, New Mexico 88210-1935</p>	<p>A. Signature <input checked="" type="checkbox"/> Margaret J. Gates <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MARGARET J. GATES</p> <p>C. Date of Delivery 2/08/21</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>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 1403 8681</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

7020 0640 0000 1403 8544

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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 John W. Gates, SSP
 c/o Susan M. Shope
 Street and 34 Fairview Street
 City, State, Asheville, North Carolina 28803

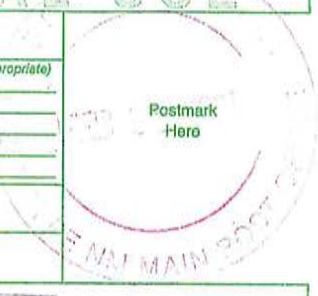
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
 FEB 02 2021

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 Addressee <i>Susan M. Shope</i></p> <p>B. Received by (Printed Name): <i>Susan M. Shope</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>John W. Gates, SSP c/o Susan M. Shope 34 Fairview Street Asheville, North Carolina 28803</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>9590 9402 5941 0062 9777 30</p> <p>2. Article Number (Transfer from service label) 7020 0640 0000 1403 8544</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>

7020 0640 0000 1403 8551

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: Robert B. Gates, SSP	
c/o Susan M. Shope	
Street: 34 Fairview Street	
City: Asheville, North Carolina 28803	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for instructions	

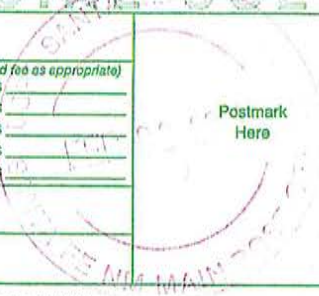


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><i>Susan M. Shope</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Susan M. Shope</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>Robert B. Gates, SSP c/o Susan M. Shope 34 Fairview Street Asheville, North Carolina 28803</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>
<p>2. Article Addressed to:</p> <p>7020 0640 0000 1403 8551</p>	



7020 0640 0000 1403 8704

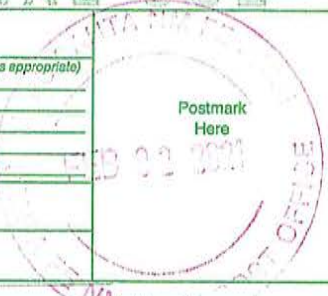
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return 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	
Russell Sanford Gates, MSU	
Street	23 Stafford Square
Boyertown, Pennsylvania 19512	
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</p> <p><input checked="" type="checkbox"/> <u>COVID 19</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>GATES</u> C. Date of Delivery <u>2/9/19</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Russell Sanford Gates, MSU 23 Stafford Square Boyertown, Pennsylvania 19512</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 back of mailpiece)</p> <p>7020 0640 0000 1403 8704</p>	

7020 0640 0000 1403 8568

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	wallace S. Gates, SSP
Street and	c/o Susan M. Shope
	34 Fairview Street
City, State	Asheville, North Carolina 28803
PS Form 3800, April 2015 PSN 7630-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Susan M. Shope</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. (Received by (Printed Name)) <i>Susan M. Shope</i> 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>Wallace S. Gates, SSP c/o Susan M. Shope 34 Fairview Street Asheville, North Carolina 28803</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>7020 0640 0000 1403 8568</p>	
<p>PS Form 3811, July 2015 PSN 7630-02-000-9053 Domestic Return Receipt</p>	



9590 9402 5941 0062 9777 16

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 \$

Postmark Here

Postage

\$

Total Postage and Fees

\$

Sent To

William Allen Gates, MSU

Street

208 Wren Drive

City

Greensburg, Pennsylvania 15601

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

See Reverse for Instructions

7020 0640 0000 1403 8711

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:

William Allen Gates, MSU
208 Wren Drive
Greensburg, Pennsylvania 15601



9590 9402 5741 0062 9775 32

2. Article Number (Transfer from service label)

7020 0640 0000 1403 8711

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *ML Cameron* Agent Addressee

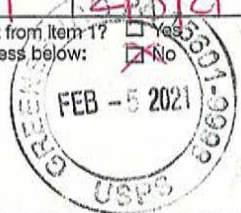
B. Received by (Printed Name)

Covid 19

C. Date of Delivery

2/5/21

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



3. Service Type

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

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

Domestic Return Receipt

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

Great Western Drilling Ltd.

Street or

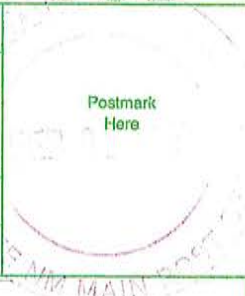
P.O. Box 1659

City, State

Midland, TX 79702

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

See Reverse for Instructions



7020 0640 0000 0303 0870

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>Carli Berry</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Carli Berry</i> C. Date of Delivery <i>2/8/21</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>
<p>1. Article Addressed to: Great Western Drilling Ltd. P.O. Box 1659 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) <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) 7020 0640 0000 0303 0870</p>	



9590 9402 5941 0062 9629 27

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

Domestic Return Receipt

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

\$

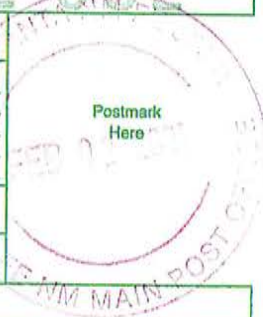
Total Postage and Fees

\$

Mr. D. Lloyd Henderson et ux

332 San Saba Street
Meadowlakes, TX 78654-7009

Cit



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

See Reverse for Instructions

7020 0640 0000 0303 0818

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:

D. Lloyd Henderson et ux.
332 San Saba Street
Meadowlakes, TX 78654-7009



9590 9402 5941 0062 9628 11

2. Article Number (Transfer from service label)

7020 0640 0000 0303 0818

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

D Henderson Agent Addressee

B. Received by (Printed Name)

D Henderson

C. Date of Delivery

2-8-21

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

7020 0640 0000 1403 8513

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 D. Lloyd Henderson et ux

Street Jean E. Henderson

332 San Saba Street

City, St Meadowlakes, Texas 78654-7009

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>X J Henderson</i></p> <p>B. Received by (Printed Name) <i>L Henderson</i></p> <p>C. Date of Delivery <i>2-6-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>D. Lloyd Henderson et ux Jean E. Henderson 332 San Saba Street Meadowlakes, Texas 78654-7009</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><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>
<p>2. Article Number (Barcode)</p> <p>9590 9402 5941 0062 9777 61</p> <p>7020 0640 0000 1403 8513</p>	

7020 0640 0000 0303 0887

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 High Sky No. 3 Ltd. Street c/o Dorchester Minerals Operating 3838 Oak Lawn Ave., Ste. 300 City, St. Dallas, TX 75219-4541	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

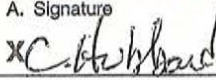
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <u>COVID-19</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>KT 936</u> C. Date of Delivery <u>02/06/20</u></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>1. Article Addressed to: High Sky No. 3 Ltd. c/o Dorchester Minerals Oper. 3838 Oak Lawn Ave., Ste. 300 Dallas, TX 75219-4541</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) 7020 0640 0000 0303 0887</p>																	

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

Domestic Return Receipt

7020 0640 0000 0303 0894

CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To: Jere C. Hubbard Rev. Trust Street: c/o Craig E. Hubbard 1604 Gulf Avenue City, State: Midland, TX 79705	
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</p> <p>B. Received by (Printed Name) C. Date of Delivery Jere C. Hubbard 2-6-21</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>1. Article Addressed to:</p> <p>Jere C. Hubbard Rev. Trust c/o Craig E. Hubbard 1604 Gulf Avenue Midland, TX 79705</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>7020 0640 0000 0303 0894</p>																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

7020 0640 0000 1403 8629

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 \$ _____

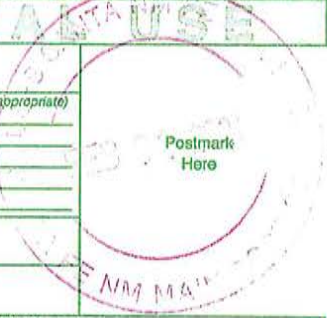
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

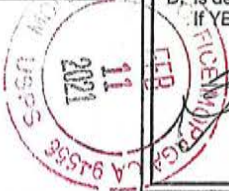
Total Postage and Fees \$ _____

Sent To Kenneth William Irish, SSP
Street or PO Box 227 Rheem Boulevard
City, State, ZIP+4® Moraga, California 94556

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</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Kenneth William Irish, SSP 227 Rheem Boulevard Moraga, California 94556</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>Barcode: 9590 9402 5941 0062 9776 48</p> <p>2. Article Number (Transfer from service label) 7020 0640 0000 1403 8629</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</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>



Signature of recipient: [Handwritten Signature]

7020 0640 0000 1403 8612

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: Robert Morley Irish, SSP	
Street	15155 Northwest Valley Road
City	Yamhill, Oregon 97148
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</p> <p>X <u>(Signature)</u> <u>OND19</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>(Signature)</u> <u>OND19</u> C. Date of Delivery <u>File</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Robert Morley Irish, SSP 15155 Northwest Valley Road Yamhill, Oregon 97148</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" 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>
<p>2. Article Number (Transfer from carrier label)</p> <p>9590 9402 5941 0062 9776 62</p> <p>7020 0640 0000 1403 8612</p>	

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Mary Carolyn Johnson, SSP
 Street 5208 Hawks Point Road
 City, St Indianapolis, Indiana 46226

Postmark Here

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

7020 0640 0000 1403 8636

CERTIFIED MAIL®

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



7020 0640 0000 1403 8636

ALBUQUERQUE NM 870
 2 FEB 2021 PM 3 L



Mary Carolyn Johnson, SSP
 5208 Hawks Point Road
 Indianapolis, Indiana 46226

NTXTE 487 OF 1 0000/20/0

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

UNC BC: 87504206808 *06668-07159-02-

482320-100008

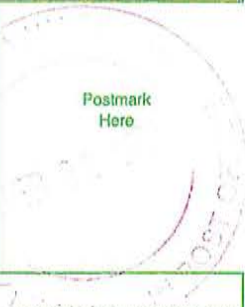
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

7020 0640 0000 0303 0948

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	\$

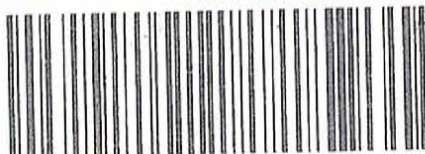


Sent To Mary Carolyn Johnson, SSP
 Street or PO Box 5208 Hawks Point Road
 City, State Indianapolis, Indiana 46226

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

CERTIFIED MAIL®

WINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
TAHLEAH, NEW MEXICO 87504



ALBUQUERQUE NM 870

2 FEB 2021 PM 2:1



7020 0640 0000 0303 0948

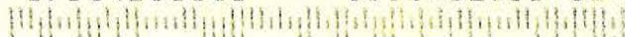
Mary Carolyn Johnson, SSP
5208 Hawks Point Road
Indianapolis, Indiana 46226

NTXTE 487 DF 1 0000/70/21

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

46226-14000
875042068

BC: 87504206868 *0568-01553-02-4



7020 0640 0000 0303 1020

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 \$ _____

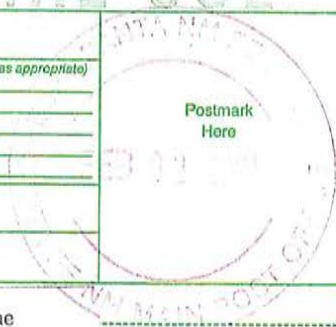
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

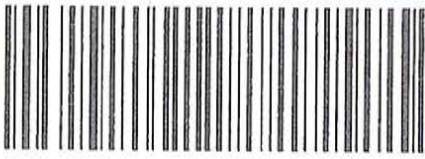
Sent To: Leland Price, Inc.
Street: 2107 W. Clayton Avenue
City, State: Artesia, New Mexico 88210

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



CERTIFIED MAIL®

LE SHANOR LLP
ATTORNEYS AT LAW
1000 OFFICE BOX 2068
ALBUQUERQUE, NEW MEXICO 87504



ALBUQUERQUE NM 870
2 FEB 2021 PM 2 L



UNITED STATES POSTAGE
METRE
02 1P
0000913767 FEB 02 2021
\$ 006.96
MAILED FROM ZIP CODE 87504

7020 0640 0000 0303 1020

Leland Price, Inc.
2107 W. Clayton Avenue
Artesia, New Mexico 88210

NIXIE 759 FEB 1 0852/09/21

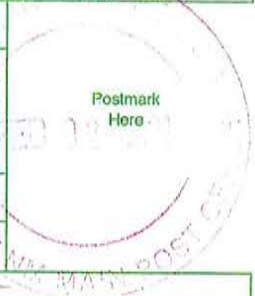
RETURN TO SENDER
ATTEMPTED NOT KNOWN
UNABLE TO FORWARD

9400922182040240

88210 ALBUQUERQUE NM 870 SC: 87504206868 *0568-02430-02-42
87504206868

7020 0640 0000 1403 8599

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For delivery information, visit our website at www.usps.com ®.	
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To David L. Maxwell, SSP	
2912 Grampian Drive	
Street Gastonia, North Carolina 28054	
City, St. S. S. S.	
PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>2-8-21</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>David L. Maxwell, SSP 2912 Grampian Drive Gastonia, North Carolina 28054</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>7020 0640 0000 1403 8599</p>																	

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

Domestic Return Receipt

7020 0640 0000 1403 8582

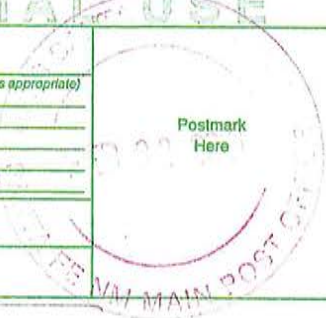
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return 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 Jonathan V. Maxwell, SSP 819 Plummer Drive Greensboro, North Carolina 27410	
Street and City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <u>FM C1031</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>C19</u> 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>Jonathan V. Maxwell, SSP 819 Plummer Drive Greensboro, North Carolina 27410</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
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9776 93</p> <p>7020 0640 0000 1403 8582</p>	

7020 0640 0000 1403 8575

CERTIFIED MAIL® RECEIPT	
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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<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 Peter N. Maxwell, SSP	
309 Frances Thacker	
Street at Williamsburg, Virginia 23185-8238	
City, Sta _____	
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 </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) For Maxwell</p> <p>C. Date of Delivery 2/16/14</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>Peter N. Maxwell, SSP 309 Frances Thacker Williamsburg, Virginia 23185-8238</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>7020 0640 0000 1403 8575</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt



9590 9402 5941 0062 9777 09

7020 0640 0000 1403 8650

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Certified Mail Fee \$ _____

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

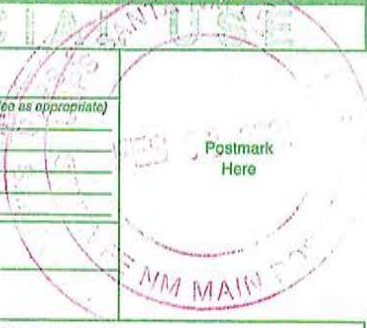
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted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

Postage \$ _____

Total Postage and Fees \$ _____

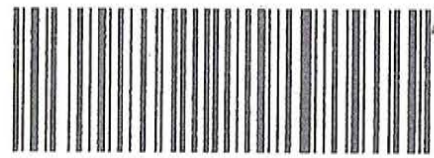
Sent To: Joanna L. McDermott
Street: 6625 E Cypress St
City, St: Scottsdale, Arizona 85257

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



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SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SCOTTSDALE, NEW MEXICO 87504



7020 0640 0000 1403 8650

ALBUQUERQUE NM 870

2 FEB 2021 PM 3 L



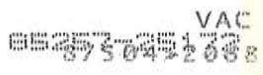
No
fwd

Joanna L. McDermott
6625 E Cypress St
Scottsdale, Arizona 85257

NIXIE 850 DE 1 8602/08/1

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

VAC
BC: 87504206868 *0668-07107-02-



7020 0640 0000 0303 0931

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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 \$ _____

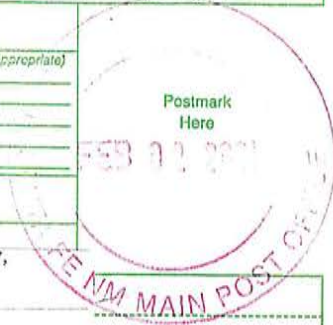
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

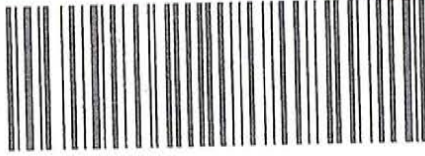
Sent To Heirs of Kate G. Lowrey,
deceased,
Possible Heir:
Street or Joanna L. McDermott
6625 E Cypress St
City, State Scottsdale, Arizona 85257

PS Form 3800, September 2015 Edition (PSN 7530-02-000-9001) See Reverse for Instructions



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INKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
ANTA FE, NEW MEXICO 87504



ALBUQUERQUE NM 870

2 FEB 2021 PM 3 L



7020 0640 0000 0303 0931

No fwd

Heirs of Kate G. Lowrey, deceased,
Possible Heir:
Joanna L. McDermott
6625 E Cyp
Scottsdale,

NIXIE 850 DE 1 0002/02
RETURN TO SENDER
VACANT
UNABLE TO FORWARD

VAC BC: 87504206868 *0668-07371-0
875042068

7020 0640 0000 1403 8674

CERTIFIED MAIL® RECEIPT	
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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To	
Street	Michael McDowell, MSU c/o Barbara W. McDowell 6 Blitzen Lane
City, St.	Shelton, Washington 98584-1286
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 <i>X Susan Dadds</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Susan Dadds</i></p> <p>C. Date of Delivery <i>FEB 10 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>Michael McDowell, MSU c/o Barbara W. McDowell 6 Blitzen Lane Shelton, Washington 98584-1286</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>9590 9402 5941 0062 9775 94</p> <p>7020 0640 0000 1403 8674</p>																	



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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

\$

Estate of Eugene E. Nearburg,

deceased, et al

Possible Heirs

Gretchen B. Nearburg

c/o Charles Nearburg

5447 Glen Lakes

Dallas, Texas 75231

PS Form

See Reverse for Instructions



7020 0640 0000 0303 0979

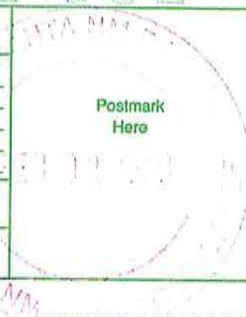
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Convier</i> <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: Est. of Eugene E. Nearburg, deceased, et al <u>Possible Heirs</u> Gretchen B. Nearburg c/o Charles Nearburg 5447 Glen Lakes Dallas, Texas 75231</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;">  9590 9402 5941 0062 9779 14 </div> <p>2. Article Number (Transfer from carrier label) 7020 0640 0000 0303 0979</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	


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7020 0640 0000 0303 0955

Certified Mail Fee	\$	 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To RKA Minerals, L.L.C.		
Street and c/o Ann Smith, manager		
2214 Toll Gate Road SE		
City, State, Huntsville, Alabama 35801-1833		
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  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) CIA RTW C. Date of Delivery 2/19</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>RRA Minerals, L.L.C. c/o Ann Smith, manager 2214 Toll Gate Road SE Huntsville, Alabama 35801-1833</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0955</p>																	

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OFFICIAL USE

7020 0640 0000 0303 0900

Certified Mail Fee

\$

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

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

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To Rhodes Interests, Ltd.

Street at 110 W. Louisiana Ave., Ste. 200

City, Sta Midland, TX 79701

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

See Reverse for Instructions

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1. Article Addressed to:

Rhodes Interests, Ltd.
110 W. Louisiana Ave., Ste. 200
Midland, TX 79701



9590 9402 5941 0062 9628 97

2. Article Number (Transfer from service label)

7020 0640 0000 0303 0900

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chloe Pichotta*

Agent

Addressee

B. Received by (Printed Name)

Chloe Pichotta

C. Date of Delivery

2/9/21

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

*PO Box 51790
Midland, TX 79710*

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
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- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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7020 0640 0000 1403 8506

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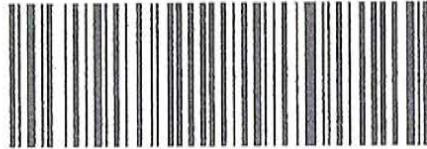
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To Rhodes Interests, Ltd.	
500 W. Texas Avenue, Suite 1190	
Street address	Midland, Texas 79701
City, State	

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



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 TORNEYS AT LAW
 OFFICE BOX 2068
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ALBUQUERQUE NM 870

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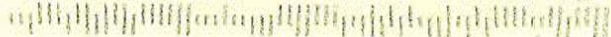
Rhodes Interests, Ltd.
 500 W. Texas Avenue, Suite 1190
 M

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RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

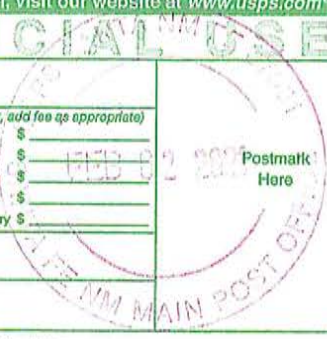
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BC: 87504206868 *0368-02591-02-42



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<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: Root Family Holdings, LLC	
Street: c/o Bryan J. Root	
13655 Duluth Drive	
City: Apple Valley, Minnesota 55124	
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</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <u>Melody Chaves</u></p> <p>C. Date of Delivery: <u>2/5/2021</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: Root Family Holdings, LLC c/o Bryan J. Root 13655 Duluth Drive Apple Valley, Minnesota 55124</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input 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>7020 0640 0000 1403 8742</p>	



9590 9402 5941 0062 9775 25

7020 0640 0000 0303 0917

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Samson Resources Company

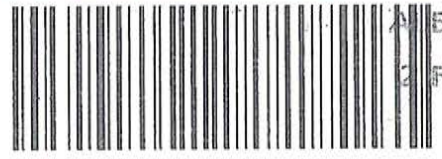
Street: Two West Second Street

City, St: Tulsa, OK 74103

PS Form 3800, April 2015 PSN 7530-02-000-9037 See Reverse for Instructions



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ATTORNEYS AT LAW
POST OFFICE BOX 2068
ANTA FE, NEW MEXICO 87504



BUQUERQUE NM 870
2 FEB 2021 PM 2 L



7020 0640 0000 0303 0917

*YN
2/24*

Samson Resources Company
Two West Second Street
Tulsa, OK 74103

NIXIE 731 FE 1 0002/20/

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
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BC: 87504206868 *0568-05496-02-

74100-010055
87504206868

7020 0640 0000 1403 8605

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Return Receipt (hardcopy) \$ _____

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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

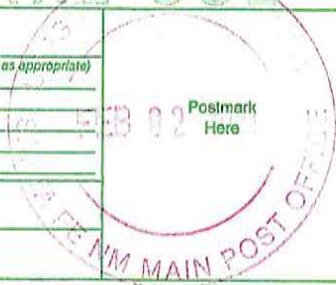
Adult Signature Restricted Delivery \$ _____


Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Susan M. Shope, SSP
 Street: 34 Fairview Street
 City: Asheville, North Carolina 28803

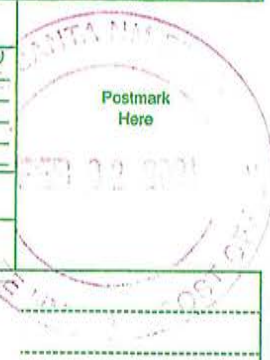
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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Susan M. Shope <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Susan M. Shope</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Susan M. Shope, SSP 34 Fairview Street Asheville, North Carolina 28803</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>9590 9402 5941 0062 9776 79</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" 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>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 1403 8605</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

7020 0640 0000 0303 0924

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Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To: Tamerisk Partners	
Street:	c/o Duer Wagner, Jr. Interests
	6500 West Fwy., #222
City, St:	Ft. Worth, TX 76116
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</p> <p><input checked="" type="checkbox"/> <i>Mary Muller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Tamerisk Partners c/o Duer Wagner, Jr. Interests 6500 West Fwy., #222 Ft. Worth, TX 76116</p>	<p>B. Received by (Printed Name)</p> <p><i>Mary Muller</i></p>	<p>C. Date of Delivery</p> <p><i>2-8-11</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>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0924</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 (over \$500)</p>	



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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent TCW DR II Royalty Partnership
 865 S. Figueroa Street, Ste 2100
 Los Angeles, California 90017

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

7020 0640 0000 0303 1013

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Article Addressed to:
 TCW DR II Royalty Partnership
 865 S. Figueroa Street, Suite 2100
 Los Angeles, California 90017



2. Article Number (Transfer from service label)
 7020 0640 0000 0303 1013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X *KMRT 1711*

B. Received by (Printed Name) C. Date of Delivery
KMRT 10-19 *2-5-21*

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

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Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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Registered Mail Restricted Delivery

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

Postage

\$ _____

Total Postage and Fees

\$ _____

Sent To Duer Wagner III

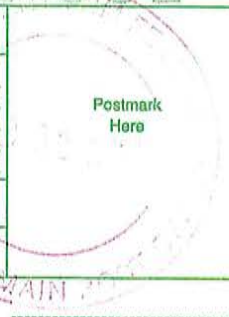
Street 1902 Spanish Trail

City, St Ft. Worth, TX 76107

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

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7020 0640 0000 0303 0832



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1. Article Addressed to:
Duer Wagner III
1902 Spanish Trail
Ft. Worth, TX 76107



9590 9402 5941 0062 9627 98

2. Article Number (Transfer from service label)

7020 0640 0000 0303 0832

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dmoffin C-19 Agent Addressee

B. Received by (Printed Name)

Dmoffin

C. Date of Delivery

7/6/21

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
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- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ _____

Total Postage and Fees
\$ _____

Send to: R. Winkler
 c/o Aikman Brothers, LLC
 2201 Civic Circle, Ste 509
 Dallas TX 79109

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"/> <u>Mr Anderson</u> <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>C.R. Winkler c/o Aikman Brothers, LLC 2201 Civic Circle, Ste. 509 Dallas, TX 79109</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) 7020 0640 0000 0303 0795</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 (over \$500)</p>

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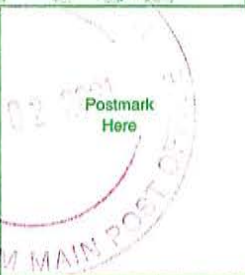
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Extra Services & Fees (check box, add fee as appropriate)

<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 Davoil Oil & Gas LP
Street P.O. Box 122269
City Ft. Worth, TX 76121

7020 0640 0000 0303 0825

Affidavit of Publication

Ad # 0004587020

This is not an invoice

HINKLE SHANOR LLP
218 MONTEZUMA

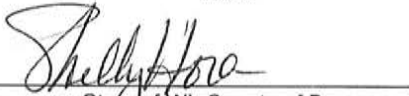
SANTA FE, NM 87501

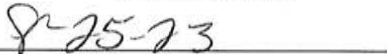
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements 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:

02/05/2021


Legal Clerk

Subscribed and sworn before me this February 5, 2021:


State of WI, County of Brown
NOTARY PUBLIC


My commission expires

This is to notify all interested parties, including Aikman Brothers, LLC, C.R. Winkler, Conoco Phillips Company, D. Lloyd Henderson, Davoil Oil & Gas LP, Duer Wagner III, EOG Resources, Inc., Josephine Freede, Great Western Drilling Ltd., High Sky No. 3 Ltd., Jere C. Hubbard Revocable Trust, Rhodes Interests, Ltd., Samson Resources Company, Tamerisk Partners, Joanna L. McDermott, Mary Carolyn Johnson, RRA Minerals, L.L.C., Root Family Holdings, LLC, Gretchen B. Nearburg, Mark Nearburg, COG Operating, LLC, TCW DR II Royalty Partnership, Leland Price, Inc., First National Bank of Artesia, NM, Agent for Richard W. Wheatley, Sarah E. Wheatley, Abbe Kanner, Fred O. McDowell, Platform Energy III, LLC, Claire J. Carter, Dr. John N. Brentwood, Barbara Bentwood McCahen, Richard W. Bentwood, Jean T. Bentwood, John Bedingfield, Rhodes Interests, Ltd., D. Lloyd Henderson, Jean E. Henderson, Josephine Freede, John W. Gates, Robert B. Gates, Wallace S. Gates, Peter N. Maxwell, Jonathan V. Maxwell, David L. Maxwell, Susan M. Shope, Robert Morley Irish, Nancy Helen Castillo, Kenneth William Irish, Mary Carolyn Johnson, Concho Oil & Gas LLC, Michael McDowell, John W. Gates, LLC, Gates Properties, Ltd., Russell Sanford Gates, William Allen Gates, 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. 21677). 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 March 4, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant seeks an order pooling all uncommitted mineral interests in the Yeso formation (from the stratigraphic equivalent of 5,000' MD to 6,341' MD as observed on the Anderson-Federal 1 well Schlumberger Sidewall Neutron Porosity Log (API No. 30-015-20565)) in a 315-acre, more or less, standard (proximity tract) horizontal spacing unit comprised of the S/2 of Section 7, Township 17 South, Range 30 East in Eddy County, New Mexico. The horizontal spacing unit will be dedicated to the Merak 7 Federal 70H well, which will be horizontally drilled from a surface location in Unit M of Section 8 to a bottom hole location in Lot 4 of Section 7. The completed interval of the well will be orthodox. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Spur Energy Partners, LLC as the operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well is located approximately 3 miles northwest of Loco Hills, New Mexico.

February 5, 2021

SHELLY HORA
Notary Public
State of Wisconsin

Ad # 0004587020

PO #: Deep
of Affidavits 1

This is not an invoice

SPUR ENERGY PARTNERS, LLC
Case No. 21677

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 NOS. 21677

SELF-AFFIRMED STATEMENT OF
C.J. LIPINSKI

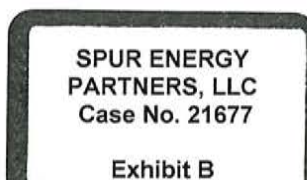
1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.

2. I am a geologist at Spur Energy Partners, LLC ("Spur"). I am familiar with the geological matters that pertain to Spur's application.

3. I previously testified before the New Mexico Oil Conservation Division as an expert witness in petroleum geology matters and my credentials as an expert petroleum geologist have been accepted by the Division and made a matter of record.

4. The Anderson-Federal 1 well Schlumberger Sidewall Neutron Porosity Log (API No. 30-015-20565) shows the top of the pool/top of the Yeso at 4,225' measured depth, and bottom of the pool/base of the Yeso at 6,341' measured depth.

5. **Exhibit B-1** is a location map that I prepared for the proposed horizontal spacing unit ("HSU") and shows the proposed **Merak 7 Federal 70H** well ("Well") with a black line. This exhibit 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 the targeted intervals, are of good quality, and are representative of the geology in the area. Offset Glorieta/Yeso producers are shown with purple squares.



6. **Exhibit B-2** is a structure map for the top of the Glorieta formation, which also reflects the surrounding area in Eddy County in relation to the HSU. The contour interval is 25 feet. The Well is depicted with a black line and I have identified the bottom hole location. The map demonstrates the formation is gently dipping to the east in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

7. **Exhibit B-3** is a structural cross-section using the representative wells identified on **Exhibit B-1**. It contains gamma ray, resistivity and porosity logs. The landing zone for the Well is labeled on the exhibit. This exhibit also shows a depth severance in a red dotted line at 5,000 feet. The cross-section demonstrates the target interval within the Yeso formation is continuous across the HSU.

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

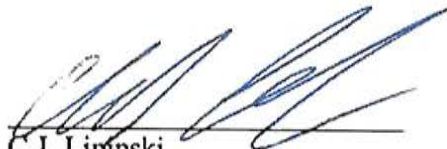
9. In my opinion, a laydown orientation for the Well is appropriate for the proper exploitation of subject acreage because of consistent rock properties throughout the spacing unit and the lack of preferred fracture orientation in this portion of the trend.

10. Based on my geologic study of the area, the targeted interval within the Yeso formation underlying the subject areas and subject 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 Well.

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

12. Exhibits B-1 through B-4 attached hereto were either prepared by me or under my supervision or were compiled from company business records.

13. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 12 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

5/17/21
Date

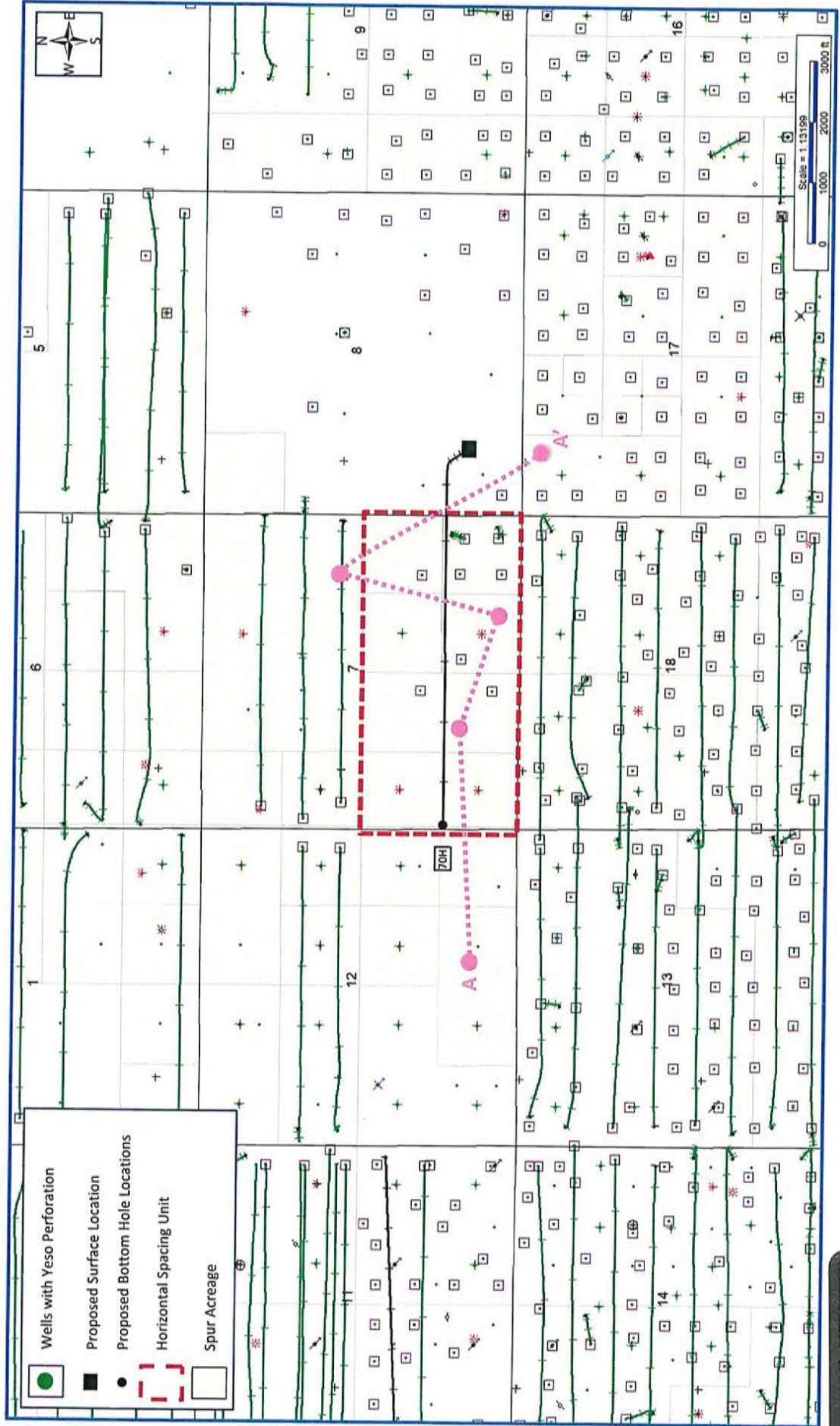
12. **Exhibits B-1** through **B-4** attached hereto were either prepared by me or under my supervision or were compiled from company business records.

13. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 12 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

Date

Exhibit B-1: Merak 7 Federal Basemap (Case No. 21677)

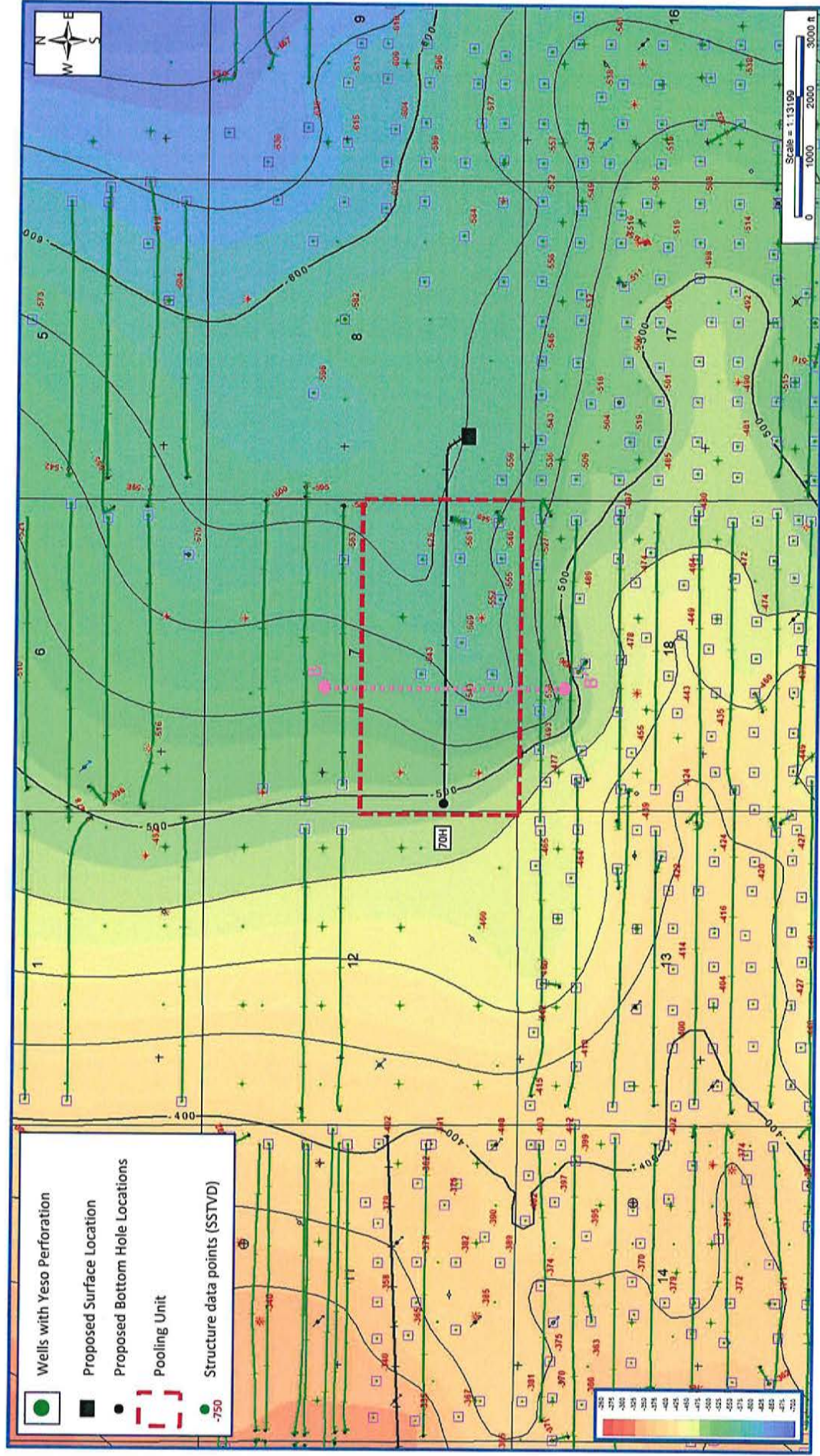


SPUR ENERGY
PARTNERS, LLC
Case No. 21677

Exhibit B-1



Exhibit B-2: Structure Map (SSTVD): Top Glorieta (Case No. 21677)

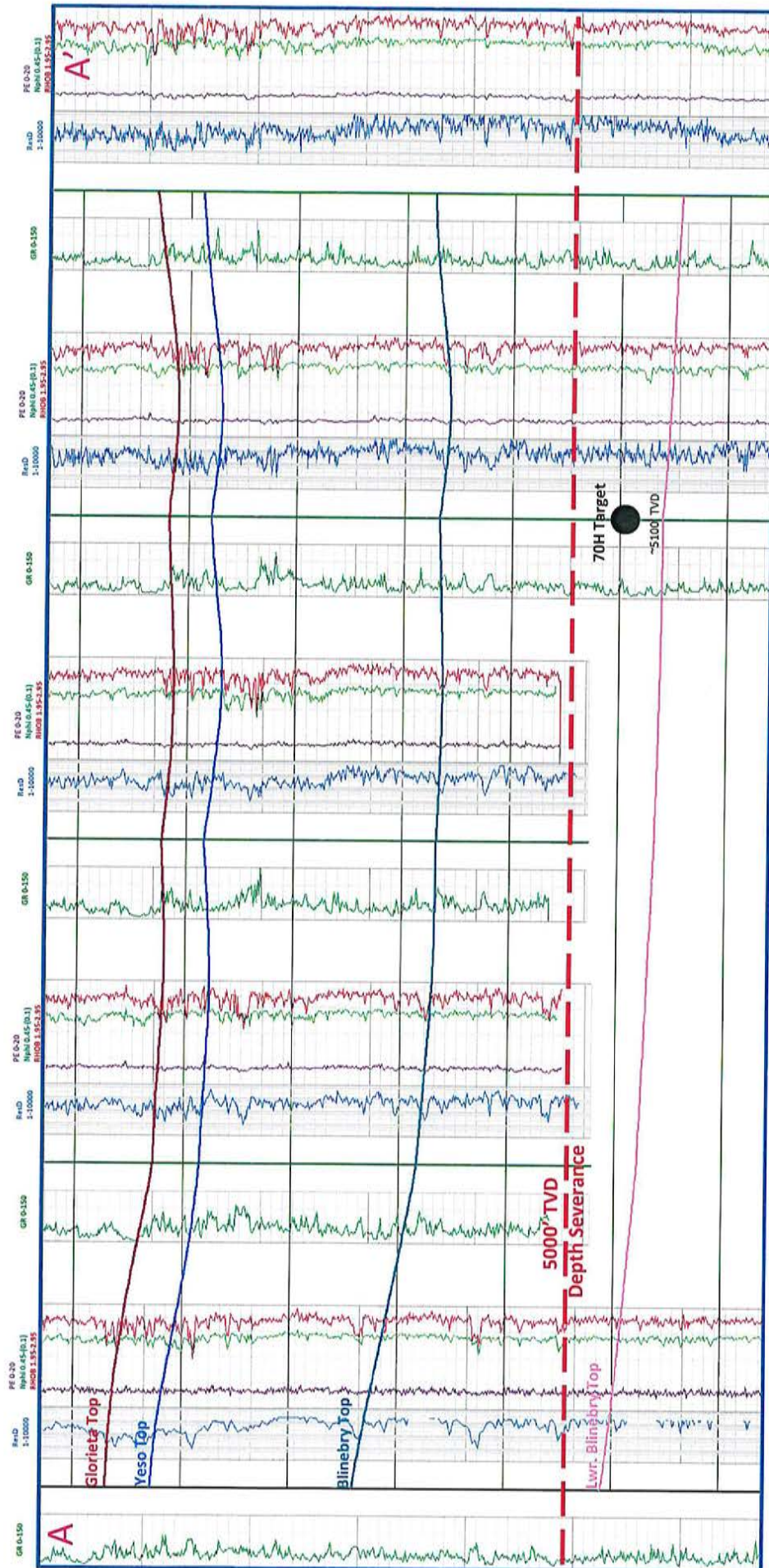


SPUR ENERGY PARTNERS, LLC
Case No. 21677
Exhibit B-2



Exhibit B-3: Structural Cross Section (TVD)

(Case No. 21677)

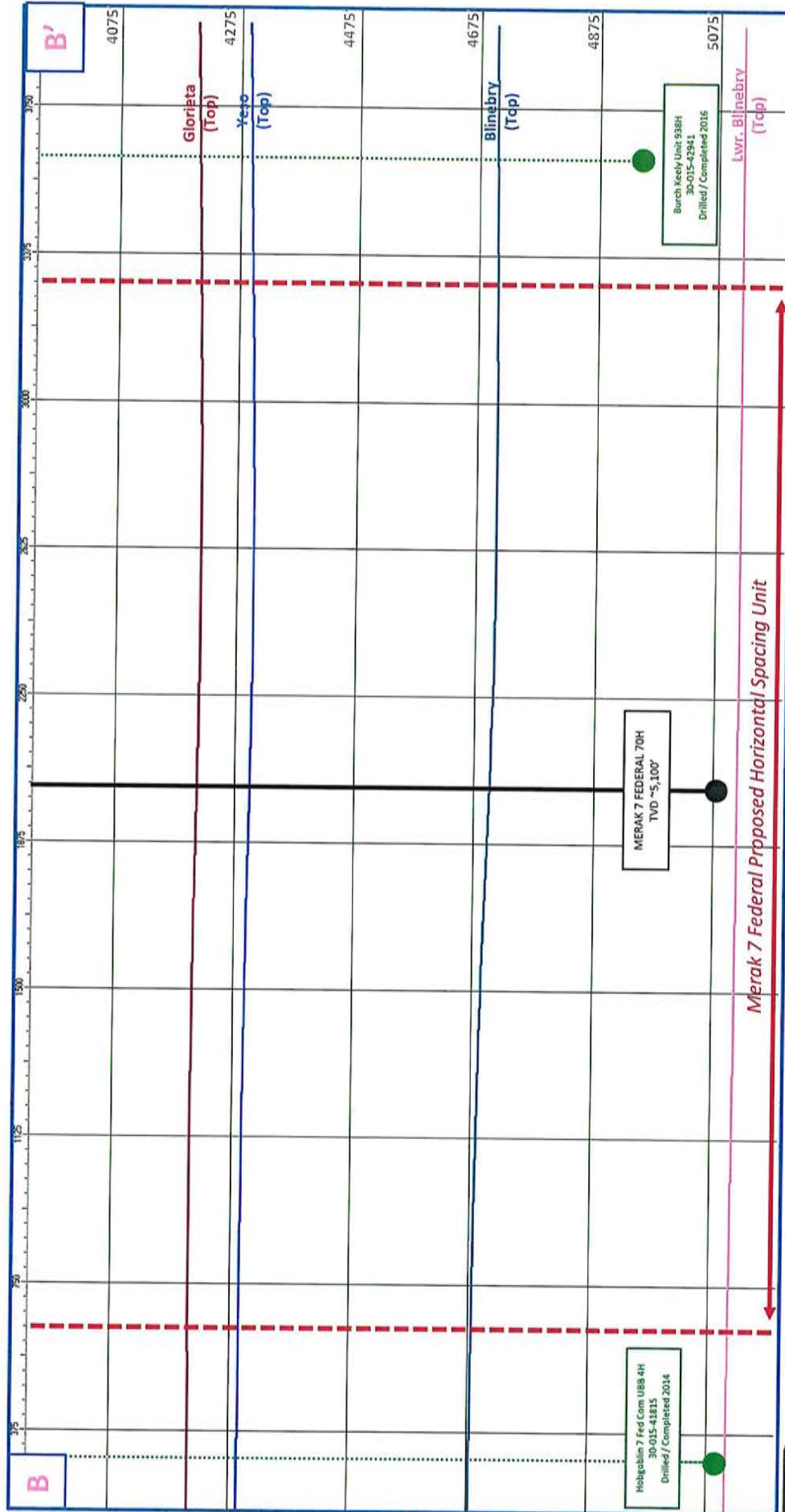


SPUR ENERGY PARTNERS, LLC
 Case No. 21677

Exhibit B-3

Exhibit B-4: Merak 7 Federal Gun Barrel (TVD)

(Case No. 21677)



SPUR ENERGY PARTNERS, LLC
 Case No. 21677
 Exhibit B-4

