

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

**APPLICATION OF COLGATE OPERATING,
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22692

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Compulsory Pooling Checklist for Case No. 22692

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COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22692
Hearing Date:	4/21/2022
Applicant	Colgate Operating, LLC
Designated Operator & OGRID	371449
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	N/A
Well Family	Uluru
Formation/Pool	
Formation Name(s) or Vertical Extent	Bone Spring
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Bone Spring
Pool Name and Pool Code	Winchester; Bone Spring (65010)
Well Location Setback Rules	Statewide
Spacing Unit Size	320-acre
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acre
Building Blocks	quarter-quarter
Orientation	Laydown
Description: TRS/County	S/2S/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico
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	N/A
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Uluru 35 Fed State Com 124H (API # pending) SHL: 703' FSL, 1009' FWL (Unit M) of Section 35, T19S-R28E BHL: 330' FSL & 10' FEL (Unit P) of Section 36, T19S-R28E Completion Target: Bone Spring (Approximately 7509' TVD) Completion status: Standard
Well #2	Uluru 35 Fed State Com 134H (API # pending) SHL: 401' FSL, 560' FEL (Unit P) of Section 34, T19S-R28E BHL: 330' FSL & 10' FEL (Unit P) of Section 36, T19S-R28E Completion Target: Bone Spring (Approximately 8647' TVD) Completion status: Standard
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFF Capex and Operating Costs	

Drilling Supervision/Month \$	8,000
Production Supervision/Month \$	800
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-2, C-4
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-5
Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A-3
Ownership Depth Severance	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-7
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-6
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-3, B-4
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-6
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	4/19/2022

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

**APPLICATION OF COLGATE OPERATING,
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22692

**SELF-AFFIRMED STATEMENT
OF MARK HAJDIK**

1. I am a landman at Colgate Operating, LLC (“Colgate”) 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 land matters were accepted and made a matter of record.

2. I am familiar with the land matters involved in the above-referenced case. Copies of Colgate’s application and proposed hearing notice are attached as **Exhibit A-1**.

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

4. Colgate seeks an order pooling all uncommitted interests in the 65010 Pool (Code Winchester) within the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2S/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the following wells (“Wells”): Uluru 35 Fed State Com 124H to be horizontally drilled from a surface hole location in the SW/4SW/4 (Unit M) of Section 35 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 36, and Uluru 35 Fed State Com 134H to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 34 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 36.

6. The completed intervals of the Wells will be orthodox.
7. **Exhibit A-2** contains C-102s for the Wells.
8. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Colgate seeks to pool highlighted in yellow. It also identifies any unlocatable parties.
9. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Wells. The estimated costs reflected on the AFEs are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.
10. Colgate has conducted a diligent search of all county public records including phone directories and computer databases.
11. In my opinion, Colgate made a good-faith effort to reach voluntary joinder of uncommitted interests in the Wells as indicated by the chronology of contact described in **Exhibit A-5**.
12. Colgate requests overhead and administrative rates of \$8,000 per month while the Wells are being drilled and \$800 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Colgate and other operators in the vicinity.
13. The attached exhibits were either prepared by me or under my supervision or were compiled from company business records.
14. In my opinion, the granting of Colgate's application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.
15. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 15 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.



Mark Hajdik

4/19/22
Date

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

**APPLICATION OF COLGATE OPERATING,
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22692

APPLICATION

Pursuant to NMSA § 70-2-17, Colgate Operating, LLC (OGRID No. 371449) (“Applicant”) applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2S/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the following wells (“Wells”):
 - a. **Uluru 35 Fed State Com 124H** to be horizontally drilled from a surface hole location in the SW/4SW/4 (Unit M) of Section 35 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 36, and
 - b. **Uluru 35 Fed State Com 134H** to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 34 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 36.
3. The completed intervals of the Wells will be orthodox.
4. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all interest owners.

Colgate Operating, LLC
Case No. 22692
Exhibit A-1

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

6. In order to allow Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted mineral interests in the Unit should be pooled and Applicant should be designated the operator of the Wells and Unit.

WHEREFORE, Applicant requests this application be set for hearing on April 7, 2022, and that after notice and hearing, the Division enter an order:

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

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Michael Rodriguez

Jaelyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com
mrodriguez@hinklelawfirm.com
jmclean@hinklelawfirm.com
Counsel for Colgate Operating, LLC

Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2S/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the following wells ("Wells"): Uluru 35 Fed State Com 124H to be horizontally drilled from a surface hole location in the SW/4SW/4 (Unit M) of Section 35 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 36, and Uluru 35 Fed State Com 134H to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 34 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 36. 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 approximately 12 miles northeast of Carlsbad, New Mexico.

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code 65010		3 Pool Name Winchester; Bone Spring	
4 Property Code		5 Property Name ULURU 35 FED STATE COM			6 Well Number 124H
7 OGRID No. 371449		8 Operator Name COLGATE ENERGY LLC			9 Elevation 3297'

10 Surface Location

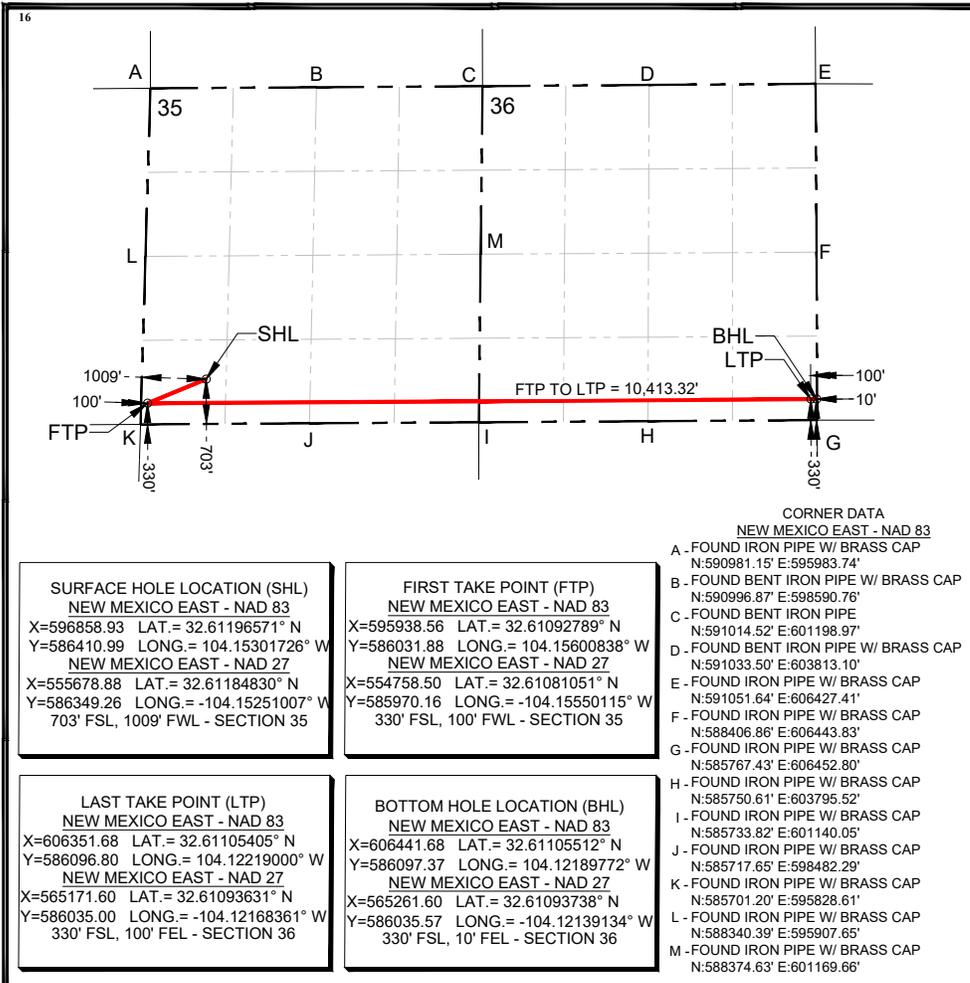
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	35	19-S	28-E		703'	SOUTH	1009'	WEST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	36	19-S	28-E		330'	SOUTH	10'	EAST	EDDY

12 Dedicated Acres 320	13 Joint or Infill	14 Consolidation Code	15 Order No.
----------------------------------	---------------------------	------------------------------	---------------------

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



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

Signature _____ Date _____

Printed Name _____

E-mail Address _____

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

Date of Survey _____
Signature and Seal of Professional Surveyor: 

Certificate Number _____ 2/14/2022

Colgate Operating, LLC
Case No. 22692
Exhibit A-2

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code 65010		3 Pool Name WINCHESTER; BONE SPRING	
4 Property Code		5 Property Name ULURU 35 FED STATE COM			6 Well Number 134H
7 OGRID No. 371449		8 Operator Name COLGATE ENERGY LLC			9 Elevation 3302'

10 Surface Location

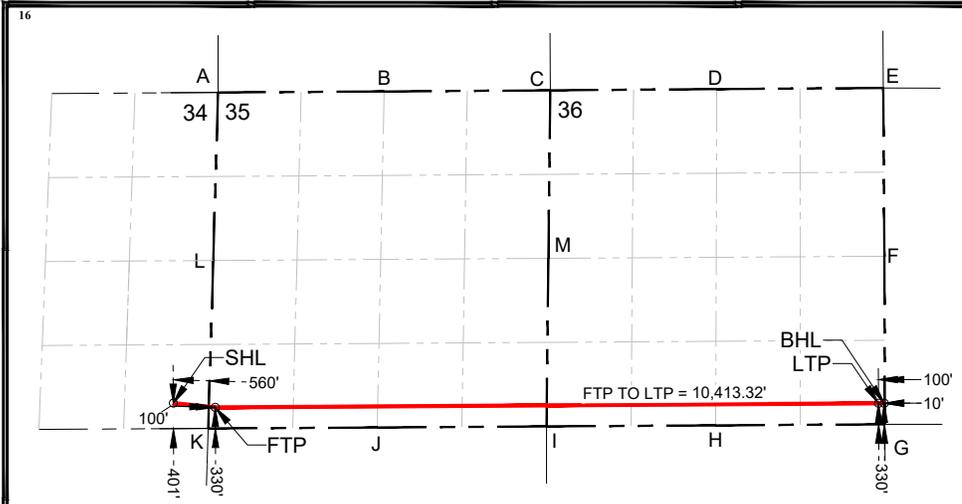
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	34	19-S	28-E		401'	SOUTH	560'	EAST	EDDY

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	36	19-S	28-E		330'	SOUTH	10'	EAST	EDDY

12 Dedicated Acres 320	13 Joint or Infill	14 Consolidation Code	15 Order No.
----------------------------------	---------------------------	------------------------------	---------------------

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



SURFACE HOLE LOCATION (SHL)
NEW MEXICO EAST - NAD 83
X=595280.44 LAT.= 32.61111477° N
Y=586098.77 LONG.= 104.15814536° W
NEW MEXICO EAST - NAD 27
X=554100.38 LAT.= 32.61099741° N
Y=586037.06 LONG.= -104.15763807° W
401' FSL, 560' FEL - SECTION 34

FIRST TAKE POINT (FTP)
NEW MEXICO EAST - NAD 83
X=595938.56 LAT.= 32.61092789° N
Y=586031.88 LONG.= 104.15600838° W
NEW MEXICO EAST - NAD 27
X=554758.50 LAT.= 32.61081051° N
Y=585970.16 LONG.= -104.15550115° W
330' FSL, 100' FWL - SECTION 35

LAST TAKE POINT (LTP)
NEW MEXICO EAST - NAD 83
X=606351.68 LAT.= 32.61105405° N
Y=586096.80 LONG.= 104.12219000° W
NEW MEXICO EAST - NAD 27
X=565171.60 LAT.= 32.61093631° N
Y=586035.00 LONG.= -104.12168361° W
330' FSL, 100' FEL - SECTION 36

BOTTOM HOLE LOCATION (BHL)
NEW MEXICO EAST - NAD 83
X=606441.68 LAT.= 32.61105512° N
Y=586097.37 LONG.= 104.12189772° W
NEW MEXICO EAST - NAD 27
X=565261.60 LAT.= 32.61093738° N
Y=586035.57 LONG.= -104.12139134° W
330' FSL, 10' FEL - SECTION 36

- CORNER DATA
NEW MEXICO EAST - NAD 83
- A. FOUND IRON PIPE W/ BRASS CAP
N:590981.15' E:595983.74'
 - B. FOUND BENT IRON PIPE W/ BRASS CAP
N:590996.87' E:598590.76'
 - C. FOUND BENT IRON PIPE
N:591014.52' E:601198.97'
 - D. FOUND BENT IRON PIPE W/ BRASS CAP
N:591033.50' E:603813.10'
 - E. FOUND IRON PIPE W/ BRASS CAP
N:591051.64' E:606427.41'
 - F. FOUND IRON PIPE W/ BRASS CAP
N:588406.86' E:606443.83'
 - G. FOUND IRON PIPE W/ BRASS CAP
N:585767.43' E:606452.80'
 - H. FOUND IRON PIPE W/ BRASS CAP
N:585750.61' E:603795.52'
 - I. FOUND IRON PIPE W/ BRASS CAP
N:585733.82' E:601140.05'
 - J. FOUND IRON PIPE W/ BRASS CAP
N:585717.65' E:598482.29'
 - K. FOUND IRON PIPE W/ BRASS CAP
N:585701.20' E:595828.61'
 - L. FOUND IRON PIPE W/ BRASS CAP
N:588340.39' E:595907.65'
 - M. FOUND IRON PIPE W/ BRASS CAP
N:588374.63' E:601169.66'

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

[Signature] 02.14.2022
Signature Date
Mikah Thomas
Printed Name
mthomas@colgateenergy.com
E-mail Address

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

Date of Survey: 2/14/2022
Signature and Seal of Professional Surveyor:
[Signature]
Certificate Number: 12177

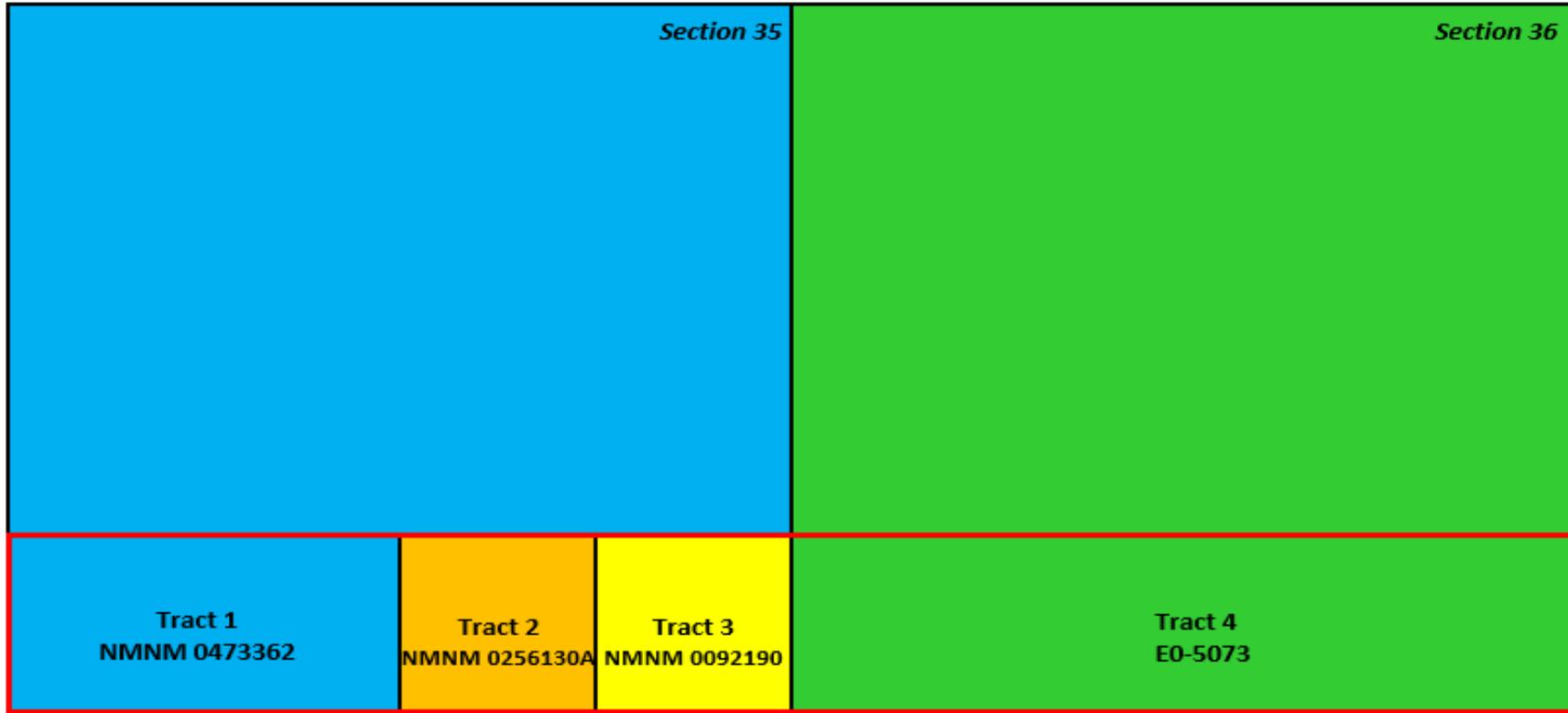
ULURU 35 FED STATE COM 134H (S/2S/2 Sec 35 & 36 Bone Spring) Case No. 22692				
WI OWNER	WI	Net Ac	Tract No	FORCE POOL INTEREST
Colgate Production, LLC	82.1637%	262.924	1, 2, 3, 4	Operator
Harvard Exploration Company	2.3438%	7.5	1	Yes
Michael Harrison Moore, Trustee of the Michael Harrison Moore	1.6113%	5.15625	1	Yes
Richard Lyons Moore, Trustee of the Richard Lyons Moore 2006 Trust under the Third Amendment and Restatement of the Moore Revocable Trust Agreement dated December 15, 1998	1.6113%	5.15625	1	Yes
Lawrence O. Price (Unlocatable)	1.5472%	4.95117	1	Yes
EnPlat III, LLC	1.5625%	5	1	Yes
Charles Eugene Cooper and DeAnn Hutson, Co-Trustees of the C	1.1719%	3.75	1	Yes
Cheron Oil & Gas Company, Inc.	0.9521%	3.04688	1	No
Dorsar Investment Company	0.5859%	1.87501	1	Yes
Abbejane Masterson Bates	0.5859%	1.875	1	No
JCJ Investments, LLC	0.5859%	1.875	1	No
Krista Alicen Stephenson, Trustee of the Krista Alicen Stephenson Trust	0.5859%	1.875	1	No
Harry M. Frank, Jr. (Unlocatable)	0.5859%	1.875	1	Yes
Mallory L. Miller, Jr.	0.4036%	1.29167	1	No
Patricia Louis Miller	0.4036%	1.29167	1	Yes
Paul Burke Miller	0.4036%	1.29167	1	Yes
Virginia B. Dean	0.4492%	1.4375	1	Yes
Virginia B. Dean, Clinton H. Dean, Jr., and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust	0.2246%	0.71875	1	Yes
Clinton H. Dean, Jr.	0.2995%	0.95834	1	Yes
Michael C. Dean	0.2995%	0.95834	1	Yes
Robert R. Dean	0.2995%	0.95834	1	Yes
John B. Meaders	0.2930%	0.9375	1	Yes
Pregler Oil Company, LLC	0.2197%	0.70312	1	Yes
Beaird Mineral Interest, LP	0.5859%	1.87499	1	No

Colgate Operating, LLC
Case No. 22692
Exhibit A-3

Virginia B. Dean, Clinton H. Dean, Jr., and Robert Russell Dean,	0.2246%	0.71875	1	Yes
	100%	320		

Lessee of Record	WI	Net Ac	Tract No	FORCE POOL INTEREST
Estate of DW Underwood	None	None	1	Yes
Estate of JC Williamson	None	None	1	Yes
Oxy USA Inc.	None	None	2, 3	Yes
Mewbourne Oil Company	None	None	4	Yes

Uluru 35 Fed State Com Tract Details



ORRI Owners
Colgate Royalties, LP
Duane D. Anderson, as his separate property
Mark and Paula McClellan, husband and wife
Ross and Kandace McClellan, husband and wife
Frank J. Pisor, Jr., as his separate property
D. Lloyd Henderson
EnPlat III, LLC
Thomas B. Lemann and wife, Barbara Lemann
J.M. Dunbar and wife, Amanda Dunbar
Harvey S. Apple and wife, Carolyn Apple
George W. Strake, Jr., marital status unknown
SMAC Oil Limited Partnership
CMP Viva LP
Catherine F. Sweeney, separate property
BCRK, an Oklahoma Limited Partnership
ExxonMobil Corporation
Red Rock Royalty Limited Partnership
Virginia K. Edelson, Trustee
Laura K. Gibbs
Elsie F. Henderson, separate property
Maylon S. Baker, marital status unknown
Sharron Wolfenbarger Jones, separate property
John D. Keslar, separate property
David R. Conley, marital status unknown
R.N. Hillin, marital status unknown
Marsha Cope Huie, for the Estate of Ralph E. Williamson
Karl F. Koch, marital status unknown



February 4, 2022

Via Certified Mail

Dome Petroleum Corp.
ATTN: Outside Operated JV
PO Box 940970
Houston, TX 77094

RE: Uluru 35 Fed State Com – Well Proposals
Section 35: All, Section 36: All, T19S-R28E, Bone Spring and Wolfcamp Formation
Eddy County, New Mexico

To Whom It May Concern:

Colgate Operating, LLC, as operator for Colgate Production, LLC (“Colgate”), hereby proposes the drilling and completion of the following eleven (11) wells, the Uluru 35 Fed State Com 121H, 122H, 123H, 124H, 131H, 132H, 133H, 134H, 201H, 202H, & 203H at the following approximate locations within Township 19 South, Range 28 East:

1. Uluru 35 Fed State Com 121H

SHL: At a legal location in the NW/4NW/4 of Section 35
BHL: 10’ FEL & 370’ FNL of Section 35
FTP: 100’ FWL & 370’ FNL of Section 35
LTP: 100’ FEL & 370’ FNL of Section 35
TVD: 7,524’
TMD: Approximately 12,809’
Proration Unit: N2N2 of Section 35
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

2. Uluru 35 Fed State Com 122H

SHL: At a legal location in the NW/4NW/4 of Section 35
BHL: 10’ FEL & 1,889’ FNL of Section 35
FTP: 100’ FWL & 1,889’ FNL of Section 35
LTP: 100’ FEL & 1,889’ FNL of Section 35
TVD: 7,524’
TMD: Approximately 12,809’
Proration Unit: S2N2 of Section 35
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

300 N. Marienfeld St., Suite 1000, Midland, Texas 79701
P: (432) 695-4222 | F: (432) 695-4063
www.ColgateEnergy.com

Colgate Operating, LLC
Case No. 22692
Exhibit A-4

Uluru 35 Fed State Com Well Proposal

3. Uluru 35 Fed State Com 123H

SHL: At a legal location in the SE/4 of Section 35
BHL: 10' FEL & 2,032' FSL of Section 35
FTP: 100' FWL & 2,032' FSL of Section 35
LTP: 100' FEL & 2,032' FSL of Section 35
TVD: 7,509'
TMD: Approximately 12,794'
Proration Unit: N2S2 of Section 35
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

4. Uluru 35 Fed State Com 124H

SHL: At a legal location in the SE/4 of Section 35
BHL: 10' FEL & 330' FSL of Section 36
FTP: 100' FWL & 330' FSL of Section 35
LTP: 100' FEL & 330' FSL of Section 36
TVD: 7,509'
TMD: Approximately 17,794'
Proration Unit: S2S2 of Sections 35 & 36
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

5. Uluru 35 Fed State Com 131H

SHL: At a legal location the E/2E/2 of Section 34
BHL: 10' FEL & 990' FNL of Section 36
FTP: 100' FWL & 990' FNL of Section 35
LTP: 100' FEL & 990' FNL of Section 36
TVD: 8,662'
TMD: Approximately 18,947'
Proration Unit: N2N2 of Sections 35 & 36
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

6. Uluru 35 Fed State Com 132H

SHL: At a legal location the E/2E/2 of Section 34
BHL: 10' FEL & 2,310' FNL of Section 36
FTP: 100' FWL & 2,310' FNL of Section 35
LTP: 100' FEL & 2,310' FNL of Section 36
TVD: 8,662'
TMD: Approximately 18,947'
Proration Unit: S2N2 of Sections 35 & 36
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

7. Uluru 35 Fed State Com 133H

SHL: At a legal location the E/2E/2 of Section 34
BHL: 10' FEL & 1,650' FSL of Section 36
FTP: 100' FWL & 1,650' FSL of Section 35
LTP: 100' FEL & 1,650' FSL of Section 36
TVD: 8,647'
TMD: Approximately 18,932'
Proration Unit: N2S2 of Sections 35 & 36
Targeted Interval: 3rd Bone Spring

Uluru 35 Fed State Com Well Proposal

Total Cost: See attached AFE

8. Uluru 35 Fed State Com 134H

SHL: At a legal location in the SE/4SE/4 of Section 34

BHL: 10' FEL & 330' FSL of Section 36

FTP: 100' FWL & 330' FSL of Section 35

LTP: 100' FEL & 330' FSL of Section 36

TVD: 8,647'

TMD: Approximately 18,932'

Proration Unit: S2S2 of Sections 35 & 36

Targeted Interval: 3rd Bone Spring

Total Cost: See attached AFE

9. Uluru 35 Fed State Com 201H

SHL: At a legal location in the NW/4NW/4 of Section 35

BHL: 10' FEL & 1,650' FNL of Section 36

FTP: 100' FWL & 1,650' FNL of Section 35

LTP: 100' FEL & 1,650' FNL of Section 36

TVD: 8,929'

TMD: Approximately 19,214'

Targeted Interval: Wolfcamp XY

Total Cost: See attached AFE

10. Uluru 35 Fed State Com 202H

SHL: At a legal location in the SE/4 of Section 35

BHL: 10' FEL & 2,310' FSL of Section 36

FTP: 100' FWL & 2,310' FSL of Section 35

LTP: 100' FEL & 2,310' FSL of Section 36

TVD: 8,929'

TMD: Approximately 19,214'

Targeted Interval: Wolfcamp XY

Total Cost: See attached AFE

11. Uluru 35 Fed State Com 203H

SHL: At a legal location in the SE/4SE/4 of Section 34

BHL: 10' FEL & 990' FSL of Section 36

FTP: 100' FWL & 990' FSL of Section 35

LTP: 100' FEL & 990' FSL of Section 36

TVD: 8,914'

TMD: Approximately 19,199'

Targeted Interval: Wolfcamp XY

Total Cost: See attached AFE

The locations, TVDs, and targets are approximate and subject to change dependent on surface or subsurface issues encountered. Colgate is proposing to drill these wells under the modified terms of the 1989 AAPL Operating Agreement and a form of said Operating Agreement is available upon request. The Operating Agreement has the following general provisions:

- 100%/300%/300% non-consent provisions
- \$8,000/\$800 drilling and producing rates
- Colgate Operating, LLC named as Operator

Uluru 35 Fed State Com Well Proposal

Please indicate your election to participate in the drilling and completion of the proposed wells in the space provided below. Please sign and return one copy of this letter, a signed copy of the previously proposed AFE, and your geologic well requirements.

In the interest of time, should we not reach an agreement within thirty (30) days of the date of your receipt of this letter, Colgate will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well. If you do not wish to participate, Colgate would be interested in acquiring your interest in the subject lands which is subject to further negotiation.

Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me at 432.357.3886 or by email at mhajdik@colgateenergy.com.

Respectfully,



Mark Hajdik
Senior Staff Landman
Enclosures

Uluru 35 Fed State Com Well Proposal

Well Elections: <i>(Please indicate your responses in the spaces below)</i>		
Well(s)	Elect to Participate	Elect to <u>NOT</u> Participate
Uluru 35 Fed State Com 121H		
Uluru 35 Fed State Com 122H		
Uluru 35 Fed State Com 123H		
Uluru 35 Fed State Com 124H		
Uluru 35 Fed State Com 131H		
Uluru 35 Fed State Com 132H		
Uluru 35 Fed State Com 133H		
Uluru 35 Fed State Com 134H		
Uluru 35 Fed State Com 201H		
Uluru 35 Fed State Com 202H		
Uluru 35 Fed State Com 203H		

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

Colgate Energy

300 N. Marientfeld St., Ste. 1000 Midland, TX 79701
 Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:	2/4/2022	AFE NO.:	0
WELL NAME:	Uluru 35 Fed State Com 124H	FIELD:	Winchester; BONE SPRING
LOCATION:	Sections 35 & 36, Block T19S-R28E	MD/TVD:	17794' MD / 7509' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	10,000
Colgate WI:		DRILLING DAYS:	14.8
GEOLOGIC TARGET:	SBSG	COMPLETION DAYS:	18.6
REMARKS:	Drill a horizontal 2nd BS well and complete. AFE includes drilling, completions, flowback and Initial AL install cost		

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 42,500	\$	\$	\$ 42,500
2 Location, Surveys & Damages	205,693	13,000	25,000	243,693
4 Freight / Transportation	34,270	30,250		64,520
5 Rental - Surface Equipment	70,439	153,700	13,700	237,839
6 Rental - Downhole Equipment	145,281	26,250		171,531
7 Rental - Living Quarters	29,113	43,450		72,563
10 Directional Drilling, Surveys	262,056			262,056
11 Drilling	429,783			429,783
12 Drill Bits	82,680			82,680
13 Fuel & Power	101,959	290,000		391,959
14 Cementing & Float Equip	149,460			149,460
15 Completion Unit, Swab, CTU			26,000	
16 Perforating, Wireline, Slickline	-	282,875	9,000	291,875
17 High Pressure Pump Truck	-	46,000		46,000
18 Completion Unit, Swab, CTU	-	75,950		75,950
20 Mud Circulation System	61,407			61,407
21 Mud Logging	10,688			10,688
22 Logging / Formation Evaluation	4,332	6,000		10,332
23 Mud & Chemicals	211,350	285,841		497,191
24 Water	31,270	437,000		468,270
25 Stimulation	-	483,149		483,149
26 Stimulation Flowback & Disp	-	102,125		102,125
28 Mud / Wastewater Disposal	138,945	44,000		182,945
30 Rig Supervision / Engineering	65,915	102,075	9,800	177,790
32 Drlg & Completion Overhead	5,625	-		5,625
35 Labor	103,986	50,000	20,000	173,986
54 Proppant		565,000		565,000
95 Insurance	9,440			9,440
97 Contingency	-	14,494	8,850	23,344
99 Plugging & Abandonment	-			-
TOTAL INTANGIBLES >	2,196,192	3,051,160	112,350	5,333,702

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 21,818	\$	\$	\$ 21,818
61 Intermediate Casing	126,995			126,995
62 Drilling Liner	-			-
63 Production Casing	442,951			442,951
64 Production Liner	-			-
65 Tubing	-		55,000	55,000
66 Wellhead	46,640		59,100	105,740
67 Packers, Liner Hangers	10,600	-	4,500	15,100
68 Tanks	-			-
69 Production Vessels	-		84,000	84,000
70 Flow Lines	-		24,800	24,800
71 Rod string	-			-
72 Artificial Lift Equipment	-		88,000	88,000
73 Compressor	-			-
74 Installation Costs	-		34,000	34,000
75 Surface Pumps	-		5,000	5,000
76 Downhole Pumps	-			-
77 Measurement & Meter Installation	-		12,500	12,500
78 Gas Conditioning / Dehydration	-			-
79 Interconnecting Facility Piping	-		15,400	15,400
80 Gathering / Bulk Lines	-			-
81 Valves, Dumps, Controllers	-		40,000	40,000
82 Tank / Facility Containment	-			-
83 Flare Stack	-			-
84 Electrical / Grounding	-		90,900	90,900
85 Communications / SCADA	-		15,000	15,000
86 Instrumentation / Safety	-			-
TOTAL TANGIBLES >	649,004	0	528,200	1,177,204
TOTAL COSTS >	2,845,197	3,051,160	640,550	6,510,906
	\$ 285	\$ 305	\$	651

PREPARED BY Colgate Energy:

Drilling Engineer:	SS/RM/PS
Completions Engineer:	BA/ML
Production Engineer:	Levi Harris

Colgate Energy APPROVAL:

Co-CEO	_____	Co-CEO	_____	VP - Operations	_____
	WH		JW		CRM
VP - Land & Legal	_____	VP - Geosciences	_____		
	BG		SO		

NON OPERATING PARTNER APPROVAL:

Company Name:	_____	Working Interest (%):	_____	Tax ID:	_____
Signed by:	_____	Date:	_____		
Title:	_____	Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark one)		

The costs on this AFE are estimates only and may not be construed as ceilings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including: legal, curative, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well

Colgate Energy

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701

Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:	2/4/2022	AFE NO.:	0
WELL NAME:	Uluru 35 Fed State Com 134H	FIELD:	Winchester; BONE SPRING
LOCATION:	Sections 35 & 36, Block T195-R28E	MD/TVD:	18932' MD / 8647' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	10,000
Colgate WI:		DRILLING DAYS:	20.2
GEOLOGIC TARGET:	TBSG	COMPLETION DAYS:	18.6

REMARKS: Drill a horizontal 3rd BS well and complete. AFE includes drilling, completions, flowback and Initial AL install cost

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 42,500	\$ -	\$ -	\$ 42,500
2 Location, Surveys & Damages	207,601	13,000	25,000	245,601
4 Freight / Transportation	34,270	30,250	-	64,520
5 Rental - Surface Equipment	89,457	153,700	13,700	256,857
6 Rental - Downhole Equipment	147,810	26,250	-	174,060
7 Rental - Living Quarters	35,644	43,450	-	79,094
10 Directional Drilling, Surveys	314,709	-	-	314,709
11 Drilling	566,364	-	-	566,364
12 Drill Bits	72,080	-	-	72,080
13 Fuel & Power	142,742	290,000	-	432,742
14 Cementing & Float Equip	149,460	-	-	149,460
15 Completion Unit, Swab, CTU	-	-	26,000	-
16 Perforating, Wireline, Slickline	-	282,875	9,000	291,875
17 High Pressure Pump Truck	-	46,000	-	46,000
18 Completion Unit, Swab, CTU	-	75,950	-	75,950
20 Mud Circulation System	77,302	-	-	77,302
21 Mud Logging	15,417	-	-	15,417
22 Logging / Formation Evaluation	6,912	6,000	-	12,912
23 Mud & Chemicals	259,987	305,488	-	565,475
24 Water	31,270	469,400	-	500,670
25 Stimulation	-	543,543	-	543,543
26 Stimulation Flowback & Disp	-	102,125	-	102,125
28 Mud / Wastewater Disposal	138,945	44,000	-	182,945
30 Rig Supervision / Engineering	89,758	102,075	9,800	201,633
32 Drig & Completion Overhead	7,875	-	-	7,875
35 Labor	103,986	50,000	20,000	173,986
54 Proppant	-	635,625	-	635,625
95 Insurance	10,042	-	-	10,042
97 Contingency	-	16,306	8,850	25,156
99 Plugging & Abandonment	-	-	-	-
TOTAL INTANGIBLES >	2,544,131	3,236,037	112,350	5,874,468

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 21,818	\$ -	\$ -	\$ 21,818
61 Intermediate Casing	126,995	-	-	126,995
62 Drilling Liner	-	-	-	-
63 Production Casing	470,863	-	-	470,863
64 Production Liner	-	-	-	-
65 Tubing	-	-	55,000	55,000
66 Wellhead	46,640	-	59,100	105,740
67 Packers, Liner Hangers	10,600	-	4,500	15,100
68 Tanks	-	-	-	-
69 Production Vessels	-	-	84,000	84,000
70 Flow Lines	-	-	24,800	24,800
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	88,000	88,000
73 Compressor	-	-	-	-
74 Installation Costs	-	-	34,000	34,000
75 Surface Pumps	-	-	5,000	5,000
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	12,500	12,500
78 Gas Conditioning / Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	15,400	15,400
80 Gathering / Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	40,000	40,000
82 Tank / Facility Containment	-	-	-	-
83 Flare Stack	-	-	-	-
84 Electrical / Grounding	-	-	90,900	90,900
85 Communications / SCADA	-	-	15,000	15,000
86 Instrumentation / Safety	-	-	-	-
TOTAL TANGIBLES >	676,916	0	528,200	1,205,116
TOTAL COSTS >	3,221,047	3,236,037	640,550	7,080,076
	\$ 322	\$ 324		\$ 708

PREPARED BY Colgate Energy:

Drilling Engineer: SS/RM/IS
 Completions Engineer: BA/ML
 Production Engineer: Levi Harris

Colgate Energy APPROVAL:

Co-CEO: WH
 Co-CEO: JW
 VP - Operations: CRM
 VP - Land & Legal: BC
 VP - Geosciences: SO

NON OPERATING PARTNER APPROVAL:

Company Name: _____ Working Interest (%): _____ Tax ID: _____
 Signed by: _____ Date: _____
 Title: _____ Approval: Yes No (mark one)

The costs on this AFE are estimates only and may not be construed as ceilings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including, legal, custative, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of spud.

Uluru 35 Communication Timeline

February 2, 2022 – Initial proposals sent for the Uluru 35 Wells

February 2022 – The following actions were taken for bad delivery or unknown parties

- Throughout the month of February non deliverable proposals were resent to additional addresses
- Colgate utilized a number of resources to locate parties or new addresses
 - Employed land brokers to research online and county records
 - Utilized idiCore which is an subscription based online investigative search tool to locate last known addresses and other information about parties
 - Searched obituaries to identify possible heirs to send notice to
 - Searched Secretary of State website for details regarding entities that had bad delivery or were not locatable

February 2022 – Galkay elected to non consent the proposals. Responded to several inquires via email and telephone, but no further response from the WI owners once their initial questions were answered.

April 2022 – Several parties as noted to not force pool have signed JOAs and are prepared to participate. Ellie and Kenneth Garrett have agreed to sell, we are currently finalizing their purchase.

February 2022 to present – A number of parties have not responded to the proposals that were received and several parties were completely unlocatable.

Colgate Operating, LLC
Case No. 22692
Exhibit A-5

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

**APPLICATION OF COLGATE OPERATING,
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

CASE NO. 22692

**SELF-AFFIRMED STATEMENT
OF DAVID DAGIAN**

1. I am a geologist at Colgate Operating, LLC (“Colgate”) 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 regional locator map that identifies the Uluru project area, in proximity to the Capitan Reef within the Delaware Basin, for the Bone Spring horizontal spacing units that are the subject of these applications.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing unit (“Unit”) within the Bone Spring formation. The approximate wellbore paths for the proposed **Uluru 35 Fed State Com 124H** and **Uluru 35 Fed State Com 134H** wells (“Wells”) are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section well names and a black line in proximity to the proposed wells.

5. **Exhibit B-3** is Second Bone Spring (SBSG) Structure map on the base of the Second Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies

the approximate wellbore path for the **Uluru 35 Fed State Com 124H** proposed SBSG well with an orange dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed well. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

6. **Exhibit B-4** is Third Bone Spring (TBSG) Structure map on the top of the Third Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore path for the **Uluru 35 Fed State Com 134H** proposed TBSG well with a red dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed well. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

7. **Exhibit B-5** identifies two wells penetrating the targeted interval I used to construct a structural cross-section from A to A'. The structural cross section from west to east shows the regional dip to the East-Southeast for both the SBSG and the TBSG. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area. The target zones for the proposed wells are the Second and Third Bone Spring formations, which are consistent across the units. The approximate well-path for the proposed wells is indicated by dashed lines to be drilled from west to east across the units.

8. **Exhibit B-6** is a stratigraphic cross-section from A to A' using the representative wells identified on **Exhibit B-5**. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is hung on the top of the Wolfcamp formation. The

proposed landing zone for the Wells is labeled on the exhibit. The approximate well-path for the proposed wells is indicated by dashed lines to be drilled from west to east across the units. This cross-section demonstrates the target interval is continuous across the Unit.

9. **Exhibit B-7** is a gun barrel diagram that shows the **Uluru 35 Fed State Com 124H** well in the Second Bone Spring formation and the **Uluru 35 Fed State Com 134H** well in the Third Bone Spring formation.

10. In my opinion, a laydown orientation for the Wells is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and is the preferred fracture orientation in this portion of the trend.

11. 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.

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

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

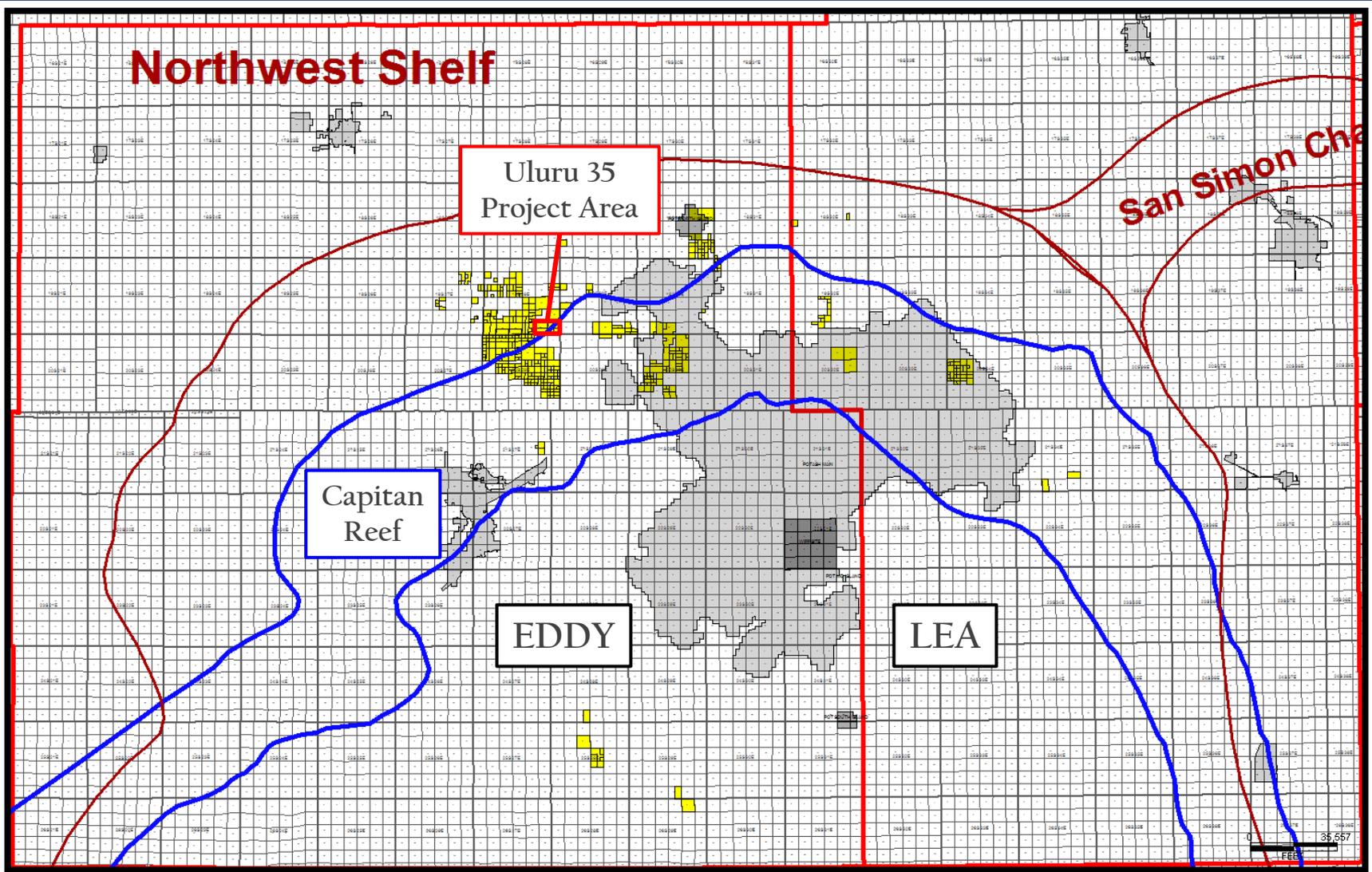
14. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 13 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.


David DaGian

3/24/22
Date



Compulsory Pooling Hearing – Case No. 22692
Geology Exhibits
Uluru 35 Fed State Com 124H & 134H
4/7/2022

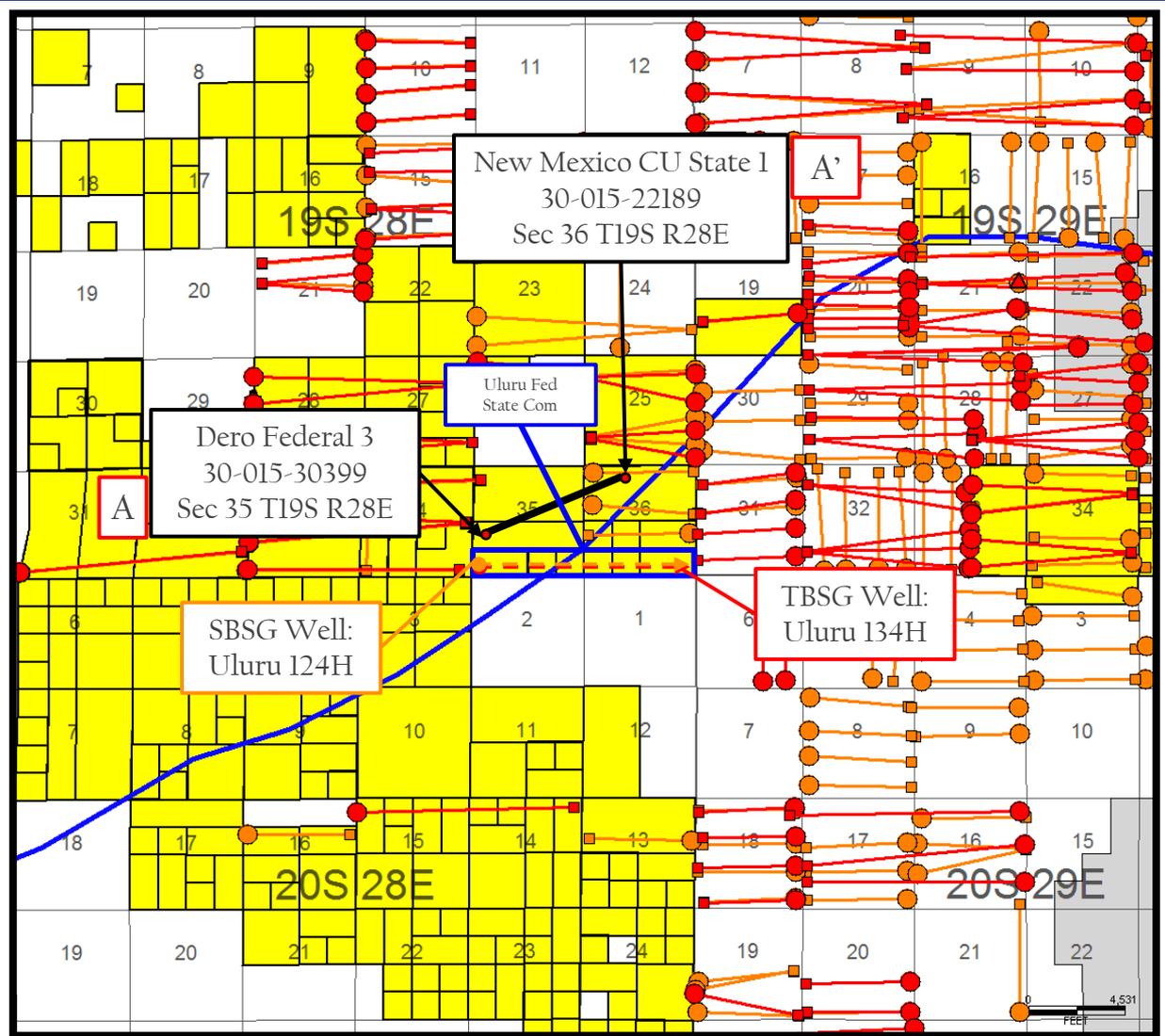


 Colgate Energy

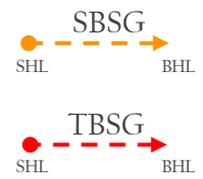
Map Uluru 35 Fed State Com 124H & 134H

Colgate Operating, LLC
Case Nos. 22692
Exhibit B-2

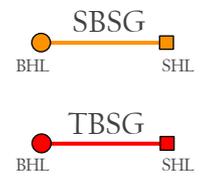
Exhibit B-2



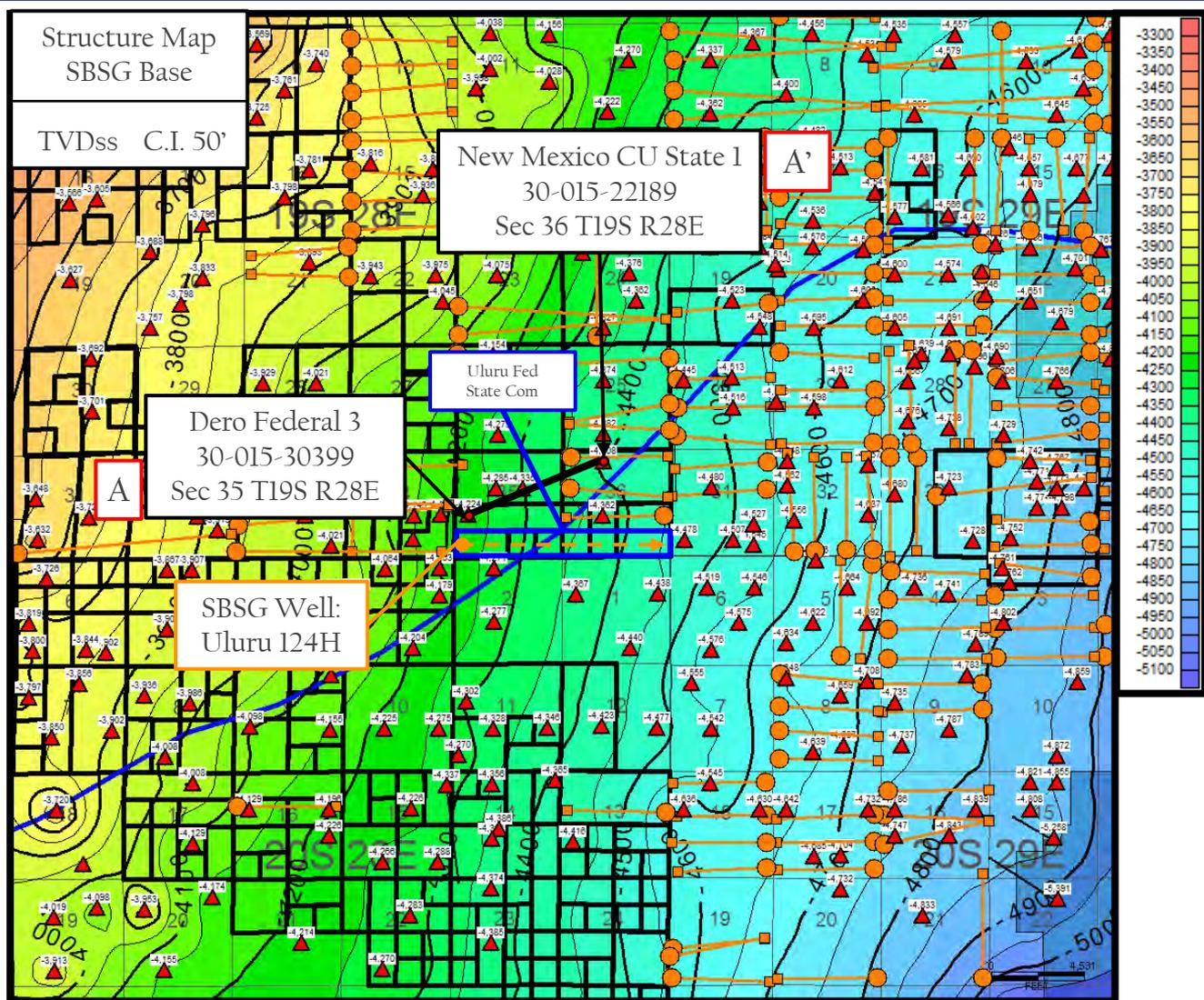
Proposed Wells



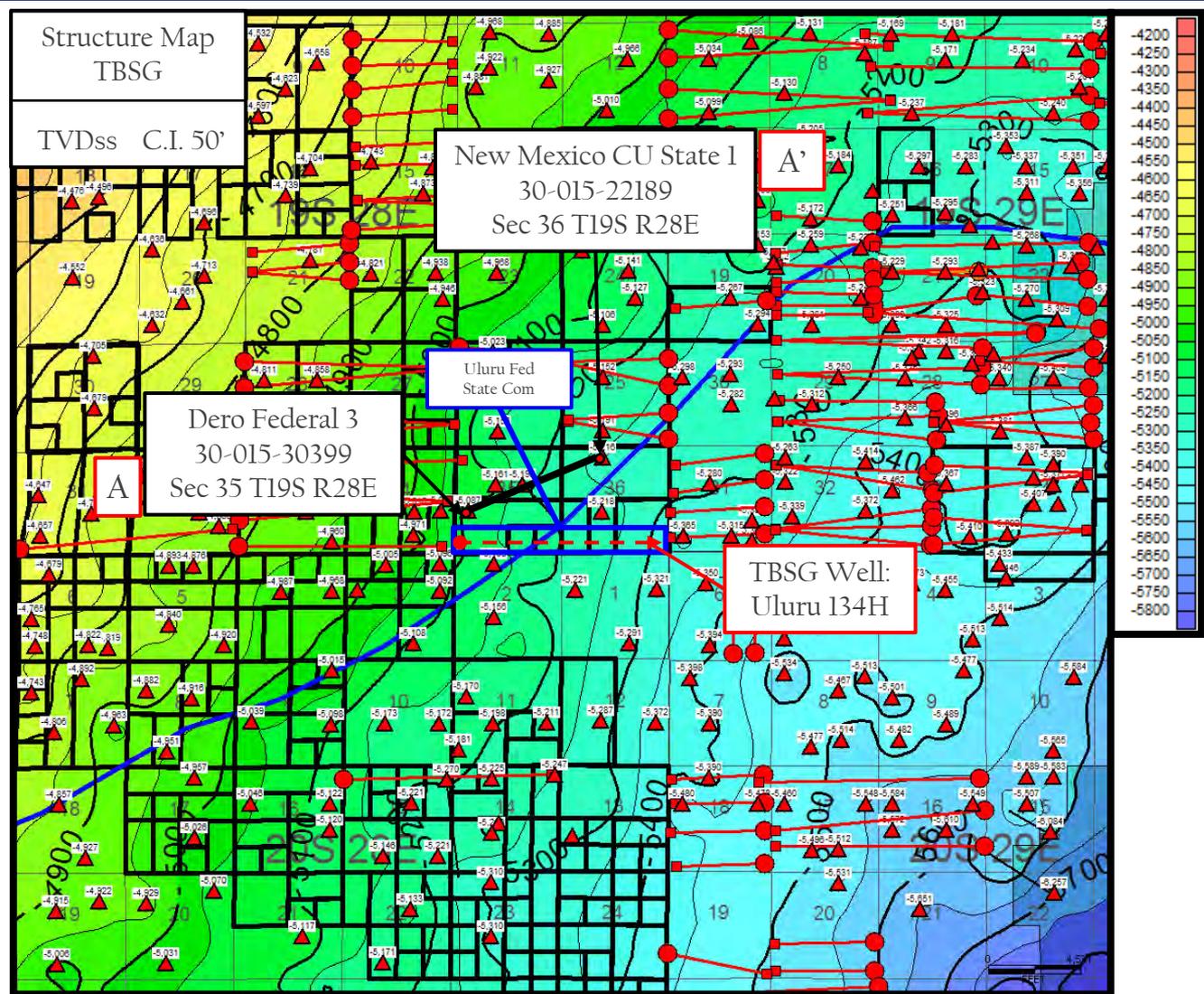
Producing Wells

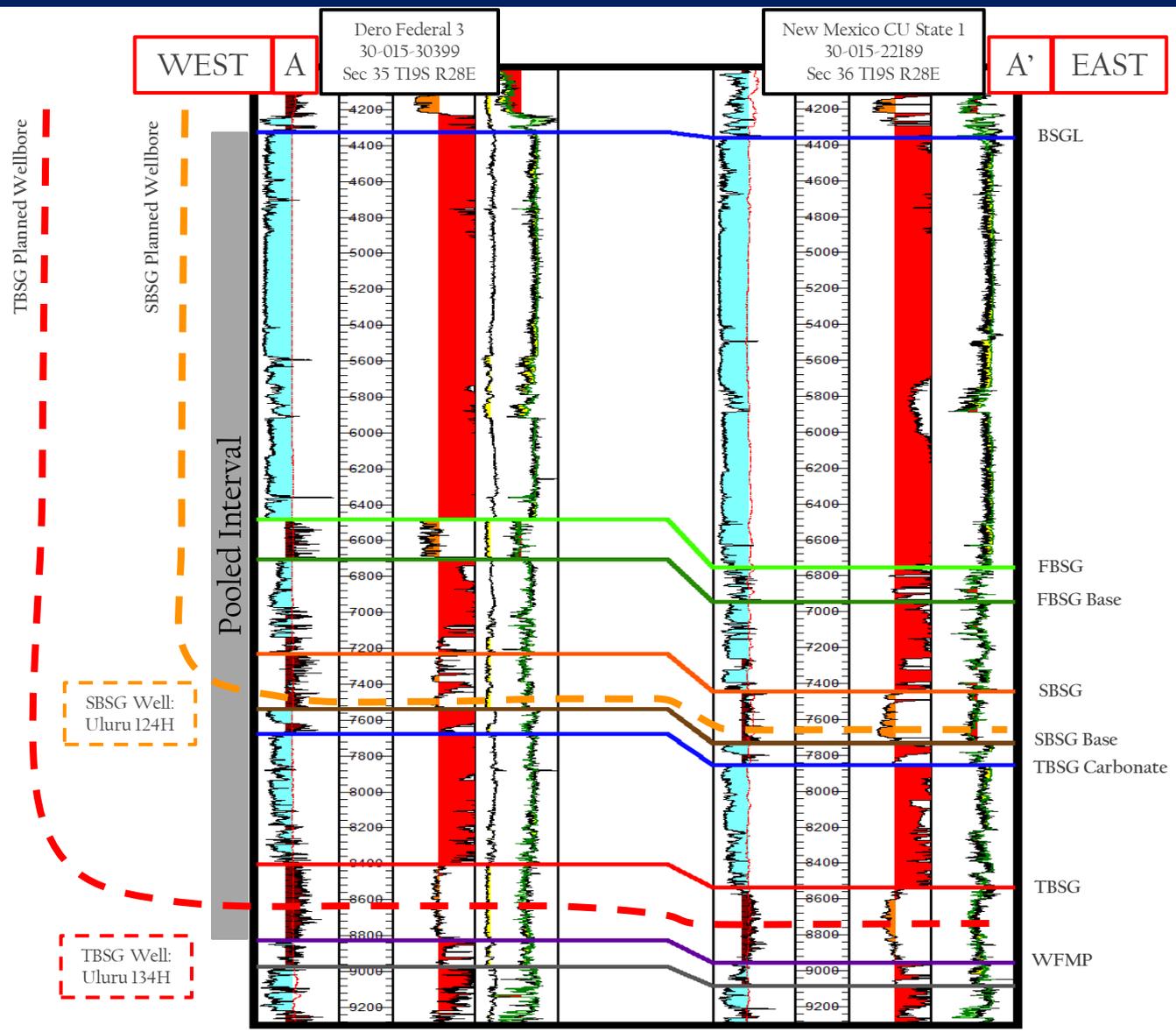


Colgate Energy



Colgate Energy



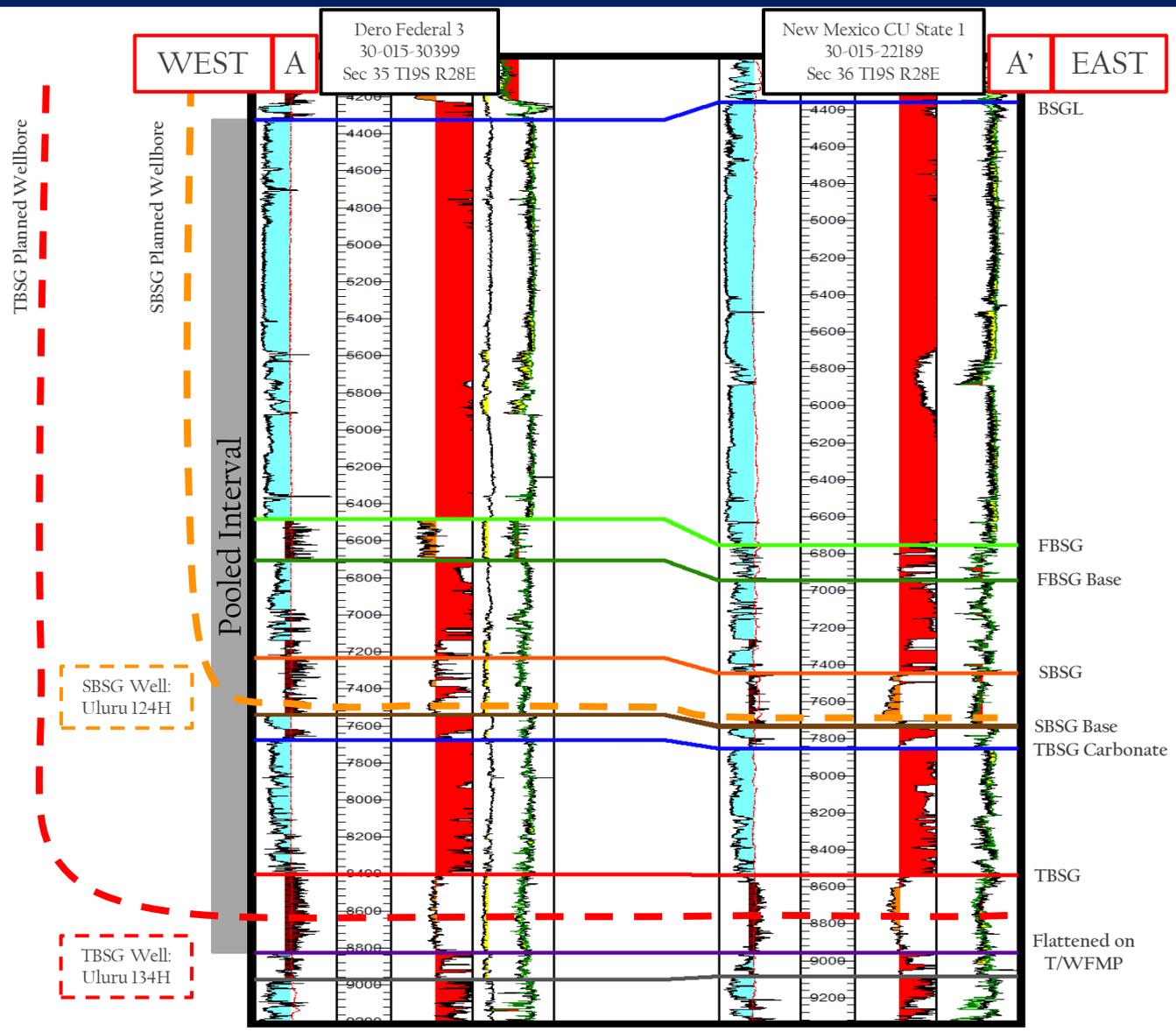


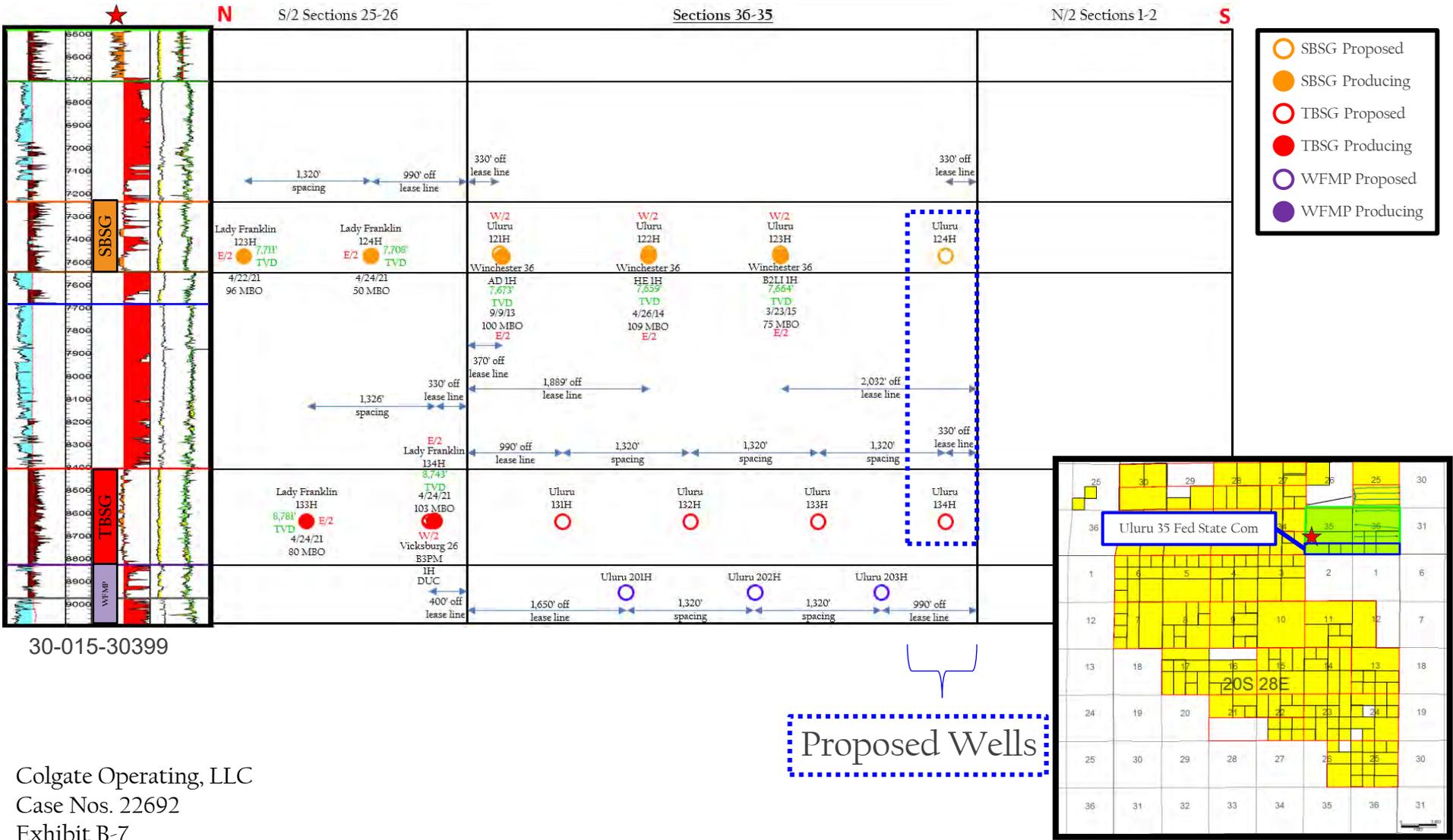
Stratigraphic Cross Section A-A'

Uluru 35 Fed State Com

Colgate Operating, LLC
Case Nos. 22692
Exhibit B-6

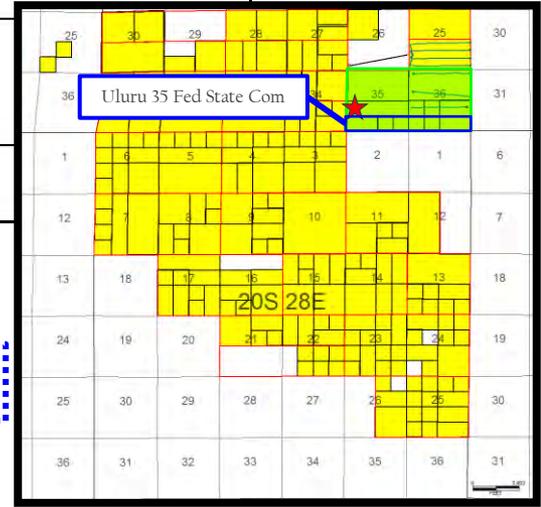
Exhibit B-6





30-015-30399

Proposed Wells



Colgate Operating, LLC
Case Nos. 22692
Exhibit B-7

6. On March 18, 2022, and April 6, 2022, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-5**.

Dana S. Hardy
Dana S. Hardy

SUBSCRIBED AND SWORN before me this 19th day of April, 2022 by Dana S. Hardy.

Melissa A. Gallegos
Notary Public

My Commission Expires:

11-4-24

STATE OF NEW MEXICO
NOTARY PUBLIC
MELISSA A. GALLEGOS
COMMISSION # 1131908
EXPIRES NOVEMBER 4, 2024



hinklelawfirm.com

HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554 (FAX) 505-982-8623

WRITER:
Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

March 10, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22692 - Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 7, 2022** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,
/s/ Dana S. Hardy

Dana S. Hardy

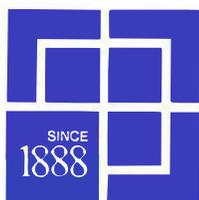
Enclosure

Colgate Operating, LLC
Case No. 22692
Exhibit C-1

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

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

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



HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

April 1, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22692 - Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

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This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 21, 2022** beginning at 8:15 a.m.

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Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

PO BOX 1720
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575-622-6510
(FAX) 575-746-6316

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

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

APPLICATION OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Abbejane Masterson Bates 7433 Marquette Street Dallas, TX 75225	03/10/22	03/18/22
Beaird Mineral Interests, LP Attn: Vicki Osborn 5121 McKinney Avenue Dallas, TX 75025	03/10/22	04/04/22-returned as refused-unable to forward
J. Manly Bryan and wife Joanne L. Bryan, for the life of the survivor, Remainder to JM Bryan Oil, LLC P.O. Box 33349 Fort Worth, TX 76162	03/10/22	03/18/22
Chevron Oil & Gas Company P.O. Box 1722 Tulsa, OK 74101	03/10/22	03/18/22
Charles Eugene Cooper Trust P.O. Box 117 Canyon, TX 79015	03/10/22	03/16/22
Lillie Costanzo Trust fbo Brian Balliet 325 Russet Run Pittsboro, NC 27312	03/10/22	No return received, USPS status: Delivered to Agent for Final Delivery 3/14/22
Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust 202 North Gateway Circle Wichita, KS 67230	03/10/22	No return received
Douglas C. Cranmer 202 North Gateway Circle Wichita, KS 67230	03/10/22	No return received
Russell B. Cranmer 707 N. Lake Crest Place Andover, KS 67002	03/10/22	03/18/22
Trustees of the Alice G. Davis Trust 299 West 31 st Street, Cottage 473 Sea Island, GA 31561	03/10/22	03/16/22

Colgate Operating, LLC
Case No. 22692
Exhibit C-2

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

APPLICATION OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

J.W. Davis 299 West 31 st Street, Cottage 473 Sea Island, GA 31561	03/10/22	03/16/22
Clinton H. Dean, Jr. 4212 O'Keefe El Paso, TX 79902	03/10/22	03/31/22-returned-unable to forward
Clinton H. Dean, Jr. 6006 Balcones, #32 El Paso, TX 79902	03/14/22	03/18/22
Michael C. Dean 13306 Onion Creek Drive Manchaca, TX 78652	03/10/22	03/16/22
Robert R. Dean 22747 Estacado San Antonio, TX 78216	03/10/22	03/16/22
Virginia B. Dean 22747 Estacado San Antonio, TX 78216	03/10/22	03/16/22
Virginia B. Dean Estate 6006 Balcones, #32 El Paso, TX 79912	03/14/22	03/18/22
Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co- Trustees of the Clinton H. Dean Testamentary Trust 22747 Estacado El Paso, TX 79912	03/10/22	03/16/22
Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co- Trustees of the Clinton H.. Dean Testamentary Trust 6006 Balcones, #32 El Paso, TX 79912	03/14/22	03/18/22
Myrlene Mannschreck Dillon 1383 CR 141 Coleman, TX 76834	03/10/22	04/07/22
Dome Petroleum Corp. Attn: Outside Operated JV P.O. Box 940970 Houston, TX 77094	03/10/22	No return received, USPS status: Delivered PO Box 3/15/22

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

APPLICATION OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

Dorchester Exploration Inc. P.O. Box 4391 Houston, TX 77210	03/10/22	03/31/22-returned as not at location
Dorsar Investment Company 4855 N. Mesa St., Unit 120 El Paso, TX 79912	03/10/22	03/16/22
Ensource, Inc. 1201 Louisiana, Suite 1000 Houston, TX 77002	03/10/22	03/16/22
Robert G. Ettelson 2650 Lakeview Avenue Chicago, IL 60614	03/10/22	03/31/22-returned as undeliverable (passed away on 3/15/22)
Bill Ferguson 2700 Liberty Tower Oklahoma City, OK 73102	03/10/22	04/04/22-returned-unable to forward
Galkay, a joint venture 2 Graylyn Place Winston-Salem, NC 27106	03/10/22	No return received, USPS status: Delivered to agent for final delivery 3/15/22
James Kenneth Garrett 1293 Buck Ridge Drive NE Rochester, MN 55906	03/10/22	03/21/22
Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104	03/10/22	03/16/22
Estate of E. Dwayne Hamilton 1497 CR 141 Coleman, TX 76834	03/10/22	No return received
Harvard Exploration Company 200 E. 2 nd Street Roswell, NM 88201	03/10/22	3/14/22 – returned with no signature
William L. Hilliard 313 E. Loma Alta Dr. Altadena, CA 91001	03/10/22	Delivered, left with individual 3/15/22
Kedco Management 100 S. Main, #300 Hardage Center Wichita, KS 67202	03/10/22	03/31/22-returned-no such number

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

APPLICATION OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

Mary L. Kline 2638 Burton St. SE Grand Rapids, MI 49546	03/10/22	03/18/22
Robert H. Kriebel P.O. Box 507 Old Lyme, CT 06371	03/10/22	03/21/22
John B. Meaders 2908 Corby Drive Plano, TX 75025	03/10/22	03/21/22
Gerald L. Michard 11015 East 63 rd Street South Derby, KS 67037	03/10/22	No return received
Mallory L. Miller, Jr. 4617 117 th Street Lubbock, TX 79424	03/10/22	03/16/22
Patricia Louis Miller 5413 Topper Drive North Richland Hills, TX 76180	03/10/22	03/16/22
Paul Burke Miller 1201 E. Main St., #125 Round Rock, TX 78664	03/10/22	No return received
Michael Harrison Moore, Trustee Michael Harrison Moore 2006 Trust P.O. Box 51570 Midland, TX 79710	03/10/22	03/21/22
Richard Lyons Moore 2006 Trust P.O. Box 94077 Southlake, TX 76092	03/10/22	Picked up at Post Office 3/22/22
Pregler Oil Company, LLC 110 W. 7 th St., Ste. 720 Tulsa, OK 74119-1117	03/10/22	03/16/22
Reeves County Systems, Inc. P.O. Box 152 Odessa, TX 79760-0152	03/10/22	03/18/22
John G. Rocovich, Jr. P.O. Box 13606 Roanoke, VA 24034	03/10/22	03/18/22

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

APPLICATION OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

John S. Ross, Jr. 110 N. Woodrow Lane, Suite 120 Denton, TX 76205	03/10/22	03/16/22
Sombrero Associates 1 Chase Manhattan Plaza New York, NY 10005	03/10/22	No return received
Krista Alicen Stephenson Trust 1799 Oak Ridge St. Hideaway, TX 75771	03/10/22	03/18/22
Paul Umbarger and Zofia Umbarger 10 Woodstock Ct. Hilton Head, SC 29928	03/10/22	No return received
Ted J. Werts 426 Courtleigh St. Wichita, KS 67218	03/10/22	No return received
Wes-Tex Drilling Company 400 Pine St., #700 Abilene, TX 79601	03/10/22	03/21/22

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

APPLICATION OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-RECORD TITLE OWNERS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Mewbourne Oil Company P.O. Box 7698 Tyler, TX 79701	04/01/22	4/11/22
OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046	04/01/22	04/08/22
Estate of D.W. Underwood 2320 Singletree Bend Georgetown, TX 78628	04/01/22	04/11/22
Estate of J.C. Williamson P.O. Box 16 Midland, TX 79701	04/01/22	4/18/22

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7021 0950 0002 0364 6058

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	Postmark Here APR 01 2022 FE, NM 87501 USPS
Sent To Mewbourne Oil Company Street and P.O. Box 7698 Tyler, TX 75711 City, State _____	

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="text-align: center; padding: 10px;"> Mewbourne Oil Company P.O. Box 7698 Tyler, TX 75711 </div>	B. Received by (Printed Name) C. Date of Delivery G. Argote 4-7-22 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7021 0950 0002 0364 6058	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

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

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OFFICIAL RECEIPT

SANTA FE NM 87501
 APR 01 2022
 Postmark Here
 USPS

7021 0950 0002 0364 6072

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Estate of DW Underwood Street and A 2320 Singletree Bend Georgetown, TX 78628 City, State, Z _____	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Estate of DW Underwood 2320 Singletree Bend Georgetown, TX 78628	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7021 0950 0002 0364 6072	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

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

7021 0950 0002 0364 6065

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To OXY USA Inc.
Street and: 5 Greenway Plaza, Suite 110
City, State, Houston, TX 77046

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

Postmark Note: APR 01 2022

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>CVIS</i></p>
1. Article Addressed to:	B. Received by (Printed Name) <i>CVIS</i> C. Date of Delivery <i>4-4-22</i>
OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 6746 1074 2480 03	3. Service Type
2. Article Number (Transfer from service label) 7021 0950 0002 0364 6065	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7021 0950 0002 0364 6089

Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To	Estate of JC Williamson
	P.O. Box 16
Street and	Midland, TX 79701
City, State,	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Estate of JC Williamson P.O. Box 16 Midland, TX 79701</p> <div style="text-align: center;"> <p>9590 9402 6746 1074 2479 83</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0364 6089</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Handwritten Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Ap Baber Well Servicing Co.
PO Box 1772
Hobbs, NM 88241
City, State, Zi

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

OKLA FE, NM 87507
 APR 01 2022
 USPS

7021 0950 0002 0364 6027

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>1. Article Addressed to:</p> <p style="text-align: center;">Baber Well Servicing Co. PO Box 1772 Hobbs, NM 88241</p> <div style="text-align: center;">  9590 9402 5760 0003 2745 29 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7021 0950 0002 0364 6027</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Lana Martinez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>LANA MARTINEZ</i> <i>4/4/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

7021 0950 0002 0367 0077

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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Abbejane Masterson Bates
 7433 Marquette Street
 Dallas, TX 75225

City, State, ZIP

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

Postmark Here
 MAR 10 2022

SANTA FE, NM 87501

USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Lawrence Bates</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lawrence Bates</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Abbejane Masterson Bates 7433 Marquette Street Dallas, TX 75225</p>	<p><i>PRESTO</i> MAR 15 2022 DALLAS, TX 75225-9998</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 0077</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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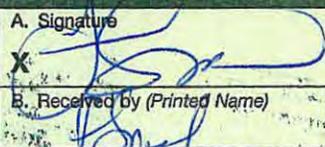
MAR 10 2022
Postmark Here

USPS

7021 0950 0002 0367 6192

Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To J. Manly Bryan and wife Joanne L. Bryan, for the life of the survivor		
Street and Apt. Remainder to JM Bryan Oil, LLC		
P.O. Box 33349		
City, State, ZIP+4 Fort Worth TX 76162		

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: J. Manly Bryan and wife Joanne L. Bryan, for the life of the survivor Remainder to JM Bryan Oil, LLC P.O. Box 33349 Fort Worth, TX 76162-3349</p> <div style="text-align: center;">  9590 9402 6746 1074 2398 27 </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0367 6192</p>	<p>A. Signature X:  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) J. Manly Bryan</p> <p>C. Date of Delivery 3/15/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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MAR 10 2022

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7021 0950 0002 0365 3193

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Chevron Oil & Gas Company	
Street and A	P.O. Box 1722
Tulsa, OK 74101	
City, State, & ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Chevron Oil & Gas Company P.O. Box 1722 Tulsa, OK 74101</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0365 3193</p>	<p>9590 9402 6746 1074 2397 35</p> <p style="text-align: center;">9590 9402 6746 1074 2397 35</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
Charles Eugene Cooper Trust
P.O. Box 117
Canyon, TX 79015

City, State, Zi

USPS

Postmark Here
MAR 14 2022

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Charles E. Cooper <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Charles E. Cooper</p> <p>C. Date of Delivery MAR 14 2022</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 style="text-align: center;">Charles Eugene Cooper Trust P.O. Box 117 Canyon, TX 79015</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0367 6208</p>	<p style="text-align: center;">9590 9402 6746 1074 2398 10</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	
<p>Domestic Return Receipt</p>	

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Certified Mail Fee
\$

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

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

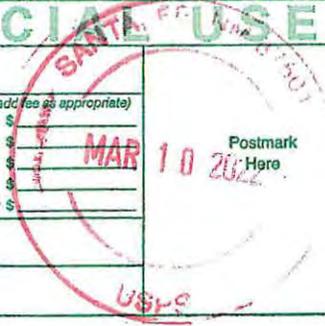
Postage
\$

Total Postage and Fees
\$

Sent To Russell B. Cranmer
Street and Ap 707 N. Lake Crest Place
Andover, KS 67002
City, State, Zi

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

72021 0950 0002 0367 6161



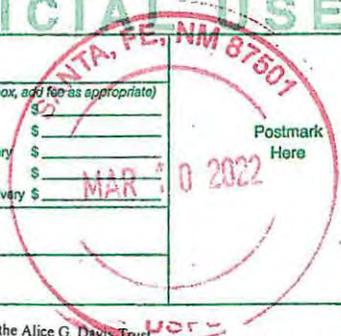
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Russell B. Cranmer 707 N. Lake Crest Place Andover, KS 67002</p>	<p>B. Received by (Printed Name) <i>Russell Cranmer</i></p> <p>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>																
<div style="text-align: center;"> <p>9590 9402 5760 0003 2718 25</p> </div> <p>2. Article Number (Transfer from service label) 72021 0950 0002 0367 6161</p>	<p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Insured Mail																	
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Certified Mail Fee \$ _____	Postmark Here 
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Trustee(s) of the Alice G. Davis Trust 299 West 31 st Street, Cottage 473 Sea Island, GA 31561	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee																
1. Article Addressed to: Trustee(s) of the Alice G. Davis Trust 299 West 31 st Street, Cottage 473 Sea Island, GA 31561	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																
<div style="text-align: center;">  9590 9402 5760 0003 2719 79 </div>	3. Service Type <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
2. Article Number (Transfer from service label) 7021 0950 0002 0367 6017																	

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Domestic Return Receipt

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and Apt	J.W. Davis 299 West 31 st Street, Cottage 473 Sea Island, GA 31561
City, State, Zip	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>H. Ortega</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>J.W. Davis 299 West 31st Street, Cottage 473 Sea Island, GA 31561</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <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 checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 6000</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

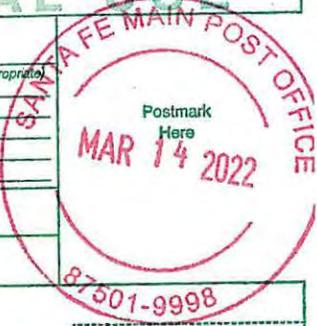


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7021 0950 0002 0367 2286

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 \$ _____	 Postmark Here MAR 14 2022 87501-9998
Postage \$ _____ Total Postage and Fees \$ _____	
Sent To Street or P.O. Box No. Clinton H. Dean, Jr. 6006 Balcones, #32 El Paso, TX 79902 City, State, and ZIP+4®	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Clinton H. Dean, Jr. 6006 Balcones, #32 El Paso, TX 79902</p> <div style="text-align: center;">  9590 9402 5760 0003 2664 49 </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0367 2286</p>	<p>A. Signature X SUSANNA PUNTES <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) P C. Date of Delivery 3-16-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

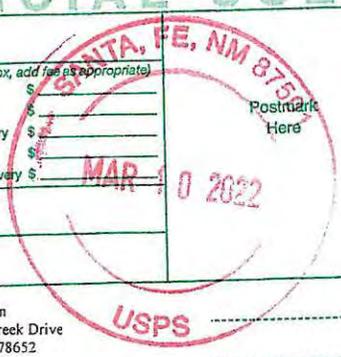
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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7021 0950 0002 0365 3162

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

Sent To: Michael C. Dean
 Street and A: 13306 Onion Creek Drive
 City, State, ZIP: Manchaca, TX 78652

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ 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: Michael C. Dean 13306 Onion Creek Drive Manchaca, TX 78652  9590 9402 6746 1074 2397 66	3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7021 0950 0002 0365 3162	

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SANTA FE NM 87501
MAR 10 2022
USPS

7021 0950 0002 0365 3179

Certified Mail Fee	\$
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Robert R. Dean
Street and Apt.	22747 Estacado
City, State, ZIP	San Antonio, TX 78216

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Dean</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>XF 235</i> <i>3/14/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robert R. Dean 22747 Estacado San Antonio, TX 78216</p>  <p>9590 9402 6746 1074 2397 59</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 3179</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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SANTA FE, NM 87501

USPS

7021 0950 0002 0365 3148

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Virginia B. Dean	
22747 Estacado	
San Antonio, TX 78261-4431	
City, State, Zi	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Dean</i> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Virginia B. Dean 22747 Estacado San Antonio, TX 78261-4431</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;"><i>XP 235</i> <i>3/18/22</i></p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0365 3148</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

9590 9402 6746 1074 2397 80

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SANTA FE MAIN POST OFFICE
MAR 14 2022
87501-9998

7021 0950 0002 0367 2279

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

Sent To: Virginia B. Dean Estate
Street and: 6006 Balcones, #32
City, State: El Paso, TX 79912

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Virginia B. Dean Estate c/o Clinton H. Dean, Jr., Executor 6006 Balcones, #32 El Paso, TX 79912</p>  <p>9590 9402 5760 0003 2664 56</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0367 2279</p>	<p>A. Signature X SUSAN PUBERT <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) SP</p> <p>C. Date of Delivery 3-16-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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7021 0950 0002 0365 3131

Certified Mail Fee	\$
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust	
Street an	22747 Estacado
City, State	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X <u>Dean</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>XP 235</u></p> <p>C. Date of Delivery <u>3/14/22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust 22747 Estacado San Antonio, TX 78261-4431</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 3131</p>	<p>9590 9402 6746 1074 2397 97</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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7021 0950 0002 0367 2262

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>Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust 6006 Balcones, #32 El Paso, TX 79912</p> <div style="text-align: center;">  9590 9402 5760 0003 2664 63 </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0367 2262</p>	<p>A. Signature X SUSANA PUGENTES <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) P C. Date of Delivery 3-16-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

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OFFICIAL USE

7021 0950 0002 0367 5973

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Myrlene Mannschreck Dillon Street and 1383 CR 141 City, State Coleman, TX 76834	

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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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee																
1. Article Addressed to: Myrlene Mannschreck Dillon 1383 CR 141 Coleman, TX 76834	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 																
2. Article Number (Transfer from service label) 7021 0950 0002 0367 5973	3. Service Type <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

7021 0950 0002 0367 6215

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

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

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Dorsar Investment Company
 4855 N. Mesa St., Unit 120
 El Paso, TX 79912

Street and Ap
 City, State, Zi

Postmark Here
MAR 10 2022

SANTA FE, NM 87501

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

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9590 9402 6746 1074 2398 03

United States Postal Service

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Sonya Mares
 Hinkle Shanor LLP
 218 Montezuma Avenue
 Santa Fe, NM 87501

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7021 0950 0002 0367 5966

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<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Ensource, Inc. Street and A 1201 Louisiana, Suite 1000 Houston, TX 77002 City, State, Z _____	

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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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X																
1. Article Addressed to: Ensource, Inc. 1201 Louisiana, Suite 1000 Houston, TX 77002	B. Received by (Printed Name) _____ C. Date of Delivery <u>3-14-22</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																
2. Article Number (Transfer from service label) 7021 0950 0002 0367 5966	3. Service Type <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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7021 0950 0002 0367 0091

Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Ap James Kenneth Garrett 1293 Buck Ridge Drive NE Rochester, MN 55906 City, State, Zi	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X J Garrett <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: James Kenneth Garrett 1293 Buck Ridge Drive NE Rochester, MN 55906	B. Received by (Printed Name) CPC-19R7
2. Article Number (Transfer from service label) 7021 0950 0002 0367 0091	C. Date of Delivery 3/16/22
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"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No

9590 9402 6746 1074 2396 12

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7021 0950 0002 0367 0107

Certified Mail Fee	\$
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and	Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104
City, State,	

PS Form 3800, April 2015 PSN 7580-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104</p> <div style="text-align: center;">  9590 9402 6746 1074 2396 05 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0367 0107</p>	<p>A. Signature</p> <p style="font-size: 1.5em; color: blue;">X </p> <p style="text-align: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p style="font-size: 1.2em; color: blue;">GUVEN</p> <p>C. Date of Delivery</p> <p style="font-size: 1.2em; color: blue;">3/14/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (ovr \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (ovr \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (ovr \$500)																	
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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and Apt. 1	Harvard Exploration Company 200 E. 2 nd Street Roswell, NM 88201
City, State, ZIP+	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Harvard Exploration Company 200 E. 2nd Street Roswell, NM 88201</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0365 3186</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 style="text-align: center;">9590 9402 6746 1074 2397 42</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	Postmark Here 
Postage \$ _____ Total Postage and Fees \$ _____	
Sent To Street and Ap Mary L. Kline 2638 Burton St., SE Grand Rapids, MI 49546 City, State, Zi _____	

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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>1. Article Addressed to:</p> <p style="text-align: center;">Mary L. Kline 2638 Burton St., SE Grand Rapids, MI 49546</p> <div style="text-align: center;">  9590 9402 5760 0003 2718 56 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7021 0950 0002 0367 6130</p>	<p>A. Signature</p> <p>X <u>COU-19</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 3/14/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.9em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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7021 0950 0002 0367 6062

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 Robert H. Kriebel

Street and Ap P.O. Box 507

City, State, Zi Old Lyme, CT 06371

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Robert H. Kriebel</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mark Robinson</i></p> <p>C. Date of Delivery <i>3-17-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robert H. Kriebel P.O. Box 507 Old Lyme, CT 06371</p> <p style="text-align: center;"> 9590 9402 5760 0003 2719 24</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 6062</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0365 3223

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Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To: John B. Meaders Street and Apt.: 2908 Corby Drive City, State, ZIP: Plano, TX 75025	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 3/18/22</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 style="text-align: center;">John B. Meaders 2908 Corby Drive Plano, TX 75025</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 6746 1074 2397 04</p> <p style="text-align: center;">7021 0950 0002 0365 3223</p>																	
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7021 0950 0002 0365 3230

Certified Mail Fee \$ _____	 Postmark Here MAR 10 2022
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Mallery L. Miller, Jr. 4617 117 th Street Lubbock, TX 79424	
Street and # City, State, ZIP	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature x <i>Mallery L. Miller, Jr.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Mallery L. Miller, Jr. 4617 117 th Street Lubbock, TX 79424	B. Received by (Printed Name) Mallery L. Miller, Jr.
2. Article Number (Transfer from service label) 7021 0950 0002 0365 3230	C. Date of Delivery 3/14/22
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"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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

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7021 0950 0002 0367 0039

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt	Patricia Louis Miller 5413 Topper Drive North Richland Hills, TX 76180
City, State, Z	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;">PL Miller 3.14.22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Patricia Louis Miller 5413 Topper Drive North Richland Hills, TX 76180</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0367 0039</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 6746 1074 2396 74</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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SANTA FE, NM 87501

MAR 8 2022

USPS

Postmark Here

7021 0950 0002 0367 0046

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and /	Michael Harrison Moore, Trustee Michael Harrison Moore 2006 Trust P.O. Box 51570 Midland, TX 79710
City, State,	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Sam Larson</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Sam Larson 3-16-2022</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 style="text-align: center;">Michael Harrison Moore, Trustee Michael Harrison Moore 2006 Trust P.O. Box 51570 Midland, TX 79710</p>	<div style="text-align: center;">  </div>																
<div style="text-align: center;">  <p>9590 9402 6746 1074 2396 67</p> </div> <p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 0046</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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MAR 10 2022

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7021 0950 0002 0365 3209

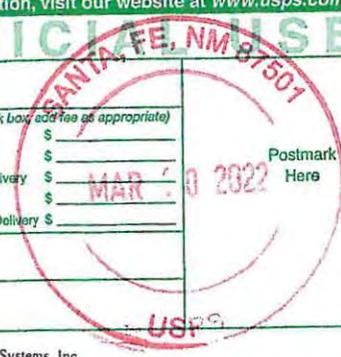
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Staver</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 3-14-22</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 style="text-align: center;">Pregler Oil Company, LLC 110 W. 7th St., Ste. 720 Tulsa, OK 74119-1117</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0365 3209</p>																	

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7021 0950 0002 0367 6116

Certified Mail Fee \$ _____	Postmark Here 
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Reeves County Systems, Inc. P.O. Box 152 Street and Odessa, TX 79760-0152 City, State	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Reeves County Systems, Inc. P.O. Box 152 Odessa, TX 79760-0152	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 5760 0003 2718 70	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7021 0950 0002 0367 6116	

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SANTA FE, NM 87501
 MAR 10 2022
 Postmark Here

7021 0950 0002 0367 6055

Certified Mail Fee		\$
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		\$
Total Postage and Fees		\$
Sent To		
John G. Rocovich, Jr.		
P.O. Box 13606		
Roanoke, VA 24034		
City, State		

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">John G. Rocovich, Jr. P.O. Box 13606 Roanoke, VA 24034</p> <div style="text-align: center;">  9590 9402 5760 0003 2719 31 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 6055</p>	<p>A. Signature</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

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DENTON, TX 76205
MAR 15 2022

USPS

Postmark Here

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To John S. Ross, Jr.
110 N. Woodrow Lane, Suite 120
Denton, TX 76205

Street and Apt. _____

City, State, ZIP+ _____

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

7021 0950 0002 0367 5997

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="margin-left: 20px;">John S. Ross, Jr. 110 N. Woodrow Lane, Suite 120 Denton, TX 76205</p> <div style="text-align: center;">  9590 9402 5760 0003 2719 93 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 5997</p>	<p>A. Signature</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<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: Krista Alicen Stephenson Trust		
Street and Apt.: 1799 Oak Ridge St.		
City, State, ZIP: Hideaway, TX 75771		

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;"> Krista Alicen Stephenson Trust 1799 Oak Ridge St. Hideaway, TX 75771 </p> <div style="text-align: center;">  9590 9402 6746 1074 2396 43 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7021 0950 0002 0367 0060</p>	<p>A. Signature</p> <p>X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p style="text-align: right; font-size: 1.2em;">3-15-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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OFFICIAL RECEIPT

SANTA FE, NM 87501
MAR 10 2022
USPS

7021 0950 0002 0367 0084

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Wes-Tex Drilling Company	
400 Pine St., #700	
Abilene, TX 79601	
City, State	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;"> 3/14/22</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 style="text-align: center;">Wes-Tex Drilling Company 400 Pine St., #700 Abilene, TX 79601</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 0084</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																

7021 0950 0002 0367 6024

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

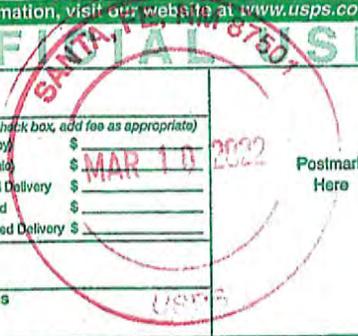
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Paul Umbarger and Zofia Umbarger
Street and Apt. 10 Woodstock Ct.
City, State, ZIP+4 Hilton Head, SC 29928

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



7021 0950 0002 0367 6123

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Ted J. Werts
Street and Apt. 426 Courleigh St.
City, State, ZIP+4 Wichita, KS 67218

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



7021 0950 0002 0367 0053

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Richard Lyons Moore 2006 Trust
Street and P.O. Box 94077
City, State, ZIP+4 Southlake, TX 76092

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



7021 0950 0002 0367 6109

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Sombbrero Associates
Street and Apt. 1 Chase Manhattan Plaza
City, State, ZIP+4 New York, NY 10005

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7021 0950 0002 0367 6079

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Estate of John R. Kline
Street and 5045 E. St. Andrews Drive
City, State, ZIP+4 Tucson, AZ 85718

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7021 0950 0002 0367 0022

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Paul Burke Miller
Street and 1201 E. Main St., #125
City, State, ZIP+4 Round Rock, TX 78664

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702J 0950 0002 0367 5935

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Street and Attn: Dome Petroleum Corp
P.O. Box 940970
City, State, Houston, TX 77094

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

Stamp: SANTA FE, NM 87501 MAR 10 2022 USPS

702J 0950 0002 0367 5980

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Street and Estate of E. Dwayne Hamilton
1497 CR 141
City, State, Coleman, TX 76834

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

Stamp: SANTA FE, NM 87501 MAR 10 2022 USPS

702J 0950 0002 0367 6093

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Street and Attn William L. Hilliard
313 E. Loma Alta Dr.
City, State, Altadena, CA 91001

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

Stamp: SANTA FE, NM 87501 MAR 10 2022 USPS

702J 0950 0002 0367 6154

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Street and Douglas C. Cranmer
202 North Gateway Circle
City, State, Wichita, KS 67230

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

Stamp: SANTA FE, NM 87501 MAR 10 2022 USPS

702J 0950 0002 0367 6178

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Street and Douglas C. Cranmer and Russell B. Cranmer,
Trustees of the Russell B. Cranmer Irrevocable
Trust
City, State, 202 North Gateway Circle
Wichita, KS 67230

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

Stamp: SANTA FE, NM 87501 MAR 10 2022 USPS

702J 0950 0002 0367 6147

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Street and Lillie Costanzo Trust fbo Brian Balliet
325 Russet Run
City, State, Pittsboro, NC 27312

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

Stamp: SANTA FE, NM 87501 MAR 10 2022 USPS

7021 0950 0002 0367 6031

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OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees <i>(check box, add fee as appropriate)</i>	
<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 \$ _____	
<i>Sent To</i>	Galkay, a joint venture
<i>Street and #</i>	2 Graylyn Place
<i>City, State, .</i>	Winston-Salem, NC 27106
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7021 0950 0002 0365 3216

7021 0950 0002 0365 3216

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Postmark Here
MAR 10 2022
 SANTA FE, NM 87507

USPS

Beard Mineral Interests, LP
 Attn: Vicki Osborn
 5121 McKinney Ave.
 Dallas, TX 75025

PS Form 3800, April 2015 PSN 7550-02-000-9047 See Reverse for Instructions

FROM **HINKLE SHANOR LLP**
 ATTORNEYS AT LAW
 PO BOX 2068 · 218 MONTEZUMA
 SANTA FE, NEW MEXICO 87504

TO Beard Mineral Interests, LP
 Attn: Vicki Osborn
 5121 McKinney Ave.
 Dallas, TX 75025

NIXIE 731 DE 1 0003/25/22
 RETURN TO SENDER
 REFUSED
 UNABLE TO FORWARD

BC: 87504206868 2265N084201-01338

7021 0950 0002 0365 3216

7021 0950 0002 0367 6048

Received by OCD: 4/19/2022 4:45:43 PM

02.1P
0000913767
MAILED FROM ZIP CODE 875

U.S. POSTAL SERVICE
FITNEY BOW
\$ 009.10
MAR 10 20

Handwritten initials: *HF*

FROM

1888

HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Bill Ferguson
2700 Liberty Tower
Oklahoma City, OK 73102

7021 0950 0002 0367 6048

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

Postage

Total Postage and Fees

Sent To

Bill Ferguson
Street and Apt 2700 Liberty Tower
City, State, Zip Oklahoma City, OK 73102

Postmark
Here

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

FERG700 731 CC 1 N C0193/26/22
UNABLE TO FORWARD/FOR REVIEW ***#*#*#*

BC: 87504999955 DU2266N085153-00934

Vertical barcode and tracking information on the right side of the envelope.

Handwritten initials: *HF*

Page 88 of 155
 UNITED STATES POSTAL SERVICE
 02 1P
 0000913767 MAR 1
 \$ 009
 MAILED FROM ZIP CODE

7021 0950 0002 0367 6185

Received by OCD; 4/19/2022 4:45:43 PM

FROM

 1888

HINKLE SHANOR LLP
 ATTORNEYS AT LAW
 PO BOX 2068 • 218 MONTEZUMA
 SANTA FE, NEW MEXICO 87504

TO

Robert G. Ettelson
 2650 Lakeview Avenue
 Chicago, IL 60614

Deceased 3/15/22

7021 0950 0002 0367 6185

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

Sent To Robert G. Ettelson
 2650 Lakeview Avenue
 Street and Chicago, IL 60614
 City, State, ZIP+4®

Postmark Here
 SANTA FE, NM 87507
 MAR 10 2022

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

NIXIE

0103/20
 RAINBOW BENDER

ANK



7021 0950 0002 0365 3155

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent to Clinton H. Dean, Jr.
4212 O'Keefe
El Paso, TX 79902

Street and Apt. N

City, State, ZIP+4

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

SANTA FE, NM 87507
Postmark Here
MAR 10 2022

FROM

HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Clinton H. Dean, Jr.
4212 O'Keefe
El Paso, TX 79902

NIXIE 731 C8 1 0103/20/22

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504206868 2067N079142-01142

USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 70210950000203676079

Remove X

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

USPS Tracking Plus® Available ∨

Reminder to Schedule Redelivery of your item before April 27, 2022

Feedback

Schedule Redelivery ∨

Text & Email Updates



Schedule Redelivery



Tracking History



Reminder to Schedule Redelivery of your item before April 27, 2022

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

April 13, 2022, 7:36 am
Available for Pickup
SANTA FE, NM 87504

April 13, 2022, 7:28 am

Out for Delivery
SANTA FE, NM 87501

April 13, 2022, 7:17 am

Arrived at Post Office
SANTA FE, NM 87501

April 12, 2022

In Transit to Next Facility

April 9, 2022, 3:53 pm

Arrived at USPS Regional Facility
PHOENIX AZ DISTRIBUTION CENTER ANNEX

March 28, 2022, 9:14 am

Forward Expired
TUCSON, AZ 85718

March 27, 2022, 1:08 am

Departed USPS Regional Facility
TUCSON AZ DISTRIBUTION CENTER

March 26, 2022, 5:06 pm

Arrived at USPS Regional Facility
TUCSON AZ DISTRIBUTION CENTER

March 24, 2022, 8:54 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

March 22, 2022, 4:44 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

March 21, 2022, 7:49 pm

Departed USPS Regional Facility
PHOENIX AZ DISTRIBUTION CENTER ANNEX

Feedback

March 19, 2022, 9:13 pm
Arrived at USPS Regional Facility
PHOENIX AZ DISTRIBUTION CENTER ANNEX

March 14, 2022, 9:41 am
Forward Expired
TUCSON, AZ 85718

March 14, 2022, 6:58 am
Out for Delivery
TUCSON, AZ 85718

March 14, 2022, 6:47 am
Arrived at Post Office
TUCSON, AZ 85718

March 13, 2022, 4:48 am
Departed USPS Regional Facility
TUCSON AZ DISTRIBUTION CENTER

March 12, 2022, 2:29 pm
Arrived at USPS Regional Origin Facility
TUCSON AZ DISTRIBUTION CENTER

March 10, 2022, 9:50 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm
Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm
Departed Post Office
SANTA FE, NM 87501

March 10, 2022, 4:50 pm
USPS in possession of item

Feedback

SANTA FE, NM 87501

USPS Tracking Plus®



Product Information



See Less

Tracking Number: 70210950000203670053

Remove

Your item was picked up at the post office at 11:19 am on March 22, 2022 in SOUTHLAKE, TX 76092.

Feedback

USPS Tracking Plus® Available

Delivered, Individual Picked Up at Post Office

March 22, 2022 at 11:19 am
SOUTHLAKE, TX 76092

Get Updates

Text & Email Updates



Tracking History



March 22, 2022, 11:19 am

Delivered, Individual Picked Up at Post Office
SOUTHLAKE, TX 76092

Your item was picked up at the post office at 11:19 am on March 22, 2022 in SOUTHLAKE, TX 76092.

Reminder to Schedule Redelivery of your item

March 14, 2022, 11:50 am

Available for Pickup
SOUTHLAKE, TX 76092

March 13, 2022, 5:00 am

Departed USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

March 12, 2022, 9:10 am

Arrived at USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

March 11, 2022

In Transit to Next Facility

March 10, 2022, 9:50 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm

Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm

Departed Post Office
SANTA FE, NM 87501

March 10, 2022, 4:50 pm

USPS in possession of item
SANTA FE, NM 87501

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203676024

Remove X

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

USPS Tracking Plus® Available ✓

Reminder to Schedule Redelivery of your item

Get Updates ✓

Feedback

Text & Email Updates



Tracking History



Reminder to Schedule Redelivery of your item

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

March 14, 2022, 1:02 pm

Notice Left (No Authorized Recipient Available)

HILTON HEAD ISLAND, SC 29928

March 13, 2022, 4:31 pm

Departed USPS Regional Facility

CHARLESTON SC PROCESSING CENTER

March 13, 2022, 1:35 am
Arrived at USPS Regional Facility
CHARLESTON SC PROCESSING CENTER

March 12, 2022
In Transit to Next Facility

March 10, 2022, 10:56 pm
Departed USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm
Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm
Departed Post Office
SANTA FE, NM 87501

March 10, 2022, 4:50 pm
USPS in possession of item
SANTA FE, NM 87501

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203670022

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

destination. It is currently in transit to the next facility.

USPS Tracking Plus® Available ✓

In Transit to Next Facility

April 13, 2022

Get Updates ✓

Text & Email Updates



Tracking History



April 13, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

Feedback

April 9, 2022, 7:16 am

Departed USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

April 8, 2022, 10:23 am

Arrived at USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

March 30, 2022, 5:07 pm

Unclaimed/Being Returned to Sender

ROUND ROCK, TX 78664

Reminder to Schedule Redelivery of your item

March 15, 2022, 10:27 am

Notice Left (No Authorized Recipient Available)

ROUND ROCK, TX 78664

March 15, 2022, 2:17 am
Departed USPS Regional Facility
AUSTIN TX DISTRIBUTION CENTER

March 13, 2022, 10:33 am
Arrived at USPS Regional Facility
AUSTIN TX DISTRIBUTION CENTER

March 10, 2022, 9:50 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm
Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm
Departed Post Office
SANTA FE, NM 87501

March 10, 2022, 4:50 pm
USPS in possession of item
SANTA FE, NM 87501

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203676109

Remove X

Your item was returned to the sender on March 21, 2022 at 9:59 am in NEW YORK, NY 10005

Your item was returned to the sender on March 21, 2022 at 9:59 am in NEW YORK, NY 10005 because of an incomplete address.

USPS Tracking Plus® Available ✓

Insufficient Address

March 21, 2022 at 9:59 am

NEW YORK, NY 10005

Get Updates ✓

See More ✓

Tracking Number: 70210950000203676123

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

Feedback

USPS Tracking Plus® Available ✓

In Transit to Next Facility

April 13, 2022

Get Updates ✓

Text & Email Updates



Tracking History



April 13, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

April 9, 2022, 3:00 am

Arrived at USPS Regional Facility
COLORADO SPRINGS CO DISTRIBUTION CENTER

April 6, 2022, 11:56 am

Unclaimed/Being Returned to Sender
WICHITA, KS 67208

Reminder to Schedule Redelivery of your item

March 14, 2022, 6:25 pm

Available for Pickup
WICHITA, KS 67208

March 14, 2022, 11:22 am

Notice Left (No Authorized Recipient Available)
WICHITA, KS 67218

March 12, 2022, 8:05 pm

Departed USPS Regional Facility
WICHITA KS DISTRIBUTION CENTER

March 12, 2022, 9:59 am

Arrived at USPS Regional Facility
WICHITA KS DISTRIBUTION CENTER

March 10, 2022, 9:50 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm

Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm

Departed Post Office
SANTA FE, NM 87501

Feedback

March 10, 2022, 4:50 pm
USPS in possession of item
SANTA FE, NM 87501

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203676178

Remove X

Feedback

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

USPS Tracking Plus® Available v

In Transit to Next Facility

March 16, 2022

Get Updates v

Text & Email Updates



Tracking History



March 16, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

March 12, 2022, 8:44 pm
Departed USPS Regional Facility
WICHITA KS DISTRIBUTION CENTER

March 12, 2022, 9:59 am
Arrived at USPS Regional Facility
WICHITA KS DISTRIBUTION CENTER

March 10, 2022, 9:50 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 9:04 pm
Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm
Departed Post Office
SANTA FE, NM 87501

March 10, 2022, 4:50 pm
USPS in possession of item
SANTA FE, NM 87501

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203676093

Remove X

Your item was delivered to an individual at the address at 12:39 pm on March 15, 2022 in

Your item was delivered to an individual at the address at 12:39 pm on March 15, 2022 in ALTADENA, CA 91001.

USPS Tracking Plus® Available ✓

✓ Delivered, Left with Individual

March 15, 2022 at 12:39 pm
ALTADENA, CA 91001

Get Updates ✓

Text & Email Updates



Tracking History



March 15, 2022, 12:39 pm

Delivered, Left with Individual
ALTADENA, CA 91001

Your item was delivered to an individual at the address at 12:39 pm on March 15, 2022 in ALTADENA, CA 91001.

Feedback

March 15, 2022, 7:16 am

Out for Delivery
ALTADENA, CA 91001

March 15, 2022, 7:05 am

Arrived at Post Office
ALTADENA, CA 91001

March 14, 2022

In Transit to Next Facility

March 12, 2022, 2:19 pm

Arrived at USPS Regional Facility
VAN NUYS CA DISTRIBUTION CENTER

March 12, 2022, 6:32 am

Arrived at USPS Regional Facility

SANTA CLARITA CA DISTRIBUTION CENTER

March 10, 2022, 9:50 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



See Less ^

Feedback

Tracking Number: 70210950000203675935

Remove X

Your item has been delivered and is available at a PO Box at 10:50 am on March 15, 2022 in HOUSTON, TX 77079.

USPS Tracking Plus® Available ✓

✓ **Delivered, PO Box**

March 15, 2022 at 10:50 am
HOUSTON, TX 77079

Get Updates ✓

Text & Email Updates





Tracking History

March 15, 2022, 10:50 am

Delivered, PO Box
HOUSTON, TX 77079

Your item has been delivered and is available at a PO Box at 10:50 am on March 15, 2022 in HOUSTON, TX 77079.

March 14, 2022, 2:01 am

Departed USPS Regional Facility
NORTH HOUSTON TX DISTRIBUTION CENTER

March 12, 2022, 4:21 pm

Arrived at USPS Regional Facility
NORTH HOUSTON TX DISTRIBUTION CENTER

March 11, 2022

In Transit to Next Facility

March 10, 2022, 9:50 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm

Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm

Departed Post Office
SANTA FE, NM 87501

March 10, 2022, 4:50 pm

USPS in possession of item
SANTA FE, NM 87501

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203676147

Remove X

Your item has been delivered to an agent for final delivery in PITTSBORO, NC 27312 on March 14, 2022 at 12:12 pm.

USPS Tracking Plus® Available v

Delivered to Agent for Final Delivery

March 14, 2022 at 12:12 pm
PITTSBORO, NC 27312

Feedback

Get Updates v

Text & Email Updates



Tracking History



March 14, 2022, 12:12 pm

Delivered to Agent for Final Delivery
PITTSBORO, NC 27312

Your item has been delivered to an agent for final delivery in PITTSBORO, NC 27312 on March 14, 2022 at 12:12 pm.

March 14, 2022, 9:48 am

Out for Delivery
PITTSBORO, NC 27312

March 14, 2022, 9:37 am

Arrived at Post Office
PITTSBORO, NC 27312

March 13, 2022, 1:15 am

Departed USPS Regional Facility
GREENSBORO NC DISTRIBUTION CENTER

March 12, 2022, 8:26 am

Arrived at USPS Regional Facility
GREENSBORO NC DISTRIBUTION CENTER

March 11, 2022

In Transit to Next Facility

March 10, 2022, 9:50 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm

Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm

Departed Post Office
SANTA FE, NM 87501

March 10, 2022, 4:50 pm

USPS in possession of item
SANTA FE, NM 87501

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203676154

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

USPS Tracking Plus® Available ✓

In Transit to Next Facility

March 16, 2022

Get Updates ✓

Text & Email Updates



Feedback

Tracking History



March 16, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

March 12, 2022, 8:44 pm

Departed USPS Regional Facility
WICHITA KS DISTRIBUTION CENTER

March 12, 2022, 9:59 am

Arrived at USPS Regional Facility
WICHITA KS DISTRIBUTION CENTER

March 10, 2022, 9:50 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 9:04 pm
Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm
Departed Post Office
SANTA FE, NM 87501

March 10, 2022, 4:50 pm
USPS in possession of item
SANTA FE, NM 87501

USPS Tracking Plus®



Product Information



See Less ^

Feedback

Tracking Number: 70210950000203675980

Remove X

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

USPS Tracking Plus® Available v

Reminder to Schedule Redelivery of your item before April 27, 2022

Schedule Redelivery v

Text & Email Updates



Schedule Redelivery

Tracking History

Reminder to Schedule Redelivery of your item before April 27, 2022

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

April 13, 2022, 7:39 am

Notice Left (No Authorized Recipient Available)
COLEMAN, TX 76834

April 13, 2022, 7:38 am

Arrived at Post Office
COLEMAN, TX 76834

April 13, 2022, 12:09 am

Departed USPS Regional Destination Facility
ABILENE TX DISTRIBUTION CENTER

April 11, 2022, 2:36 pm

Forwarded
COLEMAN, TX

March 14, 2022

In Transit to Next Facility

March 14, 2022, 12:37 pm

Forwarded
COLEMAN, TX

March 14, 2022, 7:53 am

Out for Delivery
COLEMAN, TX 76834

Feedback

March 14, 2022, 7:42 am

Arrived at Post Office

COLEMAN, TX 76834

March 13, 2022, 8:46 pm

Arrived at USPS Regional Facility

ABILENE TX DISTRIBUTION CENTER

March 12, 2022, 11:21 pm

Departed USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

March 12, 2022, 5:20 pm

Arrived at USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

March 10, 2022, 9:50 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm

Arrived at USPS Origin Facility

ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm

Departed Post Office

SANTA FE, NM 87501

March 10, 2022, 4:50 pm

USPS in possession of item

SANTA FE, NM 87501

USPS Tracking Plus®



Product Information



Feedback

See Less ^

Tracking Number: 70210950000203676031

Remove X

Your item has been delivered to an agent for final delivery in WINSTON SALEM, NC 27106 on March 15, 2022 at 1:56 pm.

USPS Tracking Plus® Available v

Delivered to Agent for Final Delivery

March 15, 2022 at 1:56 pm
WINSTON SALEM, NC 27106

Get Updates v

Feedback

Text & Email Updates v

Tracking History ^

March 15, 2022, 1:56 pm

Delivered to Agent for Final Delivery
WINSTON SALEM, NC 27106

Your item has been delivered to an agent for final delivery in WINSTON SALEM, NC 27106 on March 15, 2022 at 1:56 pm.

March 14, 2022, 8:41 pm

Departed USPS Regional Facility
GREENSBORO NC DISTRIBUTION CENTER

March 12, 2022, 8:26 am

Arrived at USPS Regional Facility
GREENSBORO NC DISTRIBUTION CENTER

March 11, 2022

In Transit to Next Facility

March 10, 2022, 9:50 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm

Arrived at USPS Origin Facility
ALBUQUERQUE, NM 87101

March 10, 2022, 5:10 pm

Departed Post Office
SANTA FE, NM 87501

March 10, 2022, 4:50 pm

USPS in possession of item
SANTA FE, NM 87501

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs



HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554 (FAX) 505-982-8623

WRITER:
Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

April 1, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO OVERRIDING ROYALTY INTEREST OWNERS SUBJECT TO NOTICE

Re: Case Nos. 22693, 22695, 22694, 22692, 22691, 22690, 22689, 22671, 22670, 22669 - Applications of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 21, 2022** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/oed/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/oed/oedpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,
/s/ Dana S. Hardy

Dana S. Hardy

Colgate Operating, LLC
Case No. 22692
Exhibit C-3

Enclosure

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

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

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

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

APPLICATION OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-ORRIs

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Harvey S. Apple and wife, Carolyn Apple 801 Mann Avenue Artesia, NM 88210	04/01/22	04/08/11
Baber Well Servicing Co. PO Box 1772 Hobbs, NM 88241	04/01/22	04/11/22
Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701	04/01/22	04/11/22
BCRK 2004 Wyckham Place Norman, OK 73072	04/01/22	04/11/22
CMP Viva LP 600 Travis St, Suite 7200 Houston, TX 77002	04/01/22	04/11/22
Estate of J.M. Dunbar & Amanda P. Dunbar Attn: Neil Dunbar 724 Ridgeside Dr Golden, CO 80401	04/01/22	04/11/22
Virginia K. Edelson 25 Seminole Circle West Hartford, CT 06117	04/01/22	No return received, USPS status: Addressee Unknown – Returned to Sender on 4/7/22
Sylvia K. Gibbs 1801 LaVaca Austin, TX 78701	04/01/22	

Colgate Operating, LLC
Case No. 22692
Exhibit C-4

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

APPLICATION OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-ORRIs

D. Lloyd Henderson 332 San Saba St. Meadowlake, TX 78654	04/01/22	04/11/22
Sharron Wolfenbarger Jones 8207 NE Ward Rd Vancouver, WA 98682	04/01/22	
John D. Keslar Box 13 Oxford, NE 68967	04/01/22	No return received, USPS status: Delivered, Individual Picked Up at Post Office 4/18/22
Karl F. Koch 14140 Bruan Rd Golden, CO 80401	04/01/22	
Heirs of George A. Lauck and wife, Molly Lauck 151 Vernal Dr. Alamo, CA 94507	04/01/22	04/04/22
Estate of Gisella Olivero P.O. Box 3372 Pinnacle, CA 93650	04/01/22	
Estate of Gisella Olivero 6050 N. Marks, #137 Fresno, CA 93711	04/01/22	4/18/22
Frank J. Pisor, Jr. 11126 S Orange Ave Fresno, CA 93725	04/01/22	
SMAC Oil Limited Partnership PO Box 4190 Scottsdale, AZ 85253	04/01/22	4/18/22

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

APPLICATION OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-ORRIs

Bill Smithton 3415 Lakside Lane Woodward, OK 73801	04/01/22	No return received, USPS status: Out for Delivery 4/13/22
George W. Strake, Jr. 712 Main St, Suite 3300 Houston, TX 77002	04/01/22	04/11/22
Catherine F. Sweeney P.O. Box 8248 Santa Fe, NM 87504	04/01/22	
Estate of Ralph E. Williamson c/o Elizabeth Anne Williamson P.O. Box 50498 Austin, TX 78763	04/01/22	04/11/22

7021 0950 0002 0367 2354

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

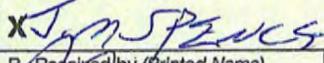
Sent To
 Harvey S. Apple and wife, Carolyn Apple

Street and Apt. 801 Mann Avenue

City, State, Z Artesia, NM 88210

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

Postmark Here
APR 01 2022
 SANTA, FE, NM 87501
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Harvey S. Apple and wife, Carolyn Apple 801 Mann Avenue Artesia, NM 88210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2354</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0364 5983

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

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and A Estate of Maylon S. Baker
 2405 W. Indiana Ave
 Midland, TX 79701

City, State, ZIP+4® _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 5983</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0367 2385

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To BCRK
 Street and Apt. 2004 Wyckham Place
 Norman, OK 73072
 City, State, ZIP: _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>4-4-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>BCRK 2004 Wyckham Place Norman, OK 73072</p> <p>9590 9402 5760 0003 2744 37</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2385</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0367 2330

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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 D. Lloyd Henderson
 332 San Saba St.
 Meadowlake, TX 78654

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

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

SANTA FE, NM 87501
 Postmark Here
APR 01 2022
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>L Henderson</i></p> <p>C. Date of Delivery <i>4-4-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>D. Lloyd Henderson 332 San Saba St. Meadowlake, TX 78654</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2330</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0364 6034

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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 Ralph E. Williamson
 c/o Elizabeth Anne Williamson
 P.O. Box 50498
 Austin, TX 78763

Postmark Here
SANTA FE, NM 87501
APR 01 2022

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>William</i></p> <p>C. Date of Delivery <i>5/5/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Estate of Ralph E. Williamson c/o Elizabeth Anne Williamson P.O. Box 50498 Austin, TX 78763</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 6034</p>	
<p>9590 9402 5760 0003 2662 03</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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APR 01 2022

USPS

Postmark Here

7021 0950 0002 0364 5945

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
CMP Viva LP	
600 Travis St, Suite 7200	
Houston, TX 77002	
City, State, Zip	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">CMP Viva LP 600 Travis St, Suite 7200 Houston, TX 77002</p> <div style="text-align: center;">  9590 9402 5760 0003 2744 44 </div> <p>2. Article Number</p> <p style="margin-left: 20px;">70</p>	<p>A. Signature</p> <p style="margin-left: 20px;"><i>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p style="margin-left: 20px;">C. Date of Delivery</p> <p style="margin-left: 20px;">4522</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <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"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Hardcopy</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3800, July 2013 PSN 7530-02-000-9053 Domestic Return Receipt

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SANTA FE, NM 87507
APR 07 2022
USPS

7021 0950 0002 0367 2347

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 J.M. Dunbar & Amanda P. Dunbar

Street and Apt. Attn: Neil Dunbar

City, State, ZIP+4 724 Ridgeside Dr Golden, CO 80401

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Neil Dunbar</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>NEIL DUNBAR</i> <i>4/8/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Estate of J.M. Dunbar & Amanda P. Dunbar Attn: Neil Dunbar 724 Ridgeside Dr Golden, CO 80401</p>	<div style="text-align: center;">  </div>
<div style="text-align: center;">  <p>9590 9402 6746 1074 2395 99</p> </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0367 2347</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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SANTA FE, NM 87501

APR 01 2022

USPS

7021 0950 0002 0367 2293

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Heirs of George A. Lauck and wife,	
Street and	Molly Lauck
	151 Vernal Dr.
City, State	Alamo, CA 94507

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Heirs of George A. Lauck and wife, Molly Lauck 151 Vernal Dr. Alamo, CA 94507</p> <div style="text-align: center;">  9590 9402 6746 1074 2395 44 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 2293</p>	<p>A. Signature</p> <p>X <i>COULD-19</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>STEPHEN LAUCK</i> <i>4/5/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.9em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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7021 0950 0002 0364 6034

Certified Mail Fee \$ _____	SANTA, FE, NM 87501 Postmark Here APR 01 2022 USPS
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Estate of Ralph E. Williamson Street and: c/o Elizabeth Anne Williamson P.O. Box 50498 City, State: Austin, TX 78763	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee																
1. Article Addressed to: Estate of Ralph E. Williamson c/o Elizabeth Anne Williamson P.O. Box 50498 Austin, TX 78763	B. Received by (Printed Name) C. Date of Delivery Williamson 5/5/22																
2. Article Number (Transfer from service label) 7021 0950 0002 0364 6034	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																
9590 9402 5760 0003 2662 03 	3. Service Type <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

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7021 0950 0002 0367 2361

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. George W. Strake, Jr. 712 Main St, Suite 3300 Houston, TX 77002 City, State, Zip	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">George W. Strake, Jr. 712 Main St, Suite 3300 Houston, TX 77002</p> <div style="text-align: center;"> <p>9590 9402 5760 0003 2744 13</p> </div> <p>2. A 7</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <u>George W. Strake, Jr.</u> C. Date of Delivery <u>4-15-22</u></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>										
<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Hardcopy Signature Confirmation™</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Return Receipt for Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Hardcopy Signature Confirmation™		<input type="checkbox"/> Return Receipt for Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®										
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™										
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery										
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Hardcopy Signature Confirmation™										
	<input type="checkbox"/> Return Receipt for Restricted Delivery										
PS Form 3800, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt											

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OFFICIAL USE

7021 0950 0002 0367 2354

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and A: Harvey S. Apple and wife, Carolyn Apple 801 Mann Avenue Artesia, NM 88210 City, State, Z:	

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Harvey S. Apple and wife, Carolyn Apple 801 Mann Avenue Artesia, NM 88210</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 2354</p>																	
<p>9590 9402 5760 0003 2744 06</p>																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

7021 0950 0002 0364 5983

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	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Estate of Maylon S. Baker
Street and A	2405 W. Indiana Ave
City, State, ZIP	Midland, TX 79701
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 5983</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>9590 9402 5760 0003 2744 82</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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7021 0950 0002 0367 2385

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fees appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt.	BCRK 2004 Wyckham Place Norman, OK 73072
City, State, ZIP	

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p>BCRK 2004 Wyckham Place Norman, OK 73072</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p> 4-4-22</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2385</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 style="text-align: center;"> 9590 9402 5760 0003 2744 37 </p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

0002 0367 2330
0590 0002 2000 0590 1207

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 \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. N City, State, ZIP+4	D. Lloyd Henderson 332 San Saba St. Meadowlake, TX 78654
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: D. Lloyd Henderson 332 San Saba St. Meadowlake, TX 78654	B. Received by (Printed Name)
2. Article Number (Transfer from service label) 7021 0950 0002 0367 2330	C. Date of Delivery 4-4-22
 9590 9402 6746 1074 2395 82	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	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"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7021 0950 0002 0367 2309

Certified Mail Fee \$ _____	SAVTA, FE, NM 87501 Postmark Here APR 01 2022 USPS
Extra Services & Fees <i>(check box, add fee as appropriate)</i>	
<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 Estate of Gisella Olivero Street and A P.O. Box 3372 Pinnacle, CA 93650 City, State, _____	

PS Form 3800, April 2015 PSN 7580-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee																
1. Article Addressed to: Estate of Gisella Olivero P.O. Box 3372 Pinnacle, CA 93650	B. Received by (Printed Name) <input type="checkbox"/> Agent Gisella Olivero C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																
2. Article Number (Transfer from service label) 7021 0950 0002 0367 2309	3. Service Type <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

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7021 0950 0002 0367 2378

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 SMAC Oil Limited Partnership
 Street and A1 PO Box 4190
 City, State, Z Scottsdale, AZ 85253

Postmark Here
 APR 01 2022

SANTA FE, NM 87501

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Dorene DANIELS</i></p> <p>C. Date of Delivery <i>4-13-22</i></p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>SMAC Oil Limited Partnership PO Box 4190 Scottsdale, AZ 85253</p> <p>9590 9402 5760 0003 2744 20</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2378</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0364 6010

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt Bill Smithton
3415 Lakeside Lane
Woodward, OK 73801
City, State, Zip

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



7021 0950 0002 0364 5952

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt Catherine F. Sweeney
P.O. Box 8248
Santa Fe, NM 87504
City, State, Zip

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



7021 0950 0002 0367 2316

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt Estate of Gisella Olivero
6050 N. Marks, #137
Fresno, CA 93711
City, State, Zip

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



7021 0950 0002 0367 2323

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt Frank J. Pisor, Jr.
11126 S Orange Ave
Fresno, CA 93725
City, State, Zip

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



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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt John D. Keslar
Box 13
Oxford, NE 68967
City, State, Zip

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



7021 0950 0002 0364 6041

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Certified Mail Fee
\$

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

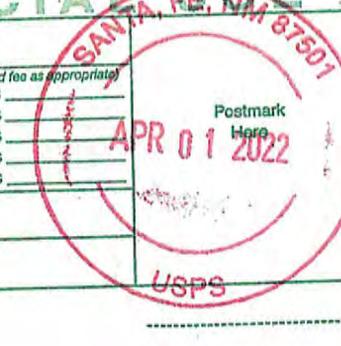
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt Karl F. Koch
14140 Bruan Rd
Golden, CO 80401
City, State, Zip

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



7021 0950 0002 0364 5976

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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 \$

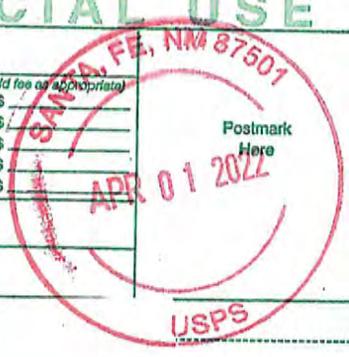
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Sylvia K. Gibbs
 Street and Apt. 1801 LaVaca
 Austin, TX 78701
 City, State, ZIP

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



7021 0950 0002 0364 5990

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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 \$

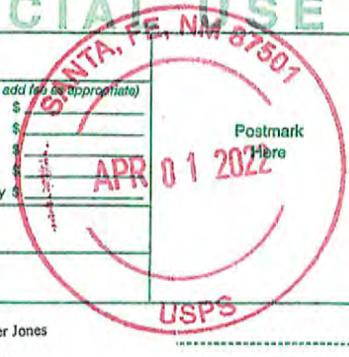
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Sharron Wolfenbarger Jones
 Street and 8207 NE Ward Rd
 Vancouver, WA 98682
 City, State, ZIP

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



7021 0950 0002 0364 5969

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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 \$

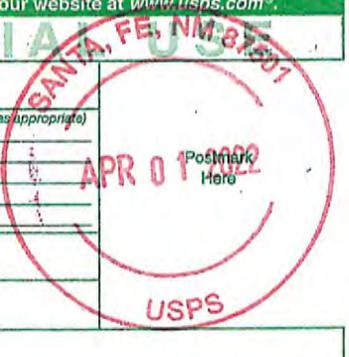
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Virginia K. Edelson
 Street and Apt. 25 Seminole Circle
 West Hartford, CT 06117
 City, State, ZIP

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



USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 70210950000203646010

Remove X

Your item is out for delivery on April 15, 2022 at 6:12 am in GARLAND, TX 75041.

USPS Tracking Plus® Available v

Out for Delivery

April 15, 2022 at 6:12 am
GARLAND, TX 75041

Feedback

Get Updates v

Text & Email Updates



Tracking History



April 15, 2022, 6:12 am

Out for Delivery

GARLAND, TX 75041

Your item is out for delivery on April 15, 2022 at 6:12 am in GARLAND, TX 75041.

April 15, 2022, 6:11 am

Departed USPS Facility

GARLAND, TX 75041

April 15, 2022, 6:11 am

Arrived at USPS Facility

GARLAND, TX 75041

April 15, 2022, 6:01 am

Arrived at Post Office
GARLAND, TX 75041

April 15, 2022, 2:39 am

Departed USPS Regional Facility
COPELL TX DISTRIBUTION CENTER

April 13, 2022, 12:41 pm

Arrived at USPS Regional Facility
COPELL TX DISTRIBUTION CENTER

April 11, 2022

In Transit to Next Facility

April 7, 2022, 8:22 am

Departed USPS Regional Facility
OKLAHOMA CITY OK DISTRIBUTION CENTER

April 4, 2022, 8:44 am

Addressee Unknown
WOODWARD, OK 73801

April 3, 2022, 1:28 pm

Arrived at USPS Regional Facility
OKLAHOMA CITY OK DISTRIBUTION CENTER

April 1, 2022, 9:39 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

April 1, 2022, 8:49 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203645952

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

USPS Tracking Plus® Available v

In Transit to Next Facility

April 18, 2022

Get Updates v

Feedback

Text & Email Updates



Tracking History



April 18, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

April 16, 2022, 8:57 pm

Arrived at USPS Regional Facility

PHOENIX AZ DISTRIBUTION CENTER ANNEX

April 5, 2022, 11:02 am

Vacant

SANTA FE, NM 87501

April 5, 2022, 7:29 am

Available for Pickup

SANTA FE, NM 87504

April 5, 2022, 6:44 am

Arrived at Post Office

SANTA FE, NM 87501

April 3, 2022, 2:03 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

April 1, 2022, 8:49 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203672316

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

USPS Tracking Plus® Available v

In Transit to Next Facility

April 7, 2022

Get Updates 

Text & Email Updates 

Tracking History 

April 7, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

April 3, 2022, 5:22 pm

Departed USPS Regional Facility
FRESNO CA DISTRIBUTION CENTER

April 3, 2022, 9:03 am

Arrived at USPS Regional Facility
FRESNO CA DISTRIBUTION CENTER

April 1, 2022, 9:39 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

April 1, 2022, 8:49 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus® 

Product Information 

See Less ^

Tracking Number: 70210950000203672323

Remove X

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

USPS Tracking Plus® Available v

Reminder to Schedule Redelivery of your item

Get Updates v

Text & Email Updates



Feedback

Tracking History



Reminder to Schedule Redelivery of your item

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

April 4, 2022, 7:34 pm

Notice Left (No Authorized Recipient Available)

FRESNO, CA 93725

April 4, 2022

In Transit to Next Facility

April 3, 2022, 7:18 pm

Departed USPS Regional Facility

FRESNO CA DISTRIBUTION CENTER

April 3, 2022, 9:03 am
Arrived at USPS Regional Facility
FRESNO CA DISTRIBUTION CENTER

April 1, 2022, 9:39 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

April 1, 2022, 8:49 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



See Less ^

Feedback

Tracking Number: 70210950000203646003

Remove X

Your item was picked up at the post office at 2:09 pm on April 18, 2022 in OXFORD, NE 68967.

USPS Tracking Plus® Available v

 **Delivered, Individual Picked Up at Post Office**

April 18, 2022 at 2:09 pm
OXFORD, NE 68967

Get Updates v

Text & Email Updates



Tracking History



April 18, 2022, 2:09 pm

Delivered, Individual Picked Up at Post Office
OXFORD, NE 68967

Your item was picked up at the post office at 2:09 pm on April 18, 2022 in OXFORD, NE 68967.

Reminder to Schedule Redelivery of your item

April 4, 2022, 9:50 am

Available for Pickup
OXFORD, NE 68967

April 4, 2022, 8:13 am

Arrived at Post Office
OXFORD, NE 68967

April 3, 2022, 8:52 pm

Arrived at USPS Regional Facility
LINCOLN NE DISTRIBUTION CENTER

April 3, 2022, 1:02 pm

Departed USPS Regional Facility
OMAHA NE DISTRIBUTION CENTER

April 3, 2022, 10:24 am

Arrived at USPS Regional Facility
OMAHA NE DISTRIBUTION CENTER

April 2, 2022

In Transit to Next Facility

April 1, 2022, 9:39 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

Feedback

April 1, 2022, 8:49 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus® 

Product Information 

See Less 

Tracking Number: 70210950000203646041

Remove 

Feedback

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

USPS Tracking Plus® Available 

Reminder to Schedule Redelivery of your item

Get Updates 

Text & Email Updates 

Tracking History 

Reminder to Schedule Redelivery of your item
This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

April 5, 2022, 1:33 pm
Notice Left (No Authorized Recipient Available)

GOLDEN, CO 80401

April 4, 2022, 5:35 pm

Departed USPS Regional Facility
DENVER CO DISTRIBUTION CENTER

April 4, 2022, 1:45 am

Arrived at USPS Regional Facility
DENVER CO DISTRIBUTION CENTER

April 3, 2022

In Transit to Next Facility

April 1, 2022, 9:39 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

April 1, 2022, 8:49 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203645976

Remove X

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

USPS Tracking Plus® Available 

Reminder to Schedule Redelivery of your item before April 27, 2022

Schedule Redelivery 

Text & Email Updates 

Schedule Redelivery 

Tracking History 

Reminder to Schedule Redelivery of your item before April 27, 2022

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

Feedback

April 13, 2022, 7:36 am

Available for Pickup
SANTA FE, NM 87504

April 13, 2022, 7:28 am

Out for Delivery
SANTA FE, NM 87501

April 13, 2022, 7:17 am

Arrived at Post Office
SANTA FE, NM 87501

April 11, 2022

In Transit to Next Facility

April 7, 2022, 7:14 am

Departed USPS Regional Facility
OKLAHOMA CITY OK DISTRIBUTION CENTER

April 6, 2022, 2:57 pm
Arrived at USPS Regional Facility
OKLAHOMA CITY OK DISTRIBUTION CENTER

April 4, 2022, 9:06 am
Addressee Unknown
AUSTIN, TX 78701

April 4, 2022, 9:06 am
Forwarded
AUSTIN, TX

April 3, 2022, 8:59 pm
Departed USPS Regional Facility
AUSTIN TX DISTRIBUTION CENTER

April 3, 2022, 12:38 pm
Arrived at USPS Regional Facility
AUSTIN TX DISTRIBUTION CENTER

April 1, 2022, 9:39 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

April 1, 2022, 8:49 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203645990

Remove X

This is a reminder to arrange for redelivery of your item before April 26, 2022 or your item will be returned on April 27, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

USPS Tracking Plus® Available ✓

Reminder to Schedule Redelivery of your item before April 26, 2022

Schedule Redelivery ✓

Text & Email Updates	✓
Schedule Redelivery	✓
Tracking History	^

Feedback

Reminder to Schedule Redelivery of your item before April 26, 2022

This is a reminder to arrange for redelivery of your item before April 26, 2022 or your item will be returned on April 27, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

April 12, 2022, 7:18 am

Available for Pickup
SANTA FE, NM 87504

April 12, 2022, 6:59 am

Arrived at Post Office
SANTA FE, NM 87501

April 11, 2022

In Transit to Next Facility

April 7, 2022, 7:15 am
Departed USPS Regional Facility
SEATTLE WA DISTRIBUTION CENTER

April 6, 2022, 3:07 pm
Arrived at USPS Regional Facility
SEATTLE WA DISTRIBUTION CENTER

April 4, 2022, 10:23 pm
Departed USPS Facility
PORTLAND, OR 97215

April 4, 2022, 1:14 am
Arrived at USPS Facility
PORTLAND, OR 97215

April 1, 2022, 9:39 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

April 1, 2022, 8:49 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203645969

Remove X

Your item was returned to the sender on April 7, 2022 at 5:15 pm in WEST HARTFORD, CT 06117

Your item was returned to the sender on April 7, 2022 at 5:45 pm in WEST HARTFORD, CT 06117 because the addressee was not known at the delivery address noted on the package.

USPS Tracking Plus® Available ✓

Addressee Unknown

April 7, 2022 at 5:45 pm
WEST HARTFORD, CT 06117

Get Updates ✓

Text & Email Updates ✓

Tracking History ^

April 7, 2022, 5:45 pm

Addressee Unknown
WEST HARTFORD, CT 06117

Your item was returned to the sender on April 7, 2022 at 5:45 pm in WEST HARTFORD, CT 06117 because the addressee was not known at the delivery address noted on the package.

Feedback

April 7, 2022, 1:42 pm

Addressee Unknown
WEST HARTFORD, CT 06117

April 6, 2022

In Transit to Next Facility

April 5, 2022, 8:07 pm

Departed USPS Regional Facility
SPRINGFIELD MA NETWORK DISTRIBUTION CENTER

April 3, 2022, 10:27 am

Arrived at USPS Regional Facility
SPRINGFIELD MA NETWORK DISTRIBUTION CENTER

April 1, 2022, 9:39 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

April 1, 2022, 8:49 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback

Carlsbad Current Argus.

Affidavit of Publication

Ad # 0005203172

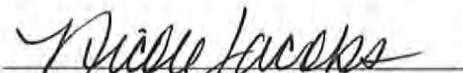
This is not an invoice

HINKLE SHANOR LLP
218 MONTEZUMA

SANTA FE, NM 87501

I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof in editions dated as follows:

04/06/2022


Legal Clerk

Subscribed and sworn before me this April 6, 2022:


State of WI, County of Brown
NOTARY PUBLIC

1-7-25
My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005203172
PO #: Case No. 22692
of Affidavits 1

This is not an invoice

This is to notify all interested parties, including Dome Petroleum Corp.; Dorchester Exploration, Inc.; Kedco Management Corporation; Ensource, Inc.; Myrlene Mannschreck Dillon; Estate of E. Dwayne Hamilton; John S. Ross, Jr.; J.W. Davis; Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992; Paul Umbarger; Zofia Umbarger; Galkay; Bill Ferguson; John G. Rocovich, Jr.; Robert H. Kriebler; Estate of John R. Kline; Olin Garrett; Gerald L. Michard; William L. Hilliard; Sombrero Associates; Reeves County Systems, Inc.; Ted J. Werts; Mary L. Kline; Lillie Costanzo Trust f/b/o Brian Balliet; Douglas C. Cranmer; Russell B. Cranmer; Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust; Robert G. Ettelson; J. Manly Bryan; Joanne L. Bryan; JM Bryan Oil, LLC; Charles Eugene Cooper Trust; Dorsar Investment Company; Richard S. Coulter and Camilla Coulter, Trustees of the Coulter Family Trust; Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust; Virginia B. Dean; Clinton H. Dean, Jr.; Michael C. Dean; Robert R. Dean; Harry M. Frank, Jr.; Harvard Exploration Company; Chevron Oil & Gas Company, Inc.; Pregler Oil Company, LLC; Baird Mineral Interests, LP; John B. Meaders; Mallory L. Miller, Jr.; Paul Burke Miller; Patricia Louis Miller; Michael Harrison Moore, Trustee of the Michael Harrison Moore 2006 Trust; Richard Lyons Moore 2006 Trust; Krista Alicen Stephenson Trust; Abbejane Masterson Bates; Lawrence O. Price; Wes-Tex Drilling Company; James Kenneth Garrett; Joyce Eline Garrett; Heirs of George A. Lauck and Molly Lauck; Duane D. Anderson; Heirs of Gisella Olivero; Frank J. Pisor, Jr.; D. Lloyd Henderson; Thomas B. Lemann; Barbara Lemann; Heirs of J.M. Dunbar and Amanda P. Dunbar; Harvey S. Apple; Carolyn Apple; George W. Strake, Jr.; SMAC Oil Limited Partnership; BCRK; CMP Viva LP; Catherine F. Sweeney; Virginia K. Edelson; Sylvia K. Gibbs; Elsie F. Henderson; Heirs of Maylon S. Baker; Sharron Wolfenbarger Jones; John D. Keslar; Bill Smithton; Barber Well Servicing Co.; Heirs of Ralph E. Williamson; Karl F. Koch; Heirs of R.N. Hillin; David R. Conley; Mewbourne Oil Company; Heirs of J.C. Williamson; Heirs of D.W. Underwood; Oxy USA Inc.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22692). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on April 21, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2S/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the following wells ("Wells"): Uluru 35 Fed State Com 124H to be horizontally drilled from a surface hole location in the SW/4SW/4 (Unit M) of Section 35 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 36, and Uluru 35 Fed State Com 134H to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 34 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 36. 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 approximately 12 miles northeast of Carlsbad, New Mexico.
#5203172. Current Argus, April 6, 2022

Colgate Operating, LLC
Case No. 22692
Exhibit C-5

Carlsbad Current Argus.

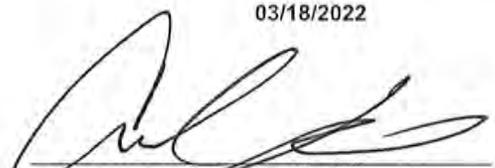
Affidavit of Publication Ad # 0005175260 This is not an invoice

HINKLE SHANOR LLP
218 MONTEZUMA

SANTA FE, NM 87501

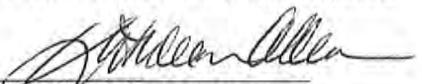
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof in editions dated as follows:

03/18/2022



Legal Clerk

Subscribed and sworn before me this March 18, 2022:



State of WI, County of Brown
NOTARY PUBLIC
1-7-25

My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005175260
PO #: 22692-124h-134h
of Affidavits 1

This is not an invoice

This is to notify all interested parties, including Dome Petroleum Corp.; Dorchester Exploration, Inc.; Kedco Management Corporation; Ensource, Inc.; Myrlene Mannschreck Dillon; Estate of E. Dwayne Hamilton; John S. Ross, Jr.; J.W. Davis; Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992; Paul Umbarger; Zofia Umbarger; Galkay; Bill Ferguson; John G. Rotovich, Jr.; Robert H. Kriebel; Estate of John R. Kline; Olin Garrett; Gerald L. Michard; William L. Hillard; Sombro Associates; Reeves County Systems, Inc.; Ted J. Werts; Mary L. Kline; Lillie Costanzo Trust f/b/o Brian Balliet; Douglas C. Cranmer; Russell B. Cranmer; Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust; Robert G. Ettelson; J. Manly Bryan; Joanne L. Bryan; JM Bryan Oil, LLC; Charles Eugene Cooper Trust; Dorsar Investment Company; Richard S. Coulter and Camilla Coulter, Trustees of the Coulter Family Trust; Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust; Virginia B. Dean; Clinton H. Dean, Jr.; Michael C. Dean; Robert R. Dean; Harry M. Frank, Jr.; Harvard Exploration Company; Chevron Oil & Gas Company, Inc.; Pregler Oil Company, LLC; Beaird Mineral Interests, LP; John B. Meaders; Mallory L. Miller, Jr.; Paul Burke Miller; Patricia Louis Miller; Michael Harrison Moore, Trustee of the Michael Harrison Moore 2006 Trust; Richard Lyons Moore 2006 Trust; Krista Alicen Stephenson Trust; Abbejane Masterson Bates; Lawrence O. Price; Wes-Tex Drilling Company; James Kenneth Garrett; Joyce Eline Garrett; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22692). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on April 7, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emnr.d.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2S/2 of Sections 25 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the following wells ("Wells"):

Uluru 35 Fed State Com

1200 to be horizontally drilled from a surface hole location in the SW/4SW/4 (Unit M) of Section 35 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 36, and Uluru 35 Fed State Com 134H to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 34 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 36. 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 approximately 12 miles northeast of Carlsbad, New Mexico.
#5175260, Current Argus,
March 18, 2022