7020 0640 0000 0304 1975

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Shawn Freck

Street and
816 E. Centre Avenue
Buckeye, AZ 85326

City, State

USPS SANTA FE NM 87501
SANTA FE NM POST OFFICE
Postmark Here
OCT 12 2021

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Shawn Freck
816 E. Centre Avenue
Buckeye, AZ 85326

9590 9402 5712 9346 7874 92

2. Article Number (Transfer from service label)
7020 0640 0000 0304 1975

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Shawn Freck
C. Date of Delivery 10/18/21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7020 2450 0002 1363 7060

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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
Postmark Here
OCT 12 2021
SANTA FE NM MAIN POST OFFICE

Sent To
Street and A GGM Exploration, Inc.
P.O. Box 123610
Ft. Worth, TX 76121
City, State,

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

---

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GGM Exploration, Inc.
P.O. Box 123610
Ft. Worth, TX 76121

9590 9402 6746 1074 2245 57

2. Article Number (Transfer from service label)
7020 2450 0002 1363 7060

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X SL Thomas ☐ Agent ☐ Addressee

B. Received by (Printed Name) SL Thomas
C. Date of Delivery 10/20/21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 0640 0000 0304 2224

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Charlotte S.E. Garza

Street and
324 Heneretta Drive
Hurst, TX 76054

City, State

USPS SANTA FE NM 87501
SANTA FE NM MAIN POST OFFICE
OCT 12 2021
Postmark Here

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

---

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charlotte S.E. Garza
324 Heneretta Drive
Hurst, TX 76054

9590 9402 5712 9346 7876 14

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2224

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ ail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Georgia Davis Griffith

Street and A
941 Bois d Arc St.
Whitesboro, TX 76273

City, State, Z

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

USPS SANTA FE NM 87501
Postmark Here
OCT 12 2021
SANTA FE NM MAIN POST OFFICE

7020 0640 0000 0304 2187

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:

Georgia Davis Griffith
941 Bois d Arc St.
Whitesboro, TX 76273

9590 9402 5712 9346 7872 32

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2187

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lloyd Griffith ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
10-15-21

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

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

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

7020 0640 0000 0304 2194

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here
OCT 12 2021

USPS SANTA FE NM 87501
SANTA FE NM MAIN POST OFFICE

Sent To
Donna David Hammack
Street and
2911 Sable Crossing
San Antonio, TX 78232
City, State

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Donna David Hammack
2911 Sable Crossing
San Antonio, TX 78232

9590 9402 5712 9346 7872 25

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2194

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna Hammack ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7020 2450 0002 1363 6919

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

Sent To
Elizabeth Mosely Hogan
Street and A 1300 Neighborhood Place
Seminole, OK 74868
City, State,

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

---

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elizabeth Mosely Hogan
1300 Neighborhood Place
Seminole, OK 74868

9590 9402 6746 1074 2219 21

2. Article Number (Transfer from service label)
7020 2450 0002 1363 6919

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
10-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery
0)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 2450 0002 1363 6858

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

Sent To
Richard Hogan
Street and: 6887 Valley Brook Drive
Frisco, TX 75035
City, State,

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

---

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Richard Hogan
6887 Valley Brook Drive
Frisco, TX 75035

9590 9402 6746 1074 2245 88

2. Article Number (Transfer from service label)
7020 2450 0002 1363 6858

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C|G ☐ Agent ☐ Addressee

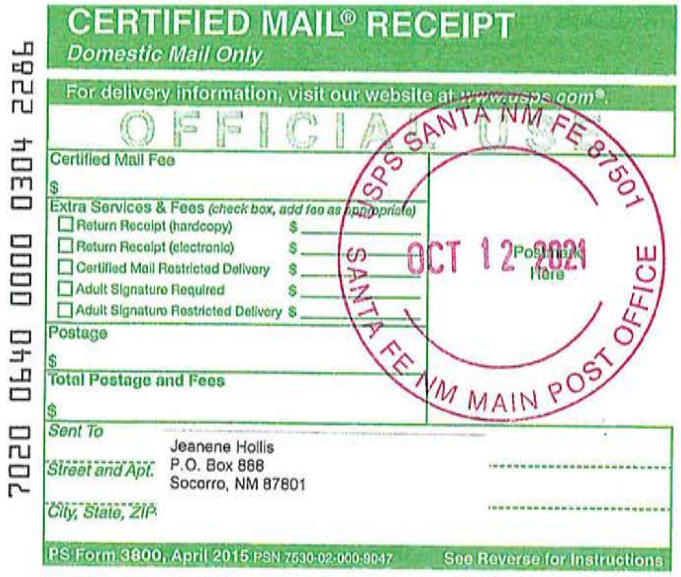
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☑ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery
00)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

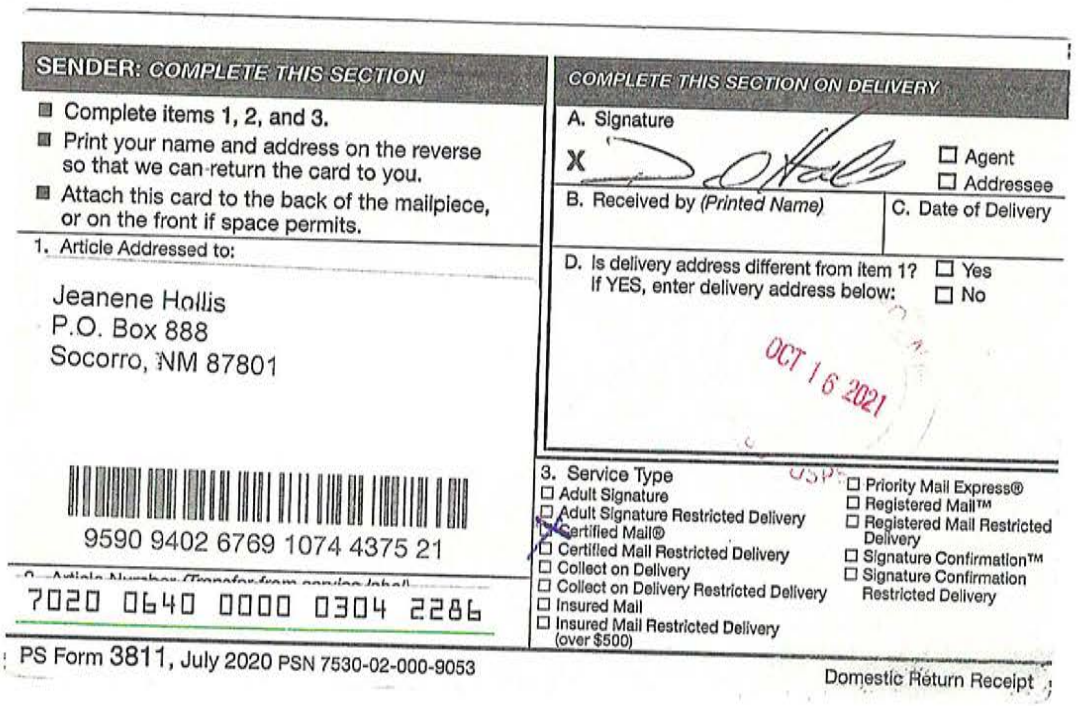
Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

Sent To: Jeanene Hollis
Street and Apt.: P.O. Box 888
City, State, ZIP: Socorro, NM 87801

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

7020 0640 0000 0304 2286



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:

Jeanene Hollis
P.O. Box 888
Socorro, NM 87801

9590 9402 6769 1074 4375 21

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2286

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
OCT 16 2021

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

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

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 0640 0000 0304 2293

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
SANTA FE NM MAIN POST OFFICE

Postmark Here

Sent To
William K. Hollis

Street and Apt. No.
1610 Heritage
Mission, TX 78572

City, State, ZIP+4

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William K. Hollis
1610 Heritage
Mission, TX 78572

9590 9402 6769 1074 4375 14

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2293

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
William Hollis

C. Date of Delivery
10/9/21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 0640 0000 0304 2729

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Terry Davis Holt
Street and
122 Vintage Drive
Corinth, TX 76210
City, State

USPS SANTA FE NM 87501
Postmark Here
OCT 12 2021
IN POST OFFICE

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

CERTIFIED MAIL®

LE SHANOR LLP
TORNEYS AT LAW
T OFFICE BOX 2068
FE, NEW MEXICO 87504

ALBUQUERQUE NM 870
12 OCT 2021 PM 3 L

UNITED STATES POSTAGE PITNEY BOW
02 1P $ 007.5
0000913767 OCT 12 20
MAILED FROM ZIP CODE 875

7020 0640 0000 0304 2729

Terry Davis Holt
122 Vintage Drive
Corinth, TX 76210

NSN

NIXIE 750 DE 1 0010/21/21
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

NSN
87504>2068

BC: 87504206868 *0665-00643-12-42

7020 2450 0002 1363 6964

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

Sent To: Bevin Hosford
Street and: 1528 Shady Oaks Circle
City, State,: Glen Rose, TX 76043

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bevin Hosford
1528 Shady Oaks Circle
Glen Rose, TX 76043

9590 9402 6746 1074 2218 77

2. Article Number (Transfer from service label)
7020 2450 0002 1363 6964

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S. Hosford ☐ Agent ☒ Addressee

B. Received by (Printed Name) KK Rt2 COVID
C. Date of Delivery 10/15/21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 2450 0002 1363 6995

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
SANTA FE NM MAIN POST OFFICE
Postmark Here
OCT 12 2021

Sent To: Charles Hosford
Street and Apt: 1523 Neal Road
City, State, ZIP: Tomball, TX 77375

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles Hosford
1523 Neal Road
Tomball, TX 77375

9590 9402 6746 1074 2218 46

2. Article Number (Transfer from service label)
7020 2450 0002 1363 6995

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 2450 0002 1363 6940

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

Sent To
Matthew Hosford
Street and A 1526 Shady Oaks Circle
Glen Rose, TX 76043
City, State, Z

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

---

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Matthew Hosford
1528 Shady Oaks Circle
Glen Rose, TX 76043

9590 9402 6746 1074 2218 91

2. Article Number (Transfer from service label)
7020 2450 0002 1363 6940

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S. Hosford ☐ Agent ☒ Addressee

B. Received by (Printed Name) YK RT2 COVID
C. Date of Delivery 10/15/21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 2450 0002 1363 6926

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501 OCT 12 2021 Postmark Here SANTA FE NM MAIN POST OFFICE

Sent To: Sheila Shirley Hosford
Street and Apt. No.: 1528 Shady Oaks Circle
City, State, ZIP+4: Glen Rose, TX 76043

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sheila Shirley Hosford
1528 Shady Oaks Circle
Glen Rose, TX 76043

9590 9402 6746 1074 2219 14

2. Article Number (Transfer from service label)
7020 2450 0002 1363 6926

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S. Hosford ☐ Agent ☒ Addressee

B. Received by (Printed Name): YR Rt2 COVID
C. Date of Delivery: 10/15/21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 0640 0000 0304 2118

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501 POST OFFICE
SANTA FE
Postmark Here
OCT 12 2021

Sent To: Annie Lain
Street and Apt. No.: 2325 Arroyo Ct.
City, State, ZIP+4®: Plano, TX 75074

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Annie Lain
2325 Arroyo Ct.
Plano, TX 75074

9590 9402 5712 9346 7873 00

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2118

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 10-18-21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ [illegible]ail
- ☐ [illegible]ail Restricted Delivery
- ☐ [illegible]0)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Chance Lain

Street a 1051 Kenny Fort Xing, Unit 60
Round Rock, TX 78665

City, Sta

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

7020 0640 0000 0304 2101

USPS SANTA FE NM 87501
Postmark Here
OCT 12 2021
SANTA FE NM MAIN POST OFFICE

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:

Chance Lain
1051 Kenny Fort Xing, Unit 60
Round Rock, TX 78665

9590 9402 5712 9346 7873 17

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2101

COMPLETE THIS SECTION ON DELIVERY

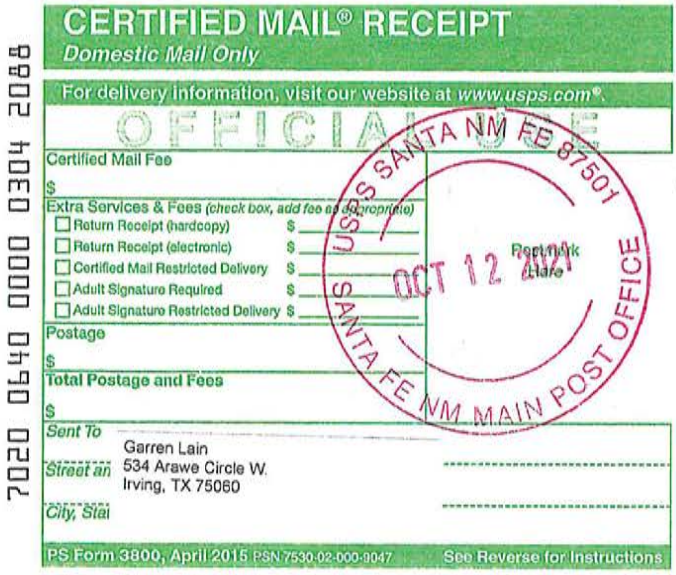
A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

7020 0640 0000 0304 2088

Sent To
Garren Lain
Street an 534 Arawe Circle W.
Irving, TX 75060
City, Stai

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Garren Lain
534 Arawe Circle W.
Irving, TX 75060

9590 9402 5712 9346 7873 31

2. Article Number (Transfer from service label)

7020 0640 0000 0304 2088

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x ☐ Agent ☐ Addressee

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

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

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

Mail Restricted Delivery
00)

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

7020 0640 0000 0304 2125

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here
OCT 12 2021

USPS SANTA FE NM 87501
SANTA FE NM MAIN POST OFFICE

Sent To
Haydon Lain

Street and Apt
150 Ethan Drive

City, State, Zip
Weatherford, TX 76087

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

---

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Haydon Lain
150 Ethan Drive
Weatherford, TX 76087

9590 9402 5712 9346 7872 94

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2125

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kelly Cox
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

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

7020 0640 0000 0304 2163

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Norma Baird Loving

Street and Apt. No.
2009 Crocket Court
Irving, TX 75038

City, State, ZIP+4®

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Norma Baird Loving
2009 Crocket Court
Irving, TX 75038

9590 9402 5712 9346 7872 56

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2163

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Norma Loving ☐ Agent ☐ Addressee

B. Received by (Printed Name) 2R 21384 C19
C. Date of Delivery 10-18-21

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

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

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

7020 2450 0002 1363 6933

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
SANTA FE NM MAIN POST OFFICE
Postmark
OCT 12 2021

Sent To
Tessa Manke
Street a 13229 Moonlake Way
Haslet, TX 76052
City, Sta

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

---

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Tessa Manke
13229 Moonlake Way
Haslet, TX 76052

9590 9402 6746 1074 2219 07

2. Article Number (Transfer from service label)
7020 2450 0002 1363 6933

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Tessa Manke ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tessa Manke
C. Date of Delivery 10-19-21

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No
1126 Quail Ridge Ct.
Glen Rose Tx. 76043

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery
00)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 0640 0000 0304 1999

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

Sent To
Marathon Oil Permian LLC
Street a 5555 San Felipe Street
Houston, TX 77046
City, St

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marathon Oil Permian LLC
5555 San Felipe Street
Houston, TX 77046

9590 9402 5712 9346 7874 23

2. Article Number (Transfer from service label)
7020 0640 0000 0304 1999

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x CA24T8 ☑ Agent ☐ Addressee

B. Received by (Printed Name) CTG C. Date of Delivery 10/9/2021

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7020 0640 0000 0304 2156

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Estate of Ruth S. Marion
Street an 79 Apache Drive
Kerrville, TX 78028
City, Stat

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

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

CERTIFIED MAIL®

LE SHANOR LLP
TORNEYS AT LAW
. OFFICE BOX 2068
E, NEW MEXICO 87504

ALBUQUERQUE NM 870
12 OCT 2021 PM 2 L

7020 0640 0000 0304 2156

UNITED STATES POSTAGE
PITNEY BOWE
02 1P $ 007.53
0000913767 OCT 12 202
MAILED FROM ZIP CODE 8750

Estate of Ruth S. Marion
79 Apache Drive
Kerrville, TX 78028

ANK

RETURNED NOT KNOWN

4h
10/26

78028-90079

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

USPS SANTA FE NM 87501
OCT 12 2021
SANTA FE NM MAIN POST OFFICE

Sent To
Charlotte McGehee

Street and Apt
305 E. 18th Street
Littlefield, TX 79339

City, State, ZI

7020 0640 0000 0304 2149

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

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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:

Charlotte McGehee
305 E. 18th Street
Littlefield, TX 79339

9590 9402 5712 9346 7872 70

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2149

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x KL Covid-19
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

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

7020 2450 0002 1363 6827

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Barbara K. Medlin

Street and Ap 4819 E. Libby
Scottsdale, AZ 85254

City, State, Zi

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

USPS SANTA FE NM 87501
SANTA FE NM MAIN POST OFFICE
Postmark Here
OCT 12 2021

CERTIFIED MAIL®

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

ALBUQUERQUE NM 870
OCT 2021 PM 4 L

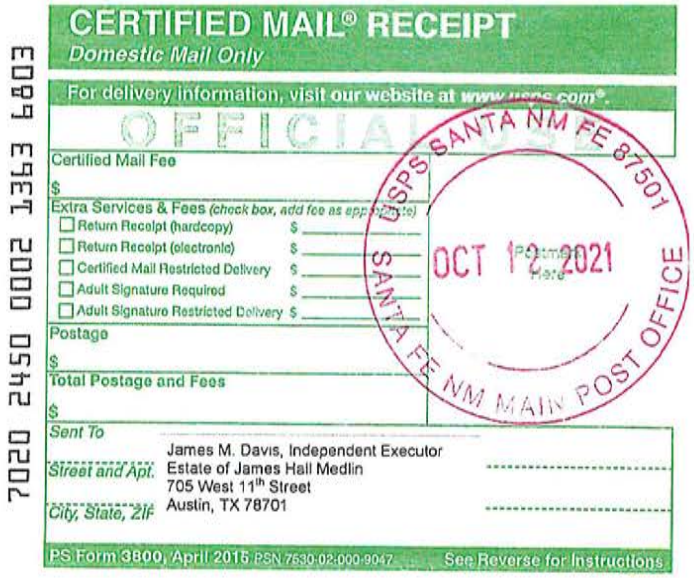
7020 2450 0002 1363 6827

UNITED STATES POSTAGE PITN
02 1P $ 00
0000913767 OCT
MAILED FROM ZIP COI

Barbara K. Medlin
4819 E. Libby
Scottsdale, AZ 85254

NIXIE 850 FE 1 0010/16
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504206868 *0768-03284-12

ANKK1: 9333110014 85254-751940
87504>2068



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Street and Apt.
City, State, ZIP

James M. Davis, Independent Executor
Estate of James Hall Medlin
705 West 11th Street
Austin, TX 78701

USPS SANTA FE NM MAIN POST OFFICE SANTA FE NM 87501
OCT 12 2021

7020 2450 0002 1363 6803

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

CERTIFIED MAIL®

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

ALBUQUERQUE NM 870
12 OCT 2021 PM 2 L

UNITED STATES POSTAGE
02 1P $
0000913767
MAILED FROM ZIP

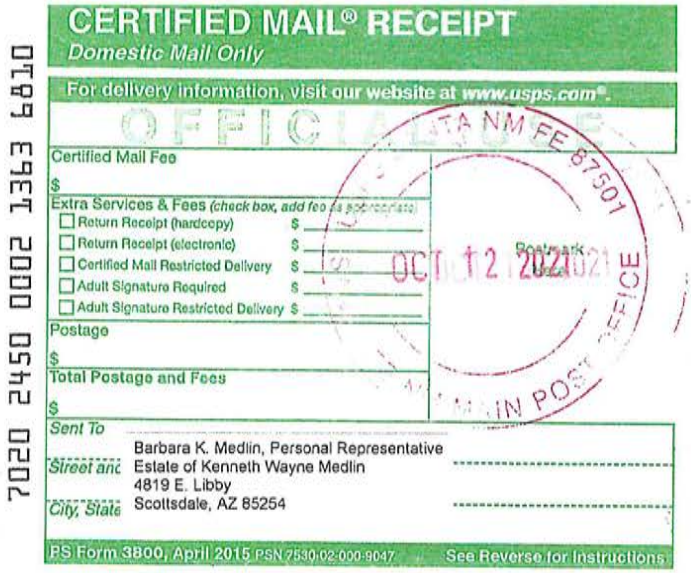
7020 2450 0002 1363 6803

James M. Davis, Independent Executor
Estate of James Hall Medlin
705 West 11th Street
Austin, TX 78701

NIXIE 787 DE 1 0210/2
RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504206868 *0568-02922-

a. 9300920899120000

87504>2068
78701-200805



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

OCT 12 2021

SANTA FE NM 87501

POSTMASTER

Sent To
Barbara K. Medlin, Personal Representative

Street and
Estate of Kenneth Wayne Medlin
4819 E. Libby

City, State
Scottsdale, AZ 85254

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

7020 2450 0002 1363 6810

CERTIFIED MAIL

7020 2450 0002 1363 6810

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

UNITED STATES POSTAGE
PITNEY
02 1P $ 007
0000913767 OCT
MAILED FROM ZIP CODE

Barbara K. Medlin, Personal
Representative
Estate of Kenneth Wayne Medlin
4819 E. Libby
Scottsdale, AZ 85254

NIXIE 850 DE 1 0010/19
RETURN TO SENDER
NO SUCH STREET
UNABLE TO FORWARD

NSS SC: 87504206868 *1879-00681-1
87504>2068

7020 2450 0002 1363 7015

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To: William Joseph Mosely, Jr., Deceased
Street and Ap: 5447 Vickery Boulevard
City, State, Z: Callas, TX 75206

USPS SANTA FE NM FE 87501
SANTA FE MAIN POST OFFICE
Postmark Here
OCT 12 2021

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

CERTIFIED MAIL®

7020 2450 0002 1363 7015

ALBUQUERQUE NM 870
12 OCT 2021 PM 2 L

UNITED STATES POSTAGE
02 1P $ 0
0000913767 OC
MAILED FROM ZIP CO

R15

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

William Joseph Mosely, Jr., Deceased
5447 Vickery Boulevard
Callas, TX 75206

NIXIE 750 FE 1 0010/2:
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504206868 *0568-03018-:

9330090141500108 UTF

87504>2068

7020 0640 0000 0304 2019

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

USPS SANTA FE NM FE 87501
OCT 12 2021
SANTA FE NM MAIN POST OFFICE

Sent To
Street an: MRC Permian Company
One Lincoln Center
5400 LBJ Freeway, Ste. 1500
City, Stat: Dallas, TX 75240

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MRC Permian Company
One Lincoln Center
5400 LBJ Freeway, Ste. 1500
Dallas, TX 75240

9590 9402 5712 9346 7874 09

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2019

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
OCT 18 2021
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tail
tail Restricted Delivery
0)

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

7020 0640 0000 0304 2002

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
OXY Y-1 Company

Street and
5 Greenway Plaza, Ste. 110
Houston, TX 77046

City, State,

USPS SANTA FE NM FE 87501
SANTA FE NM MAIN POST OFFICE
Postmark Here
OCT 12 2021

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY Y-1 Company
5 Greenway Plaza, Ste. 110
Houston, TX 77046

9590 9402 5712 9346 7874 16

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 10-15-21

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

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

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

7020 0640 0000 0304 2132

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
Postmark Here
OCT 12 2021
SANTA FE NM MAIN POST OFFICE

Sent To
Betty Ruth Patterson
Street and, 43195 Fringewood Drive, Apt. 36
Whitney, TX 76692
City, State,

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

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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:

Betty Ruth Patterson
43195 Fringewood Drive, Apt. 36
Whitney, TX 76692

9590 9402 5712 9346 7872 87

2. Article Number (Transfer from service label)
7020 0640 0000 0304 2132

COMPLETE THIS SECTION ON DELIVERY

A.) Signature
Mike Patterson
☒ Agent
☐ Addressee

B. Received by (Printed Name) Mike Patterson
C. Date of Delivery 10/16/2021

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☑ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7020 2450 0002 1363 7077

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

Sent To
Pegasus Resources
Street an 2821 W. 7th Street, #500
Ft. Worth, TX 76107
City, Stat

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Pegasus Resources
2821 W. 7th Street, #500
Ft. Worth, TX 76107

9590 9402 6746 1074 2245 40

2. Article Number *(Transfer from service label)*
7020 2450 0002 1363 7077

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
C. Date of Delivery
10/15/21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 0640 0000 0304 2057

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To: Sandra Lee Broman Powers a/k/a Sandra Lee Powers, PR-Estate of Mildred Broman
Street and: 2596 Calle Delfino
City, State: Santa Fe, NM 87505

USPS SANTA FE NM 87501
SANTA FE NM MAIN POST OFFICE
Postmark Here
OCT 12 2021

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

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CERTIFIED MAIL®

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

ALBUQUERQUE NM 870
12 OCT 2021 PM 3 L

7020 0640 0000 0304 2057

UNITED STATES POSTAGE PITNEY
02 1P $ 007
0000913767 OCT
MAILED FROM ZIP CODE

Sandra Lee Broman Powers a/k/a
Sandra Lee Powers, PR-Estate of
Mildred Broman
2596 Calle Delfino
Santa Fe,

NIXIE 871 FE 1 0010/20/21
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504200868 *1755-02347-28-0

9326090130118961

ANK

87504>2068
87505-64086

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Sue Ann Medlin Rowley

Street an 9942 E Desert Aire Drive
Tucson, AZ 85730

City, Stat

USPS SANTA FE NM 87501
OCT 12 2021
SANTA FE NM MAIN POST OFFICE

7020 2450 0002 1363 6834

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sue Ann Medlin Rowley
9942 E. Desert Aire Drive
Tucson, AZ 85730

9590 9402 6769 1074 4379 27

2. Article Number (Transfer from service label)
7020 2450 0002 1363 6834

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 2450 0002 1363 6797

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Shamrock Royalty LP

Street a... 200 W. Highway 6, Suite 320
Waco, TX 76712

City, Sta...

USPS SANTA FE NM 87501
SANTA FE NM MAIN POST OFFICE
Postmark Here
OCT 12 2021

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Shamrock Royalty LP
200 W. Highway 6, Suite 320
Waco, TX 76712

9590 9402 6769 1074 4379 65

2. Article Number (Transfer from service label)
7020 2450 0002 1363 6797

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 2450 0002 1363 7084

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
TD Minerals LLC

Street and Apt
8111 Westchester Drive, Ste. 900
Dallas, TX 75225

City, State, ZI

USPS SANTA FE NM 87501
SANTA FE NM MAIN POST OFFICE
OCT 7 Postmark Here 2021

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

TD Minerals LLC
8111 Westchester Drive, Ste. 900
Dallas, TX 75225

9590 9402 6746 1074 2245 33

2. Article Number (Transfer from service label)
7020 2450 0002 1363 7084

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jas Jamison ☒ Agent ☐ Addressee

B. Received by (Printed Name) Jas Jamison
C. Date of Delivery 10-15-21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 2450 0002 1363 7046

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here
OCT 12 2021

USPS SANTA FE NM 87501 POST OFFICE
SANTA FE NM

Sent To
Thompson Family Trust

Street and Apt. N
1656 Bugtussle
West, TX 76691

City, State, ZIP+4

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

---

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Thompson Family Trust
1856 Bugtussle
West, TX 76691

9590 9402 6746 1074 2245 71

2. Article Number (Transfer from service label)
7020 2450 0002 1363 7046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karol Wallace ☐ Agent ☐ Addressee

B. Received by (Printed Name) Karol Wallace
C. Date of Delivery 10/19/21

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

OCT 19 2021
USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 2450 0002 1363 7053

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

Sent To: Tilden Capital Minerals, LLC
Street: P.O. Box 470857
Ft. Worth, TX 76147
City, S

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

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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:

Tilden Capital Minerals, LLC
P.O. Box 470857
Ft. Worth, TX 76147

9590 9402 6746 1074 2245 64

2. Article Number *(Transfer from service label)*
7020 2450 0002 1363 7053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*: Elizabeth Leonard
C. Date of Delivery: 10/22/21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 2450 0002 1363 6971

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
SANTA FE NM MAIN POST OFFICE
Postmark Here
OCT 12 2021

Sent To: Greg Vaughn
Street and A: 1405 Glasier Drive
City, State, Z: Carlsbad, NM 88220

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Greg Vaughn
1405 Glasier Drive
Carlsbad, NM 88220

9590 9402 6746 1074 2218 60

2. Article Number (Transfer from service label)
7020 2450 0002 1363 6971

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
10-12

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 2450 0002 1363 6988

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

Sent To: Roger Vaughn
Street and Apt.: 3203 Leaf Lane, #B
City, State, ZIP: Austin, TX 78759

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

---

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1. Article Addressed to:

Roger Vaughn
3203 Leaf Lane, #B
Austin, TX 78759

9590 9402 6746 1074 2218 53

2. Article Number *(Transfer from service label)*
7020 2450 0002 1363 6988

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C/-19
☒ Agent
☐ Addressee

B. Received by *(Printed Name)*: R. Vaughn
C. Date of Delivery: 10/15/21

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
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- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
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- ☐ Insured Mail Restricted Delivery (over $500)
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PS Form 3811, July 2020 PSN 7530-02-000-9053 — Domestic Return Receipt

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OCT 12 2021
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SANTA FE NM MAIN POST OFFICE

Sent To: Viper Energy Partners
Street and Apt.: 500 West Texas, Ste. 1200
City, State, ZIP: Midland, TX 79701

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

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1. Article Addressed to:

Viper Energy Partners
500 West Texas, Ste. 1200
Midland, TX 79701

9590 9402 6746 1074 2218 39

2. Article Number (Transfer from service label)
7020 2450 0002 1363 7008

PS Form 3811, July 2020 PSN 7530-02-000-9053

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A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
10/18/2021

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

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- ☐ Collect on Delivery
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OCT 12 2021
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Sent To Yates Industries LLC

Street and Apt. 403 W. San Francisco Street
Santa Fe, NM 87501

City, State, ZIP

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

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1. Article Addressed to:

Yates Industries LLC
403 W. San Francisco Street
Santa Fe, NM 87501

9590 9402 5712 9346 7874 30

2. Article Number *(Transfer from service label)*
7020 0640 0000 0304 1982

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
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Postage
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Total Postage and Fees
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Sent To
Carol Cappadonna
Street and
P.O. Box 56
La Ward, TX
City, State

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Sent To
Mitchell Cappadonna
Street and
522 Hancock Ave.
Corpus Christi, TX 78404
City, State,

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Sent To
Cathy Cappadonna
Street and Apt
35 County Road 2531
Ganado, TX 77962
City, State, Zi

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- ☐ Adult Signature Restricted Delivery $

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Sent To
Robert Freck
Street and Apt
6020 Manila
El Paso, TX 79924
City, State, Zil

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Sent To
Jerry Nick Cappadonna
Street and
P.O. Box 56
La Ward, TX 77970
City, State

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Postage
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Sent To
Jacob Hosford
Street and
7954 Belladonna Drive
Ft. Worth, TX 76123
City, State,

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Sent To
Jetstream Royalty Partners LP

Street and
105 Nursery Lane, Ste. 220

City, State
Ft. Worth, TX 76115

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SANTA FE NM MAIN POST OFFICE
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Sent To
Michael Hall Medlin

Street and Ap
223 FM 474

City, State, Z
Boerne, TX

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Sent To
Garlon Lain

Street and Ap
4209 San Saba Ct.

City, State, Z
Plano, TX 75074

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Postage
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Total Postage and Fees
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Sent To
Peggy Neal Pool

Street and
306 NE 35th Street

City, State,
Grand Prairie, TX 75050

USPS SANTA NM FE 87501
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Sent To
Gerald Lain

Street a
4209 San Saba Ct.

ity, Sta
Plano, TX 75074

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Postage
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Total Postage and Fees
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Sent To
Estate of Louise B. Thompson

Street and
P.O. Box 1197

City, State,
Kermit, TX 79745

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Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
October 21, 2021
and ending with the issue dated
October 21, 2021.

Publisher

Sworn and subscribed to before me this
21st day of October 2021.

Circulation Clerk

My commission expires
October 29, 2022
(Seal)

OFFICIAL SEAL
Amity E. Hipp
NOTARY PUBLIC - STATE OF NEW MEXICO
My Commission Expires: 10/29/22

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGAL NOTICE
October 21, 2021

This is to notify all interested parties, including Terry Davis Holt; Allen Clay Davis; Shawn Freck; Yates Industries LLC; Marathon Oil Permian LLC; OXY Y-1 Company; MRC Permian Company; Chief Capital O&G II LLC; Jetstream Royalty Partners LP; Jerry Nick Cappadonna; Sandra Lee Broman Powers a/k/a Sandra Lee Powers, Personal Representative of the Estate of Mildred Broman; Willie Margaret Baird Estate; Gerald Lain; Garren Lain; Garlon Lain; Chance Lain; Annie Lain; Haydon Lain; Betty Ruth Patterson; Charlotte McGehee; Estate of Ruth S. Marion; Norma Baird Loving; Page Stephanie Baird; Georgia Davis Griffith; Donna David Hammack; James M. Davis, the Lee and Judy Davis Revocable Trust; Charlotte S.E. Garza; Jerry Wayne Billington; Michael Hall Medlin; Robert Freck; Karen Freck; Michael Freck; Jeanene Hollis; William K. Hollis; Shamrock Royalty LP; James M. Davis, Independent Executor of the Estate of James Hall Medlin; Jerry D. Billington, Personal Representative, Estate of Jamie Ann Billington; Barbara K. Medlin, Personal Representative, Estate of Kenneth Wayne Medlin; Barbara K. Medlin; Sue Ann Medlin Rowley, Lisa Beth Hogan Campbell; Richard Hogan; Cathy Cappadonna; Mitchell Cappadonna; Mark Cappadonna; Bo Cappadonna; Carol Cappadonna; Elizabeth Mosely Hogan; Sheila Shirley Hosford; Tessa Manke; Matthew Hosford; Jacob Hosford; Bevin Hosford; Greg Vaughn; Roger Vaughn; Charles Hosford; Viper Energy Partners; William Joseph Mosely, Jr.; Peggy Neal Pool; Estate of Louise B. Thompson; Thompson Family Trust; Tilden Capital Minerals, LLC; GGM Exploration, Inc.; Pegasus Resources; TD Minerals LLC; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating LLC (Case No. 22294). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on November 4, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for that date: https://www.emnrd.nm.gov/ocd/hearing-info/. Applicant applies for an order pooling all uncommitted interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098), underlying a standard 960.16-acre, more or less, horizontal spacing unit ("Unit") comprised of all of irregular Section 1 and the N/2 of Section 12, Township 25 South, Range 34 East, Lea County, New Mexico. Applicant seeks to dedicate the above-referenced horizontal spacing unit to the following proposed wells ("Wells"): the Green Eyeshade Fed Com #601H well, to be drilled from a surface location in the NW/4 SE/4 (Unit J) of Section 12 to a bottom hole location in the NE/4 NE/4 (Lot 1) of Section 1; the Green Eyeshade Fed Com #602H well, and the Green Eyeshade Fed Com #702H well, to be drilled from a surface location in the NW/4 SE/4 (Unit J) of Section 12 to a bottom hole location in the NW/4 NE/4 (Lot 2) of Section 1; the Green Eyeshade Fed Com #603H well, the Green Eyeshade Fed Com #703H well, to be drilled from a surface location in the NE/4 SW/4 (Unit K) of Section 12 to a bottom hole location in the NE/4 NW/4 (Lot 3) of Section 1; and the Green Eyeshade Fed Com #704H well, to be drilled from a surface location in the NW/4 SW/4 (Unit L) of Section 12 to a bottom hole location in the NW/4 NW/4 (Lot 4) of Section 1. The completed interval for the proposed Green Eyeshade Fed Com #601H well will be within 330' of the quarter-quarter line separating the E/2 E/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NE/4 of Section 12; the completed interval for the proposed Green Eyeshade Fed Com #602H will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NW/4 of Section 12, and the completed interval for the proposed Green Eyeshade Fed Com #603H well will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 W/2 of Section 1 and the W/2 NW/4 from the E/2 NW/4 of Section 12 to allow inclusion of this acreage into a standard horizontal well spacing unit. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located 13.6 miles West of Jal, New Mexico.
#36947

02107475 00259738

GILBERT
HINKLE, SHANOR LLP
PO BOX 2068
SANTA FE, NM 87504

COG OPERATING LLC
Case No. 22294
Exhibit A-7

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

APPLICATION OF COG OPERATING LLC FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO. **CASE NO. 22294**

SELF-AFFIRMED STATEMENT OF BRIAN SITEK

1. I am a geologist at COG Operating LLC ("COG") and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division ("Division"), and my credentials as an expert in petroleum geology matters were accepted and made a matter of record.

2. I am familiar with the geological matters that pertain to the above-referenced case.

3. **Exhibit B-1** is a location map for the proposed horizontal spacing unit ("Unit") within the Wolfbone pool. The approximate wellbore paths for the proposed **Green Eyeshade Fed Com 601H, 602H, 603H, 702H, 703H and 704H** wells ("Wells") are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines.

4. **Exhibit B-2** is a subsea structure map for the top of the Wolfcamp formation which is representative of the targeted intervals within the pool. The data points are indicated by crosses. The approximate wellbore paths for the Wells are depicted by dashed lines. The map demonstrates the formation is gently dipping to the east in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

COG OPERATING LLC
Case No. 22294
Exhibit B

5. **Exhibit B-3** identifies three wells penetrating the targeted interval I used to construct a stratigraphic cross-section from A to A'. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area.

6. **Exhibit B-4** is a stratigraphic cross-section using the representative wells identified on **Exhibit B-3**. It contains gamma ray, resistivity and porosity logs. The proposed landing zone for the Wells are labeled on the exhibit. This cross-section demonstrates the target interval is continuous across the Unit.

7. In my opinion, a standup orientation for the Wells is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and in order to drill extended laterals this orientation is optimal due to offset producing wells.

8. Based on my geologic study of the area, the targeted interval underlying the Unit is suitable for development by horizontal wells and the tracts comprising the Unit will contribute more or less equally to the production of the Wells.

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

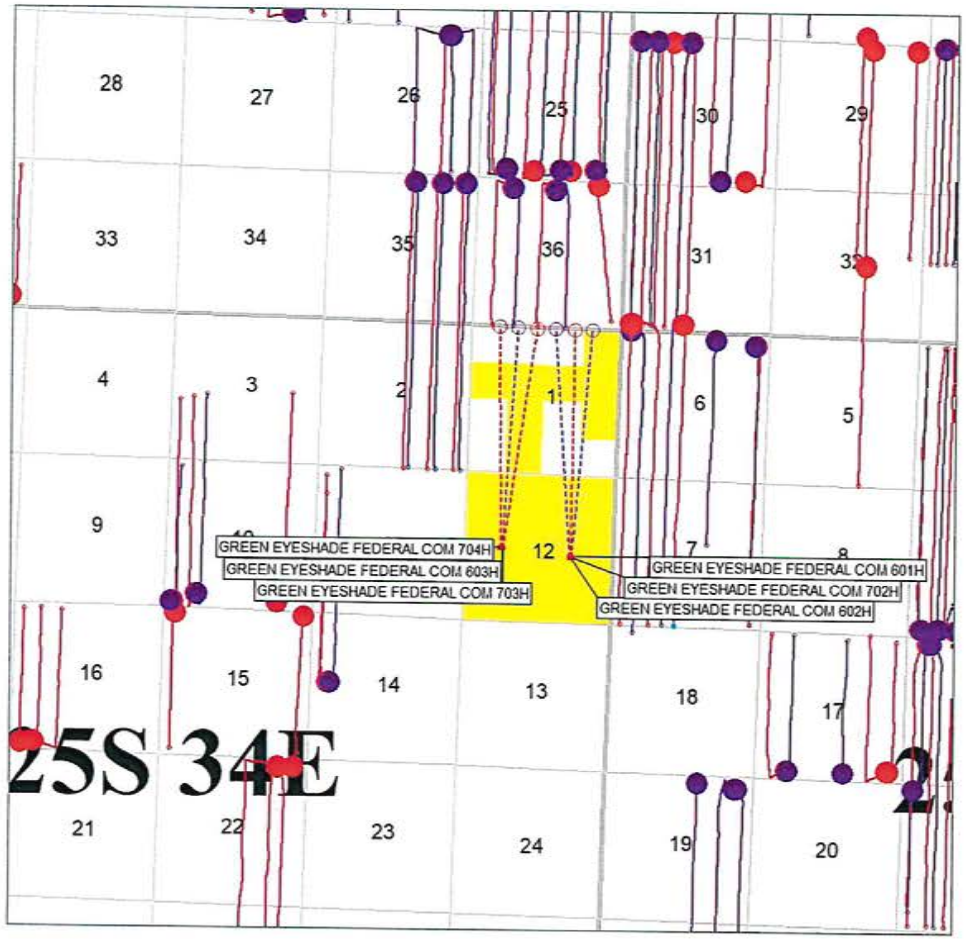
10. The exhibits attached hereto were either prepared by me or under my supervision or were compiled from company business records.

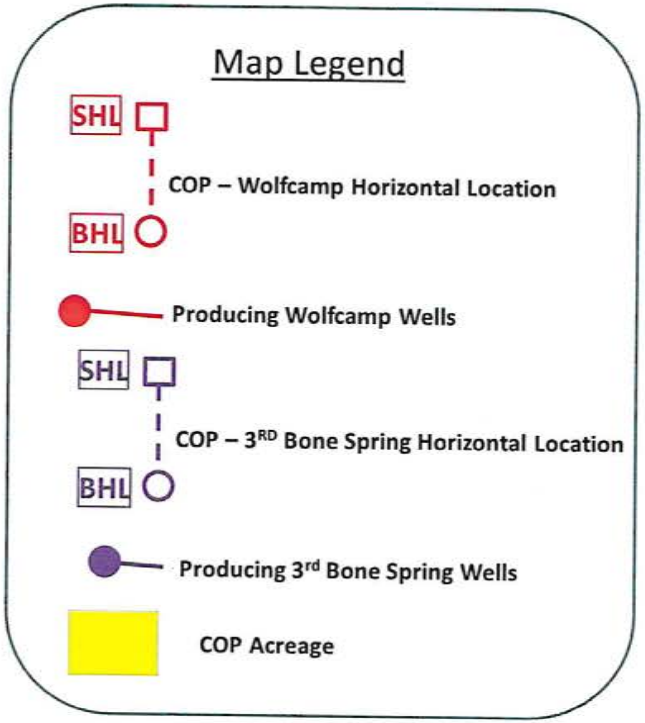
11. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 10 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.

Brian Sitek

10-28-21
Date

Green Eyeshade Federal Com

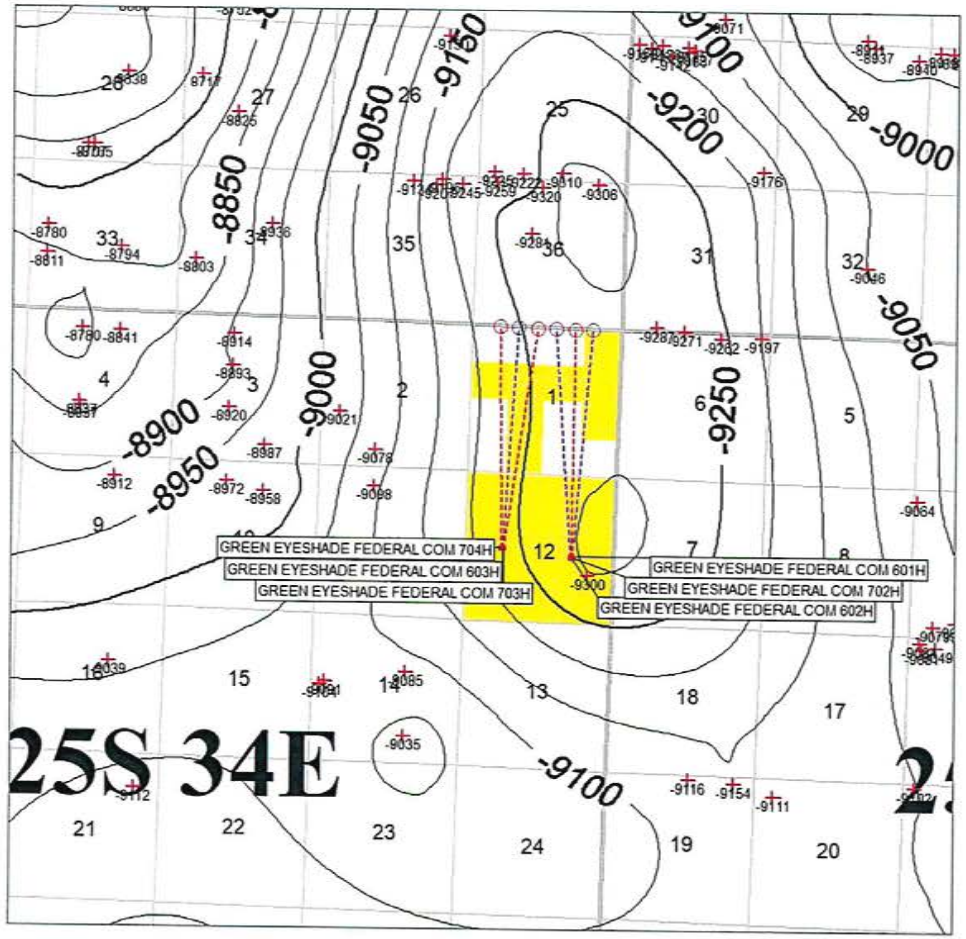




ConocoPhillips

COG OPERATING LLC
Case No. 22294
Exhibit B-1

Top of Wolfcamp Structure Map



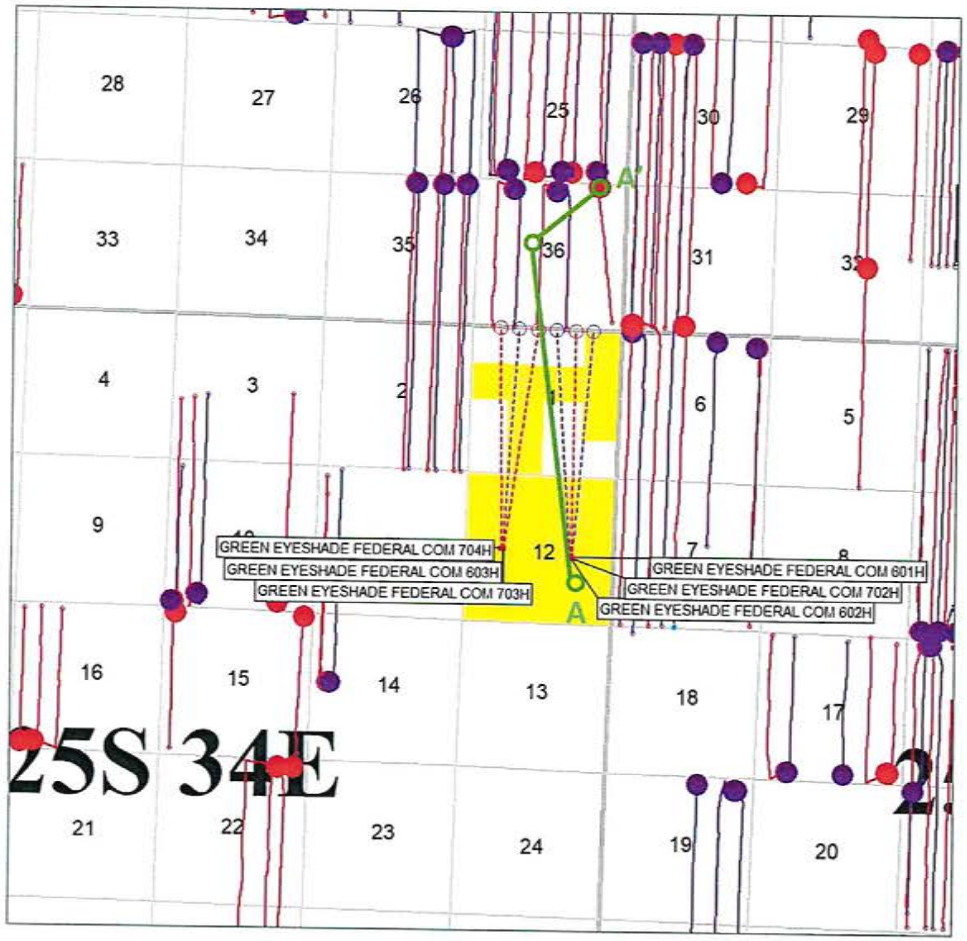
Map Legend

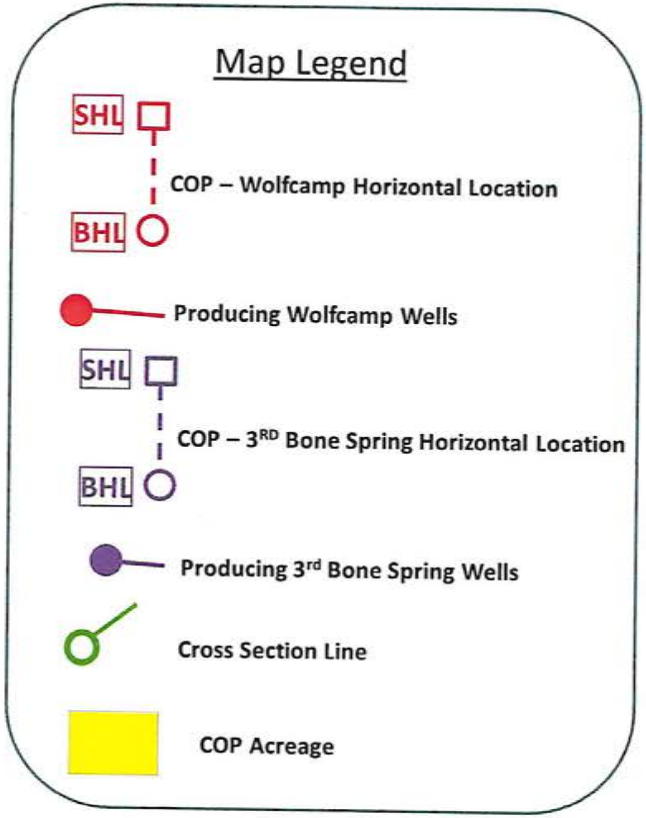
- SHL / BHL — COP – Wolfcamp Horizontal Location
- Producing Wolfcamp Wells
- SHL / BHL — COP – 3RD Bone Spring Horizontal Location
- Producing 3rd Bone Spring Wells
- Data point
- WFMP Structure
  CI: 50'
- COG Acreage

ConocoPhillips

COG OPERATING LLC
Case No. 22294
Exhibit B-2

Cross Section Map

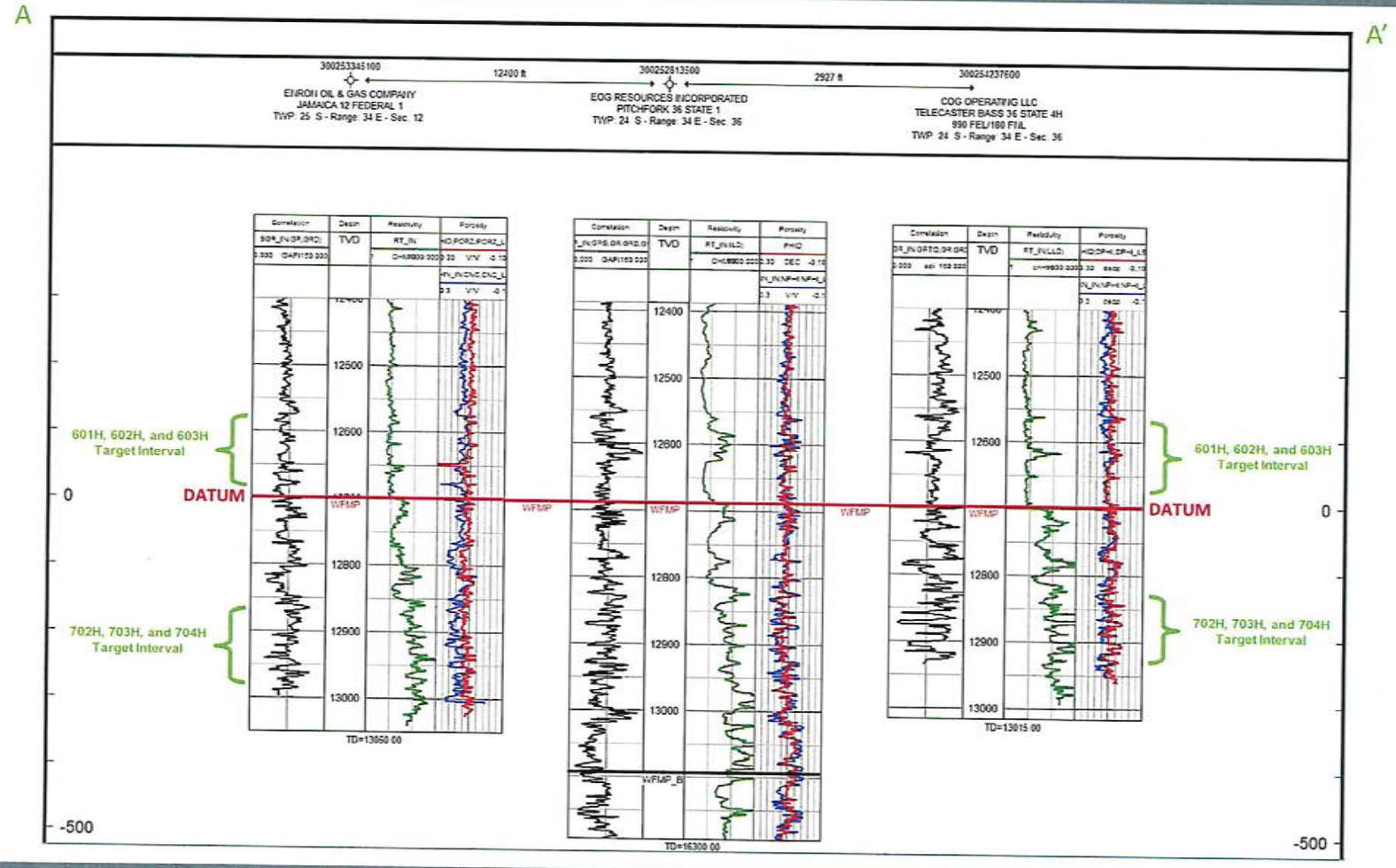




ConocoPhillips

COG OPERATING LLC
Case No. 22294
Exhibit B-3

Stratigraphic Cross Section A-A'



ConocoPhillips

COG OPERATING LLC
Case No. 22294
Exhibit B-4