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to re-open 21226 & 21227
Colgate Operating, LLC
Affidavit of
Ernest L. Padilla
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PADILLA LAW FIRM, P.A.

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

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

EMAIL ADDRESS
padillalaw@qwestoffice.net
padillalawnm@outlook.com

TELEPHONE
505-988-7577

FACSIMILE
505-988-7592

May 10, 2021

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

TO: ALL INTEREST OWNERS

Re: NMOCD Case Number#21904-Reopen 21226-Order No. R-21354, In the Matter of the Application of Colgate Operating, LLC, an order for an extension of time for in which to drill the Dawson 34 Fed State Com wells in Eddy County, New Mexico.

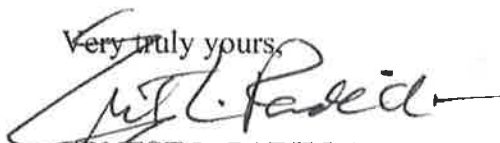
Ladies and Gentlemen:

This letter will advise that Colgate Operating, LLC has filed an application with the New Mexico Oil Conservation Division seeking an order for an extension of time for in which to drill the Dawson 34 Fed State Com wells in Eddy County, New Mexico. Copy of the application is enclosed.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. This application will be set for electronic hearing before the Division Examiner on June 3, 2021 at 8:15 a.m., at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico.

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

Very truly yours,



ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

Ex.B1-002

OWNER (Dawson wells)
Colgate Production, LLC
OXY USA WTP Limited Partnership 5 Greenway Plaza, Suite 110 Houston, Texas 77046
Crown Oil Partners VI, LLC P.O. Box 50820 Midland, Texas 79710
Magnum Hunter Production, Inc., 600 North Marienfeld, Suite 600 Midland, Texas 79701
Myrlene Mannschreck Dillon, SSP 1383 County Road 141 Coleman, Texas 76834-8159
Intrepid Energy, LLC PO Box 711 Yankton, South Dakota 57078
Crump Energy Partners VI, LLC P.O. Box 50820 Midland, Texas 79701
Pamela A. Davis, Trustee Under Declaration of Trust, dated August 28, 1992, Executed by Alice G. Davis 299 West 31st Street, Cottage 473 Sea Island, Georgia 31561
J.W. Davis, SSP (1995) 299 West 31st Street, Cottage 473 Sea Island, Georgia 31561

Paul Umbarger and wife, Zofia Umbarger
3804 Brandon Avenue, SW, Apt. No. 342
Roanoke, Virginia 24018

Timothy S. Ferguson and Patricia C. Ferguson
1710 W Parkside Drive
Hoffman Estates, IL 60192-1540

Galkay, a Joint Venture
P.O. Box 4109
Winston-Salem, North Carolina 27105

Patrick D. & Gail Lynn Ferguson
2021 West Dickens Ave
Chicago, IL 60647

Wildcat Energy, LLC, a Texas corporation
P.O. Box 13323
Odessa, Texas 79768

John G. Rocovich, Jr.
P.O. Box 13606
Roanoke, Virginia 24035

J. Darlene Kline
5045 East St. Andrews Drive
Tucson, Arizona 85718

Robert H. Kriebel, c/o Larry A. Evans CPA Inc.
210 Park Avenue, Suite 2300
Oklahoma City, Oklahoma 73102

Olin Garrett
P.O. Box 1489
Roanoke, Virginia 24007

Gerald L. Michaud
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Derby, Kansas 67037

William L. Hilliard
2900 Club Drive
Los Angeles, California 90064

Sombrero Associates
1 Chase Manhattan Plaza
New York, New York 10005

Nelson & Company f/b/o John D. Wile Marital Trust
P.O. Box 259
Willman, Connecticut 06226

Ted J. Werts
8220 Oxford Cir
Wichita, Kansas 67226

Hodge Natural Gas Gathering, LLC
1013 Centre Road, Suite 403S
Wilmington, DE 19805

Douglas C. Cranmer
202 North Gateway Circle
Wichita, KS 67230

Russell B. Cranmer
200 W. Douglas, Suite 100
Wichita, KS 67202

Douglas C. Cranmer and Russell E. Cranmer,
Trustees of the Russell E. Cranmer Irrevocable Trust
200 W. Douglas, Suite 100
Wichita, KS 67202

Robert A Weil
416 Sheridan Road
Highland Park, Il 60035

Mary L. Kline
3451 Eastern NE
Grand Rapids, Michigan 49505

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4226 Oberlin Street
Houston, Texas 77005

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3208 Wellshire Court
Plano, Texas 75093

Catherin Huffman
P.O. Box 100429
Fort Worth, Texas 76185

HCH Investments, LLC
P.O. Box 3097
Albany, Texas 76430

C5 Capital Management
P.O. Box 2218
Albany, Texas 76430

Duer Wagner, III
PO Box 101265
Fort Worth, Texas 76185

Kenneth Walter Kline
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Wallace, MI 49893-9780

Amy Umbarger
322 Eagle Drive
Jupiter, Florida 33477-4066

Heidi Umbarger Perez
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Hilton Head Island, South Carolina 29928

Cheryl D Cordry
115 S Rutan Avenue
Wichita, KS 67218

John W Burress III
403 New England Road
Guildford, CT 06437-1876

Cameron Michaud-Drumright
300 N Mead Street, Suite 200
Wichita, KS 67202-2722

J4C Royalties, Ltd.
PO Box 1058
Albany, TX 76430

Clint R. Werts
855 N Sagebrush Street
Wichita, KS 67230-7057

Timothy S. Ferguson and Patricia C. Ferguson
1710 W Parkside Dri
Hoffman Estates, IL 60192-1540

Aimee Leann Michaud
555 E. Northview Ave, Apt 4
McPherson, KS 67460-1950

Patrick J. Michaud
7307 N Hamilton St
Spokane WA 99208-5255

Patrick D. Ferguson
229 Bee Tree Ridge Lane
Villas, NC 28692

Gail Lynn Ferguson
403 Pearson Dr
Asheville, NC 28001-1021

Randi S. Firestone
12760 Millennium, Apt. 403
Playa Vista, CA 90094

Nancy S. Holceker
399 Fullerton Parkway
Chicago, IL 60614-2876

John Ettelson
2350 N Lincoln Ave., Apt. 3N
Chicago, IL 60614-3442

William Ettelson
589 Sheridan Road
Glencoe, IL 60022-1764

Robert K. Hillin, Jr., MSU
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Austin, Texas 78734

Robert H. Kriebel c/o Larry Evans
210 Park Avenue, Suite 2300
Oklahoma City, OK 73102

Russell Cranmer
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Las Vegas, NV 89138

Scratch Properties, LLC
PO Box 1287
Artesia, NM 88211

Shirley Anne Egbert
PO Box 36
Los Gatos, CA 95031

Silverhair, LLC
1301 Lewis Road
Artesia, NM 88210

Sombrero Associates
1 Chase Manhattan Plaza
New York, NY 10005

Ted Werts
8220 Oxford Circle
Wichita, KS 67226

<p>Teryl D. Meyers, Trustee of the Teryl D. Meyers Separate Property Trust 1943 Yajome Street Napa, CA 94559</p>	
<p>Thomas F. Meaders 4417 Normandy Dallas, TX 75205</p>	
<p>Thomas A. Crow, Trustee of the Mark E. Boling Revocable Trust 8210 Louisiana Blvd. NE Suite B Albuquerque, NM 87113</p>	
<p>Tularosa Oil Company PO Box 471349 Fort Worth, TX 76147</p>	
<p>V. Burfiend, p/k/a Vernon Burfiend PO Box 1526 Brenham, TX 77833</p>	
<p>Virgina B. Dean, Et al 4212 O'Keefe El Paso, TX 79902</p>	
<p>Virginia D. Kriz-Neesen</p>	<p>505</p>
<p>Lombardy El Paso, Texas 7992</p>	
<p>Wildcat Energy, LLC PO Box 13323 Odessa, TX 79768</p>	
<p>William Hilliard 2900 Club Drive Los Angeles, CA 90064</p>	
<p>ZPZ Delaware I, LLC 2000 Post Oak Blvd., Suite 100 Houston, TX 77056</p>	

L & J Cohen, Inc.
770 Tamalpais Drive, Suite 318
Corte Madera, CA 94925

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

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

**Case No. 21904
Order No. R-21354
Previous Case No. 21226**

APPLICATION TO AMEND ORDER R-21354

COLGATE OPERATING, LLC, OGRID Number 371449, through its undersigned attorney, files this application with the Oil Conservation Division (“Division”) for the limited purpose of amending Order No. R-21354 (“the Order”) to allow for an extension of time for drilling the well under the Order. In support of this application, Colgate states as follows:

1. The Division heard Case No. 21226 on May 28, 2020 and entered the Order on June 10, 2020.
2. The Order designated Colgate as the operator of the unit and the four proposed wells.
3. Paragraph 20 of the Order states: “The Operator shall commence drilling the initial wells within one (1) year after the date of this Order; and (b) for an infill well, no later than thirty (30) days after completion of the wells”. Paragraph 21 of the Order states: “Operator shall comply with the infill well requirements in 19.15.13.9 NMAC through 19.15.13.12 NMAC”. Paragraph 22 of the Order states: “This Order shall terminate automatically if Operator fails to comply with Paragraphs 20 or 21”.
4. Under the Order, Colgate would be required to commence drilling the well by June 10, 2021.
5. Colgate requests that the Order be re-opened and amended to allow Colgate an

additional year to commence drilling the well under the Order.

6. Colgate requests this extension because there have been changes to Colgate's drilling schedule due to the COVID-19 pandemic and current market conditions.

7. Good cause exists for Colgate's request for an extension of time.

8. Colgate asks that the deadline to commence drilling the well be extended for a year from June 10, 2021 to June 10, 2022.

WHEREFORE, Colgate requests this application be set for hearing before and Examiner of the Oil Conservation Division on June 3, 2021, and after notice and hearing as required by law, the Division amend Order R-21354 to extend the time for Colgate to commence drilling the well under the Order for a year, through June 10, 2022.

PADILLA LAW FIRM, P.A.

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

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 Odessa, Texas 79768

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 Agent
 Addressee

B. Received by (Printed Name) Timothy S. Ferguson

C. Date of Delivery MAY 18 2012

D. Is delivery address different from item 1? Yes
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2. Article Number (Transfer from service label) 9590 9402 5941 0062 9362 01
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A. Signature Timothy S. Ferguson
 Agent
 Addressee

B. Received by (Printed Name) Timothy S. Ferguson

C. Date of Delivery MAY 18 2012

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



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 Adult Signature Restricted Delivery
 Certified Mail®
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L & J Cohen, Inc.
 770 Tamalpais Drive, Suite 318
 Corte Madera, CA 94925

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ZPZ Delaware I, LLC
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3. Service Type

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A. Signature X RLB

B. Received by (Printed Name) Rebecca

C. Date of Delivery _____

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

3. Service Type
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Virginia B. Dean, Et al
 4212 O'Keefe
 El Paso, TX 79902

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

COMPLETE THIS SECTION ON DELIVERY

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B. Received by (Printed Name) _____

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Thomas A. Crow, Trustee of the
 Mark E. Boling Revocable Trust
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 Albuquerque, NM 87113

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Article Addressed to:
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 Mark E. Boling Revocable Trust
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 Albuquerque, NM 87113



9590 9402 5941 0062 9364 16 9004

Article Number (Transfer from service label)
 7020 0640 0000 1389 6753

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Thomas Crow C. Date of Delivery 5/19/21

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

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.35
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$.91

Postmark
Here

Total Postage and Fees \$ 7.36
 Sent to Crown Oil Partners VI, LLC
P.O. Box 50820
Street and Apt. No.
Midland, Texas 79710
 City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Crown Oil Partners VI, LLC
 P.O. Box 50820
 Midland, Texas 79710

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

2. Article Number (Transfer from service label)
 7020 0640 0000 1389 7449

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

7020 0640 0000 1389 7456

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.35
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$.91

Postmark
Here

Total Postage and Fees \$ 7.36
 Sent to Magnum Hunter Production, Inc.
600 North Marientfeld, Suite 600
Street and Apt. No.
Midland, Texas 79701
 City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Magnum Hunter Production, Inc.
 600 North Marientfeld, Suite 600
 Midland, Texas 79701

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

2. Article Number (Transfer from service label)
 7020 0640 0000 1389 7456

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
MAIO GARCIA C. Date of Delivery 5-11-2021
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 1.91

Total Postage and Fees \$ 5.51

Sent to 736

Street and Apt. No. _____
 City, State, ZIP+4 21644

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

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

7487 1389 0000 0640 2020

RECIPIENT: COMPLETE THIS SECTION

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

Article Addressed to:
 Crump Energy Partners VI, LLC
 P.O. Box 50820
 Midland, Texas 79701

9590 9402 5941 0062 9362 49 21644

Article Number (Transfer from service label)
 020 0640 0000 1389 7487

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Virginia Stark Agent

B. Received by (Printed Name) Virginia Stark Addressee

C. Date of Delivery 5/17/21

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

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 1.91

Total Postage and Fees \$ 5.51

Sent to 736

Street and Apt. No. _____
 City, State, ZIP+4 21644

Robert A. Weil
 416 Sheridan Road
 Highland Park, IL 60035

PS Form 3800

7517 1389 0000 0640 2020

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Robert A. Weil
 416 Sheridan Road
 Highland Park, IL 60035

9590 9402 5941 0062 9365 60 21644

Article Number (Transfer from service label)
 7020 0640 0000 1389 7517

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ec Rf6c19 Agent

B. Received by (Printed Name) Weil Addressee

C. Date of Delivery 5/17/21

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

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 4.95
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$.91

Postmark
 Here

Total Postage on \$ 7.36
 Sent to Douglas C. Cranmer and
 Russell E. Cranmer Trustees
 Street and Apt. No 200 W. Douglas, Suite 100
 City, State, ZIP+4® Wichita, KS 67202

PS Form 3800, April 2010 See Reverse for Instructions

7524 1389 0000 0640 7020

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 4.95
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$.91

Postmark
 Here

Total Postage on \$ 7.36
 Sent to Russell B. Cranmer
 Street and Apt. No 200 W. Douglas, Suite 100
 City, State, ZIP+4® Wichita, KS 67202

PS Form 3800, April 2010 See Reverse for Instructions

7531 1389 0000 0640 7020

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

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

Article Addressed to:

Douglas C. Cranmer and
 Russell E. Cranmer Trustees
 200 W. Douglas, Suite 100
 Wichita, KS 67202

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Russell E. Cranmer

B. Received by (Printed Name)
H. Courney

C. Date of Delivery
5-17-21

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

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

Article Number (Transfer from service label)
 9590 9402 5941 0062 9365 53 *21904*
 7020 0640 0000 1389 7524

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

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

Article Addressed to:

Russell B. Cranmer
 200 W. Douglas, Suite 100
 Wichita, KS 67202

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Russell E. Cranmer

B. Received by (Printed Name)
H. Courney

C. Date of Delivery
5-17-21

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

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

Article Number (Transfer from service label)
 9590 9402 5941 0062 9365 46 *21904*
 7020 0640 0000 1389 7531

Domestic Return Receipt

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

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

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fee appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$.91

Total Postage \$ 4.51

Postmark
Here

Sent to Nelson & Company f/b/o
John D. Wile Martial Trust
P.O. Box 259
Willman, Connecticut 06226

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

7020 0640 0000 1389 7586

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fee appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$.91

Total Postage \$ 4.51

Postmark
Here

Sent to Cameron Michaud-Drumright
300 N Mead Street, Suite 200
Wichita, KS 67202-2722

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

RECIPIENT: COMPLETE THIS SECTION

A. Signature Fred Demers

B. Received by (Printed Name) Fred Demers

C. Date of Delivery 5-15-2014

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

Article Addressed to:
 Nelson & Company f/b/o
 John D. Wile Martial Trust
 O. Box 259
 Willman, Connecticut 06226



9590 9402 5941 0062 9366 90 21904

Article Number (Transfer from service label)
 020 0640 0000 1389 7579

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Cameron Michaud-Drumright
 300 N Mead Street, Suite 200
 Wichita, KS 67202-2722



9590 9402 5941 0062 9365 15 21904

Article Number (Transfer from service label)
 7020 0640 0000 1389 7586

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

RECIPIENT: COMPLETE THIS SECTION

A. Signature Blc19

B. Received by (Printed Name) Blc19

C. Date of Delivery 5-15-2014

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

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fee as of 9/85)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Postage \$.91 d

Total Package as Sent To \$ 7.36

John W Burress III
 403 New England Road
 Guildford, CT 06437-1876

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

SENDER: COMPLETE THIS SECTION

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

John W Burress III
 403 New England Road
 Guildford, CT 06437-1876



9590 9402 5941 0062 9365 22 91914

1. Article Number (Transfer from service label)
 7020 0640 0000 1389 7593
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Burress Addressee

C. Date of Delivery 5/17/21

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

3. Service Type

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fee as of 9/85)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Postage \$.91 d

Total Package as Sent To \$ 7.36

Cheryl D Cordry
 115 S. Rutan Avenue
 Wichita, KS 67218

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

SENDER: COMPLETE THIS SECTION

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

Cheryl D. Cordry
 115 S. Rutan Avenue
 Wichita, KS 67218



9590 9402 5941 0062 9365 39 91914

2. Article Number (Transfer from service label)
 7020 0640 0000 1389 7609
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Cheryl D Cordry Addressee

C. Date of Delivery 5-15-21

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

3. Service Type

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

7020 0640 0000 1389 7616

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ 1.91
 Total Postage and Fees \$ 7.36
 Sent to Heidi Umberger Perez
 Street and Apt. No. 10 Woodstock Court
 City, State, ZIP+4® Hilton Head Island, SC 29928
 PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

Postmark
Here

SENDER: COMPLETE THIS SECTION

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

Heidi Umberger Perez
 10 Woodstock Court
 Hilton Head Island, SC 29928

COMPLETE THIS SECTION ON DELIVERY

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

9590 9402 5941 0062 9360 03 21904
 Article Number (Transfer from service label)
 020 0640 0000 1389 7616
 Form 3811, July 2015 PSN 7530-02-000-9053

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
 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 1389 7630

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ 1.91
 Total Postage and Fees \$ 7.36
 Sent to Kenneth Walter Kline
 Street and Apt. No. N4158 US Highway 41
 City, State, ZIP+4® Wallace, MI 49893-9780
 PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

Postmark
Here

SENDER: COMPLETE THIS SECTION

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

Kenneth Walter Kline
 N4158 US Highway 41
 Wallace, MI 49893-9780

COMPLETE THIS SECTION ON DELIVERY

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

9590 9402 5941 0062 9360 21904
 Article Number (Transfer from service label)
 020 0640 0000 1389 7630
 PS Form 3811, July 2015 PSN 7530-02-000-9053

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee
\$ 3.60

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark
Here

Postage
\$.91

Total Postage amt
\$ 7.36
 Sent to
 Duer Wagner, III
 P.O. Box 101265
 Fort Worth, Texas 76185
 City, State, ZIP+4

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

SENDER, COMPLETE THIS SECTION

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

Duer Wagner, III
 P.O. Box 101265
 Fort Worth, Texas 76185

9590 9402 5941 0062 9360 34
 Article Number (Transfer from service label)
 12D 064D 0000 1389 7647
 Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

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

Marty Kly
 P.O. Box 101265
 Fort Worth 76185

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)

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee
\$ 3.60

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark
Here

Postage
\$.91

Total Postage amt
\$ 7.36
 Sent to
 HCH Investments, LLC
 P.O. Box 3097
 Albany, Texas 76430
 City, State, ZIP+4

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

SENDER, COMPLETE THIS SECTION

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

HCH Investments, LLC
 P.O. Box 3097
 Albany, Texas 76430

9590 9402 5941 0062 9359 83
 Article Number (Transfer from service label)
 702D 064D 0000 1389 7651
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

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

Carla HCH
 5-19-12

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)

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, add fee or subtract fee)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$.91
 Total Postage and Fees \$ 7.36

Postmark
Here

Sent to Silverhair, LLC
 Street and Apt. No. 1301 Lewis Road
 City, State, Zip+4 Artesia, NM 88210

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

SENDER: COMPLETE THIS SECTION

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

Silverhair, LLC
 1301 Lewis Road
 Artesia, NM 88210

Article Addressed to:
 Article Number (Transfer from service label) 7020 0640 0000 1389 7692
 9590 9402 5941 0062 9367 20 21904

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

COMPLETE THIS SECTION ON DELIVERY

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, add fee or subtract fee)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$.91
 Total Postage and Fees \$ 7.36

Postmark
Here

Sent to Scratch Properties, LLC
 Street and Apt. No. P.O. Box 1287
 City, State, Zip+4 Artesia, NM 88211

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

SENDER: COMPLETE THIS SECTION

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

Scratch Properties, LLC
 P.O. Box 1287
 Artesia, NM 88211

Article Addressed to:
 Article Number (Transfer from service label) 7020 0640 0000 1389 7715
 9590 9402 5941 0062 9359 14 21904

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Received by (Printed Name) [Signature] Addressee
 B. Received by (Printed Name) _____ C. Date of Delivery _____
 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 Rec

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 \$ 2.60

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$.91

Total Postage amt \$ 7.36

Sent To OXY USA WTP

Street and Apt. No Limited Partnership

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

Postmark
 Here

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 OXY USA WTP
 Limited Partnership
 5 Greenway Plaza, Suite 110
 Houston, Texas 77046

9590 9402 5941 0062 9359 90 21914

Article Number (Transfer from service label)
 7020 0640 0000 1389 7746

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature CV19 Agent Address

B. Received by (Printed Name) CV19 C. Date of Delivery 5-17-11

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

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail

Certified Mail Restricted Delivery

Collect on Delivery

Insured Mail (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$.91

Total Postage amt \$ 7.36

Sent To Patrick J. Michaud

Street and Apt. No 7307 N. Hamilton Street

City, State, ZIP+4® Spokane, WA 99208-5255

Postmark
 Here

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Patrick J. Michaud
 7307 N. Hamilton Street
 Spokane, WA 99208-5255

9590 9402 5941 0062 9366 52 21914

Article Number (Transfer from service label)
 7020 0640 0000 1388 7914

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature PKC19 Agent Address

B. Received by (Printed Name) Patrick Michaud C. Date of Delivery 5/18/12

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

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail

Certified Mail Restricted Delivery

Collect on Delivery

Insured Mail (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

7020 0640 0000 1388 7914

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

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

OFFICIAL USE

7993 1388 0000 0640 2020

Certified Mail Fee \$ 3.60

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

Return Receipt (hardcopy) \$ 2.95

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$.91

Total Postage and Postmark Here \$ 7.36

Sent To Clint R. Werts

Street and Apt. No. 855 N Sagebrush Street

City, State, ZIP+4® Wichita, KS 67230-7057

PS Form 3800, July 2015

SENDER: COMPLETE THIS SECTION

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

Article addressed to:

Clint R. Werts
 55 N Sagebrush Street
 Wichita, KS 67230-7057

9590 9402 5941 0062 9366 83

Article Number (Transfer from service label)
 7202 0640 0000 1388 7938

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

C Werts Addressee

B. Received by (Printed Name) Clint R. Werts C. Date of Delivery 5/15/2011

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

8034 1388 0000 0640 2020

Certified Mail Fee \$ 3.60

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

Return Receipt (hardcopy) \$ 2.95

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$.91

Total Postage and Postmark Here \$ 7.36

Sent To John Ettelson

Street and Apt. No. 2350 N. Lincoln Ave., Apt. 3N

City, State, ZIP+4® Chicago, IL 60614-3442

PS Form 3800, July 2015

SENDER: COMPLETE THIS SECTION

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

Article addressed to:

John Ettelson
 2350 N. Lincoln Ave., Apt. 3N
 Chicago, IL 60614-3442

9590 9402 5941 0062 9365 91

Article Number (Transfer from service label)
 7020 0640 0000 1388 8034

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

J Ettelson Addressee

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

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

7020 0640 0000 1388 8041

Certified Mail Fee
 \$ 3.60

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage
 \$.91

Total Postage at
 \$ 7.36

Sent To William Ettelson
589 Sheridan Road
Glencoe, IL 60022-1764

PS Form 3800, April 2013 PSN 750150-100004

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>J.C. 10 C19</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>J.C. 10 C19</u> C. Date of Delivery <u>5-15-11</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><u>William Ettelson</u> <u>589 Sheridan Road</u> <u>Glencoe, IL 60022-1764</u></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><u>7020 0640 0000 1388 8041</u></p>																	

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
 Here

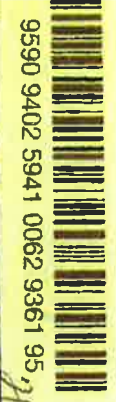
Sombrero Associates
 1 Chase Manhattan Plaza
 New York, New York 10005

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

SENDER: COMPLETE THIS SECTION

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

Sombrero Associates
 Chase Manhattan Plaza
 New York, New York 10005



9590 9402 5941 0062 9361 95
 Article Number (Transfer from service label)
 20 0640 0000 1389 6589
 Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

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

MAY 17 2021
 Bathy Mbaye
 Brooklyn, NY 11245

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
 Here

J. Darlene Kline
 5045 East St. Andrews Drive
 Tucson, Arizona 85718

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

SENDER: COMPLETE THIS SECTION

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

J. Darlene Kline
 5045 East St. Andrews Drive
 Tucson, Arizona 85718



9590 9402 5941 0062 9363 48
 Article Number (Transfer from service label)
 20 0640 0000 1389 6533
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressed
 B. Received by (Printed Name) J. Darlene Kline
 C. Date of Delivery 5-21-21
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

Domestic Return Receipt

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

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

OFFICIAL USE

0499 69F1 0000 0490 0202

Certified Mail Fee **3.60**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.95
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage **1.91**

Total Postage and Sent to **7.36**

Sent to **John G. Rocovich, Jr.**
P.O. Box 13606
Roanoke, Virginia 24035

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

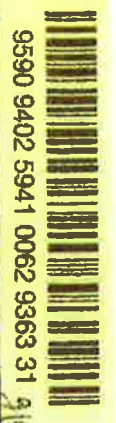
Postmark Here

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

SENDER: COMPLETE THIS SECTION

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

John G. Rocovich, Jr.
 P.O. Box 13606
 Roanoke, Virginia 24035



9590 9402 5941 0062 9363 31

2. Article Number (Transfer from service label)
7020 0640 0000 1389 6640

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** Agent Addressee

B. Received by (Printed Name) **[Signature]** Addressee

C. Date of Delivery **5-18-21**

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

3. Service Type

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

Domestic Return Receipt

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

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

OFFICIAL USE

2927 62Z 1389 0000 0490 0202

Certified Mail Fee **3.60**

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.95
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage **1.91**

Total Postage and Sent to **7.36**

Sent to **Amy Umberger**
322 Eagle Drive
Jupiter, Florida 33477-4066

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

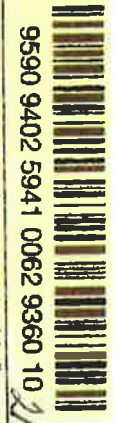
Postmark Here

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

SENDER: COMPLETE THIS SECTION

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

Amy Umberger
 322 Eagle Drive
 Jupiter, Florida 33477-4066



9590 9402 5941 0062 9360 10

2. Article Number (Transfer from service label)
7020 0640 0000 1389 7623

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** Agent Addressee

B. Received by (Printed Name) **X D.N. C-19 #053** Addressee

C. Date of Delivery **5/24/20**

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

3. Service Type

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

Domestic Return Receipt

7020 0640 0000 1388 8027

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

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

OFFICIAL USE

Certified Mail Fee
 \$ 3.60

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark Here

Postage
 \$ -91

Total Postage and
 \$ 736

Sent To
 Nancy S. Holceker
 399 Fullerton Parkway
 Chicago, IL 60614-2876

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

PS Form 3800, April 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>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p>Nancy S. Holceker 399 Fullerton Parkway Chicago, IL 60614-2876</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 1388 8027</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)																	

9590 9402 5941 0062 9366 0721904

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

7020 0640 0000 1389 6589

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Postage	\$.918
Total Postage and	\$ 7.36
Sent To	
Street and Apt. No.	
City, State, ZIP+4®	

Sombrero Associates
1 Chase Manhattan Plaza
New York, New York 10005

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

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Postage	\$.916
Total Postage and	\$ 7.36
Sent To	
Street and Apt. No.	
City, State, ZIP+4®	

J. Darlene Kline
5045 East St. Andrews Drive
Tucson, Arizona 85718

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

7020 0640 0000 1389 6633

7020 0640 0000 1389 6565

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Postage	\$.914
Total Postage and	\$ 7.36
Sent To	
Street and Apt. No.	
City, State, ZIP+4®	

Paul Umbarger and
Zofia Umbarger
3804 Brandon Ave., SW, Apt. #342
Roanoke, Virginia 24018.

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

7020 0640 0000 1389 6619

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Postage	\$.916
Total Postage and	\$ 7.36
Sent To	
Street and Apt. No.	
City, State, ZIP+4®	

Olin Garrett
P.O. Box 1489
Roanoke, Virginia 24007

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

7020 0640 0000 1389 6664

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Postage	\$.914
Total Postage and	\$ 7.36
Sent To	
Street and Apt. No.	
City, State, ZIP+4®	

Patrick D. & Gail Lynn Ferguson
2021 West Dickens Ave.
Chicago, IL 60647

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

7020 0640 0000 1389 6640

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Postage	\$.914
Total Postage and	\$ 7.36
Sent To	
Street and Apt. No.	
City, State, ZIP+4®	

John G. Rocovich, Jr.
P.O. Box 13606
Roanoke, Virginia 24035

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

7020 0640 0000 1389 6770

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.914
Total Postage and Fees	\$ 7.36

Sent To: Thomas F. Meaders
 Street and Apt. No: 4417 Normandy
 City, State, ZIP+4: Dallas, TX 75205

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

Postmark Here

7020 0640 0000 1389 6749

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.914
Total Postage and Fees	\$ 7.36

Sent To: V. Burfiend, p/k/a Vernon Burfiend
 Street and Apt. No: P.O. Box 1526
 City, State, ZIP+4: Brenham, TX 79902

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

Postmark Here

7020 0640 0000 1389 6794

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.914
Total Postage and Fees	\$ 7.36

Sent To: Geoffrey Lanceley, MSU
 Street and Apt. No: 4226 Oberlin Street
 City, State, ZIP+4: Houston, Texas 77005

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

Postmark Here

7020 0640 0000 1389 6787

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.914
Total Postage and Fees	\$ 7.36

Sent To: Elizabeth Kaye Tullis Dillard, SSP
 Street and Apt. No: 3208 Wellshire Court
 City, State, ZIP+4: Plano, Texas 75093

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

Postmark Here

7020 0640 0000 1389 7463

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.914
Total Postage and Fees	\$ 7.36

Sent To: Myrlene Mannschreck Dillon, SSP
 Street and Apt. No: 1383 County Road 141
 City, State, ZIP+4: Coleman, Texas 76834-8159

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

Postmark Here

7020 0640 0000 1389 6800

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.914
Total Postage and Fees	\$ 7.36

Sent To: Mary L. Kline
 Street and Apt. No: 3451 Eastern NE
 City, State, ZIP+4: Grand Rapids, Michigan 49505

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

Postmark Here

7020 0640 0000 1389 7500

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.91
Total Postage and	\$ 7.36

Sent To: J.W. Davis, SSP (1995)
 299 West 31st Street, Cottage 473
 Sea Island, Georgia 31561

City, State, ZIP+4

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

7020 0640 0000 1389 7494

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.91
Total Postage and	\$ 7.36

Sent To: Pamela A. Davis, Trustee Under
 Declaration of Trust, dated August
 28, 1992, Exed. by Alice G. Davis
 299 West 31st Street, Cottage 473
 Sea Island, Georgia 31561

City, State, ZIP+4

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

7020 0640 0000 1389 7555

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.91
Total Postage and	\$ 7.36

Sent To: Hodge Natural Gas Gathering, LLC
 1013 Centre Road, Suite 403S
 Wilmington, DE 19805

City, State, ZIP+4

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

7020 0640 0000 1389 7548

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.91
Total Postage and	\$ 7.36

Sent To: Douglas C. Cranmer
 202 North Gateway Circle
 Wichita, KS 67230

City, State, ZIP+4

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

7020 0640 0000 1389 7654

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.91
Total Postage and	\$ 7.36

Sent To: C5 Capital Management
 P.O. Box 2218
 Albany, Texas 76430

City, State, ZIP+4

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

7020 0640 0000 1389 7654

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.91
Total Postage and	\$ 7.36

Sent To: Amy Umberger
 322 Eagle Drive
 Jupiter, Florida 33477-4066

City, State, ZIP+4

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

7020 0640 0000 1389 7685

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage
\$.91

Total Postage and

\$ 7.36
Sent To

Street and Apt. No. Teryl D. Meyers, Trustee of the
Teryl D. Meyers
Separate Property Trust
City, State, ZIP+4® 1943 Yajome Street
Napa, CA 94559

PS Form 3800, April 2015 PSN 7530-02-000-9047 See website for instructions

7020 0640 0000 1389 7678

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage
\$.91

Total Postage and

\$ 7.36
Sent To

Street and Apt. No. Catherin Huffman
P.O. Box 100429
City, State, ZIP+4® Fort Worth, Texas 76185

PS Form 3800, April 2015 PSN 7530-02-000-9047 See website for instructions

7020 0640 0000 1389 7739

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage
\$.91

Total Postage and

\$ 7.36
Sent To

Street and Apt. No. Robert K. Hillin, Jr., MSU
4450 Eck Lane, Apt. F
City, State, ZIP+4® Austin, Texas 78734

PS Form 3800, April 2015 PSN 7530-02-000-9047 See website for instructions

7020 0640 0000 1389 7708

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage
\$.91

Total Postage and

\$ 7.36
Sent To

Street and Apt. No. Shirley Anne Egbert
P.O. Box 36
City, State, ZIP+4® Los Gatos, CA 95031

PS Form 3800, April 2015 PSN 7530-02-000-9047 See website for instructions

7020 0640 0000 1388 8003

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage
\$.91

Total Postage and

\$ 7.36
Sent To

Street and Apt. No. Gail Lynn Ferguson
403 Pearson Drive
City, State, ZIP+4® Asheville, NC 28001-1021

PS Form 3800, April 2015 PSN 7530-02-000-9047 See website for instructions

7020 0640 0000 1388 7921

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage
\$.91

Total Postage and

\$ 7.36
Sent To

Street and Apt. No. J4C Royalties, Ltd.
P.O. Box 1058
City, State, ZIP+4® Albany, TX 76430

PS Form 3800, April 2015 PSN 7530-02-000-9047 See website for instructions

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OFFICIAL USE

Certified Mail Fee	
\$	<u>8.60</u>
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$	<u>-91</u>

Postmark
Here

Total Postage and

\$ 736

Sent To

Nancy S. Holceker
399 Fullerton Parkway
Chicago, IL 60614-2876

Street and Apt. No.

City, State, ZIP+4

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

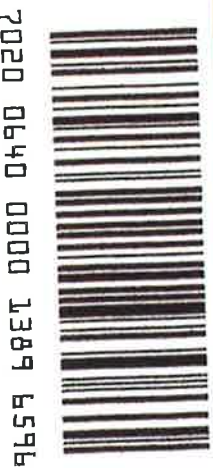
500 (Reverse/Read Instructions)

7020 0640 0000 1388 8027

Return
to sender
He doesn't
live at this
address

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

William L. Hilliard
2900 Club Drive
Los Angeles, California 90064



7020 0640 0000 1389 6596

CERTIFIED MAIL



9008754823523

RETURN TO SENDER
AS ADDRESSED
UNABLE TO FORWARD
02 1P 87504252523 *8752-05005-14-23

7020 0640 0000 1389 6596

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

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee and postage)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.95
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 9.14
Total Postage and Fees	\$ 12.74

Postmark
Here

William L. Hilliard
2900 Club Drive
Los Angeles, California 90064

PS Form 3800, April 2011

U.S. Postal Service
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7020 0640 0000 1389 6602

Certified Mail Fee \$ 3.60

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 1.91

Total Postage amt \$ 1.91

Postmark
Here

Sent to Gerald L. Michaud
 Street and Apt. No. 11015 East 63rd Street South
 City, State, ZIP+4 Derby, Kansas 67037

PS Form 3800, April 2015 SSN 7530-02-000-9001

CERTIFIED MAIL



7020 0640 0000 1389 6602



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

05/26/2021

Gerald L. Michaud
 11015 East 63rd Street South
 Derby, Kansas 67037

UTD
 Fund 5/15

5 JTF
 5/11/21

7020 0640 0000 1389 6602

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 MANUAL ONLY NO AUTOMATION
 RC: 5898899955

U.S. Postal Service™
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9299 6811 1389 6626

Certified Mail Fee \$ 3.60

Extra Services & Fees (attach box and fee if any)

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Total Postage: \$ 7.36

Sent to: Robert H. Kriebel, c/o
 Larry A. Evans CPA Inc.

Street and Apt.: 210 Park Avenue, Suite 2300

City, State, ZIP: Oklahoma City, Oklahoma 73102

PS Form 3800, April 2015 PSN 7530-0200-9000 See Reverse for Instructions

CERTIFIED MAIL



7020 0640 0000 1389 6626



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

[Handwritten Signature]

Robert H. Kriebel, c/o
 Larry A. Evans CPA Inc.
 210 Park Avenue, Suite 2300
 Oklahoma City, Oklahoma 73102

RETURN TO SENDER
 AS ADDRESSED
 NOT DELIVERABLE TO FORWARD

NOV 17 2015 0805/21/21

EC: 87504252323 *0557-02200-21-29

UTP
 875042523

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OFFICIAL USE

7020 0640 0000 1389 6671

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 1.91
Total Postage at	\$ 7.36
Sent to	Galkay, a Joint Venture P.O. Box 4109 Winston-Salem, NC 27105
Street and Apt. #	
City, State, Zip	
Postmark Here	

PS Form 3800, April 2015 PSN 75302600 5047 See Reverse for Instructions

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

CERTIFIED MAIL



7020 0640 0000 1389 6671

ANK

Galkay, a Joint Venture
 P.O. Box 4109
 Winston-Salem, NC 27105

-R-T-S- 27115-RFS-1N

05/17/21

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 RETURN TO SENDER



RFS



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OFFICIAL USE

7020 0640 0000 1389 6701

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fee amount)

Return Receipt (hardcopy) \$ 1.95

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$.91

Total Postage and Fees \$ 7.36

Postmark
Here

Sent to William Hilliard
2900 Club Drive
Los Angeles, CA 90064

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

PS Form 3800, April 2012 PSN 7530-02-000-9000 See Reverse for Instructions

CERTIFIED MAIL®

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

7020 0640 0000 1389 6701



Return to sender

William Hilliard
2900 Club Drive
Los Angeles, CA 90064

He doesn't like his bills

5006499203 5830E UTE

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

AC: 87504252325 *9762-03009-14-25

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

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OFFICIAL USE

5229 0640 0000 1389 6725

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box and fee rate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Premium Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 94

Total Postage due \$ 97.60

Postmark
Here

Sent to Virginia D. Kriz-Neesen
 Street and Apt. # 505 Lombardy Ave.
 City, State, ZIP+4 El Paso, TX 79922

PS Form 3800

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



7020 0640 0000 1389 6725

Virginia D. Kriz-Neesen
 505 Lombardy Ave.
 El Paso, TX 79922

AK

AK



5229 0640 0000 1389 6725

5229 0640 0000 1389 6725

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNDELIVERABLE TO FORWARD

000515721

0693-03025-19-34

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

7020 0640 0000 1389 7470

Certified Mail Fee \$ 2.60

Extra Services & Fees (check box and fee amount)

Return Receipt (hardcopy) \$ 2.95

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$.91

Total Postage amt

Sent to \$ 2.56

Street and Apt. No.

City, State, ZIP+4®

Intrepid Energy, LLC
 P.O. Box 711
 Yankton, South Dakota 57078

PS Form 3800, April 2015 PSN 7530-02-000-9019

See Reverse for Instructions

CERTIFIED MAIL



7020 0640 0000 1389 7470



- REASON CHECKED**
- Moved, Left No Address/Unable To Forward
 - Attempted - Not Known
 - Unclaimed
 - No Such Street
 - Insufficient Address
 - Refused
 - No Such Number



Intrepid Energy, LLC
 P.O. Box 711
 Yankton, South Dakota 57078

SHANK

ANK
 875042523

RETURN TO SENDER
 UNABLE TO FORWARD

0378-81428-15-27

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

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

7020 0640 0000 1389 7562

Certified Mail Fee	\$ 2.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.919
Total Postage and Fees	\$ 7.36

Postmark
Here

Sent to
 Ted J. Werts
 8220 Oxford Cir
 Wichita, Kansas 67226

PS Form 3800

CERTIFIED MAIL



7020 0640 0000 1389 7562



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

Ted J. Werts
 8220 Oxford Cir
 Wichita, Kansas 67226

ANK
 IX

ANK
 8756422523

NIXIE 672 EE 1 0005/18/21
 RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 BC: 87564252323 * 1960-04246-18-26

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 1389 7722

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Total Postage and
Fees \$ 7.36
Sent To Russell Crammer
Street and Apt. No: 772 White Grotto Street
City, State, ZIP+4® Las Vegas, NV 89138

PS Form 3800, April 2012

CERTIFIED MAIL

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

7020 0640 0000 1389 7722



Russell Crammer
772 White Grotto Street
Las Vegas, NV 89138



931 3836008 R031

Handwritten address label

U 77

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

7020 0640 0000 1388 7945

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.91
Total Postage amt	\$ 7.36
Sent To	
Street and Apt. No.	
City, State, ZIP+4	

Postmark
Here

Aimee Leann Michaud
 555 E. Northview Ave, Apt 4
 McPherson, KS 67460-1950

PS Form 3800, April 2015 PSN 7530-0200-9000-9000

CERTIFIED MAIL

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

Handwritten initials/signature



7020 0640 0000 1388 7945



UNITED STATES POSTAGE
 PITNEY BOWES
 \$007.36
 02 1P
 0000679279 MAY 10 2021
 MAILED FROM ZIP CODE 67505

**RETURN RECEIPT
 REQUESTED**

Aimee Leann Michaud
 555 E. Northview Ave, Apt 4
 McPherson, KS 67460-1950

Handwritten note

UTF
 87504>2523

WIXIE 672 FEB 1 0805/17/21

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

87504252323 *1850-03580-17-23

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OFFICIAL USE

7990 1388 0000 0640 2020

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	\$ 2.95
<input checked="" 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	\$ 91.8
Total Postage and Fees	\$ 95.4

Postmark
Here

Sent to
Patrick D. Ferguson
229 Bee Tree Ridge Lane
Villas, NC 28692

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

PS Form 3800, April 2012

CERTIFIED MAIL



7990 1388 0000 0640 2020

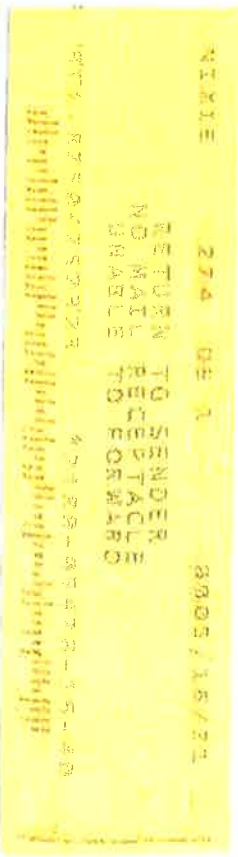


Padilla Law Firm, P.A.
 PO Box 2523
 Santa Fe, NM 87504

PMR
 Patrick D. Ferguson
 229 Bee Tree Ridge Lane
 Villas, NC 28692

7990 1388 0000 0640 2020

87504-2523



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CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

7020 0640 0000 1388 8010

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 7.36
Total Postage and Fees	\$ 10.91
Sent to	
Street and Apt. #	
City, State, ZIP+4	

Postmark
Here

Randi S. Firestone
 12760 Millennium, Apt 403
 Playa Vista, CA 90094

PS Form 3800, April 2014

CERTIFIED MAIL

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



7020 0640 0000 1388 8010



12/5/18

Randi S. Firestone
 12760 Millennium, Apt. 403
 Playa Vista, CA 90094

9394110679012465

9005452472523

FORWARD TIME EXP. RTN TO SEND 2266995 / 15 / 21
 FIRESTONE RANDI
 12760 MILLENNIUM APT 403
 PLAYA VISTA, CA 90094
 RETURN TO SENDER

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0004732094

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PADILLA LAW FIRM
POBOX 2523

SANTA FE, NM 87504


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:

05/13/2021



Legal Clerk

Subscribed and sworn before me this May 13, 2021:



State of WI, County of Brown
NOTARY PUBLIC

1-7-25

My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0004732094
PO #: 04732094
of Affidavits 1

This is not an invoice

STATE OF NEW MEXICO
ENERGY, MINERALS AND
NATURAL RESOURCES DE-
PARTMENT
OIL CONSERVATION
DIVISION
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing. During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. This application will be set for electronic hearing before the Division Examiner on June 3, 2021 at 8:15 a.m., at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <http://www.emnrd.state.nm.us/OCD/announcements.html>. Nonetheless, to stay informed as to any changes for hearing procedures you should consult the OCD website for further instructions.

STATE OF NEW MEXICO:

All named parties and persons having any right, title, interest or claim in the following case and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

TO: OXY USA WTP, Crown Oil Partners VI, LLC, Magnum Hunter Production, Inc., Myrelene Mannschreck Dillon SSP, Intrepid Energy, LLC, Crump Energy Partners VI, LLC, Pamela A. Davis, Trustee Under Declaration of Trust, dated 8/28/1992, exd. By Alice G. Davis, JW Davis, SSP, Paul & Zofia Umbarger, Timothy S. & Patricia C. Ferguson, Galkay, a Joint Venture, Patrick D. & Gail Lynn Ferguson, Wilcat Energy LLC, a Texas Corporation, John G. Rocovich, Jr., J. Darlene Kline, Robert H. Kriebler, c/o Larry A. Evans CPA Inc., Olin Garrett, Gerald L. Michaud, William L. Hilliard, Sombrero Associates, Nelson & Company f/b/o, John D. Wille Martial Trust, Ted J. Werts, Hodge Natural Gas Gathering, LLC, Douglas C. Cranmer, Russell B. Cranmer, Douglas C. & Russell B. Cranmer Trustees, Robert A. Weil, Mary L. Kline, Geoffrey Lancelley, MSU, Elizabeth Kaye Tullis Dillard, SSP, Catherine Huffman, HCH Investments, LLC, CS Capital Management, Duer Wagner, III, Kenneth Walter Kline, Amy Umbarger, Heidi Umbarger Perez, Cheryl d. Cordry, John w. Burress III, Cameron Michaud-Drumright, J4C Royalties, Ltd., Clint R. Werts, Aimee Leann Michaud, Patrick J. Michaud, Patrick D. Ferguson, Gail Lynn Ferguson, Randi S. Firestone, Nancy S. Holceker, John Ettelson, William Ettelson, Robert K. Hillin, Jr., MSU, Russell Cranmer, Scratch Properties, LLC, Shirley Anne Egbert, Silverhair, LLC, Ted Werts, Teryl d. Meyers, Trustee of the Teryl D. Meyers Separate Property Trust, Thomas F. Meaders, Thomas A. Crow, Trustee of the Mark E. Boling Revocable Trust, Tularosa Oil Company, V. Burfiend, p/k/a Vernon Burfiend, Virginia B. Dean, et al., Virginia D. Kriz-Neesen, Wildcat Energy, LLC, William Hilliard, ZPZ Delaware I, LLC, L&J Cohen, Inc.

OCD Case No. 21904-Reopen
21226-Order No. R-21354, In
the Matter of the Applica-
tion of Colgate Operating,

LLC, seeking an **order** for an extension of **time** for in which to drill the Dawson 34 Fed State Com wells in Eddy County, New Mexico.

A. Dawson 34 Fed State Com 123H
SHL: 1505 feet from the South line and 715 feet from the East line,
(Unit I) of Section 34, Township 19 South, Range 28 East, NMPM.
BHL: 1650 feet from the South line and 10 feet from the West line,
(Unit L) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target:
2nd Bone Spring
Sand at approx 7500 feet
TVD.
Well Orientation: East to West
Completion Location:
standard
Spacing Unit: N/2 S/2 of Section 34 and N/2 S/2 of Section 33

B. Dawson 34 Fed State Com 133H
SHL: 1505 feet from the South line and 760 feet from the East line,
(Unit I) of Section 34, Township 19 South, Range 28 East, NMPM.
BHL: 1750 feet from the South line and 10 feet from the West line,
(Unit L) of Section 34, Township 19 South, Range 28 East, NMPM.

Completion Target:
3rd Bone Spring
Sand at approx 8600 feet
TVD.
Well Orientation: East to West
Completion Location:
standard
Spacing Unit: N/2 S/2 of Section 34 and N/2 S/2 of Section 33

C. Dawson 34 Fed State Com 124H
SHL: 295 feet from the South line and 560 feet from the East line,
(Unit P) of Section 34, Township 19 South, Range 28 East, NMPM.
BHL: 330 feet from the South line and 10 feet from the West line,
(Unit M) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target:
2nd Bone Spring
Sand at approx 7500 feet
TVD.
Well Orientation: East to West
Completion Location:
standard
Spacing Unit: S/2 S/2 of Section 34 and S/2 S/2 of Section 33

D. Dawson 34 Fed State Com 134H
SHL: 340 feet from the South line and 560 feet from the East line,
(Unit P) of Section 34, Township 19 South, Range 28 East, NMPM.
BHL: 430 feet from the South line and 10 feet from the West line,
(Unit M) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target:
3rd Bone Spring
Sand at approx 8600 feet
TVD.
Well Orientation: East to West
Completion Location:
standard
Spacing Unit: S/2 S/2 of Section 34 and S/2 S/2 of Section 33
Current Argus, May 13, 2021
04732094

PADILLA LAW FIRM, P.A.

STREET ADDRESS

1512 S. ST. FRANCIS DRIVE

SANTA FE, NM 87505

MAILING ADDRESS

P.O. BOX 2523

SANTA FE, NEW MEXICO 87504-2523

EMAIL ADDRESS

padillalaw@qwestoffice.net

padillalawnm@outlook.com

TELEPHONE

505-988-7577

FACSIMILE

505-988-7592

May 10, 2021

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

TO: ALL INTEREST OWNERS


Re: NMOCD Case Number#21905-Reopen 21227-Order No. R-21355, In the Matter of the Application of Colgate Operating, LLC, an order for an extension of time for in which to drill the Shamrock 34 Fed State Com wells in Eddy County, New Mexico.

Ladies and Gentlemen:

This letter will advise that Colgate Operating, LLC has refiled an application with the New Mexico Oil Conservation Division seeking an order for and extension of time for in which to drill the Shamrock 34 Fed State Com wells in Eddy County, New Mexico as referenced above. Copy of the application is enclosed.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. This application will be set for electronic hearing before the Division Examiner on June 3, 2021 at 8:15 a.m., at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico.

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

Very truly yours,

ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

Ex.B4-051

(Shamrock wells)

Colgate Production, LLC

EOG Resources, Inc.
5509 Champions Dr.
Midland, Texas 79706

OXY USA WTP Limited Partnership
5 Greenway Plaza, Suite 110
Houston, Texas 77046

Crown Oil Partners VI, LLC
P.O. Box 50820
Midland, Texas 79710

Magnum Hunter Production, Inc.,
600 North Marienfeld, Suite 600
Midland, Texas 79701

Myrlene Mannschreck Dillon, SSP
1383 County Road 141
Coleman, Texas 76834-8159

Intrepid Energy, LLC
PO Box 711
Yankton, South Dakota 57078

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

Pamela A. Davis, Trustee Under Declaration of
Trust, dated August 28, 1992, Executed by Alice G.
Davis
299 West 31st Street, Cottage 473
Sea Island, Georgia 31561

J.W. Davis, SSP (1995)
299 West 31st Street, Cottage 473
Sea Island, Georgia 31561

Paul Umbarger and wife, Zofia Umbarger
3804 Brandon Avenue, SW, Apt. No. 342
Roanoke, Virginia 24018

Timothy S. Ferguson and Patricia C. Ferguson
1710 W Parkside Drive
Hoffman Estates, IL 60192-1540

Galkay, a Joint Venture
P.O. Box 4109
Winston-Salem, North Carolina 27105

Patrick D. & Gail Lynn Ferguson
2021 West Dickens Ave
Chicago, IL 60647

Wildcat Energy, LLC, a Texas corporation
P.O. Box 13323
Odessa, Texas 79768

John G. Rocovich, Jr.
P.O. Box 13606
Roanoke, Virginia 24035

J. Darlene Kline
5045 East St. Andrews Drive
Tucson, Arizona 85718

Robert H. Kriebel, c/o Larry A. Evans CPA Inc.
210 Park Avenue, Suite 2300
Oklahoma City, Oklahoma 73102

Olin Garrett
P.O. Box 1489
Roanoke, Virginia 24007

Gerald L. Michaud
11015 East 63rd Street South
Derby, Kansas 67037

William L. Hilliard
2900 Club Drive
Los Angeles, California 90064

Sombrero Associates
1 Chase Manhattan Plaza
New York, New York 10005

Nelson & Company f/b/o John D. Wile Marital Trust
P.O. Box 259
Willman, Connecticut 06226

Ted J. Werts
8220 Oxford Cir
Wichita, Kansas 67226

Hodge Natural Gas Gathering, LLC
1013 Centre Road, Suite 403S
Wilmington, DE 19805

Douglas C. Cranmer
202 North Gateway Circle
Wichita, KS 67230

Russell B. Cranmer
200 W. Douglas, Suite 100
Wichita, KS 67202

Douglas C. Cranmer and Russell E. Cranmer,
Trustees of the Russell E. Cranmer Irrevocable Trust
200 W. Douglas, Suite 100
Wichita, KS 67202

Robert A Weil
416 Sheridan Road
Highland Park, IL 60035

Mary L. Kline
3451 Eastern NE
Grand Rapids, Michigan 49505

Geoffrey Lanceley, MSU
4226 Oberlin Street
Houston, Texas 77005

Elizabeth Kaye Tullis Dillard, SSP
3208 Wellshire Court
Plano, Texas 75093

Catherin Huffman
P.O. Box 100429
Fort Worth, Texas 76185

HCH Investments, LLC
P.O. Box 3097
Albany, Texas 76430

C5 Capital Management
P.O. Box 2218
Albany, Texas 76430

Duer Wagner, III
PO Box 101265
Fort Worth, Texas 76185

Kenneth Walter Kline
N4158 US Highway 41
Wallace, MI 49893-9780

Amy Umbarger
322 Eagle Drive
Jupiter, Florida 33477-4066

Heidi Umbarger Perez
10 Woodstock Court
Hilton Head Island, South Carolina 29928

Cheryl D Cordry
115 S Rutan Avenue
Wichita, KS 67218

John W Burress III
403 New England Road
Guildford, CT 06437-1876

Cameron Michaud-Drumright
300 N Mead Street, Suite 200
Wichita, KS 67202-2722

J4C Royalties, Ltd.
PO Box 1058
Albany, TX 76430

Clint R. Werts
855 N Sagebrush Street
Wichita, KS 67230-7057

Timothy S. Ferguson and Patricia C. Ferguson
1710 W Parkside Dri
Hoffman Estates, IL 60192-1540

Aimee Leann Michaud
555 E. Northview Ave, Apt 4
McPherson, KS 67460-1950

Patrick J. Michaud
7307 N Hamilton St
Spokane WA 99208-5255

Patrick D. Ferguson
229 Bee Tree Ridge Lane
Villas, NC 28692

Gail Lynn Ferguson
403 Pearson Dr
Asheville, NC 28001-1021

Randi S. Firestone
12760 Millennium, Apt. 403
Playa Vista, CA 90094

Nancy S. Holceker
399 Fullerton Parkway
Chicago, IL 60614-2876

John Ettelson
2350 N Lincoln Ave., Apt. 3N
Chicago, IL 60614-3442

William Ettelson
589 Sheridan Road
Glencoe, IL 60022-1764

(Shamrock wells)
Colgate Production, LLC
Charles F. Keller by AIF, Carol Sue Mhoon 85 Lonesome Pine Drive Antonito, Colorado 81120
Doris Jean Barnes Turner by AIF, Roger Emerson Barnes 1308 Godfrey Street Midland, Texas 79703-5036
Sharon Ross Jackson and Noell Ross Jackson, Co- Trustees of the Ross Family Trust PO Box 86 Midland, Texas 79702
D. Lloyd Henderson and wife, Jean E. Henderson 332 San Saba Street Meadowlakes, Texas 78654-7009
Marathon Oil Permian, LLC 5555 San Felipe Street Houston, Texas 77056
Platform Energy III, LLC PO Box 2078 Abilene, Texas 79604
Thomas A. Crow, Trustee of the Mark E. Boling Revocable Trust 8210 Louisiana Boulevard NE Suite B Albuquerque, New Mexico 87113
Abuelo, LLC 21 Cook Drive Artesia, New Mexico 88210
Ergodic Resources, LLC, a New Mexico limited liability company P.O. Box 2021 Roswell, New Mexico 88202

Silverhair, LLC
1301 Lewis Road
Artesia, New Mexico 88210

Loco Hills Production Company LLC
P.O. Box 779
Artesia, New Mexico 88211

Marshall & Winston, Inc.
PO Box 50880
Midland, Texas 79710-0880

Greenville Partners
PO Box 50612
Midland, Texas 79710

Lawrence R. Andersen
6337 Foote Road, Apt. A
Ceres, California 95307-6645

Frank Jordan Pisor III
6319 N 8th Street
Fresno, California 93710

Kevin Hammit and wife, Christine Hammit
PO Box 50880
Midland, Texas 79710-0880

James A. Lawson, MSU
PO Box 10017
Midland, Texas 79705

Barry Don Oldham
330 Rocky Land Drive
Midland, Texas 79703

Larry C. Oldham
908 Country Club Drive
Midland, Texas 79701

Cheryl Dianne Etheredge, as sole Trustee of the
CDE 2015 Revocable Trust
4352 Westwood Drive
Dallas, TX 75209

Puma Petroleum Co.
908 Country Club
Midland, Texas 79701

Gecko Oil and Gas
908 Country Club
Midland, Texas 79701

Ross McClellan and wife, Kandace McClellan
105 W 3rd Street, Suite 316
Roswell, New Mexico 88202

Mark McClellan and wife, Paula McClellan
105 W 3rd Street, Suite 316
Roswell, New Mexico 88202

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

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

**Case No. 21905
Order No. R-21355
Previous Case No. 21227**

APPLICATION TO AMEND ORDER R-21355

COLGATE OPERATING, LLC, OGRID Number 371449, through its undersigned attorney, files this application with the Oil Conservation Division (“Division”) for the limited purpose of amending Order No. R-21355 (“the Order”) to allow for an extension of time for drilling the well under the Order. In support of this application, Colgate states as follows:

1. The Division heard Case No. 21227 on May 28, 2020 and entered the Order on June 10, 2020.
2. The Order designated Colgate as the operator of the unit and the four proposed wells.
3. Paragraph 20 of the Order states: “The Operator shall commence drilling the initial wells within one (1) year after the date of this Order; and (b) for an infill well, no later than thirty (30) days after completion of the wells”. Paragraph 21 of the Order states: “Operator shall comply with the infill well requirements in 19.15.13.9 NMAC through 19.15.13.12 NMAC”. Paragraph 22 of the Order states: “This Order shall terminate automatically if Operator fails to comply with Paragraphs 20 or 21”.
4. Under the Order, Colgate would be required to commence drilling the well by June 10, 2021.
5. Colgate requests that the Order be re-opened and amended to allow Colgate an

additional year to commence drilling the well under the Order.

6. Colgate requests this extension because there have been changes to Colgate's drilling schedule due to the COVID-19 pandemic and current market conditions.

7. Good cause exists for Colgate's request for an extension of time.

8. Colgate asks that the deadline to commence drilling the well be extended for a year from June 10, 2021 to June 10, 2022.

WHEREFORE, Colgate requests this application be set for hearing before and Examiner of the Oil Conservation Division on June 3, 2021, and after notice and hearing as required by law, the Division amend Order R-21355 to extend the time for Colgate to commence drilling the well under the Order for a year, through June 10, 2022.

PADILLA LAW FIRM, P.A.

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

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

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

OFFICIAL USE

020 0640 0000 1389 1140

Certified Mail Fee
 \$ 3.00

Extra Services & Fees (check box and fee appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
 \$ 9.14

Total Postage and Fees
 \$ 12.14

Sent to
 7-36

Street and Apt. No.
 Midland, Texas 79701

City, State, ZIP+4®

Postmark
 Here

Magnum Hunter Production, Inc.
 600 North Mariefeld, Suite 600
 Midland, Texas 79701

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Magnum Hunter Production, Inc.
 600 North Mariefeld, Suite 600
 Midland, Texas 79701

9590 9402 5941 0062 9493 48

Article Number (Transfer from service label)
 020 0640 0000 1389 1140

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

COMPLETE THIS SECTION ON DELIVERY

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

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

Domestic Return Receipt

7020 0640 0000 1389 4592

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
 \$ 2.60

Extra Services & Fees (check box and fee appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
 \$ 9.14

Total Postage and Fees
 \$ 11.74

Sent to
 7-36

Street and Apt. No.
 Midland, Texas 79703-5036

City, State, ZIP+4®

Postmark
 Here

Doris Jean Barnes Turner by AIF, Roger
 Emerson Barnes
 1308 Godfrey Street
 Midland, Texas 79703-5036

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Doris Jean Barnes Turner by AIF, Roger
 Emerson Barnes
 1308 Godfrey Street
 Midland, Texas 79703-5036

9590 9402 5941 0062 9312 37

Article Number (Transfer from service label)
 020 0640 0000 1389 4592

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

COMPLETE THIS SECTION ON DELIVERY

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

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

Domestic Return Receipt

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 1389 4622

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, and fee in appropriate column)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ 9.10
 Total Postage and Fees \$ 12.55
 Sent To _____
 Street and Apt. No. _____
 City, State, ZIP+4 _____
 PS Form 3800

John Ertelson
 2350 N. Lincoln Ave., Apt. 3N
 Chicago, IL 60614-3442

SENDER: COMPLETE THIS SECTION

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

John Ertelson
 2350 N. Lincoln Ave., Apt. 3N
 Chicago, IL 60614-3442

1. Article Number (Transfer from service label)
 7020 0640 0000 1389 4622
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

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

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

Domestic Return Receipt

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 1389 4639

Certified Mail Fee \$ 3.60
 Extra Services & Fees (check box, and fee in appropriate column)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ 9.10
 Total Postage and Fees \$ 12.55
 Sent To _____
 Street and Apt. No. _____
 City, State, ZIP+4 _____
 PS Form 3800, April 2015 PSN 7530-02-000-9053

Mark McClellan and Paula McClellan
 105 W 3rd Street, Suite 316
 Roswell, New Mexico 88202

SENDER: COMPLETE THIS SECTION

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

Mark McClellan and Paula McClellan
 105 W 3rd Street, Suite 316
 Roswell, New Mexico 88202

1. Article Number (Transfer from service label)
 7020 0640 0000 1389 4639
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

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

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

Domestic Return Rec

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 1389 4646

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fees separately)
 Return Receipt (hardcopy) \$ 3.00
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark Here

Total Postage and Fees \$ 6.60

Sent to 7.36 Ross McClellan & Kandace McClellan
 105 W 3rd Street, Suite 316
 Roswell, New Mexico 88202

Street and Apt. No. Roswell, New Mexico 88202
 City, State, Zip+4

PS Form 3800, April 2015 PSN 7530-02-000-9053 See www.usps.com for instructions

RECIPIENT: 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, front on the front if space permits.

Article Addressed to:
 Ross McClellan & Kandace McClellan
 105 W 3rd Street, Suite 316
 Roswell, New Mexico 88202

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

Article Number (Transfer from service label)
 20 0640 0000 1389 4646

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addresssee
 Signature
 Restricted by (Printed Name)

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

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

Article Number (Transfer from service label)
 7020 0640 0000 1389 4653

Domestic Return Receipt

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

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

OFFICIAL USE

7020 0640 0000 1389 4653

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fees separately)
 Return Receipt (hardcopy) \$ 3.00
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark Here

Total Postage and Fees \$ 6.60

Sent to 7.36 Gecko Oil and Gas
 908 Country Club
 Midland, Texas 79701

Street and Apt. No. Midland, Texas 79701
 City, State, Zip+4

PS Form 3800, April 2015 PSN 7530-02-000-9053 See www.usps.com for instructions

RECIPIENT: COMPLETE THIS SECTION

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

Article Addressed to:
 Gecko Oil and Gas
 908 Country Club
 Midland, Texas 79701

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

Article Number (Transfer from service label)
 7020 0640 0000 1389 4653

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addresssee
 Signature
 Restricted by (Printed Name)

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee
 \$ 7.00

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

Return Receipt (hardcopy) \$ 2.95

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$ 1.10

Total Postage and Fees
 \$ 8.10

Sent To: Puma Petroleum Co.
 908 Country Club
 Midland, Texas 79701

Street and Apt. N.
 City, State, ZIP+4

PS Form 3800

7020 0640 0000 1389 4660

RECIPIENT: COMPLETE THIS SECTION

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

Article Addressed to:
 Puma Petroleum Co.
 908 Country Club
 Midland, Texas 79701



9590 9402 5941 0062 9313 29

Article Number (Transfer from service label)
 020 0640 0000 1389 4660

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature
 Agent

B. Received by (Printed Name)
 Addressee

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee
 \$ 7.00

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

Return Receipt (hardcopy) \$ 2.95

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$ 1.10

Total Postage and Fees
 \$ 8.10

Sent To: Larry C. Oldham
 908 Country Club Drive
 Midland, Texas 79701

Street and Apt. N.
 City, State, ZIP+4

PS Form 3800

7020 0640 0000 1389 4677

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Larry C. Oldham
 908 Country Club Drive
 Midland, Texas 79701



9590 9402 5941 0062 9313 12

Article Number (Transfer from service label)
 7020 0640 0000 1389 4677

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature
 Agent

B. Received by (Printed Name)
 Addressee

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 4.40

Extra Services & Fees (check box, add fee to postage)
 Return Receipt (hardcopy) \$ 1.30
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 918

Total Postage at _____

Sent to JAC Royalties, Ltd.
P.O. Box 1058
Albany, TX 76430

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

PS Form 3800

7020 0640 0000 1389 4714

RECIPIENT: 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, with the front of the card facing the recipient on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Christ Chapman Address

B. Received by (Printed Name) CHRIST CHAPMAN Date of Delivery 5-14-2011

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

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

P.O. Box 2218
Albany TX 76430

C Royalties, Ltd.
 O. Box 1058
 Albany, TX 76430

Article Number (Transfer from service label) 9590 9402 5941 0062 9495 08

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

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

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

OFFICIAL USE

Certified Mail Fee \$ 4.40

Extra Services & Fees (check box, add fee to postage)
 Return Receipt (hardcopy) \$ 1.30
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 918

Total Postage at _____

Sent to Cameron Michaud-Drumright
300 N Mead Street, Suite 200
Wichita, KS 67202-2722

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

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

7020 0640 0000 1389 4721

SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Christ Chapman Address

B. Received by (Printed Name) CHRIST CHAPMAN Date of Delivery 5-14-2011

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

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

Cameron Michaud-Drumright
300 N Mead Street, Suite 200
Wichita, KS 67202-2722

Cameron Michaud-Drumright
 300 N Mead Street, Suite 200
 Wichita, KS 67202-2722

Article Number (Transfer from service label) 9590 9402 5941 0062 9495 08

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

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 1389 4738

Certified Mail Fee \$ 3.60

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 918

Total Postage and Fees \$ 1276

Sent To Abuelo, LLC

Street and Apt. No. 21 Cook Drive

City, State, ZIP+4® Artesia, New Mexico 88210

PS Form 3800, April 2011 PSN 7530-02-000-9053

Postmark
Here

RECIPIENT: COMPLETE THIS SECTION

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

Article Addressed to:

Abuelo, LLC
 Cook Drive
 Artesia, New Mexico 88210

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Article Number (Transfer from service label)
 20 0640 0000 1389 4738

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Barry Don Oldham
 330 Rocky Land Drive
 Midland, Texas 79703

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Wm. N. V. A. R. JONES C. Date of Delivery 5/11/2011

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

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Article Number (Transfer from service label)
 7020 0640 0000 1389 4745

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

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 1389 4745

Certified Mail Fee \$ 3.60

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 918

Total Postage and Fees \$ 1276

Sent To Barry Don Oldham

Street and Apt. No. 330 Rocky Land Drive

City, State, ZIP+4® Midland, Texas 79703

PS Form 3800, April 2011 PSN 7530-02-000-9053

Postmark
Here

RECIPIENT: COMPLETE THIS SECTION

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

Article Addressed to:

Barry Don Oldham
 330 Rocky Land Drive
 Midland, Texas 79703

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 5/11/2011

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

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Article Number (Transfer from service label)
 7020 0640 0000 1389 4745

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

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

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

OFFICIAL USE

Certified Mail Fee \$ 4.00
 Extra Services & Fees (check box, add fee appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$ 9.18
 Total Postage amt \$ 13.18
 Sent To Kevin Hammit and Christine Hammit
PO Box 50880
Midland, Texas 79710-0880
 Street and Apt. No.
 City, State, ZIP+4®
 PS Form 3800

7202 0640 0000 1389 4769

RECIPIENT: 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,
 with the front of space permits.

Article Addressed to:
 Kevin Hammit and Christine Hammit
 Box 50880
 Midland, Texas 79710-0880

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

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

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

Certified Mail Fee \$ 4.00
 Extra Services & Fees (check box, add fee appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$ 9.18
 Total Postage amt \$ 13.18
 Sent To Frank Jordan Pisor III
6319 N 8th Street
Fresno, California 93710
 Street and Apt. No.
 City, State, ZIP+4®
 PS Form 3800

7202 0640 0000 1389 4776

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,
 with the front of space permits.

1. Article Addressed to:
 Frank Jordan Pisor III
 6319 N 8th Street
 Fresno, California 93710

2. Article Number (Transfer from service label)
9590 9402 5941 0062 9496 45
 7202 0640 0000 1389 4776
 PS Form 3811, July 2015 PSN 7530-02-000-9053
 Domestic Return Receipt

RECIPIENT: 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,
 with the front of space permits.

Article Addressed to:
 Frank Jordan Pisor III
 6319 N 8th Street
 Fresno, California 93710

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

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

OFFICIAL USE

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

7020 0640 0000 1389 4783

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fee) *(Signature)*

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage 9.10

Total Postage and Postage and Fees (check box, add fee) *(Signature)*

Sent to 1.76 6337 Foote Road, Apt. A

Street and Apt. No. Ceres, California 95307-6645

City, State, ZIP+4® _____

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

RECIPIENT: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Write 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, with the front of space permits.

Article Addressed to:

wrence R. Andersen:
 37 Foote Road, Apt. A
 Ceres, California 95307-6645

9590 9402 5941 0062 9496 38 *21905*

Article Number (Transfer from service label)
 20 0640 0000 1389 4783

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *(Signature)* Agent

B. Received by (Printed Name) *(Signature)* Addressee

C. Date of Delivery *5.18*

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

OFFICIAL USE

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

7020 0640 0000 1389 4806

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fee) *(Signature)*

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage 9.10

Total Postage and Postage and Fees (check box, add fee) *(Signature)*

Sent to 1.76 Marshall & Winston, Inc.
 PO Box 50880

Street and Apt. No. Midland, Texas 79710-0880

City, State, ZIP+4® _____

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marshall & Winston, Inc.
 PO Box 50880
 Midland, Texas 79710-0880

9590 9402 5941 0062 9496 14 *21905*

Article Number (Transfer from service label)
 20 0640 0000 1389 4806

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *(Signature)* Agent

B. Received by (Printed Name) *(Signature)* Addressee

C. Date of Delivery *5.18*

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 4.00
 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

7020 0640 0000 1389 4813

Total Postage \$ 7.76
 Sent to HCH Investments, LLC
P.O. Box 3097
Albany, Texas 76430
 City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

RECIPIENT: 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, front on the front if space permits.

Article Addressed to:
 H Investments, LLC
 P. Box 3097
 Albany, Texas 76430

9590 9402 5941 0062 9494 09
 Article Number (Transfer from service label)
 0 0640 0000 1389 4813
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Catherin Huffman Addressee
 B. Received by (Printed Name) _____
 C. Date of Delivery 5-15-21
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 4.00
 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

7020 0640 0000 1389 4820

Total Postage amt \$ 7.76
 Sent to Catherin Huffman
P.O. Box 100429
Fort Worth, Texas 76185
 City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Catherin Huffman
 P.O. Box 100429
 Fort Worth, Texas 76185

9590 9402 5941 0062 9493 93
 Article Number (Transfer from service label)
 7020 0640 0000 1389 4820
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Catherin Huffman Addressee
 B. Received by (Printed Name) Catherin Huffman C. Date of Delivery 5/17/21
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee
 \$ 4.60

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ 91.8

Total Postage amt
 \$ 96.40

Sent to Patrick J. Michaud
 7307 N. Hamilton Street
 Spokane, WA 99208-5255
 City, State, ZIP+4

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

7020 0640 0000 1389 4929

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

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

OFFICIAL USE

Certified Mail Fee
 \$ 4.60

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ 91.9

Total Postage amt
 \$ 96.50

Sent to Nelson & Company fb/o
 John D. Wile Martial Trust
 P.O. Box 259
 Willman, Connecticut 06226
 City, State, ZIP+4

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

RECIPIENT: 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, front on the front if space permits.

Article Addressed to:

Patrick J. Michaud
 7307 N. Hamilton Street
 Spokane, WA 99208-5255



Article Number (Transfer from service label)
 7020 0640 0000 1389 4882

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

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent MK (19)

B. Received by (Printed Name)
 Patrick Michaud

C. Date of Delivery
 5/18/12

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

3. Service Type

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

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

Domestic Return Receipt

RECIPIENT: COMPLETE THIS SECTION

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

Article Addressed to:

Nelson & Company fb/o
 John D. Wile Martial Trust
 P.O. Box 259
 Willman, Connecticut 06226



Article Number (Transfer from service label)
 7020 0640 0000 1389 4929

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

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent Fred Demers

B. Received by (Printed Name)
 Fred Demers

C. Date of Delivery
 5/17/12

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

3. Service Type

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box and fee amount)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Total Postage amt \$ 9.10
 Sent to John W Burress III
403 New England Road
Guildford, CT 06437-1876
 Street and Apt. No
 City, State, ZIP+4®

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

7020 0640 0000 1389 4943

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box and fee amount)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Total Postage amt \$ 9.10
 Sent to Cheryl D Cordry
115 S. Rutan Avenue
Wichita, KS 67218
 Street and Apt. No
 City, State, ZIP+4®

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

7020 0640 0000 1389 4950

DER: 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, on the front if space permits. Article Addressed to:

John W Burress III
 03 New England Road
 Guildford, CT 06437-1876

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) B. Burress Addressee
 C. Date of Delivery 5/14/15
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

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

Article Number (Transfer from service label)
 9590 9402 5941 0062 9222 42
 20 0640 0000 1389 4943

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Cheryl D Cordry
 115 S. Rutan Avenue
 Wichita, KS 67218

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Cheryl D Cordry Addressee
 C. Date of Delivery 5/14/15
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

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

Article Number (Transfer from service label)
 9590 9402 5941 0062 9494 61
 7020 0640 0000 1389 4950

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 4.60

Extra Services & Fees (check box and fee appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark Here

Postage \$ 9.14

Total Postage and Fees \$ 13.74

Sent to C5 Capital Management

Street and Apt. No. P.O. Box 2218

City, State, ZIP+4® Albany, Texas 76430

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

7020 0640 0000 1389 5001

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 C5 Capital Management
 P.O. Box 2218
 Albany, Texas 76430



9590 9402 5941 0062 9494 16

Article Number (Transfer from service label)
 7020 0640 0000 1389 5001

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Christi Chapman Addressee

B. Received by (Printed Name) Christi Chapman C. Date of Delivery 5-14-2011

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

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 4.60

Extra Services & Fees (check box and fee appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark Here

Postage \$ 9.14

Total Postage and Fees \$ 13.74

Sent to Kenneth Walter Kline

Street and Apt. No. N4158 US Highway 41

City, State, ZIP+4® Wallace, MI 49893-9780

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

7020 0640 0000 1389 4981

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Kenneth Walter Kline
 N4158 US Highway 41
 Wallace, MI 49893-9780



9590 9402 5941 0062 9494 30

Article Number (Transfer from service label)
 7020 0640 0000 1389 4981

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Walter Kline Addressee

B. Received by (Printed Name) Walter Kline C. Date of Delivery 5/17/12

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

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

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

Domestic Return Receipt

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

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

7020 0640 0000 1389 6824

Certified Mail Fee \$ 5.00

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 9.10

Total Postage and Fees \$ 14.95

Sent to Silverhair, LLC

Street and Apt. No. 1301 Lewis Road

City, State, ZIP+4® Artesia, New Mexico 88210

Postmark
Here

PS Form 3800, April 2015 See Reverse for Instructions

RECIPIENT: COMPLETE THIS SECTION

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

Article Addressed to:
 LLC
 1301 Lewis Road
 Artesia, New Mexico 88210

9590 9402 5941 0062 9495 77 2015

Article Number (Transfer from service label)
 7020 0640 0000 1389 6824

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) ME

C. Date of Delivery 5-14

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

7020 0640 0000 1389 6824

Certified Mail Fee \$ 5.00

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 9.10

Total Postage and Fees \$ 14.95

Sent to Ergodic Resources, LLC

Street and Apt. No. P.O. Box 2021

City, State, ZIP+4® Roswell, New Mexico 88202

Postmark
Here

PS Form 3800, April 2015 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.

Article Addressed to:
 Ergodic Resources, LLC
 P.O. Box 2021
 Roswell, New Mexico 88202

9590 9402 5941 0062 9312 99 2015

Article Number (Transfer from service label)
 7020 0640 0000 1389 6824

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) James G. Gough C. Date of Delivery 5-14-21

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

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

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

OFFICIAL USE

29 29 69 69 1 1 0000 04 90 0202

Certified Mail Fee \$ 1.00

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Total Postage and Postage and Fees \$ 1.70

Sent to Marathon Oil Permian, LLC

5555 San Felipe Street

Street and Apt. No. Houston, Texas 77056

City, State, ZIP+4® _____

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

RECIPIENT: COMPLETE THIS SECTION

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

Article Addressed to:
 Marathon Oil Permian, LLC
 5555 San Felipe Street
 Houston, Texas 77056

9590 9402 5941 0062 9312 68 2919

Article Number (Transfer from service label)
 120 0640 0000 1389 6862

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature CH Agent Adult, 18+

B. Received by (Printed Name) CH Date of Delivery 5-15-14

C. Is delivery address different from item 1? Yes No

D. If YES, enter delivery address below:

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

29 29 69 69 1 1 0000 04 90 0202

Certified Mail Fee \$ 1.00

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Total Postage and Fees \$ 1.70

Sent to D. Lloyd Henderson and wife, Jean E. Henderson

332 San Saba Street

Street and Apt. No. Meadowlakes, Texas 78654-7009

City, State, ZIP+4® _____

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 D. Lloyd Henderson and wife, Jean E. Henderson
 332 San Saba Street
 Meadowlakes, Texas 78654-7009

9590 9402 5941 0062 9312 51 2919

2. Article Number (Transfer from service label)
 7020 0640 0000 1389 6879

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature D. Henderson Agent Adult, 18+

B. Received by (Printed Name) D. Henderson Date of Delivery 5-15-14

C. Is delivery address different from item 1? Yes No

D. If YES, enter delivery address below:

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

OFFICIAL USE

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

Certified Mail Fee
 \$ 3.40

Extra Services & Fees (check box, add fees to postage)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark Here

Postage \$ 1.91
 Total Postage amt \$ 1.91
 Sent to Sharon Ross Jackson and Noell Ross Jackson,
 Co-Trustees of the Ross Family Trust
 PO Box 86
 Street and Apt. N Midland, Texas 79702
 City, State, Zip+4

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

SEE REVERSE FOR INSTRUCTIONS

RECEIVER: COMPLETE THIS SECTION

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

Article Addressed to:
 Sharon Ross Jackson and Noell Ross Jackson,
 Co-Trustees of the Ross Family Trust
 PO Box 86
 Midland, Texas 79702

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

Article Number (Transfer from service label) 9590 9402 5941 0062 9312 44
 20 0640 0000 1389 6886
 Form 3811, July 2015 PSN 7530-02-000-9053

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

OFFICIAL USE

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

Certified Mail Fee
 \$ 3.40

Extra Services & Fees (check box, add fees to postage)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark Here

Postage \$ 1.91
 Total Postage amt \$ 1.91
 Sent to Timothy S. Ferguson &
 Patricia C. Ferguson
 1710 W. Parkside Drive
 Hoffman Estates, IL 60192-1540
 City, State, Zip+4

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

SEE REVERSE FOR INSTRUCTIONS

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Timothy S. Ferguson &
 Patricia C. Ferguson
 1710 W. Parkside Drive
 Hoffman Estates, IL 60192-1540

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

Article Number (Transfer from service label) 9590 9402 5941 0062 9361 02
 7020 0640 0000 1388 7044
 PS Form 3811, July 2015 PSN 7530-02-000-9053

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

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

OFFICIAL USE

Original Mail Fee \$ 4.00
 Extra Services & Fees (check box and type amount)
 Premium Receipt (hardcopy) \$ 1.00
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$ 9.00
 Total Postage and Fees \$ 13.00
 Sent To Robert A. Weil
 Street and Apt. No. 416 Sheridan Road
 City, State, ZIP+4® Highland Park, IL 60035
 PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

7075 1388 0000 0640 2020

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

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

OFFICIAL USE

Certified Mail Fee \$ 4.00
 Extra Services & Fees (check box and type amount)
 Premium Receipt (hardcopy) \$ 1.00
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$ 9.00
 Total Postage and Fees \$ 14.00
 Sent To Douglas C. Cranmer and Russell E. Cranmer Trustees
 Street and Apt. No. 200 W. Douglas, Suite 100
 City, State, ZIP+4® Wichita, KS 67202
 PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

2082 8888 0000 0640 2020

RECIPIENT: COMPLETE THIS SECTION

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

Article Addressed to:
 Robert A. Weil
 16 Sheridan Road
 Highland Park, IL 60035

1. Article Number (Transfer from service label)
 9590 9402 5941 0062 9567 59
 2. Article Number (Transfer from service label)
 7020 0640 0000 1388 7075

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature cc Rtoeib Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery Address
 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

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:
 Douglas C. Cranmer and
 Russell E. Cranmer Trustees
 200 W. Douglas, Suite 100
 Wichita, KS 67202

1. Article Number (Transfer from service label)
 9590 9402 5941 0062 9567 42
 2. Article Number (Transfer from service label)
 7020 0640 0000 1388 7082

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

COMPLETE THIS SECTION ON DELIVERY

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

7099 1388 0000 0640 2020

Certified Mail Fee \$ 4.50

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 1.10

Total Postage and Postmark \$ 5.60

Sent to Russell B. Cramer
200 W. Douglas, Suite 100
Wichita, KS 67202
City, State, ZIP+4® _____

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

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

Article Addressed to:

sell B. Cramer
0 W. Douglas, Suite 100
Wichita, KS 67202



9590 9402 5941 0062 9567 35

Article Number (Transfer from service label)

7020 0640 0000 1388 7099

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

Domestic Return Receipt

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail (over \$500)

Insured Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Received by (Printed Name) H. Cramer

C. Date of Delivery 5-17-21

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

7129 1388 0000 0640 2020

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

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

OFFICIAL USE

Certified Mail Fee \$ 4.50

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 1.10

Total Postage and Postmark \$ 5.60

Sent to Crown Oil Partners VI, LLC
P.O. Box 50820
Midland, Texas 79710
City, State, ZIP+4® _____

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

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

Article Addressed to:

Crown Oil Partners VI, LLC
P.O. Box 50820
Midland, Texas 79710



9590 9402 5941 0062 9486 00

Article Number (Transfer from service label)

7020 0640 0000 1388 7129

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

Domestic Return Receipt

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail (over \$500)

Insured Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Received by (Printed Name) Virginia Hughes

C. Date of Delivery 5/17/21

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

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.00

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 1.14

Total Postage and Postmark Here \$ 4.14

Sent to OXY USA WTP Limited Partnership
5 Greenway Plaza, Suite 110
Houston, Texas 77046
 Street and Apt. No. _____
 City, State, ZIP+4® _____

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

XY USA WTP Limited Partnership
 Greenway Plaza, Suite 110
 Houston, Texas 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature CV19 B. Agent Addressed to

B. Received by (Printed Name) CV19 C. Date of Delivery 5-17-21

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

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Article Number (Transfer from service label)
9590 9402 5941 0062 9497 13

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

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.00

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 1.14

Total Postage and Postmark Here \$ 4.14

Sent to EOG Resources, Inc.
5509 Champions Dr.
Midland, Texas 79706
 Street and Apt. No. _____
 City, State, ZIP+4® _____

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

EOG Resources, Inc.
 5509 Champions Dr.
 Midland, Texas 79706

COMPLETE THIS SECTION ON DELIVERY

A. Signature CV19 B. Agent Addressed to

B. Received by (Printed Name) CV19 C. Date of Delivery 5-17-21

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

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Article Number (Transfer from service label)
9590 9402 5941 0062 9497 06

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

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

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

Official Use

Certified Mail Fee
 \$ 1.60

Extra Services & Fees (check box, add fees if applicable)
 Return Receipt (hardcopy) \$ 2.85 (fixed)
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ 9.14

Total Postage amt
 \$ 10.74

Sent to
 John G. Rocovich, Jr.
 P.O. Box 13606
 Roanoke, Virginia 24035

Street and Apt. No.
 Roanoke, Virginia 24035

City, State, ZIP+4

Postmark
 Here

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

7204 1388 0000 0640 2020

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

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

Official Use

Certified Mail Fee
 \$ 1.60

Extra Services & Fees (check box, add fees if applicable)
 Return Receipt (hardcopy) \$ 2.85 (fixed)
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ 9.14

Total Postage amt
 \$ 10.74

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

Street and Apt. No.
 Midland, Texas 79701

City, State, ZIP+4

Postmark
 Here

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

8447 1388 0000 0640 2020

RECIPIENT: COMPLETE THIS SECTION

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

John G. Rocovich, Jr.
 P.O. Box 13606
 Roanoke, Virginia 24035

9590 9402 5941 0062 9361 40
 21905

Article Number (Transfer from service label)
 20 0640 0000 1388 7204

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X

B. Received by (Printed Name)
 J. G. Rocovich, Jr.

C. Date of Delivery
 5-18-21

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

SENDER: COMPLETE THIS SECTION

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

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

9590 9402 5941 0062 9360 65
 9905

Article Number (Transfer from service label)
 20 0640 0000 1388 8447

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Virginia Hughes

B. Received by (Printed Name)
 Virginia Hughes

C. Date of Delivery
 05/17/21

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

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 1389 4615

Certified Mail Fee \$ 3.00

Extra Services & Fees (check box, add fee) (see instructions)

Priority Mail Restricted Delivery® \$ 2.85

Registered Mail™ \$ _____

Return Receipt (electronic) \$ _____

Return Receipt (hardcopy) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 9.10

Total Postage and Postage and Apr. No. \$ 12.10

Sent To William Ettelson

Street and Apr. No. 589 Sheridan Road

City, State, ZIP+4® Glencoe, IL 60022-1764

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 William Ettelson
 89 Sheridan Road
 Glencoe, IL 60022-1764

20 0640 0000 1389 4615

Article Number (Transfer from service label)

9590 9402 5941 0062 9312 13 2915

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X W. C. 10 CV19 Agent

B. Received by (Printed Name) W. C. 10 CV19 Addressee

C. Date of Delivery 5-19-21

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

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail Restricted Delivery

Certified Mail Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

7020 0640 0000 1389 4905

Certified Mail Fee \$ 3.00

Extra Services & Fees (check box, add fee) (see instructions)

Priority Mail Restricted Delivery® \$ 2.85

Registered Mail™ \$ _____

Return Receipt (electronic) \$ _____

Return Receipt (hardcopy) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 9.10

Total Postage and Postage and Apr. No. \$ 12.10

Sent To Clint R. Werts

Street and Apr. No. 855 N Sagebrush Street

City, State, ZIP+4® Wichita, KS 67230-7057

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Clint R. Werts
 855 N Sagebrush Street
 Wichita, KS 67230-7057

20 0640 0000 1389 4905

Article Number (Transfer from service label)

9590 9402 5941 0062 9495 15 2905

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Clint R. Werts Agent

B. Received by (Printed Name) Clint R. Werts Addressee

C. Date of Delivery 5-25-21

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

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail Restricted Delivery

Certified Mail Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.00

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$ 91¢

Total Postage and Fees \$ 7.36

Sent To Sombrero Associates
 1 Chase Manhattan Plaza
 New York, New York 10005

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

Postmark
 Here

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Sombrero Associates
 Chase Manhattan Plaza
 New York, New York 10005

9590 9402 5941 0062 9566 81 *21905*

Article Number (Transfer from service label)
 720 0640 0000 1389 4936

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Addressee

C. Date of Delivery

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

MAY 17 2021
 Bathy Mbaye
 Brooklyn NY 11245

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.00

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

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$ 91¢

Total Postage and Fees \$ 7.36

Sent To Duer Wagner, III
 P.O. Box 101265
 Fort Worth, Texas 76185

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

Postmark
 Here

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Duer Wagner, III
 P.O. Box 101265
 Fort Worth, Texas 76185

9590 9402 5941 0062 9494 23 *21905*

Article Number (Transfer from service label)
 7020 0640 0000 1389 4998

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Addressee

C. Date of Delivery

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

P.O. Box 101265

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 Rec

7020 0640 0000 1389 1133

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Fee	\$ 7.36

Sent To Myrlene Mannschreck Dillon, SSP
1383 County Road 141
Coleman, Texas 76834-8159

PS Form 3800, A

7020 0640 0000 1389 1080

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Fee	\$ 7.36

Sent To J.W. Davis, SSP (1995)
299 West 31st Street, Cottage 473
Sea Island, Georgia 31561

PS Form 3800, April 2015 PSN 7530-02-000-9017

7020 0640 0000 1389 4615

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Fee	\$ 7.36

Sent To William Ettelson
589 Sheridan Road
Glencoe, IL 60022-1764

PS Form 3800, A

7020 0640 0000 1389 4684

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Fee	\$ 7.86

Sent To Cheryl Dianne Etheredge, as sole Trustee
of the CDE 2015 Revocable Trust
4352 Westwood Drive
Dallas, TX 75209

PS Form 3800, April 2015 PSN 7530-02-000-9017

7020 0640 0000 1389 4790

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Fee	\$ 7.36

Sent To Greenville Partners
PO Box 50612
Midland, Texas 79710

PS Form 3800, A

7020 0640 0000 1389 4752

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Fee	\$ 7.36

Sent To James A. Lawson, MSU
PO Box 10017
Midland, Texas 79705

PS Form 3800, A

7020 0640 0000 1389 4844

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OFFICIAL USE

Certified Mail Fee	\$ 3.60	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$ 91¢	
Total Postage and	\$ 7.36	
Sent To	Nancy S. Holceker	
Street and Apt. No.	399 Fullerton Parkway	
City, State, ZIP+4	Chicago, IL 60614-2876	

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

7020 0640 0000 1389 4837

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OFFICIAL USE

Certified Mail Fee	\$ 3.60	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$ 91¢	
Total Postage and	\$ 7.36	
Sent To	Elizabeth Kaye Tullis Dillard, SSP	
Street and Apt. No.	3208 Wellshire Court	
City, State, ZIP+4	Plano, Texas 75093	

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

7020 0640 0000 1389 4868

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OFFICIAL USE

Certified Mail Fee	\$ 3.60	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$ 91¢	
Total Postage and	\$ 7.36	
Sent To	Gail Lynn Ferguson	
Street and Apt. No.	403 Pearson Drive	
City, State, ZIP+4	Asheville, NC 28001-1021	

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

7020 0640 0000 1388 4845

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OFFICIAL USE

Certified Mail Fee	\$ 3.60	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$ 91¢	
Total Postage and	\$ 7.36	
Sent To	Pamela A. Davis, Trustee	
Street and Apt. No.	Alice G. Davis	
City, State, ZIP+4	299 West 31 st Street, Cottage 473	
	Sea Island, Georgia 31561	

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

7020 0640 0000 1389 4936

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OFFICIAL USE

Certified Mail Fee	\$ 3.60	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$ 91¢	
Total Postage and	\$ 7.36	
Sent To	Sombrero Associates	
Street and Apt. No.	1 Chase Manhattan Plaza	
City, State, ZIP+4	New York, New York 10005	

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

7020 0640 0000 1389 4905

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OFFICIAL USE

Certified Mail Fee	\$ 3.60	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$ 91¢	
Total Postage and	\$ 7.36	
Sent To	Clint R. Werts	
Street and Apt. No.	855 N Sagebrush Street	
City, State, ZIP+4	Wichita, KS 67230-7057	

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

7020 0640 0000 1389 4974

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OFFICIAL USE

Certified Mail Fee	\$ 4.00
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.89
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Certified Mail Fee	\$ 7.36

Sent To Amy Umbarger
322 Eagle Drive
Jupiter, Florida 33477-4066

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

7020 0640 0000 1389 4967

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.89
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Certified Mail Fee	\$ 7.36

Sent To Heidi Umbarger Perez
10 Woodstock Court
Hilton Head Island, SC 29928

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

7020 0640 0000 1389 6817

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.89
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Certified Mail Fee	\$ 7.36

Sent To Loco Hills Production Company LLC
P.O. Box 779
Artesia, New Mexico 88211

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

7020 0640 0000 1389 4998

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.89
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Certified Mail Fee	\$ 7.36

Sent To Duer Wagner, III
P.O. Box 101265
Fort Worth, Texas 76185

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

7020 0640 0000 1388 7051

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.89
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Certified Mail Fee	\$ 7.36

Sent To Geoffrey Lanceley, MSU
4226 Oberlin Street
Houston, Texas 77005

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

7020 0640 0000 1388 7020

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OFFICIAL USE

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.89
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 91¢
Total Postage and	
Certified Mail Fee	\$ 7.36

Sent To Patrick D. & Gail Lynn Ferguson
2021 West Dickens Ave.
Chicago, IL 60647

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

7020 0640 0000 1388 7105

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OFFICIAL USE

Certified Mail Fee	\$ 7.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 91¢
Total Postage and	
Fees	\$ 7.36

Sent To: Douglas C. Cranmer
 202 North Gateway Circle
 Wichita, KS 67230

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

7020 0640 0000 1388 7068

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OFFICIAL USE

Certified Mail Fee	\$ 7.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 91¢
Total Postage and	
Fees	\$ 7.36

Sent To: Mary L. Kline
 3451 Eastern NE
 Grand Rapids, Michigan 49505

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

7020 0640 0000 1388 7174

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OFFICIAL USE

Certified Mail Fee	\$ 7.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 91¢
Total Postage and	
Fees	\$ 7.36

Sent To: Olin Garrett
 P.O. Box 1489
 Roanoke, Virginia 24007

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

7020 0640 0000 1388 7112

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee	\$ 7.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 91¢
Total Postage and	
Fees	\$ 7.36

Sent To: Hodge Natural Gas Gathering, LLC
 1013 Centre Road, Suite 403S
 Wilmington, DE 19805

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

7020 0640 0000 1388 7211

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee	\$ 7.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 91¢
Total Postage and	
Fees	\$ 7.36

Sent To: Wildcat Energy, LLC, a Texas
 Corporation
 P.O. Box 13323
 Odessa, Texas 79768

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

7020 0640 0000 1388 7198

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee	\$ 7.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 91¢
Total Postage and	
Fees	\$ 7.36

Sent To: J. Darlene Kline
 5045 East St. Andrews Drive
 Tucson, Arizona 85718

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

7020 0640 0000 1389 7418

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OFFICIAL USE

Certified Mail Fee	
\$	3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.70
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	
\$	4.10
Total Postage and	
\$	7.30
Sent To	

Paul Umbarger & Zofia Umbarger
3804 Brandon Avenue, SW,
Apt. No. 342
Roanoke, Virginia 24018

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

PS Form 3800, April 2010 For Restrictions, See Reverse for Instructions

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7020 0640 0000 1389 4851

Certified Mail Fee \$ 3.00

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ 1.76

Total Postage \$ 4.76

Sent to Randi S. Firestone
12760 Millennium, Apt. 403
Playa Vista, CA 90094

Street and Apt. #
 City, State, ZIP+4

PS Form 3800, 7/11/09

CERTIFIED MAIL

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



7020 0640 0000 1389 4851

Randi S. Firestone
 12760 Millennium, Apt. 403
 Playa Vista, CA 90094



8750472523
 9008482917 0000

FWD

FORWARD TIME EXP. RETN. 22000005/15/21
 FIRESTONE RANDI
 FIRST CLASS PERMIT NO. 201
 FREE CA 90094
 RETURN TO SENDER

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 1389 4875

Certified Mail Fee
 \$ 4.60

Extra Services & Fees (check box and fee appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage 1.14

Total Postage and Fees
 \$ 5.74

Sort To
 Street and Apt
 City, State, ZIP
 Patrick D. Ferguson
 229 Bee Tree Ridge Lane
 Villas, NC 28692

PS Form 3800

CERTIFIED MAIL

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



7020 0640 0000 1389 4875



nmr
 Patrick D. Ferguson
 229 Bee Tree Ridge Lane
 Villas, NC 28692

9374390107779804

MMR
 875042523

NEIXS 276 7E 1 0035/1B/21
 RETURN TO SENDER
 NO MAIL TO FORWARD
 RT: 875042523 #7188-86470-16-28
 875042523

U.S. Postal Service
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OFFICIAL USE

7020 0640 0000 1389 4899

Certified Mail Fee \$ 7.60

Extra Services & Fees (check box; add total appropriate)
 Return Receipt (hard copy) \$ 2.80
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage \$ 91.4
 Total Postage at \$ 99.0
 Sent to Aimee Leann Michaud
555 E. Northview Ave, Apt 4
McPherson, KS 67460-1950
 Street and Apt. #
 City, State, ZIP

PS Form 3800

CERTIFIED MAIL



7020 0640 0000 1389 4899



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

**RETURN RECEIPT
 REQUESTED**

ALM

Aimee Leann Michaud
 555 E. Northview Ave, Apt 4
 McPherson, KS 67460-1950

UTS
 875 042523

NIXIE 672 FEB 1 0009/17/21
 RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 BC: 87504252323 *1860-03581-17-23

U.S. Postal Service™
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7020 0640 0000 1389 4912

Certified Mail Fee \$ 3.00

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ 91¢

Total Postage and Fees \$ 3.91

Sent To Ted J. Werts
8220 Oxford Cir
Wichita, Kansas 67226

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

PS Form 3800, April 2015 PSN 7530-02-000-9000 See Reverse for Instructions

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7020 0640 0000 1389 4912



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

Ted J. Werts
 8220 Oxford Cir
 Wichita, Kansas 67226

ANK
LR

MAXIMUM WEIGHT 13.5 LB / 6.1 KG

RETURN TO SENDER
 ATTEMPTED TO FORWARD
 UNABLE TO FORWARD

0303/11E/2L

BC: 87504252323 41968-04245-18-25

ANK
 875042523

U.S. Postal Service
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7020 0640 0000 1388 7037

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

Certified Mail Fee \$ 3.00

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

Return Receipt (hardcopy) \$ 2.80

Certified Mail Restricted Delivery \$ 0.00

Adult Signature Required \$ 0.00

Adult Signature Restricted Delivery \$ 0.00

Postage and Total Postage and

\$ 1.00

Sent To

Galkay, a Joint Venture
 P.O. Box 4109
 Winston-Salem, NC 27105

Street and Apt. No.

City, State, ZIP+4®

Postmark Here

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

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7020 0640 0000 1388 7037



Jadilla Law Firm, P.A.,
 PO Box 2523
 Santa Fe, NM 87504

05/21/2021

-R-T-S- 27115-RFS-1N 05/17/21

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 RETURN TO SENDER



RFS

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

7020 0640 0000 1388 7150

Certified Mail Fee \$ 3.00

Extra Services & Fees (check box and fee) (see instructions)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ 91¢

Total Postage and
Fees \$ 7.96

Sent to William L. Hilliard
2900 Club Drive
Los Angeles, California 90064

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

PS Form 3800, April 2007 PSN 7530-0200-9000-9000 See Reverse for Instructions

CERTIFIED MAIL

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

7020 0640 0000 1388 7150



*Return to sender
 He doesn't
 live at
 this
 address*

William L. Hilliard
 2900 Club Drive
 Los Angeles, California 90064

JTF
 90064092207 533

NOT RETURN TO SENDER
 UNLESS DELIVERABLE TO FORWARD

0005/20/21

*8752-03007-14-23

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OFFICIAL USE

7020 0640 0000 1388 7167

Certified Mail Fee \$ 3.60

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

Return Receipt (hardcopy) \$ 2.75

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage \$ 1.14

Total Postage and
 Fees \$ 4.74

Sent to Gerald L. Michaud
11015 East 63rd Street South
Derby, Kansas 67037

Street and Apt. No.
 City, State, Zip+4

PS Form 3800, April 2011 PSN 7530-02-000-9017 See reverse for instructions

CERTIFIED MAIL



7020 0640 0000 1388 7167



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

UTR
5/19/11
ky

Fwd
5/15 AP

Gerald L. Michaud
 11015 East 63rd Street South
 Derby, Kansas 67037

6703799343 PD05
 87504252323

MEMO 672 P. 5. 0605/20/11

NOT DELIVERABLE TO SENDER
 RETURN TO SENDER
 UNABLE TO FORWARD

SC: 87504252323 *4960-01249-18-21

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

7181 1388 0000 0640 2020

Certified Mail Fee \$ 7.60

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage \$ 91.41

Total Postage and
 Sent To \$ 173.41

Street and Apt. No. Robert H. Kriebel, c/o
 210 Park Avenue, Suite 2300
 City, State, Zip+4® Oklahoma City, Oklahoma 73102

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 Larry A. Evans CPA Inc.
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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:

05/13/2021


Legal Clerk

Subscribed and sworn before me this May 13, 2021:


State of WI, County of Brown
NOTARY PUBLIC

1-7-25

My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0004732122
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of Affidavits 1

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STATE OF NEW MEXICO
ENERGY, MINERALS AND
NATURAL RESOURCES DEPART-
MENT
OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing. During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. This application will be set for electronic hearing before the Division Examiner on June 3, 2021 at 8:15 a.m., at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <http://www.emnrd.state.nm.us/OCD/announcements.html>. Nonetheless, to stay informed as to any changes for hearing procedures you should consult the OCD website for further instructions.

STATE OF NEW MEXICO:

All named parties and persons having any right, title, interest or claim in the following case and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

TO: EDG Resources, Inc., OXY USA WTP Limited Partnership, Crown Oil Partners VI, LLC, Magnum Hunter Production, Inc., Myrlene Mannschreck Dillon, SSP, Intrepid Energy, LLC, Crump Energy Partners, VI, LLC, Pamela A. Davis, Trustee Alice G. Davis, JW Davis, SSP (1995), Paul & Zofia Umbarger, Timothy S. & Patricia C. Ferguson, Galkay, a Joint Venture, Patrick D. & Gail Lynn Ferguson, Wildcat Energy, LLC, a Texas Corporation, John G. Rocovich, Jr., J. Darlene Kline, Robert H. Kriebel, c/o Larry A. Evans CPA Inc., Olin Garrett, Gerald L. Michaud, William L. Hilliard, Sombrero Associates, Nelson & Company f/b/o John D. Wile Martial Trust, Ted J. Werts, Hodge Natural Gas Gathering, LLC, Douglas C. Cranmer, Russell B. Cranmer, Douglas C. Cranmer and Russell E. Cranmer Trustees, Robert A. Weil, Mary L. Kline, Geoffrey Lancelley, MSU, Elizabeth Kaye Tullis Dillard, SSP, Catherine Huffman, HCH Investments, LLC, C5 Capital Management, Duer Wagner, III, Kenneth Walter Kline, Amy Umbarger, Heidi Umbarger Perez, Cheryl D. Cordry, John W. Burriss III, Cameron Michaud-Drumright, J4C Royalties, Ltd., Clint R. Werts, Aimee Leann Michaud, Patrick J. Michaud, Patrick D. Ferguson, Gail Lynn Ferguson, Randi S. Firestone, Nancy S. Holceker, John Ettelson, William Ettelson, Charles F. Keller by AIF Carol Sue Mhoon, Doris Jean Barnes Truner by AIF, Roger Emerson Barnes, Sharon Ross Jackson and Noelt Ross Jackson, D. Lloyd Henderson & Jean E. Henderson, Marathon Oil Permian, LLC, Platform Energy III, LLC, Thomas A. Crow, Trustee of Mark E. Boling Revocable Trust, Abuelo LLC, Ergodic Resources, LLC, Silverhair, LLC, Loco Hills Production Company, LLC, Marshall & Winston, Inc., Greenville Partners, Lawrence R. Anderson, Frank Jordan Pisor, III, Kevin Hammit & Christine Hammit, James A. Lawson, MSU, Barry Don Oldham, Larry C. Oldham, Cheryl Diane Eltheredge, as sole Trustee of the CDE 1015 Revocable Trust, Puma Petroleum Co.,

Gecko Oil and Gas, Ross McClellan & Kandace McClellan, Mark McClellan & Paula McClellan.

Case No. 21905-Reopen 21227-Order No. R-21355: Application of Colgate Operating, LLC an order for an extension of time for in which to drill the Shamrock 34 Fed State Com wells in Eddy County, New Mexico.

A. Shamrock 34 Fed State Com 121H
SHL: 700 feet from the North line and 330 feet from the West line,
(Unit D) of Section 35, Township 19 South, Range 28 East, NMPM.
BHL: 990 feet from the North line and 10 feet from the West line,
(Unit D) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 2nd Bone Spring Sand at approx 7500 feet TVD.
Well Orientation: East to West
Completion Location: standard
Spacing Unit: N/2 N/2 of Section 34 and N/2 N/2 of Section 33.

B. Shamrock 34 Fed State Com 131H
SHL: 655 feet from the North line and 330 feet from the West line,
(Unit D) of Section 35, Township 19 South, Range 28 East, NMPM.
BHL: 890 feet from the North line and 10 feet from the West line,
(Unit D) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 3rd Bone Spring Sand at approx 8600 feet TVD.
Well Orientation: East to West
Completion Location: standard
Spacing Unit: N/2 N/2 of Section 34 and N/2 N/2 of Section 33.

C. Shamrock 34 Fed State Com 122H
SHL: 2610 feet from the South line and 295 feet from the East line,
(Unit I) of Section 34, Township 19 South, Range 28 East, NMPM.
BHL: 2310 feet from the North line and 10 feet from the West line,
(Unit E) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 2nd Bone Spring Sand at approx 7500 feet TVD.
Well Orientation: East to West
Completion Location: standard
Spacing Unit: S/2 N/2 of Section 34 and S/2 N/2 of Section 33.

D. Shamrock 34 Fed State Com 132H
SHL: 2610 feet from the South line and 340 feet from the East line, (Unit I) of Section 34, Township 19 South, Range 28 East, NMPM. BHL: 2210 feet from the North line and 10 feet from the West line,
(Unit E) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 3rd Bone Spring Sand at approx 8600 feet TVD. Well Orientation: East to West
Completion Location: standard
Spacing Unit: S/2 N/2 of Section 34 and S/2 N/2 of Section 33.

Current Argus, May 13, 2021
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