

CASE NO. 21964

**APPLICATIONS OF MEWBOURNE OIL COMPANY FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

MEWBOURNE OIL COMPANY'S EXHIBIT LIST

1. Application and Proposed Notice
2. Landman's Affidavit
3. Geologist's Affidavit
4. Notice Affidavit
5. Affidavit of Publication
6. Pooling Checklist

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.**

Case No. 21964

APPLICATION

Mewbourne Oil Company applies for an order pooling all mineral interests in the Wolfcamp formation underlying a horizontal spacing unit comprised of the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 9 and the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 10, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico, and in support thereof, states:

1. Applicant is an interest owner in the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 9 and the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 10, and has the right to drill a well thereon.
2. Applicant proposes to drill the Perazzi 9-10 W0MP Fed. Well No. 1H to a depth sufficient to test the Wolfcamp formation, and dedicate the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 9 and the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 10 to the well. The well is a horizontal well, with a first take point in the SW $\frac{1}{4}$ SW $\frac{1}{4}$ of Section 9 and a last take point in the SE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 10.
3. Applicant has in good faith sought to obtain the voluntary joinder of all other mineral interest owners in the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 9 and the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 10 for the purposes set forth herein.
4. Although applicant attempted to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the well or to otherwise commit their interests to the well, certain interest owners have failed or refused to join in dedicating their interests. Therefore, applicant seeks an order pooling all mineral interest owners in the Wolfcamp

EXHIBIT |

formation underlying S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 9 and the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 10, pursuant to NMSA 1978 §70-2-17.

5. The pooling of all mineral interests in the Wolfcamp formation underlying the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 9 and the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 10 will prevent the drilling of unnecessary wells, prevent waste, and protect correlative rights.

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

- A. Pooling all mineral interests in the Wolfcamp formation underlying the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 9 and the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 10;
- B. Designating applicant as operator of the well;
- C. Considering the cost of drilling, completing, and equipping the well, and allocating the cost among the well's working interest owners;
- D. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and
- E. Setting a 200% charge for the risk involved in drilling, completing, and equipping the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Mewbourne Oil Company

Application of Mewbourne Oil Company for compulsory pooling, Eddy County, New Mexico.

Mewbourne Oil Company seeks an order of all mineral interests in the Wolfcamp formation underlying a horizontal spacing unit comprised of the S/2S/2 of Section 9 and the S/2S/2 of Section 10, Township 20 South, Range 29 East, NMPM. The unit will be dedicated to the Perazzi 9-10 W0MP Fed. Com. Well No. 1H, a horizontal well with a first take point in the SW/4SW/4 of Section 9, and a final take point in the SE/4SE/4 of Section 10. Also to be considered will be the cost of drilling, completing, and equipping the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of applicant as operator of the well, and a 200% charge for the risk involved in drilling, completing, and equipping the well. The unit is located approximately 15-1/2 miles east-southeast of Lakewood, New Mexico.

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

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:

APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.

Case No. 21221

APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.

Case No. 21222

SELF-AFFIRMED STATEMENT OF TYLER JOLLY

COUNTY OF MIDLAND)
) ss.
STATE OF TEXAS)

Tyler Jolly deposes and states:

1. I am a landman for Mewbourne Oil Company ("Mewbourne"), and have personal knowledge of the matters stated herein. I have been qualified by the Division as an expert petroleum landman.

2. Pursuant to Division Rules, the following information is submitted in support of the compulsory pooling applications:

(a) The purpose of these applications is to force pool working interest owners into the horizontal spacing units described below, and in wells to be drilled in the units.

(b) No opposition is expected because the interest owners being pooled were first contacted over four months ago regarding the proposed wells, but have simply failed or refused to voluntarily commit their interests to the wells. No one has objected to the applications.

(c) Plats outlining the units being pooled are attached hereto as Attachments A-1 and A-2, together with Forms C-102 for each well. Mewbourne seeks orders pooling all mineral interests in the Bone Spring formation (Case No. 21221) in a horizontal spacing unit comprised of the S/2S/2 of Section 9 and the S/2S/2 of Section 10, and the Wolfcamp

EXHIBIT 2

formation (Case No. 21222) in horizontal spacing unit comprised of the S/2 of Section 9 and the S/2 of Section 10, Township 20 South, Range 29 East, NMPM.

(d) The following wells will be dedicated to the well units:

(i) In Case No. 21221, the Perazzi 9-10 B3MP Fed. Well No. 1H, a Third Bone Spring horizontal well with a first take point in the SW/4SW/4 of Section 9 and a last take point in the SE/4SE/4 of Section 10; and

(ii) In Case No. 21222, the Perazzi 9-10 WOMP Fed. Com. Well No. 1H, an upper Wolfcamp horizontal well with a first take point in the SW/4SW/4 of Section 9 and a final take point in the SE/4SE/4 of Section 10.

(e) There are no depth severances in the Bone Spring or Wolfcamp formations.

(f) The parties being pooled and their interests are set forth in Attachment B. Their current or last known addresses are also set forth. All interest owners were locatable in Case No. 21221. In Case No. 21222 two letters were not deliverable because the owners moved without leaving a forwarding address with the Post Office.

In order to locate all interest owners Mewbourne examined the records of Eddy County and the Bureau of Land Management, as well as online tools or databases such as DrillingInfo, Eddy County Records, and in-house data sources.

(g) Attachments B-1 and B-2 lists the working interest owners in each well, together with their percentage interests. Exhibit C contains copies of the well proposals sent to the interest owners, including follow-up e-mails with owners who had questions about the proposals

(h) Mewbourne has made a good faith effort to obtain the voluntary joinder of the working interest owners in the proposed wells, or to locate the interest owners.

(i) Mewbourne has the right to pool the overriding royalty owners in the well units.

(j) Exhibits D-1 and D-2 contain the Authorizations for Expenditure for the proposed wells. The estimated costs of the wells are fair and reasonable, and are comparable to the costs of other wells of similar depths and length drilled in this area of Eddy County.

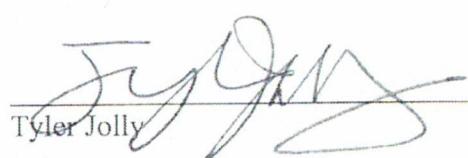
(k) Mewbourne requests overhead and administrative rates of \$8000/month for a drilling well and \$800/month for a producing well. These rates are fair, and comparable to the rates charged by other operators for wells of this type in this area of Eddy County. They are also the rates set forth in the Joint Operating Agreements for the well units. Mewbourne requests that these rates be adjusted periodically as provided in the COPAS Accounting Procedure.

(l) Mewbourne requests that the maximum cost plus 200% risk charge be assessed against non-consenting working interest owners.

- (m) Mewbourne requests that it be designated operator of the wells.
- (n) The attachments to this affidavit were prepared by me or under my supervision, or compiled from company business records.
- (o) The granting of these applications is in the interests of conservation and the prevention of waste.

3. I understand that this Self-Affirmed Statement will be used as written testimony in these cases. I affirm that my testimony in paragraphs 1 through 2(o) above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: May 26, 2020



Tyler Jolly

ATTACHMENT

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| ¹ API Number | | ² Pool Code | | ³ Pool Name | | | |
|----------------------------|--|--|--|------------------------|--|--|--|
| ⁴ Property Code | | ⁵ Property Name PERAZZI 9/10 B3MP FED | | | | ⁶ Well Number 1H | |
| ⁷ OGRID NO. | | ⁸ Operator Name MEWBURNE OIL COMPANY | | | | ⁹ Elevation 3273' | |

¹⁰ Surface Location

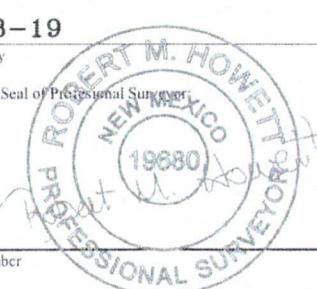
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet From the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| P | 8 | 20S | 29E | | 780 | SOUTH | 210 | EAST | EDDY |

¹¹ Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| P | 10 | 20S | 29E | | 1310 | SOUTH | 100 | EAST | EDDY |

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

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

| | |
|--|---|
| <p>¹⁶</p> <p>GEODETIC DATA NAD 83 GRID - NM EAST</p> <p>SURFACE LOCATION N: 575865.0 - E: 616503.7 LAT: 32.5828698° N LONG: 104.0892964° W</p> <p>BOTTOM HOLE N: 576421.9 - E: 627189.9 LAT: 32.5843284° N LONG: 104.0545978° W</p> <p>N 89°55'29" W 2645.56 (A) N 89°54'45" W 2648.46 (B) N 89°42'41" W 2641.13 (C) S 89°43'42" W 2639.66 (D) S 89°57'31" W 2649.04 (E) S 89°55'55" W 2650.57</p> <p>(F) N 89°57'17" W 2646.39 (G) N 89°58'05" W 2644.52 (H) S 89°46'49" W 2643.25 (I) S 89°46'50" W 2642.39 (J) S 89°55'27" W 2646.76 (K) S 89°55'27" W 2642.03</p> <p>(L) N 89°57'17" W 2642.51 (M) N 89°57'17" W 2642.55 (N) N 89°57'17" W 2642.59 (O) N 89°57'17" W 2642.64</p> <p>210' S.L. 780'</p> | <p>17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>Signature _____ Date _____</p> <p>Printed Name _____</p> <p>E-mail Address _____</p> <p>18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p style="text-align: center;">04-08-19</p> <p>Date of Survey _____</p> <p>Signature and Seal of Professional Surveyor</p> <p style="text-align: center;"></p> <p>19680 Certificate Number</p> <p>Job No.: LS19040481</p> |
|--|---|

ATTACHMENT

A-2

Released to Imaging: 6/16/2021 10:03:35 AM

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | |
|-----------------|---|-------------|-----------------------------|
| 1 API Number | | 2 Pool Code | 3 Pool Name |
| 4 Property Code | 5 Property Name PERAZZI 9/10 WOMP FED | | 6 Well Number 1H |
| 7 OGRID NO. | 8 Operator Name MEWBURNE OIL COMPANY | | 9 Elevation 3273' |

¹⁰ Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet From the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| P | 8 | 20S | 29E | | 750 | SOUTH | 210 | EAST | EDDY |

11 Bottom Hole Location If Different From Surface

| UL or lot no. P | Section 10 | Township 20S | Range 29E | Lot Idn 440 | | Feet from the North/South line SOUTH | Feet from the East/West line 100 | East/West line EAST | County EDDY |
|---------------------------|----------------------|------------------------|---------------------|-----------------------|--|---|---|-------------------------------|-----------------------|
| 12 Dedicated Acres | 13 Joint or Infill | 14 Consolidation Code | 15 Order No. | | | | | | |

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

| GEODETIC DATA NAD 83 GRID - NM EAST | | GEODETIC DATA NAD 83 GRID - NM EAST | | 17 OPERATOR CERTIFICATION | |
|--|--|--|--|--|------------|
| A: FOUND BRASS CAP "1916" N 575088.6 - E 611425.3 | J: FOUND BRASS CAP "1916" N 575112.3 - E 627291.8 | B: FOUND BRASS CAP "1916" N 577730.5 - E 611419.2 | K: FOUND BRASS CAP "1916" N 575108.8 - E 624645.4 | <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order herefore entered by the division.</p> | |
| C: FOUND BRASS CAP "1916" N 580372.5 - E 611413.2 | L: FOUND BRASS CAP "1916" N 575105.3 - E 621999.3 | D: FOUND BRASS CAP "1916" N 580369.0 - E 614058.1 | M: FOUND BRASS CAP "1916" N 575095.2 - E 619357.5 | Signature _____ | Date _____ |
| E: FOUND BRASS CAP "1916" N 580365.0 - E 616706.0 | N: FOUND BRASS CAP "1916" N 575085.0 - E 616714.9 | F: FOUND BRASS CAP "1916" N 580378.3 - E 619346.4 | O: FOUND BRASS CAP "1916" N 575086.5 - E 614071.1 | Printed Name _____ | |
| G: FOUND BRASS CAP "1916" N 580390.8 - E 621985.4 | P: FOUND BRASS CAP "1916" N 577725.0 - E 616710.4 | H: FOUND BRASS CAP "1916" N 580392.7 - E 624633.9 | Q: FOUND BRASS CAP "1916" N 577747.9 - E 621992.4 | E-mail Address _____ | |
| I: FOUND BRASS CAP "1916" N 580395.9 - E 627283.8 | | | | | |
| | | | | 18 SURVEYOR CERTIFICATION <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> | |
| | | | | <p>04-08-19 Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p> | |
| | | | | <p>19680 Certificate Number</p> | |

Job No.: LS19040480

**Perazzi 9-10 B3MP Fed #1H Ownership
Compulsory Pooling**

| S2S2 Section 9 & S2S2 Section 10 Owners | Interest |
|--|--------------------|
| Newbourne Oil Company, et al. | 84.692383% |
| Eric Chancy Croft and Elizabeth Anne Williamson, Trustees of the Charla Geraldine Williamson Trust | 9.814453% |
| Elizabeth Anne Williamson, Trustee under the Will of Ralph E. Williamson | 1.391602% |
| Sand Dollar Petroleum, Inc. | 2.343750% |
| Jeffrey M. Johnston, whose wife is Sandra K. Johnston | 0.878906% |
| Michael A. Short, a single man | 0.878906% |
| Total | 100.000000% |

ATTACHMENT *B-1*

Perazzi 9-10 WOMP Fed #1H Ownership
Compulsory Pooling

| S2 Section 9 & S2 Section 10 Owners | Interest |
|--|----------------------|
| Newbourne Oil Company, et al. | 58.763022% |
| COG Operating, LLC | 29.262029% |
| Eric Chancy Croft and Elizabeth Ann Williamson, Co-Trustees of the Charla Geraldine Williamson Trust under Trust Agreement dated April 9, 2003 | 6.242977% |
| Elizabeth Ann Williamson, Trustee of the Ralph E. Williamson Family Trust | 2.748186% |
| Stete Oil & Gas Corp. | 0.771214% |
| Jeffrey M. Johnston, whose wife is Sandra K. Johnston | 0.551513% |
| Michael A. Short, as single man | 0.551513% |
| Donald R. Curry | 0.248779% |
| Michael James Ikard | 0.248779% |
| Patrick J. Morello and Alice M. Morello, Trustees of the Patrick J. Morello and Alice M. Morello Trust dated June 3, 2010 | 0.248779% |
| The trustee or trustees of the Margaret K. Hunker Trust created under Trust Agreement dated November 5, 2002 | 0.124389% |
| Paul M. Fish | 0.084585% |
| Diane Daniels Denish, as her separate property | 0.062500% |
| Patrice Schooley Fish | 0.039805% |
| Douglas L. Alpers, as his separate property | 0.031097% |
| Diane Daniels Denish, Trustee of the Spencer Schreiber Trust | 0.020833% |
| Total | 100.00000000% |

ATTACHMENT

B-2

MEWBOURNE OIL COMPANY

500 West Texas, Suite 1020
Midland, Texas 79701
Phone (432) 682-3715

January 17, 2020

Certified Mail

COG Operating, LLC
600 W. Illinois Avenue
Midland, Texas 79701
Attn: Brent Sawyer

Re: Proposed Horizontal Tests
Perazzi 9-10 B3MP Fed #1H
Perazzi 9-10 W0MP Fed #1H
Section 9 & 10, T20S, R29E, Eddy County, New Mexico

Ladies and Gentlemen:

Mewbourne Oil Company, as Operator, hereby proposes drilling the following two (2) horizontal tests:

- 1) Perazzi 9-10 B3MP Fed #1H – APD in process
Surface Location: 780' FSL, 210' FEL, Section 8
Bottom Hole Location: 1310' FSL, 100' FEL, Section 10
Proposed Total Vertical Depth: 9065'
Proposed Total Measured Depth: 19579'
Formation: Bone Spring
- 2) Perazzi 9-10 W0MP Fed #1H – APD in process
Surface Location: 750' FSL, 210' FEL, Section 8
Bottom Hole Location: 440' FSL, 100' FEL, Section 10
Proposed Total Vertical Depth: 9303'
Proposed Total Measured Depth: 19812'
Formation: Wolfcamp

In the event COG Operating, LLC elects to participate in the proposed wells, please execute the enclosed AFEs and return them to the undersigned within thirty (30) days. The Joint Operating Agreement previously proposed in 2019 provides for a Drilling Well Rate of \$8,000 per month and a Producing Well Rate of \$800 per month. Please enclose your most current well information requirements so that we may supply well data when available.

Please contact me at (432) 682-3715 or via email at tjolly@mewbourne.com if you have any questions.

Very truly yours,

MEWBOURNE OIL COMPANY


Tyler Jolly
Landman

ATTACHMENT C

Enclosures



January 23, 2020

Dear Simple Certified:

The following is in response to your request for proof of delivery on your item with the tracking number:
9414 8106 9994 5047 0673 62.

Item Details

Status: Delivered, PO Box
Status Date / Time: January 23, 2020, 8:43 am
Location: MIDLAND, TX 79702
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Return Receipt Electronic
Recipient Name: Brent Sawyer

Shipment Details

Weight: 2.0oz

Recipient Signature

Signature of Recipient:

A handwritten signature in black ink that reads "Janet Watkins". Below the signature, the name "Janet Watkins" is printed in a smaller, clean font.

Address of Recipient:

A handwritten address in black ink that reads "600 W Illinois".

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

Brent Sawyer
COG Operating LLC
800 W. Illinois Ave
Midland, Tx 79701
Reference #: Perazzi 9 10 B3MP 1H

Tyler Jolly

From: Tyler Jolly
Sent: Tuesday, April 21, 2020 7:46 AM
To: Brent Sawyer
Subject: RE: [EXT] perazzi

The Perazzi wells are scheduled for Q4 2020. Please let me know if you need anything else.

Tyler Jolly
Mewbourne Oil Company
500 West Texas, Suite 1020,
Midland, TX 79701
Ph: 432-682-3715

From: Brent Sawyer <BSawyer@concho.com>
Sent: Monday, April 20, 2020 3:12 PM
To: Tyler Jolly <tjolly@mewbourne.com>
Subject: [EXT] perazzi

Tyler:

I'm trying to get some traction on the Perazzi wells. Are they still set to spud sometime in Q4, complete early next year?

Thanks

Brent Sawyer, CPL | Landman | COG Operating LLC
600 W. Illinois Avenue | Midland, TX 79701 | 432.686.3015



Tyler Jolly

From: Brent Sawyer <BSawyer@concho.com>
Sent: Thursday, February 20, 2020 2:51 PM
To: Tyler Jolly
Subject: RE: [EXT] RE: Perazzi 9-10 JOA

Ok great. That is going to be much cleaner than the N2/S2 bone spring/wolfcamp I think the original proposal had. Thanks for the quick reply, im crunching on our net acres now from what we've got in our system.

Thanks

Brent Sawyer, CPL | Landman | COG Operating LLC
600 W. Illinois Avenue | Midland, TX 79701 | 432.686.3015



From: Tyler Jolly <tjolly@mewbourne.com>
Sent: Thursday, February 20, 2020 2:47 PM
To: Brent Sawyer <BSawyer@concho.com>
Subject: [External] RE: [EXT] RE: Perazzi 9-10 JOA

Brent,

We will have two (2) contract areas for the Bone Spring and Wolfcamp formations. See below ownership:

| Section 9 & 10, T20S, R29E, Eddy County, New Mexico | | |
|---|--------------------|--------------------|
| Wolfcamp | BPO Acres | BPO Interest |
| COG Operating, LLC | 408.24368152000000 | 31.89403761875000% |

Section 9 & 10, T20S, R29E, Eddy County, New Mexico

| Bone Spring | | |
|--------------------|------------------|--------------------|
| Owner | BPO Acres | BPO Interest |
| COG Operating, LLC | 220.966697600000 | 17.26302325000000% |

Please let me know if you have any questions or need additional information.

Tyler Jolly
Mewbourne Oil Company
500 West Texas, Suite 1020,
Midland, TX 79701
Ph: 432-682-3715

From: Brent Sawyer <BSawyer@concho.com>
Sent: Thursday, February 20, 2020 2:42 PM

To: Tyler Jolly <tjolly@mewbourne.com>
Subject: [EXT] RE: Perazzi 9-10 JOA

Tyler:

With the new Perazzi proposals its past time to finish this JOA off. Sorry for the delays. I'll need to get the OA in front of our land manager to be sure but I think we are likely good to go on the body. Do you have an exhibit A with ownership numbers? Looks like its going to be complicated because of the old Westall OAs that cover the N2 and S2 of section 10. I don't show we have anything in section 9.

Thanks

Brent Sawyer, CPL | Landman | COG Operating LLC
600 W. Illinois Avenue | Midland, TX 79701 | 432.686.3015



From: Tyler Jolly <tjolly@mewbourne.com>
Sent: Thursday, September 26, 2019 7:04 AM
To: Brent Sawyer <BSawyer@concho.com>
Subject: [External] FW: Perazzi 9-10 JOA

Brent,

I struck this page for you in July. Does this fix you up for execution outside of the Exhibit A?

Tyler Jolly
Mewbourne Oil Company
500 West Texas, Suite 1020,
Midland, TX 79701
Ph: 432-682-3715

From: Tyler Jolly
Sent: Tuesday, July 30, 2019 2:40 PM
To: Brent Sawyer <BSawyer@concho.com>
Subject: RE: Perazzi 9-10 JOA

Brent,

See attached replacement page. This should be the only change between the Perazzi and Mighty Ducks.

Please route for execution if this is agreeable.

Tyler Jolly
Mewbourne Oil Company
500 West Texas, Suite 1020,
Midland, TX 79701
Ph: 432-682-3715

From: Brent Sawyer <BSawyer@concho.com>
Sent: Thursday, July 25, 2019 8:02 AM

To: Tyler Jolly <tjolly@mewbourne.com>
Subject: RE: Perazzi 9-10 JOA

Yes please, and I think #2 and #3 in the attached are already in that one. If you can shoot me over the Perazzi on that form I'll try to get it signed.

Thanks

Brent Sawyer, RPL | Landman | COG Operating LLC
600 W. Illinois Avenue | Midland, TX 79701 | 432.686.3015



From: Tyler Jolly <tjolly@mewbourne.com>
Sent: Thursday, July 25, 2019 7:54 AM
To: Brent Sawyer <BSawyer@concho.com>
Subject: [External] Perazzi 9-10 JOA

***** External email. Use caution. *****

Brent,

I'm taking over the Mighty Ducks 16-15 Prospect for Ray. Do we want to do the same JOA form for the Perazzi?

Tyler Jolly
Mewbourne Oil Company
500 West Texas, Suite 1020,
Midland, TX 79701
Ph: 432-682-3715

Tyler Jolly

From: Brent Sawyer <BSawyer@concho.com>
Sent: Wednesday, September 25, 2019 2:21 PM
To: Tyler Jolly
Cc: Mike Wallace
Subject: [EXT] Perazzi
Attachments: proposed OA -Perazzi 9 & 10 Prospect.pdf

Tyler:

As we discussed, please let me know about the timing on the Perazzi wells.

I just took a quick look at the attached OA which is the most recent version I have, but can you confirm that it actually is the most recent, please? There are a few changes we would like to make so I'll get those to you as soon as I can. I think it will be a very short list: We'd like to use the same form of OA we're using on Mitch's recent Ibex wells (that OA is on my land manager's desk for signature as we speak). Speaking of which, I don't think I can get my land manager to sign it with the exhibit A the way it is: I think we'll need to get our interest on there and get the contract area/depths pinned down too.

Thanks

Brent Sawyer, RPL | Landman | COG Operating LLC
600 W. Illinois Avenue | Midland, TX 79701 | 432.686.3015



MEWBURNE OIL COMPANY
AUTHORIZATION FOR EXPENDITURE

| | | | |
|--|------|-----------------------|--|
| Well Name: PERAZZI 9/10 WOMP FEDERAL #1H | | Prospect: WFMP Y Sand | |
| Location: SL: 750 FSL & 210 FEL (8); BHL: 440 FSL & 100 FEL (10) | | County: Eddy ST: NM | |
| Sec. 9/10 | Blk: | Survey: | TWP: 20S RNG: 29E Prop. TVD: 9303 TMD: 19812 |
| INTANGIBLE COSTS 0180 | | | |
| | | CODE | TCP |
| Regulatory Permits & Surveys | | 0180-0100 | \$20,000 |
| Location / Road / Site / Preparation | | 0180-0105 | \$75,000 |
| Location / Restoration | | 0180-0106 | \$200,000 |
| Daywork / Turnkey / Footage Drilling 30 days drig / 3 days comp @ \$21500/d | | 0180-0110 | \$688,900 |
| Fuel 1700 gal/day @ \$2.74/gal | | 0180-0114 | \$149,200 |
| Mud, Chemical & Additives | | 0180-0120 | \$175,000 |
| Horizontal Drillout Services | | | 0180-0222 |
| Cementing | | 0180-0125 | \$140,000 |
| Logging & Wireline Services | | 0180-0130 | \$2,000 |
| Casing / Tubing / Snubbing Service | | 0180-0134 | \$20,000 |
| Mud Logging | | 0180-0137 | \$30,000 |
| Stimulation 50 Stg 19.8 MM gal/ 19.8 MM lb | | | 0180-0241 |
| Stimulation Rentals & Other | | | \$1,855,000 |
| Water & Other | | 0180-0145 | \$50,000 |
| Bits | | 0180-0148 | \$125,000 |
| Inspection & Repair Services | | 0180-0150 | \$40,000 |
| Misc. Air & Pumping Services | | 0180-0154 | \$10,000 |
| Testing & Flowback Services | | 0180-0158 | \$15,000 |
| Completion / Workover Rig | | | 0180-0258 |
| Rig Mobilization | | 0180-0164 | \$150,000 |
| Transportation | | 0180-0165 | \$20,000 |
| Welding Services | | 0180-0168 | \$5,000 |
| Contract Services & Supervision | | 0180-0170 | \$49,500 |
| Directional Services Includes Vertical Control | | 0180-0175 | \$350,000 |
| Equipment Rental | | 0180-0180 | \$249,900 |
| Well / Lease Legal | | 0180-0184 | \$5,000 |
| Well / Lease Insurance | | 0180-0185 | \$5,100 |
| Intangible Supplies | | 0180-0188 | \$8,000 |
| Damages | | 0180-0190 | |
| ROW & Easements | | 0180-0192 | \$5,000 |
| Pipeline Interconnect | | | 0180-0293 |
| Company Supervision | | 0180-0195 | \$158,400 |
| Overhead Fixed Rate | | 0180-0196 | \$10,000 |
| Well Abandonment | | 0180-0198 | |
| Contingencies 2% (TCP) 2% (CC) | | 0180-0199 | \$54,800 |
| | | TOTAL | \$2,795,800 |
| | | | \$4,261,900 |
| TANGIBLE COSTS 0181 | | | |
| | | CODE | TCP |
| Casing (19.1" - 30") 400' - 20" 94# X-56 BTC KAWASAKI NEW @ \$75.2/ft | | 0181-0793 | \$32,100 |
| Casing (10.1" - 19.0") 1350' - 13 3/8" 54.5# J-55 ST&C @ \$38.48/ft | | 0181-0794 | \$55,500 |
| Casing (8.1" - 10.0") 3025' - 9 5/8" 36# J-55 LT&C @ \$24.67/ft | | 0181-0795 | \$79,700 |
| Casing (6.1" - 8.0") 9167' - 7" 29# HCP-110 LT&C @ \$23.84/ft | | 0181-0796 | \$233,400 |
| Casing (4.1" - 6.0") 10740' - 4 1/2" 13.5# P-110 BPN @ \$12.16/ft | | | 0181-0797 |
| Tubing 8872' - 2 7/8" 6.5# EUE tbg @ \$5.38/ft | | | \$139,500 |
| Drilling Head | | 0181-0860 | \$40,000 |
| Tubing Head & Upper Section | | | 0181-0870 |
| Horizontal Completion Tools Completion Liner Hanger | | | \$50,000 |
| Sucker Rods | | | 0181-0871 |
| Subsurface Equipment Packer | | | \$70,000 |
| Artificial Lift Systems Gas Lift Valves | | | 0181-0875 |
| Pumping Unit | | | 0181-0880 |
| Surface Pumps & Prime Movers | | | \$10,000 |
| Tanks - Oil (1/2) 6 - 750 bbl | | | |
| Tanks - Water (1/2) 6 - 750 bbl | | | 0181-0890 |
| Separation / Treating Equipment 1/2 GB/30"x10"x1k# 3 ph/36"x15"x1k# Hor 3ph/1/2VRT/ | | | |
| Heater Treaters, Line Heaters 8"x20"x75# HT | | | 0181-0891 |
| Metering Equipment | | | \$75,000 |
| Line Pipe & Valves - Gathering | | | |
| Fittings / Valves & Accessories | | | 0181-0895 |
| Cathodic Protection | | | \$125,000 |
| Electrical Installation | | | |
| Equipment Installation | | | 0181-0906 |
| Pipeline Construction | | | \$50,000 |
| | | TOTAL | \$440,700 |
| | | | \$1,022,500 |
| | | SUBTOTAL | \$3,236,500 |
| | | | \$5,284,400 |
| TOTAL WELL COST | | \$8,520,900 | |
| Extra Expense Insurance | | | |
| <input type="checkbox"/> I elect to be covered by Operator's Extra Expense Insurance and pay my proportionate share of the premium. Operator has secured Extra Expense Insurance covering costs of well control, clean up and redrilling as estimated in Line Item 0180-0185. | | | |
| <input type="checkbox"/> I elect to purchase my own well control insurance policy. | | | |
| If neither box is checked above, non-operating working interest owner elects to be covered by Operator's well control insurance. | | | |
| Prepared by: T. Cude | | Date: 12/4/2019 | |
| Company Approval: | | Date: | |
| Joint Owner Interest: _____ Amount: _____ | | Signature: _____ | |
| Joint Owner Name: _____ | | | |

ATTACHMENT D.2

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

APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.

Case No. 21221

APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.

Case No. 21222

SELF-AFFORMED STATEMENT OF CHARLES CROSBY

COUNTY OF MIDLAND)
)
) ss.
STATE OF TEXAS)

Charles Crosby, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am a geologist for Mewbourne Oil Company ("Mewbourne"), and I am familiar with the geological matters involved in these cases. I have been qualified by the Division as an expert petroleum geologist.

3. The following geological plats are attached hereto:

(a) Attachment A-1 is a structure map on the top of the Wolfcamp formation (the base of the 3rd Bone Spring Sand). It shows that structure dips gently to the east. It also shows Bone Spring wells in the area, and a line of cross-section.

Attachment A-2 is a 3rd Bone Spring Sand Gross Thickness Map

(b) Attachments B-1 is a structure map on the top of the Wolfcamp formation. It shows that structure dips gently to the east. It also shows Wolfcamp wells in the area, and a line of cross-section.

Attachment B-2 is a Wolfcamp Y Sand Gross Thickness Map

(c) Attachment C is a cross section of the 3rd Bone Spring Sand and upper Wolfcamp zones. The well logs on the cross-section give a representative sample of both formations in this area. These are the target zones for the two proposed wells. The sands in each zone are continuous and uniformly thick across the well units.

EXHIBIT

3

4. I conclude from the maps that:

- (a) The horizontal spacing units are justified from a geologic standpoint.
- (b) The target zones are continuous and of relatively uniform thickness across the well units.
- (c) Each quarter-quarter section in the well units will contribute more or less equally to production from each target zone.
- (d) There is no faulting or other geologic impediment on the area which will affect the drilling of the subject wells.

5. Attachment D contains information from other 3rd Bone Spring Sand and Wolfcamp Sand wells drilled in this area. There are both standup and laydown Bone Spring wells in this area, but with a preference for laydown wells. The Wolfcamp wells in the area are all laydown wells, Mewbourne prefers laydown units in both formations based on production.

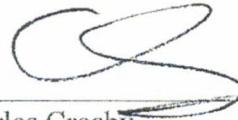
6. Attachments E-1 and E-2 contain the horizontal drilling plans for the two proposed wells. The producing interval each proposed well will be orthodox.

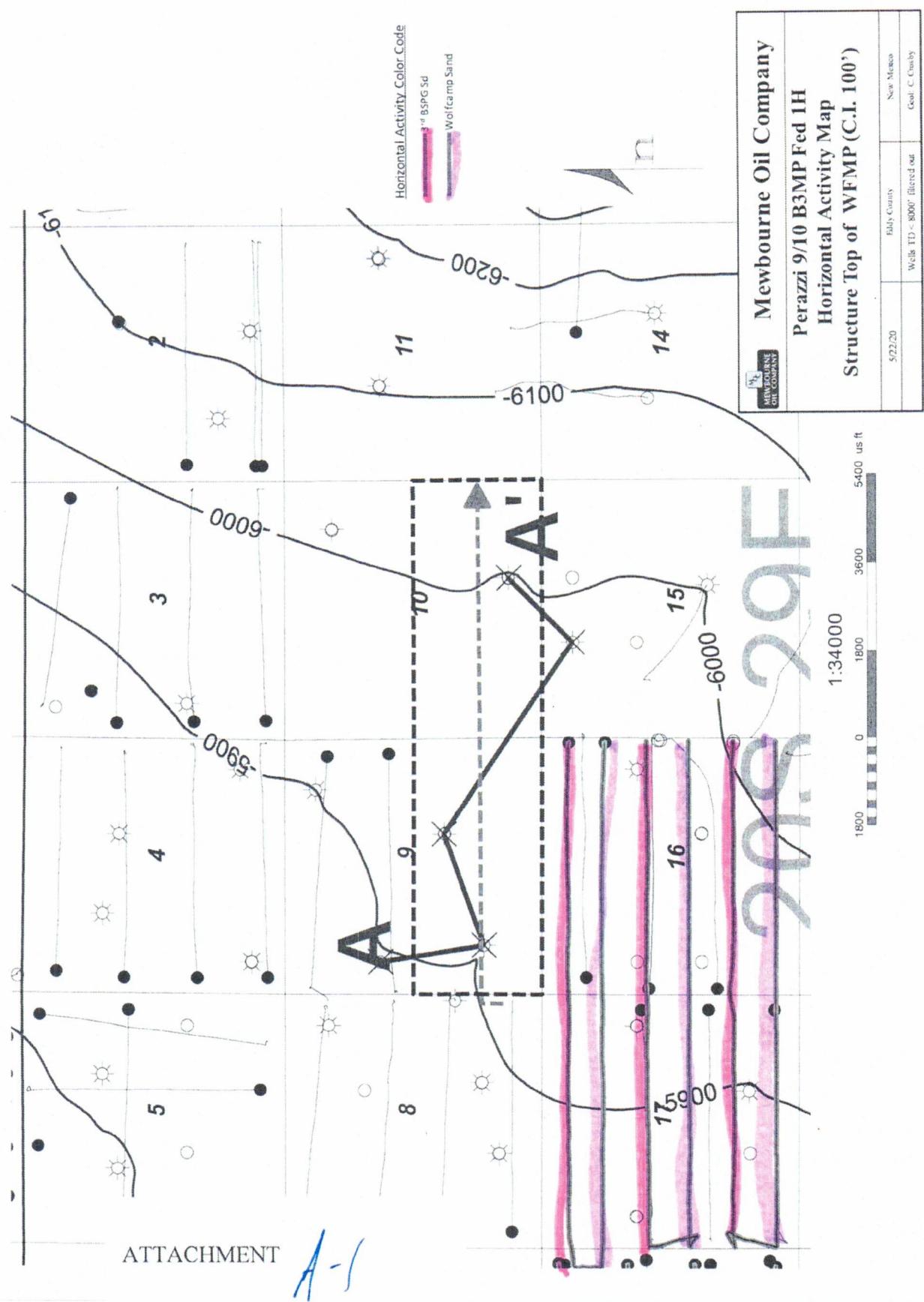
7. I understand that this Self-Affirmed Statement will be used as written testimony in these cases. I affirm that my testimony in paragraphs 1 through 6 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

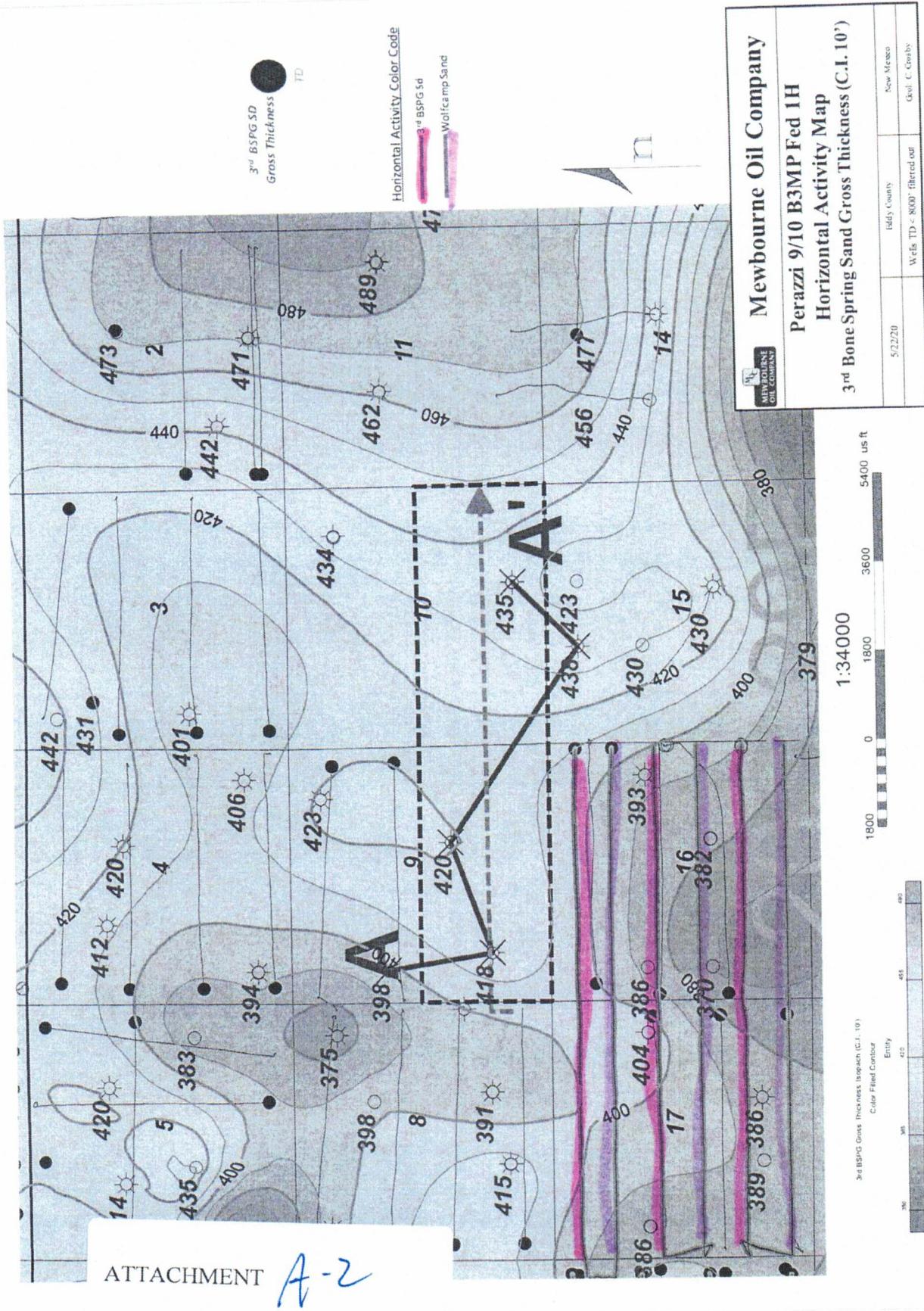
Date:

5/26/20

Charles Crosby

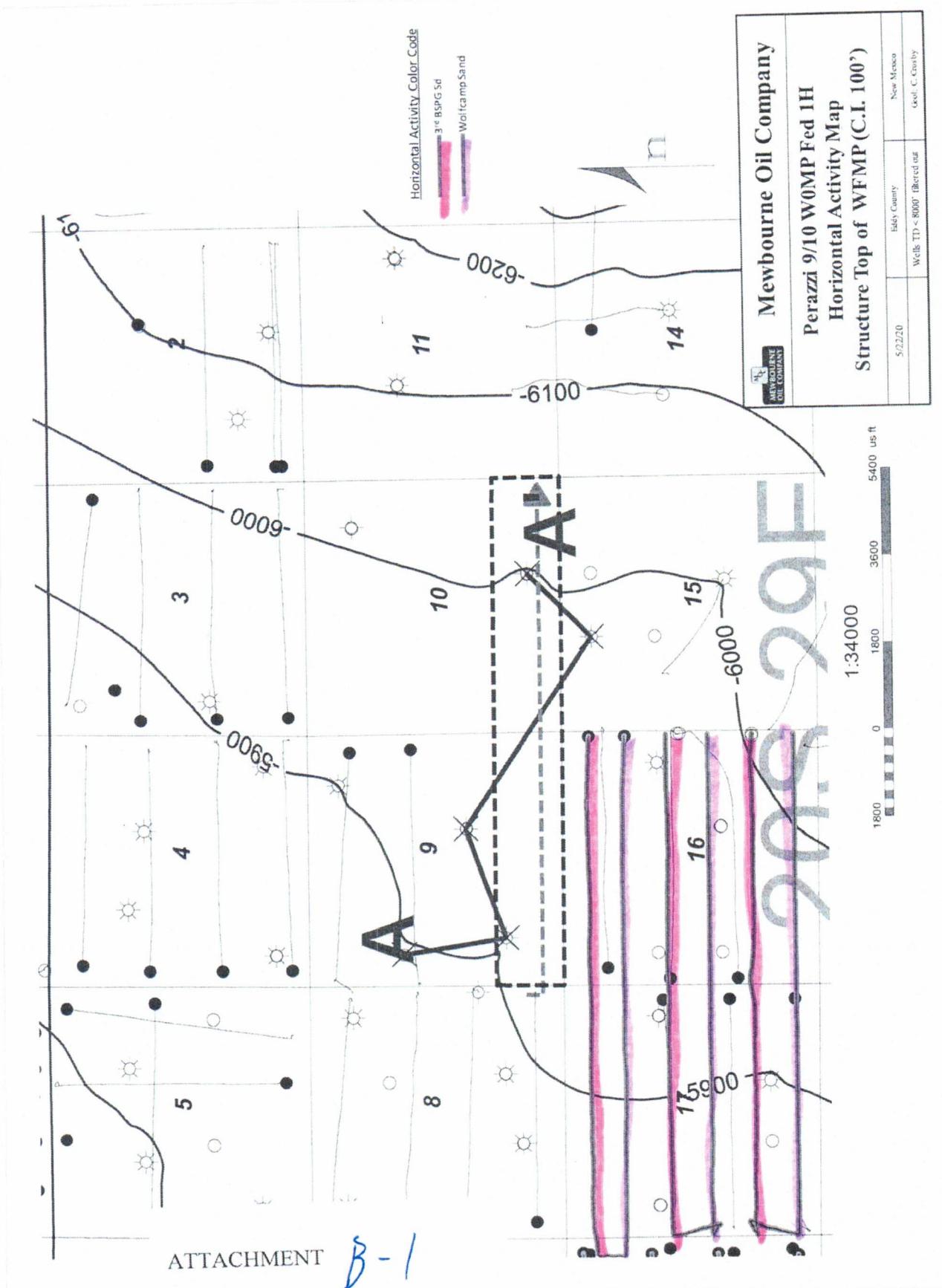


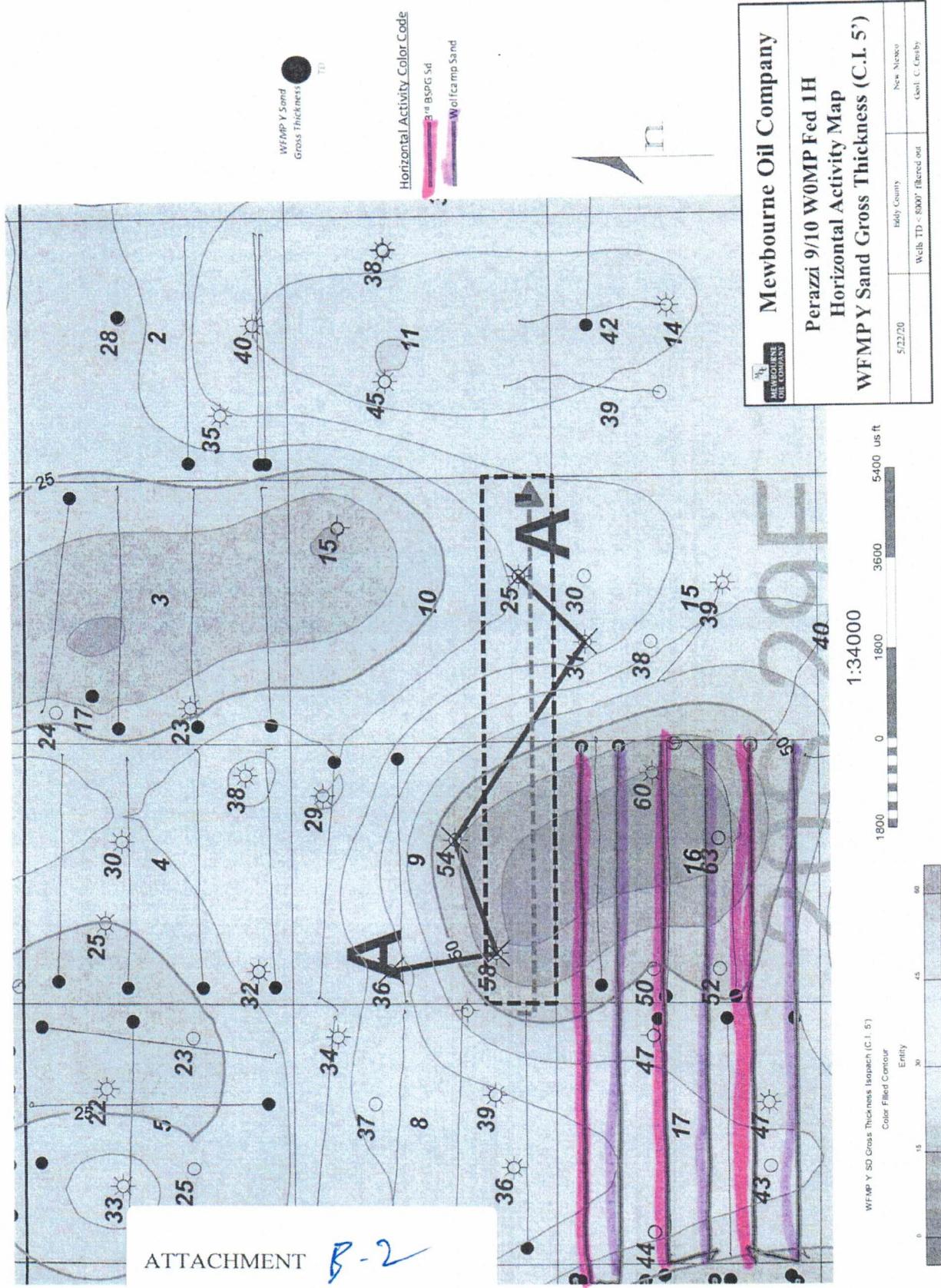




ATTACHMENT

A-2





ATTACHMENT

B-2

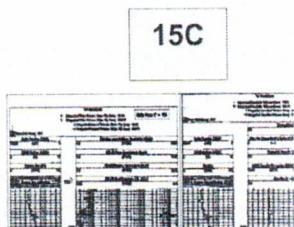
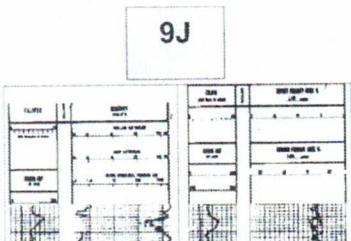
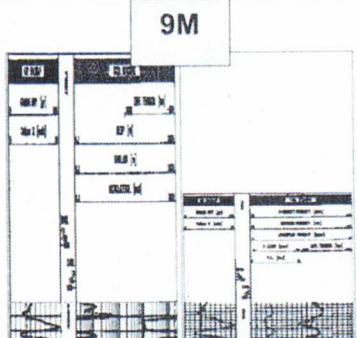
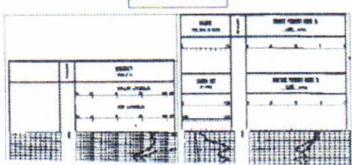
A
W

MARATHON OIL CO
WILLIAMSON FEDERAL 1
Decum=1350.00
1880 FEL 1380 FEL
WF 18 S - Range 16 E - Sec. 10

30015343780000
NEWSOURGE OIL CO
BROWNSVILLE FEDERAL 1
Decum=1286.00
NE SW SW
TWP 25 S - Range 16 E - Sec. 10

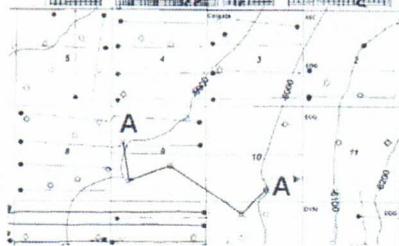
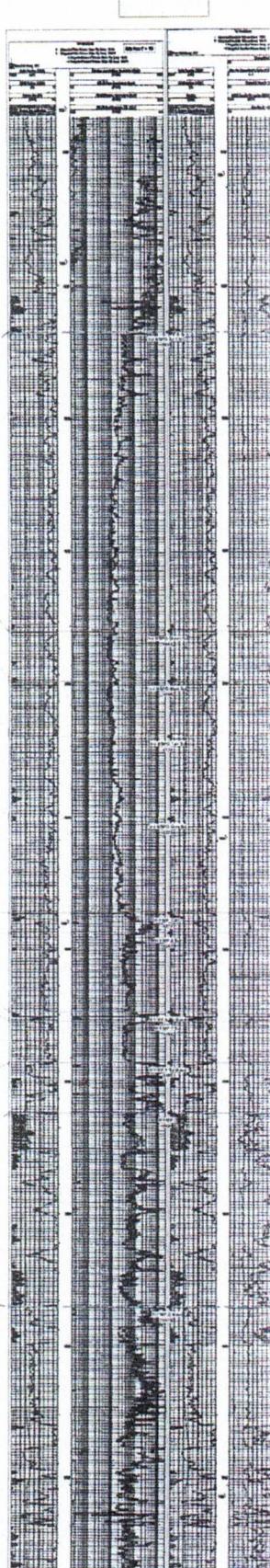
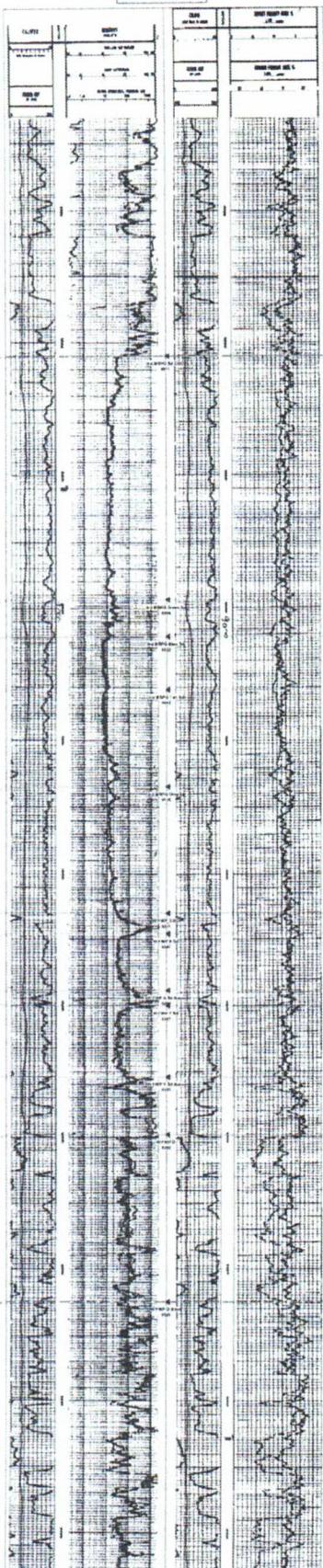
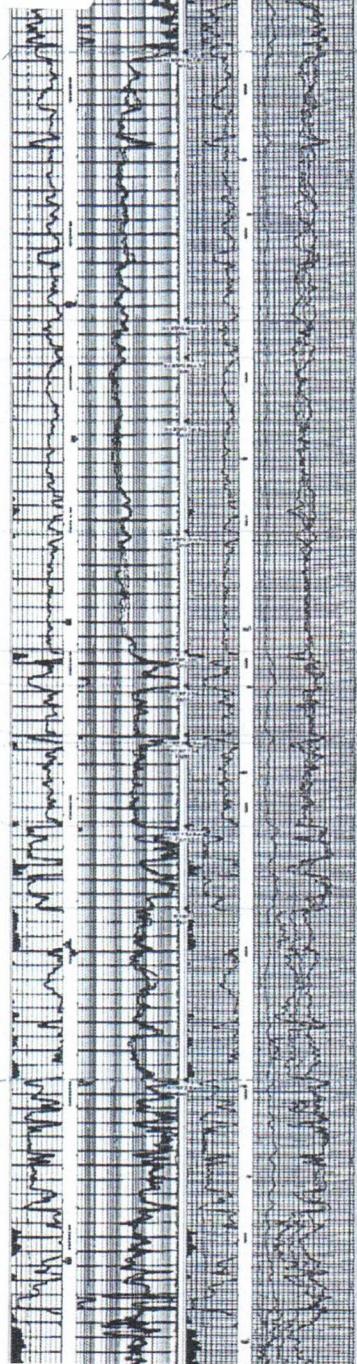
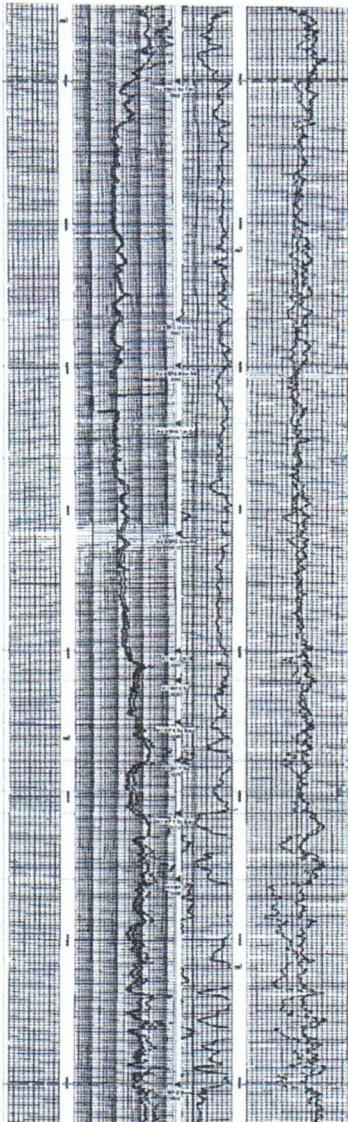
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TEAMS OIL CORP
WILLIAMSON FEDERAL 2
Decum=1350.00
1880 FEL 1380 FEL
TWP 25 S - Range 16 E - Sec. 9

30015321100000
INACCA 15 FEDERAL 1
Decum=1350.00
C NE NW
TWP 25 S - Range 16 E - Sec. 10



ATTACHMENT

C

Top 3rd
BSPG SDPerazzi
3d BSPG
Target
ZoneTop
WFMPPerazzi
WFMP SD
Target
Zone

Perazzi Area 3rd BSPG SD and Wolfcamp Horizontal Production Table

| Well Name | Operator | API | Location | Completion Date | Cum Oil [Mbo] | Cum Gas (Bcf) | Cum Water (MbW) | NS/EW | Production Zone |
|-----------------------------|-----------|------------|-------------|-----------------|---------------|---------------|-----------------|-------|---------------------|
| Glock 17/16 W0DA Fed Com 3H | Mewbourne | 3001543411 | 18A/20S/29E | 8/31/2019 | 221.3 | 0.6 | 170.7 | EW | WFMP Sand |
| Glock 17/16 B3DA Fed Com 2H | Mewbourne | 3001545794 | 18A/20S/29E | 8/24/2019 | 183.7 | 0.3 | 380.7 | EW | 3rd Bone Spring San |
| Glock 17/16 B3MP Fed Com 1H | Mewbourne | 3001546587 | 17M/20S/29E | | Pending | | | EW | 3rd Bone Spring San |
| Glock 17/16 B3EH Fed Com 1H | Mewbourne | 3001546588 | 17L/20S/29E | | Pending | | | EW | 3rd Bone Spring San |
| Glock 17/16 W0MP Fed Com 1H | Mewbourne | 3001546733 | 17M/20S/29E | | Pending | | | EW | WFMP Sand |
| Glock 17/16 W0L1 Fed Com 1H | Mewbourne | 3001546746 | 17J/20S/29E | | Pending | | | EW | WFMP Sand |

ATTACHMENT

D

Mewbourne Oil Company

SURVEY CALCULATION REPORT

Minimum Curvature Calculations

Operator: Mewbourne Oil Company
 Lease Name: Perazzi 9/10 B3MP Fed 1H

KOP 8587.54

SL: 780 FSL & 210 FEL Sec 8/20S/29E

PBHL: 1310 FSL & 100 FEL Sec 10/20S/29E

| | | |
|--------------------------------------|---------------|---------|
| Target KBTVD: | 9,065 Feet | 9065.00 |
| Target Angle: | 89.16 Degrees | 89.16 |
| Section Plane: | 87.26 Degrees | |
| Declination Corrected to True North: | 6.63 Degrees | |
| Bit to Survey Offset: | 44 Feet | |

| Survey No. | Measured Depth-ft | Drift (Deg.) | Azimuth (Deg.) | Course Length | TVD (Feet) | Vertical Section | +N/-S (Feet) | +E/-W (Feet) | Closure Distance | Closure Direction | + Above | | -Below Target | DRIFT (RADIAN) | AZIMUTH (RADIAN) | |
|------------|-------------------|--------------|----------------|---------------|------------|------------------|--------------|--------------|------------------|-------------------|---------|--------|---------------|----------------|------------------|-------------|
| | | | | | | | | | | | BUR | DLS | KBTVD | | | |
| T/I | 8587.54 | 0.00 | 87.26 | N/A | 8587.5 | 0.0 | 0.0 | 0.0 | 0.0 | N/A | 8587.5 | 477.5 | 1E-12 | 1.52 | *VALUE! | |
| 1 | 8661.84 | 8.92 | 87.26 | 74.301 | 8661.5 | 5.8 | 0.3 | 5.8 | 87.3 | 12.0 | 8661.5 | 403.5 | 0.155615182 | 1.52 | 0.155615182 | |
| 2 | 8736.14 | 17.83 | 87.26 | 74.301 | 8733.7 | 22.9 | 1.1 | 22.9 | 87.3 | 12.0 | 8733.4 | 331.6 | 0.311230364 | 1.52 | 0.155615182 | |
| 3 | 8810.44 | 26.75 | 87.26 | 74.301 | 8802.4 | 51.1 | 2.4 | 51.0 | 87.3 | 12.0 | 8801.7 | 263.3 | 0.466845546 | 1.52 | 0.155615182 | |
| 4 | 8884.74 | 35.66 | 87.26 | 74.301 | 8865.9 | 89.6 | 4.3 | 89.4 | 89.6 | 87.3 | 12.0 | 8864.6 | 200.4 | 0.622460728 | 1.52 | 0.155615182 |
| 5 | 8959.04 | 44.58 | 87.26 | 74.301 | 8922.7 | 137.4 | 6.6 | 137.2 | 137.4 | 87.3 | 12.0 | 8920.7 | 144.3 | 0.778075911 | 1.52 | 0.155615182 |
| 6 | 9033.34 | 53.50 | 87.26 | 74.301 | 8971.3 | 193.4 | 9.3 | 193.2 | 193.4 | 87.3 | 12.0 | 8968.5 | 96.5 | 0.933691093 | 1.52 | 0.155615182 |
| 7 | 9107.64 | 62.41 | 87.26 | 74.301 | 9010.7 | 256.4 | 12.3 | 256.1 | 256.4 | 87.3 | 12.0 | 9007.0 | 58.0 | 1.089306275 | 1.52 | 0.155615182 |
| 8 | 9181.94 | 71.33 | 87.26 | 74.301 | 9039.9 | 324.6 | 15.5 | 324.2 | 324.6 | 87.3 | 12.0 | 9035.1 | 29.9 | 1.244921457 | 1.52 | 0.155615182 |
| 9 | 9256.24 | 80.24 | 87.26 | 74.301 | 9058.1 | 396.6 | 19.0 | 396.1 | 396.6 | 87.3 | 12.0 | 9052.3 | 12.7 | 1.400536639 | 1.52 | 0.155615182 |
| 10 | 9330.54 | 89.16 | 87.26 | 74.301 | 9064.9 | 470.5 | 22.5 | 469.9 | 470.5 | 87.3 | 12.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 0.155615182 |
| 11 | 9400.00 | 89.16 | 87.26 | 69.457 | 9066.0 | 539.9 | 25.8 | 539.3 | 539.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 12 | 9500.00 | 89.16 | 87.26 | 100 | 9067.4 | 639.9 | 30.6 | 639.2 | 639.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 13 | 9600.00 | 89.16 | 87.26 | 100 | 9068.9 | 739.9 | 35.4 | 739.1 | 739.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 14 | 9700.00 | 89.16 | 87.26 | 100 | 9070.4 | 839.9 | 40.2 | 838.9 | 839.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 15 | 9800.00 | 89.16 | 87.26 | 100 | 9071.8 | 939.9 | 45.0 | 938.8 | 939.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 16 | 9900.00 | 89.16 | 87.26 | 100 | 9073.3 | 1039.9 | 49.8 | 1038.7 | 1039.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 17 | 10000.00 | 89.16 | 87.26 | 100 | 9074.8 | 1139.9 | 54.5 | 1138.6 | 1139.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 18 | 10100.00 | 89.16 | 87.26 | 100 | 9076.2 | 1239.8 | 59.3 | 1238.4 | 1239.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 19 | 10200.00 | 89.16 | 87.26 | 100 | 9077.7 | 1339.8 | 64.1 | 1338.3 | 1339.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 20 | 10300.00 | 89.16 | 87.26 | 100 | 9079.1 | 1439.8 | 68.9 | 1438.2 | 1439.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 21 | 10400.00 | 89.16 | 87.26 | 100 | 9080.6 | 1539.8 | 73.7 | 1538.1 | 1539.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 22 | 10500.00 | 89.16 | 87.26 | 100 | 9082.1 | 1639.8 | 78.5 | 1637.9 | 1639.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 23 | 10600.00 | 89.16 | 87.26 | 100 | 9083.5 | 1739.8 | 83.3 | 1737.8 | 1739.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 24 | 10700.00 | 89.16 | 87.26 | 100 | 9085.0 | 1839.8 | 88.0 | 1837.7 | 1839.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 25 | 10800.00 | 89.16 | 87.26 | 100 | 9086.5 | 1939.8 | 92.8 | 1937.5 | 1939.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 26 | 10900.00 | 89.16 | 87.26 | 100 | 9087.9 | 2039.8 | 97.6 | 2037.4 | 2039.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 27 | 11000.00 | 89.16 | 87.26 | 100 | 9089.4 | 2139.8 | 102.4 | 2137.3 | 2139.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 28 | 11100.00 | 89.16 | 87.26 | 100 | 9090.9 | 2239.7 | 107.2 | 2237.2 | 2239.7 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 29 | 11200.00 | 89.16 | 87.26 | 100 | 9092.3 | 2339.7 | 112.0 | 2337.0 | 2339.7 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 30 | 11300.00 | 89.16 | 87.26 | 100 | 9093.8 | 2439.7 | 116.8 | 2436.9 | 2439.7 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 31 | 11400.00 | 89.16 | 87.26 | 160 | 9095.3 | 2539.7 | 121.5 | 2536.8 | 2539.7 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 32 | 11500.00 | 89.16 | 87.26 | 100 | 9096.7 | 2639.7 | 126.3 | 2636.7 | 2639.7 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 33 | 11600.00 | 89.16 | 87.26 | 100 | 9098.2 | 2739.7 | 131.1 | 2736.5 | 2739.7 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 34 | 11700.00 | 89.16 | 87.26 | 100 | 9099.6 | 2839.7 | 135.9 | 2836.4 | 2839.7 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 35 | 11800.00 | 89.16 | 87.26 | 100 | 9101.1 | 2939.7 | 140.7 | 2936.3 | 2939.7 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 36 | 11900.00 | 89.16 | 87.26 | 100 | 9102.6 | 3039.7 | 145.5 | 3036.2 | 3039.7 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 37 | 12000.00 | 89.16 | 87.26 | 100 | 9104.0 | 3139.6 | 150.3 | 3136.0 | 3139.6 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 38 | 12100.00 | 89.16 | 87.26 | 100 | 9105.5 | 3239.6 | 155.0 | 3235.9 | 3239.6 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 39 | 12200.00 | 89.16 | 87.26 | 100 | 9107.0 | 3339.6 | 159.8 | 3335.8 | 3339.6 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 40 | 12300.00 | 89.16 | 87.26 | 100 | 9108.4 | 3439.6 | 164.6 | 3435.7 | 3439.6 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 41 | 12400.00 | 89.16 | 87.26 | 100 | 9109.9 | 3539.6 | 169.4 | 3535.5 | 3539.6 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 42 | 12500.00 | 89.16 | 87.26 | 100 | 9111.4 | 3639.6 | 174.2 | 3635.4 | 3639.6 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 43 | 12600.00 | 89.16 | 87.26 | 100 | 9112.8 | 3739.6 | 179.0 | 3735.3 | 3739.6 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 44 | 12700.00 | 89.16 | 87.26 | 100 | 9114.3 | 3839.6 | 183.7 | 3835.2 | 3839.6 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 45 | 12800.00 | 89.16 | 87.26 | 100 | 9115.8 | 3939.6 | 188.5 | 3935.0 | 3939.6 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 46 | 12900.00 | 89.16 | 87.26 | 100 | 9117.2 | 4039.5 | 193.3 | 4034.9 | 4039.5 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 47 | 13000.00 | 89.16 | 87.26 | 100 | 9118.7 | 4139.5 | 198.1 | 4134.8 | 4139.5 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 48 | 13100.00 | 89.16 | 87.26 | 100 | 9120.1 | 4239.5 | 202.9 | 4234.7 | 4239.5 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 49 | 13200.00 | 89.16 | 87.26 | 100 | 9121.6 | 4339.5 | 207.7 | 4334.5 | 4339.5 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 50 | 13300.00 | 89.16 | 87.26 | 100 | 9123.1 | 4439.5 | 212.5 | 4434.4 | 4439.5 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 51 | 13400.00 | 89.16 | 87.26 | 100 | 9124.5 | 4539.5 | 217.2 | 4534.3 | 4539.5 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 52 | 13500.00 | 89.16 | 87.26 | 100 | 9126.0 | 4639.5 | 222.0 | 4634.2 | 4639.5 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 53 | 13600.00 | 89.16 | 87.26 | 100 | 9127.5 | 4739.5 | 226.8 | 4734.0 | 4739.5 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 54 | 13700.00 | 89.16 | 87.26 | 100 | 9128.9 | 4839.5 | 231.6 | 4834.9 | 4839.5 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 55 | 13800.00 | 89.16 | 87.26 | 100 | 9130.4 | 4939.5 | 236.4 | 4933.8 | 4939.5 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |
| 56 | 13900.00 | 89.16 | 87.26 | 100 | 9131.9 | 5039.4 | 241.2 | 5033.7 | 5039.4 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1E-10 |

| | | | | | | | | | | | | | | | | | |
|-----|----------|-------|-------|--------|--------|---------|-------|---------|---------|------|-----|-----|--------|-----|-------------|------|-------|
| 57 | 14000.00 | 89.16 | 87.26 | 100 | 9133.3 | 5139.4 | 246.0 | 5133.5 | 5139.4 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 58 | 14100.00 | 89.16 | 87.26 | 100 | 9134.8 | 5239.4 | 250.7 | 5233.4 | 5239.4 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 59 | 14200.00 | 89.16 | 87.26 | 100 | 9136.3 | 5339.4 | 255.5 | 5333.3 | 5339.4 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 60 | 14300.00 | 89.16 | 87.26 | 100 | 9137.7 | 5439.4 | 260.3 | 5433.2 | 5439.4 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 61 | 14400.00 | 89.16 | 87.26 | 100 | 9139.2 | 5539.4 | 265.1 | 5533.0 | 5539.4 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 62 | 14500.00 | 89.16 | 87.26 | 100 | 9140.7 | 5639.4 | 269.9 | 5632.9 | 5639.4 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 63 | 14600.00 | 89.16 | 87.26 | 100 | 9142.1 | 5739.4 | 274.7 | 5732.8 | 5739.4 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 64 | 14700.00 | 89.16 | 87.26 | 100 | 9143.6 | 5839.4 | 279.4 | 5832.7 | 5839.4 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 65 | 14800.00 | 89.16 | 87.26 | 100 | 9145.0 | 5939.3 | 284.2 | 5932.5 | 5939.3 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 66 | 14900.00 | 89.16 | 87.26 | 100 | 9146.5 | 6039.3 | 289.0 | 6032.4 | 6039.3 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 67 | 15000.00 | 89.16 | 87.26 | 100 | 9148.0 | 6139.3 | 293.8 | 6132.3 | 6139.3 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 68 | 15100.00 | 89.16 | 87.26 | 100 | 9149.4 | 6239.3 | 298.6 | 6232.2 | 6239.3 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 69 | 15200.00 | 89.16 | 87.26 | 100 | 9150.9 | 6339.3 | 303.4 | 6332.0 | 6339.3 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 70 | 15300.00 | 89.16 | 87.26 | 100 | 9152.4 | 6439.3 | 308.2 | 6431.9 | 6439.3 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 71 | 15400.00 | 89.16 | 87.26 | 100 | 9153.8 | 6539.3 | 312.9 | 6531.8 | 6539.3 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 72 | 15500.00 | 89.16 | 87.26 | 100 | 9155.3 | 6639.3 | 317.7 | 6631.7 | 6639.3 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 73 | 15600.00 | 89.16 | 87.26 | 100 | 9156.8 | 6739.3 | 322.5 | 6731.5 | 6739.3 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 74 | 15700.00 | 89.16 | 87.26 | 100 | 9158.2 | 6839.2 | 327.3 | 6831.4 | 6839.2 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 75 | 15800.00 | 89.16 | 87.26 | 100 | 9159.7 | 6939.2 | 332.1 | 6931.3 | 6939.2 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 76 | 15900.00 | 89.16 | 87.26 | 100 | 9161.2 | 7039.2 | 336.9 | 7031.2 | 7039.2 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 77 | 16000.00 | 89.16 | 87.26 | 100 | 9162.6 | 7139.2 | 341.7 | 7131.0 | 7139.2 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 78 | 16100.00 | 89.16 | 87.26 | 100 | 9164.1 | 7239.2 | 346.4 | 7230.9 | 7239.2 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 79 | 16200.00 | 89.16 | 87.26 | 100 | 9165.5 | 7339.2 | 351.2 | 7330.8 | 7339.2 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 80 | 16300.00 | 89.16 | 87.26 | 100 | 9167.0 | 7439.2 | 356.0 | 7430.7 | 7439.2 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 81 | 16400.00 | 89.16 | 87.26 | 100 | 9168.5 | 7539.2 | 360.8 | 7530.5 | 7539.2 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 82 | 16500.00 | 89.16 | 87.26 | 100 | 9169.9 | 7639.2 | 365.6 | 7630.4 | 7639.2 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 83 | 16600.00 | 89.16 | 87.26 | 100 | 9171.4 | 7739.2 | 370.4 | 7730.3 | 7739.2 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 84 | 16700.00 | 89.16 | 87.26 | 100 | 9172.9 | 7839.1 | 375.1 | 7830.2 | 7839.1 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 85 | 16800.00 | 89.16 | 87.26 | 100 | 9174.3 | 7939.1 | 379.9 | 7930.0 | 7939.1 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 86 | 16900.00 | 89.16 | 87.26 | 100 | 9175.8 | 8039.1 | 384.7 | 8029.9 | 8039.1 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 87 | 17000.00 | 89.16 | 87.26 | 100 | 9177.3 | 8139.1 | 389.5 | 8129.8 | 8139.1 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 88 | 17100.00 | 89.16 | 87.26 | 100 | 9178.7 | 8239.1 | 394.3 | 8229.7 | 8239.1 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 89 | 17200.00 | 89.16 | 87.26 | 100 | 9180.2 | 8339.1 | 399.1 | 8329.5 | 8339.1 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 90 | 17300.00 | 89.16 | 87.26 | 100 | 9181.7 | 8439.1 | 403.9 | 8429.4 | 8439.1 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 91 | 17400.00 | 89.16 | 87.26 | 100 | 9183.1 | 8539.1 | 408.6 | 8529.3 | 8539.1 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 92 | 17500.00 | 89.16 | 87.26 | 100 | 9184.6 | 8639.1 | 413.4 | 8629.2 | 8639.1 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 93 | 17600.00 | 89.16 | 87.26 | 100 | 9186.0 | 8739.0 | 418.2 | 8729.0 | 8739.0 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 94 | 17700.00 | 89.16 | 87.26 | 100 | 9187.5 | 8839.0 | 423.0 | 8828.9 | 8839.0 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 95 | 17800.00 | 89.16 | 87.26 | 100 | 9189.0 | 8939.0 | 427.8 | 8928.8 | 8939.0 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 96 | 17900.00 | 89.16 | 87.26 | 100 | 9190.4 | 9039.0 | 432.6 | 9028.7 | 9039.0 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 97 | 18000.00 | 89.16 | 87.26 | 100 | 9191.9 | 9139.0 | 437.4 | 9128.5 | 9139.0 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 98 | 18100.00 | 89.16 | 87.26 | 100 | 9193.4 | 9239.0 | 442.1 | 9228.4 | 9239.0 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 99 | 18200.00 | 89.16 | 87.26 | 100 | 9194.8 | 9339.0 | 446.9 | 9328.3 | 9339.0 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 100 | 18300.00 | 89.16 | 87.26 | 100 | 9196.3 | 9439.0 | 451.7 | 9428.2 | 9439.0 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 101 | 18400.00 | 89.16 | 87.26 | 100 | 9197.8 | 9539.0 | 456.5 | 9528.0 | 9539.0 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 102 | 18500.00 | 89.16 | 87.26 | 100 | 9199.2 | 9638.9 | 461.3 | 9627.9 | 9638.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 103 | 18600.00 | 89.16 | 87.26 | 100 | 9200.7 | 9738.9 | 466.1 | 9727.8 | 9738.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 104 | 18700.00 | 89.16 | 87.26 | 100 | 9202.2 | 9838.9 | 470.9 | 9827.7 | 9838.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 105 | 18800.00 | 89.16 | 87.26 | 100 | 9203.6 | 9938.9 | 475.6 | 9927.5 | 9938.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 106 | 18900.00 | 89.16 | 87.26 | 100 | 9205.1 | 10038.9 | 480.4 | 10027.4 | 10038.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 107 | 19000.00 | 89.16 | 87.26 | 100 | 9206.5 | 10138.9 | 485.2 | 10127.3 | 10138.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 108 | 19100.00 | 89.16 | 87.26 | 100 | 9208.0 | 10238.9 | 490.0 | 10227.2 | 10238.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 109 | 19200.00 | 89.16 | 87.26 | 100 | 9209.5 | 10338.9 | 494.8 | 10327.0 | 10338.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 110 | 19300.00 | 89.16 | 87.26 | 100 | 9210.9 | 10438.9 | 499.6 | 10426.9 | 10438.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 111 | 19400.00 | 89.16 | 87.26 | 100 | 9212.4 | 10538.9 | 504.3 | 10526.8 | 10538.9 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 112 | 19500.00 | 89.16 | 87.26 | 100 | 9213.9 | 10638.8 | 509.1 | 10626.7 | 10638.8 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |
| 113 | 19579.55 | 89.16 | 87.26 | 79.552 | 9215.0 | 10718.4 | 512.9 | 10706.1 | 10718.4 | 87.3 | 0.0 | 0.0 | 9058.1 | 6.9 | 1.556151821 | 1.52 | 1E-10 |

Mewbourne Oil Company

SURVEY CALCULATION REPORT Minimum Curvature Calculations

Operator: Mewbourne Oil Company
 Lease Name: Praazi 9/10 WOMP Fed 11H
 KOP 8825.54
 SL: 750 FSL & 210 FEL Sec 8/20S/29E
 PBHL: 440 FSL & 100 FEL Sec 10/20S/29E

Target KBTVD: 9,303 Feet 9303.00
 Target Angle: 89.40 Degrees 89.40
 Section Plane: 91.75 Degrees
 Declination Corrected to True North: 6.63 Degrees
 Bit to Survey Offset: 44 Feet

| Survey No. | Measured Depth-ft | Drift (Deg.) | Azimuth (Deg.) | Course Length | TVD (Feet) | Vertical Section | +N/S (Feet) | +E/W (Feet) | Closure Distance | Closure Direction | +Above | | DRIFT Target (RADIANS) | AZIMUTH (RADIANS) |
|------------|-------------------|--------------|----------------|---------------|------------|------------------|-------------|-------------|------------------|-------------------|--------|------|------------------------|--------------------------------|
| | | | | | | | | | | | BUR | DLS | KBTVD | |
| T/1 | 8825.54 | 0.00 | 91.75 | N/A | 8825.5 | 0.0 | 0.0 | 0.0 | 0.0 | N/A | N/A | N/A | 8825.5 | 477.5 1E-12 1.60 #VALUE! |
| 1 | 8900.04 | 8.84 | 91.75 | 74,5009 | 8899.7 | 5.8 | -0.2 | 5.8 | 5.8 | 91.7 | 12.0 | 12.0 | 8899.7 | 403.3 0.1560344 1.60 0.1560344 |
| 2 | 8974.54 | 17.88 | 91.75 | 74,5009 | 8972.1 | 23.1 | -0.7 | 23.1 | 23.1 | 91.7 | 12.0 | 12.0 | 8971.9 | 331.1 0.3120688 1.60 0.1560344 |
| 3 | 9049.04 | 26.82 | 91.75 | 74,5009 | 9041.0 | 51.4 | -1.6 | 51.3 | 51.4 | 91.7 | 12.0 | 12.0 | 9040.4 | 262.6 0.4681032 1.60 0.1560344 |
| 4 | 9123.54 | 35.76 | 91.75 | 74,5009 | 9104.6 | 90.0 | -2.7 | 90.0 | 90.0 | 91.7 | 12.0 | 12.0 | 9103.6 | 199.4 0.6241376 1.60 0.1560344 |
| 5 | 9198.04 | 44.70 | 91.75 | 74,5009 | 9161.4 | 138.1 | -4.2 | 138.0 | 138.1 | 91.7 | 12.0 | 12.0 | 9159.9 | 143.1 0.780172 1.60 0.1560344 |
| 6 | 9272.54 | 53.64 | 91.75 | 74,5009 | 9210.0 | 194.4 | -5.9 | 194.3 | 194.4 | 91.7 | 12.0 | 12.0 | 9208.0 | 95.0 0.9362064 1.60 0.1560344 |
| 7 | 9347.04 | 62.58 | 91.75 | 74,5009 | 9249.4 | 257.6 | -7.9 | 257.5 | 257.6 | 91.7 | 12.0 | 12.0 | 9246.7 | 56.3 1.0922408 1.60 0.1560344 |
| 8 | 9421.54 | 71.52 | 91.75 | 74,5009 | 9278.4 | 326.1 | -10.0 | 326.0 | 326.1 | 91.7 | 12.0 | 12.0 | 9275.0 | 28.0 1.2482752 1.60 0.1560344 |
| 9 | 9496.04 | 80.46 | 91.75 | 74,5009 | 9296.4 | 398.3 | -12.2 | 398.2 | 398.3 | 91.7 | 12.0 | 12.0 | 9292.2 | 19.8 1.4043096 1.60 0.1560344 |
| 10 | 9570.54 | 89.40 | 91.75 | 74,5009 | 9303.0 | 472.5 | -14.4 | 472.3 | 472.5 | 91.7 | 12.0 | 12.0 | 9298.0 | 5.0 1.560344 1.60 0.1560344 |
| 11 | 9600.00 | 89.40 | 91.75 | 29,4554 | 9303.3 | 501.9 | -15.3 | 501.7 | 501.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 12 | 9700.00 | 89.40 | 91.75 | 100 | 9304.3 | 601.9 | -18.4 | 601.6 | 601.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 13 | 9800.00 | 89.40 | 91.75 | 100 | 9305.4 | 701.9 | -21.4 | 701.6 | 701.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 14 | 9900.00 | 89.40 | 91.75 | 100 | 9306.4 | 801.9 | -24.5 | 801.5 | 801.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 15 | 10000.00 | 89.40 | 91.75 | 100 | 9307.5 | 901.9 | -27.5 | 901.5 | 901.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 16 | 10100.00 | 89.40 | 91.75 | 100 | 9308.5 | 1001.9 | -30.6 | 1001.4 | 1001.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 17 | 10200.00 | 89.40 | 91.75 | 100 | 9309.6 | 1101.9 | -33.6 | 1101.4 | 1101.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 18 | 10300.00 | 89.40 | 91.75 | 100 | 9310.6 | 1201.9 | -36.7 | 1201.3 | 1201.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 19 | 10400.00 | 89.40 | 91.75 | 100 | 9311.6 | 1301.9 | -39.7 | 1301.3 | 1301.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 20 | 10500.00 | 89.40 | 91.75 | 100 | 9312.7 | 1401.9 | -42.8 | 1401.2 | 1401.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 21 | 10600.00 | 89.40 | 91.75 | 100 | 9313.7 | 1501.9 | -45.8 | 1501.2 | 1501.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 22 | 10700.00 | 89.40 | 91.75 | 100 | 9314.8 | 1601.9 | -48.9 | 1601.1 | 1601.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 23 | 10800.00 | 89.40 | 91.75 | 100 | 9315.8 | 1701.9 | -52.0 | 1701.1 | 1701.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 24 | 10900.00 | 89.40 | 91.75 | 100 | 9316.9 | 1801.9 | -55.0 | 1801.0 | 1801.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 25 | 11000.00 | 89.40 | 91.75 | 100 | 9317.9 | 1901.9 | -58.1 | 1901.0 | 1901.9 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 26 | 11100.00 | 89.40 | 91.75 | 100 | 9319.0 | 2001.8 | -61.1 | 2000.9 | 2001.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 27 | 11200.00 | 89.40 | 91.75 | 100 | 9320.0 | 2101.8 | -64.2 | 2100.9 | 2101.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 28 | 11300.00 | 89.40 | 91.75 | 100 | 9321.1 | 2201.8 | -67.2 | 2200.8 | 2201.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 29 | 11400.00 | 89.40 | 91.75 | 100 | 9322.1 | 2301.8 | -70.3 | 2300.8 | 2301.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 30 | 11500.00 | 89.40 | 91.75 | 100 | 9323.1 | 2401.8 | -73.3 | 2400.7 | 2401.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 31 | 11600.00 | 89.40 | 91.75 | 100 | 9324.2 | 2501.8 | -76.4 | 2500.7 | 2501.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 32 | 11700.00 | 89.40 | 91.75 | 100 | 9325.2 | 2601.8 | -79.4 | 2600.6 | 2601.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 33 | 11800.00 | 89.40 | 91.75 | 100 | 9326.3 | 2701.8 | -82.5 | 2700.5 | 2701.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 34 | 11900.00 | 89.40 | 91.75 | 100 | 9327.3 | 2801.8 | -85.5 | 2800.5 | 2801.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 35 | 12000.00 | 89.40 | 91.75 | 100 | 9328.4 | 2901.8 | -88.6 | 2900.4 | 2901.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 36 | 12100.00 | 89.40 | 91.75 | 100 | 9329.4 | 3001.8 | -91.6 | 3000.4 | 3001.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 37 | 12200.00 | 89.40 | 91.75 | 100 | 9330.5 | 3101.8 | -94.7 | 3100.3 | 3101.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 38 | 12300.00 | 89.40 | 91.75 | 100 | 9331.5 | 3201.8 | -97.7 | 3200.3 | 3201.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 39 | 12400.00 | 89.40 | 91.75 | 100 | 9332.5 | 3301.8 | -100.8 | 3300.2 | 3301.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 40 | 12500.00 | 89.40 | 91.75 | 100 | 9333.6 | 3401.8 | -103.8 | 3400.2 | 3401.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 41 | 12600.00 | 89.40 | 91.75 | 100 | 9334.6 | 3501.8 | -106.9 | 3500.1 | 3501.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 42 | 12700.00 | 89.40 | 91.75 | 100 | 9335.7 | 3601.8 | -110.0 | 3600.1 | 3601.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 43 | 12800.00 | 89.40 | 91.75 | 100 | 9336.7 | 3701.8 | -113.0 | 3700.0 | 3701.8 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 44 | 12900.00 | 89.40 | 91.75 | 100 | 9337.8 | 3801.7 | -116.1 | 3800.0 | 3801.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 45 | 13000.00 | 89.40 | 91.75 | 100 | 9338.8 | 3901.7 | -119.1 | 3899.9 | 3901.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 46 | 13100.00 | 89.40 | 91.75 | 100 | 9339.9 | 4001.7 | -122.2 | 3999.9 | 4001.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 47 | 13200.00 | 89.40 | 91.75 | 100 | 9340.9 | 4101.7 | -125.2 | 4099.8 | 4101.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 48 | 13300.00 | 89.40 | 91.75 | 100 | 9342.0 | 4201.7 | -128.3 | 4199.8 | 4201.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 49 | 13400.00 | 89.40 | 91.75 | 100 | 9343.0 | 4301.7 | -131.3 | 4299.7 | 4301.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 50 | 13500.00 | 89.40 | 91.75 | 100 | 9344.0 | 4401.7 | -134.4 | 4399.7 | 4401.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 51 | 13600.00 | 89.40 | 91.75 | 100 | 9345.1 | 4501.7 | -137.4 | 4499.6 | 4501.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 52 | 13700.00 | 89.40 | 91.75 | 100 | 9346.1 | 4601.7 | -140.5 | 4599.6 | 4601.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 53 | 13800.00 | 89.40 | 91.75 | 100 | 9347.2 | 4701.7 | -143.5 | 4699.5 | 4701.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 54 | 13900.00 | 89.40 | 91.75 | 100 | 9348.2 | 4801.7 | -146.6 | 4799.5 | 4801.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 55 | 14000.00 | 89.40 | 91.75 | 100 | 9349.3 | 4901.7 | -149.6 | 4899.4 | 4901.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |
| 56 | 14100.00 | 89.40 | 91.75 | 100 | 9350.3 | 5001.7 | -152.7 | 4999.4 | 5001.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 1.560344 1.60 1E-10 |

ATTACHMENT E-2

| | | | | | | | | | | | | | | | | | |
|-----|----------|-------|-------|-----|--------|---------|--------|---------|---------|------|-----|-----|--------|-----|----------|------|-------|
| 57 | 14200.00 | 89.40 | 91.75 | 100 | 9351.4 | 5101.7 | -155.7 | 5099.3 | 5101.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 58 | 14300.00 | 89.40 | 91.75 | 100 | 9352.4 | 5201.7 | -158.8 | 5199.2 | 5201.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 59 | 14400.00 | 89.40 | 91.75 | 100 | 9353.5 | 5301.7 | -161.8 | 5299.2 | 5301.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 60 | 14500.00 | 89.40 | 91.75 | 100 | 9354.5 | 5401.7 | -164.9 | 5399.1 | 5401.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 61 | 14600.00 | 89.40 | 91.75 | 100 | 9355.5 | 5501.7 | -168.0 | 5499.1 | 5501.7 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 62 | 14700.00 | 89.40 | 91.75 | 100 | 9356.6 | 5601.6 | -171.0 | 5599.0 | 5601.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 63 | 14800.00 | 89.40 | 91.75 | 100 | 9357.6 | 5701.6 | -174.1 | 5699.0 | 5701.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 64 | 14900.00 | 89.40 | 91.75 | 100 | 9358.7 | 5801.6 | -177.1 | 5798.9 | 5801.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 65 | 15000.00 | 89.40 | 91.75 | 100 | 9359.7 | 5901.6 | -180.2 | 5898.9 | 5901.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 66 | 15100.00 | 89.40 | 91.75 | 100 | 9360.8 | 6001.6 | -183.2 | 5998.8 | 6001.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 67 | 15200.00 | 89.40 | 91.75 | 100 | 9361.8 | 6101.6 | -186.3 | 6098.8 | 6101.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 68 | 15300.00 | 89.40 | 91.75 | 100 | 9362.9 | 6201.6 | -189.3 | 6198.7 | 6201.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 69 | 15400.00 | 89.40 | 91.75 | 100 | 9363.9 | 6301.6 | -192.4 | 6298.7 | 6301.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 70 | 15500.00 | 89.40 | 91.75 | 100 | 9364.9 | 6401.6 | -195.4 | 6398.6 | 6401.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 71 | 15600.00 | 89.40 | 91.75 | 100 | 9366.0 | 6501.6 | -198.5 | 6498.6 | 6501.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 72 | 15700.00 | 89.40 | 91.75 | 100 | 9367.0 | 6601.6 | -201.5 | 6598.5 | 6601.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 73 | 15800.00 | 89.40 | 91.75 | 100 | 9368.1 | 6701.6 | -204.6 | 6698.5 | 6701.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 74 | 15900.00 | 89.40 | 91.75 | 100 | 9369.1 | 6801.6 | -207.6 | 6798.4 | 6801.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 75 | 16000.00 | 89.40 | 91.75 | 100 | 9370.2 | 6901.6 | -210.7 | 6898.4 | 6901.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 76 | 16100.00 | 89.40 | 91.75 | 100 | 9371.2 | 7001.6 | -213.7 | 6998.3 | 7001.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 77 | 16200.00 | 89.40 | 91.75 | 100 | 9372.3 | 7101.6 | -216.8 | 7098.3 | 7101.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 78 | 16300.00 | 89.40 | 91.75 | 100 | 9373.3 | 7201.6 | -219.8 | 7198.2 | 7201.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 79 | 16400.00 | 89.40 | 91.75 | 100 | 9374.4 | 7301.6 | -222.9 | 7298.2 | 7301.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 80 | 16500.00 | 89.40 | 91.75 | 100 | 9375.4 | 7401.6 | -226.0 | 7398.1 | 7401.6 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 81 | 16600.00 | 89.40 | 91.75 | 100 | 9376.4 | 7501.5 | -229.0 | 7498.0 | 7501.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 82 | 16700.00 | 89.40 | 91.75 | 100 | 9377.5 | 7601.5 | -232.1 | 7598.0 | 7601.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 83 | 16800.00 | 89.40 | 91.75 | 100 | 9378.5 | 7701.5 | -235.1 | 7697.9 | 7701.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 84 | 16900.00 | 89.40 | 91.75 | 100 | 9379.6 | 7801.5 | -238.2 | 7797.9 | 7801.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 85 | 17000.00 | 89.40 | 91.75 | 100 | 9380.6 | 7901.5 | -241.2 | 7897.8 | 7901.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 86 | 17100.00 | 89.40 | 91.75 | 100 | 9381.7 | 8001.5 | -244.3 | 7997.8 | 8001.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 87 | 17200.00 | 89.40 | 91.75 | 100 | 9382.7 | 8101.5 | -247.3 | 8097.7 | 8101.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 88 | 17300.00 | 89.40 | 91.75 | 100 | 9383.8 | 8201.5 | -250.4 | 8197.7 | 8201.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 89 | 17400.00 | 89.40 | 91.75 | 100 | 9384.8 | 8301.5 | -253.4 | 8297.6 | 8301.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 90 | 17500.00 | 89.40 | 91.75 | 100 | 9385.9 | 8401.5 | -256.5 | 8397.6 | 8401.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 91 | 17600.00 | 89.40 | 91.75 | 100 | 9386.9 | 8501.5 | -259.5 | 8497.5 | 8501.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 92 | 17700.00 | 89.40 | 91.75 | 100 | 9387.9 | 8601.5 | -262.6 | 8597.5 | 8601.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 93 | 17800.00 | 89.40 | 91.75 | 100 | 9389.0 | 8701.5 | -265.6 | 8697.4 | 8701.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 94 | 17900.00 | 89.40 | 91.75 | 100 | 9390.0 | 8801.5 | -268.7 | 8797.4 | 8801.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 95 | 18000.00 | 89.40 | 91.75 | 100 | 9391.1 | 8901.5 | -271.7 | 8897.3 | 8901.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 96 | 18100.00 | 89.40 | 91.75 | 100 | 9392.1 | 9001.5 | -274.8 | 8997.3 | 9001.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 97 | 18200.00 | 89.40 | 91.75 | 100 | 9393.2 | 9101.5 | -277.8 | 9097.2 | 9101.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 98 | 18300.00 | 89.40 | 91.75 | 100 | 9394.2 | 9201.5 | -280.9 | 9197.2 | 9201.5 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 99 | 18400.00 | 89.40 | 91.75 | 100 | 9395.3 | 9301.4 | -284.0 | 9297.1 | 9301.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 100 | 18500.00 | 89.40 | 91.75 | 100 | 9396.3 | 9401.4 | -287.0 | 9397.1 | 9401.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 101 | 18600.00 | 89.40 | 91.75 | 100 | 9397.4 | 9501.4 | -290.1 | 9497.0 | 9501.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 102 | 18700.00 | 89.40 | 91.75 | 100 | 9398.4 | 9601.4 | -293.1 | 9597.0 | 9601.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 103 | 18800.00 | 89.40 | 91.75 | 100 | 9399.4 | 9701.4 | -296.2 | 9696.9 | 9701.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 104 | 18900.00 | 89.40 | 91.75 | 100 | 9400.5 | 9801.4 | -299.2 | 9796.9 | 9801.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 105 | 19000.00 | 89.40 | 91.75 | 100 | 9401.5 | 9901.4 | -302.3 | 9896.8 | 9901.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 106 | 19100.00 | 89.40 | 91.75 | 100 | 9402.6 | 10001.4 | -305.3 | 9996.7 | 10001.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 107 | 19200.00 | 89.40 | 91.75 | 100 | 9403.6 | 10101.4 | -308.4 | 10096.7 | 10101.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 108 | 19300.00 | 89.40 | 91.75 | 100 | 9404.7 | 10201.4 | -311.4 | 10196.6 | 10201.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 109 | 19400.00 | 89.40 | 91.75 | 100 | 9405.7 | 10301.4 | -314.5 | 10296.6 | 10301.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 110 | 19500.00 | 89.40 | 91.75 | 100 | 9406.8 | 10401.4 | -317.5 | 10396.5 | 10401.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 111 | 19600.00 | 89.40 | 91.75 | 100 | 9407.8 | 10501.4 | -320.6 | 10496.5 | 10501.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 112 | 19700.00 | 89.40 | 91.75 | 100 | 9408.8 | 10601.4 | -323.6 | 10596.4 | 10601.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |
| 113 | 19800.00 | 89.40 | 91.75 | 100 | 9409.9 | 10701.4 | -326.7 | 10696.4 | 10701.4 | 91.7 | 0.0 | 0.0 | 9298.0 | 5.0 | 1.560344 | 1.60 | 1E-10 |

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

APPLICATIONS OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.

Case Nos. 21964

SELF-AFFIRMED STATEMENT OF NOTICE

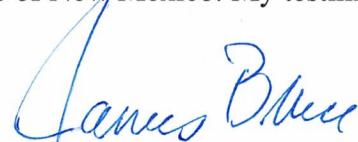
COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owner, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Rules.
6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date:

6/15/21



James Bruce

EXHIBIT H

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 27, 2021

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Bone Spring well in a horizontal well unit comprised of the S/2S/2 of Section 9 and the S/2S/2 of Section 10 (Case No. 21964), Township 20 South, Range 29 East, NMPPM, Eddy County, New Mexico.

Thos matter is scheduled for hearing at 8:15 a.m. on Thursday, June 17, 2021. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to emnrd.state.nm.us/OCD/hearings or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, June 10, 2021. This statement may be filed online with the Division at ocd.hearings@state.nm.us, and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

ATTACHMENT

A

EXHIBIT A

COG Operating, LLC
600 W. Illinois Avenue
Midland, Texas 79701
Attn: Brent Sawyer

Eric Chaney Croft and
Elizabeth Anne Williamson,
Co-Trustees of the Charla
Geraldine Williamson Trust
738 H Street
Anchorage, Alaska 99501

Norton, L.L.C.
60 Beach Avenue
South Dartmouth, Massachusetts 02748

Clifton E. Shumate
P.O. Box 8632
Midland, Texas 79708

Carol Shumate
P.O. Box 8632
Midland, Texas 79708

Paul M. Fish
2155 Louisiana Boulevard NE, Suite 300
Albuquerque, New Mexico 87110

Diane Daniels Denish
2604 Morrow Road NE
Albuquerque, New Mexico 87106

Patrice Schooley Fish
2155 Louisiana Boulevard NE, Suite 300
Albuquerque, New Mexico 87110

Douglas L. Alpers
2207 Casa Bonita
Alamogordo, NM 88310

Diane K. Alpers Leven
3104 Onate Road
Roswell, NM 88201

Diane Daniels Denish, Trustee of the
Spencer Schreiber Trust
2604 Morrow Road NE
Albuquerque, New Mexico 87106

Ralph E. Williamson
Family Trust
738 H Street
Anchorage, Alaska 99501

Siete Oil and Gas Corporation
P.O. Box 2473
Midland, Texas 79702

Mr. and Mrs. Jeffrey N. Johnston
P.O. Box 1324
Midland, TX 79702

Michael A. Short
110 N. Marienfield, Suite 200
Midland, TX 79701

Harold D. Justice
711 South Country Club Lane
Payson, Arizona 85541

Donald R. Curry
3800 Tulsa Way
Fort Worth, Texas 76107

Michael James Ikard
1404 West Riverside Drive
Carlsbad, New Mexico 88220

Timothy Z. Jennings
P.O. Box 1797
Roswell, New Mexico 88202

Alice M. Morello, Trustee of the
Patrick J. Morello and Alice M. Morello Trust
3534 Gettysburg Place
Jefferson City, Missouri 65109

Robert L. Thornton
7928 Vista Ridge Drive North
Fort Worth, Texas 76132

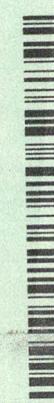
Brooks Oil and Gas Interests, Ltd.
1044 Calico Ridge Drive
Henderson, Nevada 89011

Margaret K. Hunker Trust
3200 North Tocoma Street
Arlington, Virginia 22213

Centennial LLC
P.O. Box 1837
Roswell, New Mexico 88202

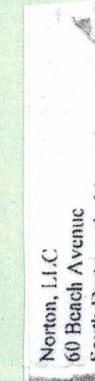
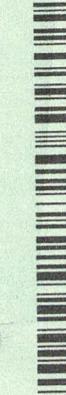
| | | | | | | | | | | | |
|--|------|---|--|----|------|------|------|------|------|-----|------|
| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT | | R | | | | | | | | | |
| Domestic Mail Only | | | | | | | | | | | |
| For delivery information, visit our website at www.usps.com . | | | | | | | | | | | |
| OFFICIAL USE | | | | | | | | | | | |
| <p>Certified Mail Fee</p> <table border="1"> <tr> <td>\$</td> <td>0490</td> </tr> <tr> <td>5605</td> <td>2020</td> </tr> <tr> <td>58ET</td> <td>0000</td> </tr> <tr> <td>595</td> <td>0490</td> </tr> </table> <p>Postmark Here</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (handcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> | | | | \$ | 0490 | 5605 | 2020 | 58ET | 0000 | 595 | 0490 |
| \$ | 0490 | | | | | | | | | | |
| 5605 | 2020 | | | | | | | | | | |
| 58ET | 0000 | | | | | | | | | | |
| 595 | 0490 | | | | | | | | | | |
| <p>Total Postage Alice M. Morello, Trustee of the M. Morello Trust Sent To Patrick J. Morello and Alice M. Morello Street and Apartment Number 3534 Gettysburg Place City, State, ZIP+4® Jefferson City, Missouri 65109</p> <p>See Reverse for Instructions</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> | | | | | | | | | | | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>1. Article Addressed to:</p> <p style="text-align: center;">Timothy L. Jennings P.O. Box 1797 Roswell, New Mexico 88202</p> <p style="text-align: right;">JUN 8 2021 SWELL, NM 88201</p> <p>A. Signature X Jay Shadue</p> <p>B. Received by Kay Sandoval</p> <p>C. Date of Delivery 6-8-21</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> | |
| | | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| <p>2. 7020 0640 0000 1389 5599</p> | | <p>PS Form 3811, July 2015 PSN 7530-02-000-9093</p> | |
| <p>Domestic Return Receipt</p> | | | |

| SENDER: COMPLIANT 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 MSG 6510935</p> <p>CED 4/8</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>6-7-21</p> <p>D. Is delivery address different from item 1?</p> <p>If YES, enter delivery address below:</p> <p>Box No</p> | |
| <p>1. Article Addressed to:</p> <p>Alice M. Morello, Trustee of the Patrick J. Morello and Alice M. Morello Trust 3534 Gettysburg Place Jefferson City, Missouri 65109</p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> | |
| <p>2. Article Number</p> <p>7020 0640 0000 1389 5605</p> | |  | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>4/8</p> <p>Domestic Return Receipt</p> | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|----|--|----|--|----|--|----|---|----|---|----|--|---------|--|-------------------------------|--|
| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i> | | For delivery information, visit our website at www.usps.com . | | | | | | | | | | | | | | | | | |
| OFFICIAL USE | | | | | | | | | | | | | | | | | | | |
| <p>Certified Mail Fee</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$</td> <td style="width: 90%;">Extra Services & Fees (check box and fee as appropriate)</td> </tr> <tr> <td>\$</td> <td><input type="checkbox"/> Return Receipt (handcopy)</td> </tr> <tr> <td>\$</td> <td><input type="checkbox"/> Return Receipt (electronic)</td> </tr> <tr> <td>\$</td> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> </tr> <tr> <td>\$</td> <td><input type="checkbox"/> Adult Signature Required</td> </tr> <tr> <td>\$</td> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> </tr> <tr> <td colspan="2" style="text-align: right;">Postage</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Postage and Fees</td> </tr> </table> | | | | \$ | Extra Services & Fees (check box and fee as appropriate) | \$ | <input type="checkbox"/> Return Receipt (handcopy) | \$ | <input type="checkbox"/> Return Receipt (electronic) | \$ | <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | <input type="checkbox"/> Adult Signature Required | \$ | <input type="checkbox"/> Adult Signature Restricted Delivery | Postage | | Total Postage and Fees | |
| \$ | Extra Services & Fees (check box and fee as appropriate) | | | | | | | | | | | | | | | | | | |
| \$ | <input type="checkbox"/> Return Receipt (handcopy) | | | | | | | | | | | | | | | | | | |
| \$ | <input type="checkbox"/> Return Receipt (electronic) | | | | | | | | | | | | | | | | | | |
| \$ | <input type="checkbox"/> Certified Mail Restricted Delivery | | | | | | | | | | | | | | | | | | |
| \$ | <input type="checkbox"/> Adult Signature Required | | | | | | | | | | | | | | | | | | |
| \$ | <input type="checkbox"/> Adult Signature Restricted Delivery | | | | | | | | | | | | | | | | | | |
| Postage | | | | | | | | | | | | | | | | | | | |
| Total Postage and Fees | | | | | | | | | | | | | | | | | | | |
| Sent To | <div style="border-bottom: 1px dashed black; padding-bottom: 5px;">Timothy Z. Jennings</div> <div>P.O. Box 1797</div> <div>Roswell, New Mexico 88202</div> | | | | | | | | | | | | | | | | | | |
| Street and Apartment Number | | | | | | | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | | | | | | | | | | | | | | |

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|--|--|--|--|---|--|--------------------------|------------------------------------|--------------------------|--------------------------------------|--------------------------|---|--------------------------|-----------------------------------|--------------------------|--|
| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only | | For delivery information, visit our website at www.usps.com ®. | | | | | | | | | | | | | |
| OFFICIAL USE | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Postmark Here | | | | | | | | | | | | | | | |
| Certified Mail Fee | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">Extra Services & Fees (check box and fee as appropriate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Return Receipt (Handcopy) \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Return Receipt (electronic) \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Certified Mail Restricted Delivery \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adult Signature Required \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adult Signature Restricted Delivery \$ _____</td> </tr> </table> | | | | Extra Services & Fees (check box and fee as appropriate) | | <input type="checkbox"/> | Return Receipt (Handcopy) \$ _____ | <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 \$ _____ |
| Extra Services & Fees (check box and fee as appropriate) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Return Receipt (Handcopy) \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Return Receipt (electronic) \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Certified Mail Restricted Delivery \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Adult Signature Required \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Adult Signature Restricted Delivery \$ _____ | | | | | | | | | | | | | | |
| Postage | | | | | | | | | | | | | | | |
| Total Postage and Fees | | | | | | | | | | | | | | | |
| \$ Norton, L.L.C. Sent To 60 Beach Avenue Street and City, State, ZIP+4® South Dartmouth, Massachusetts 02748 | | | | | | | | | | | | | | | |
| <small>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</small> | | | | | | | | | | | | | | | |

| | | | |
|---|--|--|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X <i>RS C-19</i></p> <p>B. Received by (Printed Name) <i>RS C-19</i></p> <p>C. Date of Delivery <i>6/14/14</i></p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: _____</p> | |
| 1. Article Addressed to:  | | 3. Service Type <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <p>Norton, L.I.C. 60 Beach Avenue South Dartmouth, Massachusetts 02748</p> <p>9590 9402 5941 0062 9350 37</p> <p>2. Article Number (Transfer from return label) 7020 0640 0000 1389 5438 <small>(over 3000)</small> </p> | |
| PS Form 3811, July 2015 PSN 7650-02-000-9053  M - fer Domestic Return Receipt | | | |
| <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery | | | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3.</p> <ul style="list-style-type: none"> ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> | | <p>A. Signature  X</p> <p>B. Received by (Printed Name) <i>Margaret K. Hinkler</i></p> <p>C. Date of Delivery <i>6/4/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> | |
| | | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Insured (over \$500) <input type="checkbox"/></p> | |
| <p>2. Article</p> <p>7020 0640 0000 1389 5636</p> | | <p>Domestic Return Receipt <i>M. Hinkler</i></p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | | | |

| | | | |
|---|--|--|--|
| <p>U.S. Postal Service™</p> <p>CERTIFIED MAIL® RECEIPT</p> <p><i>Domestic Mail Only</i></p> | | <p>For delivery information, visit our website at www.usps.com.</p> <p>OFFICIAL USE</p> | |
| <p>Certified Mail Fee</p> | | | |
| <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (handcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> | | | |
| <p>Postmark Here</p> | | | |
| <p>Total Postage</p> | | | |
| <p>Margaret K. Hunker Trust</p> | | | |
| <p>3200 North I'ocoma Street</p> | | | |
| <p>Arlington, Virginia 22213</p> | | | |
| <p>Street and Apartment Number</p> | | | |
| <p>City, State, Zip+4</p> | | | |

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

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| | |
|---|---|
| A. Signature <i>CJL</i> | <input type="checkbox"/> Agent |
| B. Received by (Printed Name) | <input type="checkbox"/> Addressee |
| C. Date of Delivery <i>6/16/2021</i> | |
| D. Is delivery address different from item 1? If YES, enter delivery address below: <i>Michael James Ikard 1404 West Riverside Drive Carlsbad, New Mexico 88220</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Article Addressed to: 1. Article Addressed to: <i>Michael James Ikard 1404 West Riverside Drive Carlsbad, New Mexico 88220</i> | |
| F. Article Number (Transferred from another label) <i>7020 0640 0000 1389 5582</i> | |
| G. Total Postage and Fees <i>\$ 0.49</i> | |
| H. Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (handcopy) \$ <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 \$ | |
| I. Postage <i>\$ 0.49</i> | |
| J. Postmark Here | |

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

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| | |
|---|--|
| COMPLETE THIS SECTION ON DELIVERY | |
| A. Signature <i>John F. Parker</i> | |
| B. Received by (Printed Name) <i>John F. Parker</i> | |
| C. Date of Delivery <i>6/16/2021</i> | |
| D. Is delivery address different from item 1? If YES, enter delivery address below: <i>JUN 16 2021</i> | |
| E. Article Addressed to: 1. Article Addressed to: <i>Centennial LLC P.O. Box 1837 Roswell, New Mexico 88201</i> | |
| F. Article Number (Transferred from another label) <i>7020 0640 0000 1389 5582</i> | |
| G. Total Postage and Fees <i>\$ 0.49</i> | |
| H. Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (handcopy) \$ <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 \$ | |
| I. Postage <i>\$ 0.49</i> | |
| J. Postmark Here | |

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
John F. Parker

B. Received by (Printed Name)
John F. Parker

C. Date of Delivery
6/16/2021

D. Is delivery address different from item 1?
If YES, enter delivery address below:
JUN 16 2021

E. Article Addressed to:

1. Article Addressed to:
*Centennial LLC
P.O. Box 1837
Roswell, New Mexico 88201*

F. Article Number (Transferred from another label)
7020 0640 0000 1389 5582

G. Total Postage and Fees
\$ 0.49

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

I. Postage
\$ 0.49

J. Postmark
Here

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Restricted Delivery

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

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

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

| | |
|---|--|
| COMPLETE THIS SECTION ON DELIVERY | |
| A. Signature <i>CJL</i> | |
| B. Received by (Printed Name) | |
| C. Date of Delivery <i>6/16/2021</i> | |
| D. Is delivery address different from item 1? If YES, enter delivery address below: <i>Michael James Ikard 1404 West Riverside Drive Carlsbad, New Mexico 88220</i> | |
| E. Article Addressed to: 1. Article Addressed to: <i>Michael James Ikard 1404 West Riverside Drive Carlsbad, New Mexico 88220</i> | |
| F. Article Number (Transferred from another label) <i>7020 0640 0000 1389 5582</i> | |
| G. Total Postage and Fees <i>\$ 0.49</i> | |
| H. Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (handcopy) \$ <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 \$ | |
| I. Postage <i>\$ 0.49</i> | |
| J. Postmark Here | |

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

U.S. Postal Service™**CERTIFIED MAIL® RECEIPT**
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com.**OFFICIAL USE**Postmark
Here

| | |
|------------------------------------|---|
| Certified Mail Fee | |
| \$ | Extra Services & Fees (check box, add fee as appropriate) |
| <input type="checkbox"/> | Return Receipt (handcopy) |
| <input type="checkbox"/> | Return Receipt (electronic) |
| <input type="checkbox"/> | Certified Mail Restricted Delivery |
| <input type="checkbox"/> | Adult Signature Required |
| <input type="checkbox"/> | Adult Signature Restricted Delivery |
| Postage | |
| \$ | Total Post: |
| \$ | 7928 Vista Ridge Drive North |
| \$ | Fort Worth, Texas 76132 |
| Street and Apt. No., or PO Box No. | |
| City, State, Zip+4* | |

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

2T95 68ET 0000 0490 0202

| COMPLETE THIS SECTION ON DELIVERY | | |
|---|--------------------------|--------------------------|
| A. Signature | □ Agent | □ Addressee |
| <i>Douglas L. Alpers</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Received by (Printed Name) | C. Date of Delivery | 6-3-21 |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | | |
| 1. Article Addressed to: | | |
| Douglas L. Alpers 2207 Casa Bonita Alamogordo, NM 88310 | | |
| 3. Service Type | | |
| <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery | | |
| 2. Article 7020 0640 0000 1387 5490 over \$500 <i>per</i> Domestic Return Receipt | | |

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

| COMPLETE THIS SECTION ON DELIVERY | | |
|---|--------------------------|--------------------------|
| A. Signature | □ Agent | □ Addressee |
| <i>Robert L. Thornton</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Received by (Printed Name) | C. Date of Delivery | 6-3-21 |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>Robert L. Thornton</i> | | |
| 3. Service Type | | |
| <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery | | |
| 4. Article 7020 0640 0000 1389 5612 <i>per</i> Domestic Return Receipt | | |

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

| COMPLETE THIS SECTION | | |
|---|--|--|
| RECEIPT | | |
| U.S. Postal Service™ | | |
| CERTIFIED MAIL® RECEIPT | | |
| Domestic Mail Only | | |
| For delivery information, visit our website at www.usps.com . | | |
| OFFICIAL USE | | |
| Postmark Here | | |
| Certified Mail Fee | | |
| \$ Extra Services & Fees (check box, add fee as appropriate) | | |
| <input type="checkbox"/> Return Receipt (handcopy) \$ | | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | | |
| <input type="checkbox"/> Adult Signature Required \$ | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | | |
| Postage | | |
| \$ Total Postage and Fees | | |
| \$ Douglas L. Alpers | | |
| Street and Apt. No. 2207 Casa Bonita | | |
| City, State, Zip+4* Alamogordo, NM 88310 | | |
| 5. Article 6645 68ET 0000 0490 0202 | | |

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

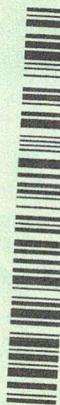
**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

| | |
|---|---|
| COMPLETE THIS SECTION | |
| A. Signature | <input checked="" type="checkbox"/> Agent |
| B. Received by (Printed Name) | <input type="checkbox"/> Addressee |
| C. Date of Delivery <i>6/26</i> | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Diane Daniels Denish
2604 Morrow Road NE
Albuquerque, New Mexico 87106



9590 9402 5941 0062 9350 75

(over \$500)

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

M 021
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:

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|---|
| A. Signature | <input checked="" type="checkbox"/> Agent |
| B. Received by (Printed Name) | <input type="checkbox"/> Addressee |
| C. Date of Delivery <i>6/26</i> | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If YES, enter delivery address below:

Diane Daniels Denish
2604 Morrow Road NE
Albuquerque, New Mexico 87106

3. Service Type

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

Postage

\$ *5476*

(over \$500)

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|---|
| A. Signature | <input checked="" type="checkbox"/> Agent |
| B. Received by (Printed Name) | <input type="checkbox"/> Addressee |
| C. Date of Delivery <i>6/26</i> | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

1. Article Addressed to:

Diane Daniels Denish, Trustee of the
Spencer Schricker Trust
2604 Morrow Road NE
Albuquerque, New Mexico 87106



9590 9402 5941 0062 9351 12

(over \$500)

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

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

Postage

\$ *5476*

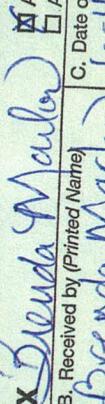
(over \$500)

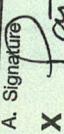
| | |
|---|--|
| Total Postage and Fees Diane Daniels Denish 2604 Morrow Road NE Albuquerque, New Mexico 87106 Street and Apt. City, State, Zip+4 | <input type="checkbox"/> Priority Mail Express® |
| | <input type="checkbox"/> Registered Mail™ |
| | <input type="checkbox"/> Registered Mail Restricted Delivery |
| | <input type="checkbox"/> Return Receipt for Merchandise |
| | <input type="checkbox"/> Signature Confirmation™ |
| | <input type="checkbox"/> Restricted Delivery |

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

M 021
Domestic Return Receipt

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------|---|--|--|--|--|----------|--|----------|---|----------|---|----------|--|----------|----------------|--|------------------|--|------------|--|-----------------------------|--|-------------------------|--|
| <p>U.S. Postal Service™</p> <p>CERTIFIED MAIL® RECEIPT</p> <p><i>Domestic Mail Only</i></p> | | <p>For delivery information, visit our website at www.usps.com</p> <p>OFFICIAL USE</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Certified Mail Fee</p> <p>\$ 25TE 88ET 0000 0490 0202</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">Extra Services & Fees (check box and fee as appropriate)</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td colspan="2">Postage</td> </tr> <tr> <td colspan="2">\$ Total Postage</td> </tr> <tr> <td colspan="2">\$ Sent To</td> </tr> <tr> <td colspan="2">Street and Apartment Number</td> </tr> <tr> <td colspan="2">City, State, Zip-Plus-4</td> </tr> </table> | | | | Extra Services & Fees (check box and fee as appropriate) | | <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ | <input type="checkbox"/> Return Receipt (electronic) | \$ _____ | <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ | <input type="checkbox"/> Adult Signature Required | \$ _____ | <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ | Postage | | \$ Total Postage | | \$ Sent To | | Street and Apartment Number | | City, State, Zip-Plus-4 | |
| Extra Services & Fees (check box and fee as appropriate) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Required | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Postage | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ Total Postage | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ Sent To | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street and Apartment Number | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State, Zip-Plus-4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Postmark Here</p> <p>Eric Chancy Croft and Elizabeth Anne Williamson, Co-Trustees of the Charla Geraldine Williamson Trust 738 H Street Anchorage, Alaska 99501</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> <p>See Reverse for Instructions</p> | | | | | | | | | | | | | | | | | | | | | | | | | |

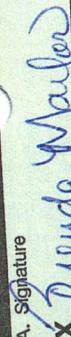
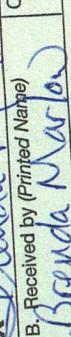
| | | | |
|--|--|---|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature  B. Received by (Printed Name) <i>Brenda Marlow</i> Agent C. Date of Delivery <i>(e-4-1-2)</i> Addressee</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p>If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <p>Eric Chancy Croft and Elizabeth Anne Williamson, Co-Trustees of the Charla Geraldine Williamson Trust 738 H Street Anchorage, Alaska 99501</p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery, Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>Priority Mail Express® <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 1388 3152</p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery, Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>Priority Mail Express® <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p><i>M - 201</i></p> | | | |

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|--|--|---|--|
| 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>B. Received by (Printed Name) CJ</p> <p>C. Date of Delivery 9/4/24</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: 1. Article Addressed to:</p> <p>Harold D. Justice 711 South Country Club Lane Payson, Arizona 85541</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> (over \$500) </p> <p>Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Restricted Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p> <p>2. Art  9590 9402 5941 0062 9351 67</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p><i>Mer</i></p> | |

| | | | |
|---|--|--|--|
| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only | | For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL USE | | | |
| <input checked="" type="checkbox"/> Certified Mail Fee <input type="checkbox"/> Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (handcopy) \$ _____ <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 \$ _____ <input type="checkbox"/> Postage \$ _____ Total Postage and Fees \$ _____ | | | |
| \$ 8955 0000 0000 0000 | | 2020 0640 7011 7444 | |
| <input type="checkbox"/> Street and <input checked="" type="checkbox"/> Appt. State, Zip/Postal Code | | Harold D. Justice 711 South Country Club Lane Payson, Arizona 85541 | |
| PS Form 3800, April 2015 PSN 7530-0-200-9047 See Reverse for Instructions | | | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature</p> <p>X <i>M. Sanchez</i></p> <p>B. Received by (Printed Name)</p> <p><i>VID-11-7</i></p> <p>C. Date of Delivery</p> <p><i>10/15/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p> <p>1. Article Addressed to:</p> <p>Michael A. Short 110 N. Marienfield, Suite 200 Midland, TX 79701</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery® <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Restricted Mail Restricted Delivery (over \$500)</p> <p>4. Article Number</p> <p>7020 0640 0000 1389 5551</p> <p>5. Insured Mail Restricted Delivery</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | |

| | | | |
|--|--|---|--|
| <p>U.S. Postal Service™</p> <p>CERTIFIED MAIL® RECEIVED</p> <p><i>Domestic Mail Only</i></p> | | <p>For delivery information, visit our website at www.usps.com.</p> | |
| <h1>OFFICIAL USE</h1> | | | |
| <p>Certified Mail Fee</p> | | | |
| <p>Extra Services & Fees (check box, add fee as appropriate)</p> | | | |
| <p><input type="checkbox"/> Return Receipt (handcopy) \$ _____</p> | | | |
| <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> | | | |
| <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> | | | |
| <p><input type="checkbox"/> Adult Signature Required \$ _____</p> | | | |
| <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> | | | |
| <p>Postage</p> | | | |
| <p>Total Postage and Fees</p> | | | |
| <p>\$</p> | | | |
| <p>Sent To</p> | <p>Ralph E. Williamson Family Trust 738 H Street</p> | | |
| <p>Street and Apt.</p> | | | |
| <p>City, State, ZIP-4</p> | <p>Anchorage, Alaska 99501</p> | | |
| <p>Postmark Here</p> | | | |
| <p>See Reverse for Instructions</p> | | | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature </p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery 6-4-21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">  <p>Ralph E. Williamson Family Trust 738 H Street Anchorage, Alaska 99501</p> </div> | | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Adult Signature <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Domestic Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery</p> <p>4. Total Value (over \$500) 5520</p> <p>5. Artic 7020 0640 0000 1387</p> <p>6. Mfr M</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9033</p> | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------|---|----------|--|----------|--|----------|---|----------|--|----------|--|----------|--|----------|---|----------|---|----------|--|----------|----------------|--|-------------------------------|--|---|--|----------------|--|------------------------------|--|
| <p>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</p> <p><i>Domestic Mail Only</i></p> | | <p>For delivery information, visit our website at www.usps.com®.</p> <p>OFFICIAL USE</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Certified Mail Fee</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">Postmark Here</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td colspan="2"> <table border="1"> <tr> <td>Extra Services & Fees (check box, add fee as appropriate)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table> </td> </tr> <tr> <td colspan="2">Postage</td> </tr> <tr> <td colspan="2">Total Postage and Fees</td> </tr> <tr> <td colspan="2">\$ Michael A. Short 110 N. Mainfield, Suite 200 Midland, TX 79701 <i>Street and Apartment Number</i></td> </tr> <tr> <td colspan="2">Sent To</td> </tr> <tr> <td colspan="2">City, State, Zip Code</td> </tr> </table> | | | | Postmark Here | | <hr/> | | <table border="1"> <tr> <td>Extra Services & Fees (check box, add fee as appropriate)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table> | | Extra Services & Fees (check box, add fee as appropriate) | \$ _____ | <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ | <input type="checkbox"/> Return Receipt (electronic) | \$ _____ | <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ | <input type="checkbox"/> Adult Signature Required | \$ _____ | <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ | Postage | | Total Postage and Fees | | \$ Michael A. Short 110 N. Mainfield, Suite 200 Midland, TX 79701 <i>Street and Apartment Number</i> | | Sent To | | City, State, Zip Code | |
| Postmark Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Extra Services & Fees (check box, add fee as appropriate)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table> | | Extra Services & Fees (check box, add fee as appropriate) | \$ _____ | <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ | <input type="checkbox"/> Return Receipt (electronic) | \$ _____ | <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ | <input type="checkbox"/> Adult Signature Required | \$ _____ | <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ | | | | | | | | | | | | | | | | | | |
| Extra Services & Fees (check box, add fee as appropriate) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Required | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Postage and Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ Michael A. Short 110 N. Mainfield, Suite 200 Midland, TX 79701 <i>Street and Apartment Number</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sent To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <p>Paul M. Fish 2155 Louisiana Boulevard NE, Suite 300 Albuquerque, New Mexico 87110</p> | | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for <input type="checkbox"/> Collect Mail Restricted Delivery <input type="checkbox"/> Merchandise <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Domestic Return Receipt </p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 1389 5469</p> | | <p>7020 0640 0000 1389 5469 101 001 Domestic Return Receipt</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | | | |

| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT | | Domestic Mail Only | |
|---|--|--------------------|--|
| <p>For delivery information, visit our website at www.usps.com.</p> <p>OFFICIAL USE</p> <p>6945 6945 Certified Mail Fee \$ 0.85</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ 0.490</p> <p>Total Postage \$ 0.490</p> <p>Paul M. Fish 2155 Louisiana Boulevard NE, Suite 300 Albuquerque, New Mexico 87110</p> <p>Street and Apt. No., or r/c D/A rev. City, State, Zip+4®</p> | | | |
| <p>See Reverse for Instructions</p> | | | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Patrice Schooley Fish 2155 Louisiana Boulevard NE, Suite 300 Albuquerque, New Mexico 87110 </div> <p>2. Article Number:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">  9590 9402 5941 0062 9350 82 </div> <p>3. Postage:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> 2. Artic 7020 0640 0000 1389 5483 <small>(over 3000)</small> </div> <p>4. Article Description:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> M per Domestic Return Receipt </div> | |
| <p>A. Signature</p> <div style="text-align: center;"> <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | | <p>B. Received by (Printed Name) C. Date of Delivery</p> | |
| <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | |

| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT | | U.S. Postal Service™ OFFICIAL USE | |
|---|--|---|--|
| <p>Domestic Mail Only</p> <p>For delivery information, visit our website at www.usps.com.</p> | | <p>Postmark Here</p> | |
| <p>68ET 0490</p> | | <p>68ET 0490</p> | |
| <p>0202</p> | | <p>0202</p> | |
| <p>Total Postage and Fees</p> | | <p>Total Postage and Fees</p> | |
| <p>\$ Sent To Patrice Schooley Fish</p> | | <p>\$ Sent To Patrice Schooley Fish</p> | |
| <p>2155 Louisiana Boulevard NE, Suite 300</p> | | <p>2155 Louisiana Boulevard NE, Albuquerque, New Mexico 87110</p> | |
| <p>Street and Apt. # Zip+4</p> | | <p>Street and Apt. # Zip+4</p> | |
| <p>City, State, Zip+4</p> | | <p>City, State, Zip+4</p> | |
| <p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> | | <p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> | |
| <p>See Reverse for Instructions</p> | | <p>See Reverse for Instructions</p> | |

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M 8

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OFFICIAL USE

Certified Mail Fee \$

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

Postage \$

Total Postage \$ COG Operating, LLC
600 W. Illinois Avenue
Midland, Texas 79701
Attn: Brent Sawyer

Sent To _____

Street and Apt. _____

City, State, ZIP+4 _____

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

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OFFICIAL USE

Certified Mail Fee \$

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

Postage \$

Total Postage \$ Brooks Oil and Gas Interests, Ltd.
1044 Calico Ridge Drive
Henderson, Nevada 89011
Street and Apt. No. _____

Sent To _____

City, State, ZIP+4 _____

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

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OFFICIAL USE

Certified Mail Fee \$

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

Postage \$

Total Postage and Fees \$ Donald R. Curry
Sent To 3800 Tulsa Way
Fort Worth, Texas 76107
Street and Apt. _____

City, State, ZIP+4 _____

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

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OFFICIAL USE

Certified Mail Fee \$

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

Postage \$

Total Postage and Fees \$ Mr. and Mrs. Jeffrey N. Johnston
Sent To P.O. Box 1324
Midland, TX 79702
Street and Apt. _____

City, State, ZIP+4 _____

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

1389 5537

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OFFICIAL USE

Certified Mail Fee \$

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

Postage \$

Total Postage and Fees \$ Siete Oil and Gas Corporation
Sent To P.O. Box 2473
Midland, Texas 79702
Street and Apt. No., or route number _____

City, State, ZIP+4® _____

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

1389 5506

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Certified Mail Fee \$

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

Postage \$

Total Postage and Fees \$ Sent To Diane K. Alpers Leven
3104 Onate Road
Street and Apt. No. Roswell, NM 88201
City, State, ZIP+4® _____

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

Postmark Here

1389 5452

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OFFICIAL USE

Certified Mail Fee \$

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

Postage \$

Total Postage and Fees \$ Carol Shumate
Sent To P.O. Box 8632
Midland, Texas 79708
Street and Apt. No. _____

City, State, ZIP+4® _____

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

1389 5445

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OFFICIAL USE

Certified Mail Fee \$

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

Postage \$

Total Postage and Fees \$ Clifton E. Shumate
Sent To P.O. Box 8632
Midland, Texas 79708
Street and Apt. No. _____

City, State, ZIP+4® _____

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

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Carlsbad Current Argus.

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Affidavit of Publication

Ad # 0004765791

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JAMES BRUCE ATTORNEY AT LAW
POBOX 1056

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:

06/04/2021



Amy Kellott

Legal Clerk

Subscribed and sworn before me this June 4, 2021:



Kathleen Allen

State of WI, County of Brown
NOTARY PUBLIC

1-7-25

My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0004765791

PO #: Pub 3
of Affidavits 1

This is not an invoice

EXHIBIT

5

NOTICE

To: COG Operating LLC, Eric Chaney Croft and Elizabeth Anne Williamson as Co-Trustees of the Charla Geraldine Williamson Trust, Ralph E. Williamson Family Trust, Siete Oil and Gas Corporation, Sand Dollar Petroleum, Inc., Mr. and Mrs. Jeffrey N. Johnston, Michael A. Short, Brooks Oil and Gas Interests, Ltd., Harold D. Justice, Donald R. Curry, Michael James Ikard, Timothy Z. Jennings, Alice M. Morello as Trustee of the Patrick J. Morello and Alice M. Morello Trust, Robert L. Thornton, Margaret K. Hunker Trust, Centennial LLC, Norton, LLC, Clifton E. Shumate, Carol Shumate, Paul M. Fish, Diane Daniels Denish individually and as Trustee of the Spencer Schreiber Trust, Patrice Schooley Fish, Douglas L. Alpers, and Diane K. Alpers Leven, or your heirs, devisees, successors, or assigns: Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division (Case No. 21964) seeking an order pooling all mineral interests in the Wolfcamp formation underlying a horizontal spacing unit comprised of the S/2S/2 of Section 9 and the S/2S/2 of Section 10, Township 20 South, Range 29 East, NMPM. The unit will be dedicated to the Perazzi 9-10 W0MP Fed. Com. Well No. 1H, a horizontal well with a first take point in the SW/4SW/4 of Section 9, and a final take point in the SE/4SE/4 of Section 10. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of applicant as operator of the well, and a 200% charge for the risk involved in drilling and completing the well.

The application is scheduled to be heard at 8:15 a.m. on June 17, 2021. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to emnrd.state.nm.us/OCD/hearings or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date. The attorney for applicant is James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504, (505) 982-2043, jamesbruc@aol.com. The unit is located approximately 15-1/2 miles

East-southeast of Lakewood,
New Mexico.
#4765791, Current Argus,
June 4, 2021

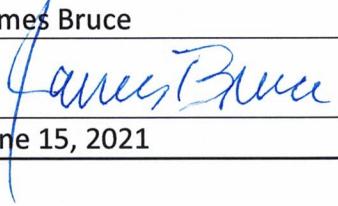
COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

| | |
|--|---|
| Case: | 21964 |
| Date | June 17, 2021 |
| Applicant | Mewbourne Oil Company |
| Designated Operator & OGRID (affiliation if applicable) | Mewbourne Oil Company/OGRID No. 14744 |
| Applicant's Counsel: | James Bruce |
| Case Title: | Application of Mewbourne Oil Company for Compulsory Pooling, Eddy County, New Mexico |
| Entries of Appearance/Intervenors: | |
| Well Family | Perazzi 9-10 WOMP Fed. Com. Well No. 1H |
| Formation/Pool | |
| Formation Name(s) or Vertical Extent: | Wolfcamp Formation |
| Primary Product (Oil or Gas): | Oil |
| Pooling this vertical extent: | Entire Wolfcamp formation |
| Pool Name and Pool Code: | Burton Flat; Upper Wolfcamp, East Oil/Pool Code 98315 |
| Well Location Setback Rules: | Statewide rules and current horizontal well rules |
| Spacing Unit Size: | Quarter-quarter Sections/40 acres |
| Spacing Unit | |
| Type (Horizontal/Vertical) | Horizontal |
| Size (Acres) | 320 acres |
| Building Blocks: | 40 acres |
| Orientation: | West-East |
| Description: TRS/County | S/2S/2 §9 and S/2S/2 §10-20S-29E, NMPM, Eddy County |
| Standard Horizontal Well Spacing Unit (Y/N), If No, describe | Yes |
| Other Situations | |
| Depth Severance: Y/N. If yes, description | No |
| Proximity Tracts: If yes, description | No |
| Proximity Defining Well: if yes, description | |
| Applicant's Ownership in Each Tract | Exhibit 2 B-2 |
| Well(s) | |
| Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard) | Perazzi 9-10 WOMP Fed. Com. Well No. 1H API No. 30-015-Pending SHL: 750 FSL & 210 FEL §8-20S-29E BHL: 440 FSL & 100 FEL §10 FTP: 440 FSL & 100 FWL §9 LTP: 440 FSL & 100 FEL §10 Upper Wolfcamp/TVD 9303 feet/MD 19812 feet |

EXHIBIT 6

| | |
|--|--|
| Horizontal Well First and Last Take Points | See above |
| Completion Target (Formation, TVD and MD) | See above |
| AFE Capex and Operating Costs | |
| Drilling Supervision/Month \$ | \$8000 |
| Production Supervision/Month \$ | \$800 |
| Justification for Supervision Costs | Exhibit 2, page 2 |
| Requested Risk Charge | Cost + 200%/Exhibit 2, page 2 |
| Notice of Hearing | |
| Proposed Notice of Hearing | Exhibit 1-B |
| Proof of Mailed Notice of Hearing (20 days before hearing) | Exhibit 4-B |
| Proof of Published Notice of Hearing (10 days before hearing) | Exhibit 5-B |
| Ownership Determination | |
| Land Ownership Schematic of the Spacing Unit | Exhibit 2-A-2 |
| Tract List (including lease numbers and owners) | Exhibit 2-A-2 |
| Pooled Parties (including ownership type) | Exhibit 2-B-2 |
| Unlocatable Parties to be Pooled | Yes |
| Ownership Depth Severance (including percentage above & below) | None |
| Joinder | |
| Sample Copy of Proposal Letter | Exhibit 2-C |
| List of Interest Owners (<i>i.e.</i> Exhibit A of JOA) | Exhibit 2-B-2 |
| Chronology of Contact with Non-Joined Working Interests | Exhibit 2-C |
| Overhead Rates In Proposal Letter | |
| Cost Estimate to Drill and Complete | Exhibit 2-D-2 |
| Cost Estimate to Equip Well | Exhibit 2-D-2 |
| Cost Estimate for Production Facilities | Exhibit 2-D-2 |
| Geology | |
| Summary (including special considerations) | Exhibit 3 |
| Spacing Unit Schematic | Exhibit 3-B |
| Gunbarrel/Lateral Trajectory Schematic | Exhibit 3-B, C |
| Well Orientation (with rationale) | Laydown/Exhibit 3, page 2 and Exhibit 3-B-1, 2 |
| Target Formation | Wolfcamp |
| HSU Cross Section | Exhibit 3-C |
| Depth Severance Discussion | Not Applicable |
| Forms, Figures and Tables | |
| C-102 | Exhibit 2-A-2 |
| Tracts | Exhibit 2-A-2 |
| Summary of Interests, Unit Recapitulation (Tracts) | Exhibit 2-B-2 |

| | |
|--|---|
| General Location Map (including basin) | Exhibit 2-A-2 |
| Well Bore Location Map | Exhibit 2-A-2 |
| Structure Contour Map - Subsea Depth | Exhibit 3-B-1 |
| Cross Section Location Map (including wells) | Exhibit 3-B-2 |
| Cross Section (including Landing Zone) | Exhibit 3-C |
| Additional Information | |
| CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate. | |
| Printed Name (Attorney or Party Representative): | James Bruce |
| Signed Name (Attorney or Party Representative): |  |
| Date: | June 15, 2021 |