

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

CASE NO. 22926

EXHIBIT INDEX

Compulsory Pooling Checklist

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A-2	C102s for Wells
A-3	Plat of Tracts, Ownership Interests, Uncommitted Interests to be Pooled
A-4	Sample Well Proposal Letter and AFEs
A-5	Chronology of Contact
Exhibit B	Self-Affirmed Statement of William Schellenbach
B-1	Location Map Yeah Yeah Fed Com 501H-505H, 601H-602H
B-2	Location Map Yeah Yeah Fed Com 603H-607H
B-3	Second Bone Spring Sand Structure Map
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Exhibit C	Self-Affirmed Statement of Dana S. Hardy

- C-1 Sample Notice Letters to All Interested Parties and Overriding Royalty Interests
- C-2 Chart of Notice to All Interested Parties and Overriding Royalty Interests
- C-4 Certified Mail Returns
- C-4 Affidavit of Publication for July 15, 2022

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22926
Hearing Date:	8/4/2022
Applicant	COG Operating LLC
Designated Operator & OGRID	229137
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of COG Operating LLC for Compulsory Pooling, Lea County, New Mexico
Entries of Appearance/Intervenors	N/A
Well Family	Yeah Yeah
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	Ojo Chiso; Bone Spring (96553)
Well Location Setback Rules	Standard
Spacing Unit Size	640 acre
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	640 acre
Building Blocks	quarter-quarter
Orientation	North to South
Description: TRS/County	E/2 of Sections 10 and 15, Township 22 South, Range 34 East, Lea 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	Yes, W/2 E/2 and E/2 E/2 of Sections 10 and 15
Proximity Defining Well: if yes, description	Yes, the Yeah Yeah Federal Com #502H well will be located within 330' of the quarter-quarter section line separating the W/2 E/2 and E/2 E/2 of Sections 10 and 15 to allow for the creation of a 640-acre standard horizontal spacing unit
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	Yeah Yeah Federal Com #501H (30-025-49950) SHL: 370' FNL & 1475' FEL (Unit B) of Section 10, T22S, R34E BHL: 50' FSL & 330' FEL (Unit P) of Section 15, T22S, R34E Completion Target: Bone Spring (Approximately 10,315' TVD) Well Orientation: North to South
Well #2	Yeah Yeah Federal Com #502H (30-025-49951) SHL: 370' FNL & 1505' FEL (Unit B) of Section 10, T22S, R34E BHL: 50' FSL & 1045' FEL (Unit P) of Section 15, T22S, R34E Completion Target: Bone Spring (Approximately 10,315' TVD) Well Orientation: North to South

Well #3	Yeah Yeah Federal Com #503H (30-025-49952) SHL: 370' FNL & 1535' FEL (Unit B) of Section 10, T22S, R34E BHL: 50' FSL & 1760' FEL (Unit O) of Section 15, T22S, R34E Completion Target: Bone Spring (Approximately 10,100' TVD) Well Orientation: North to South
Well #4	Yeah Yeah Federal Com #601H (30-025-49955) SHL: 370' FNL & 1885' FEL (Unit B) of Section 10, T22S, R34E BHL: 50' FSL & 2310' FEL (Unit O) of Section 15, T22S, R34E Completion Target: Bone Spring (Approximately 10,315' TVD) Well Orientation: North to South
Well #5	Yeah Yeah Federal Com #605H (API pending) SHL: 370' FNL & 2065' FEL (Unit B) of Section 10, T22S, R34E BHL: 50' FSL & 990' FEL (Unit P) of Section 15, T22S, R34E Completion Target: Bone Spring (Approximately 11,150' TVD) Well Orientation: North to South
Well #6	Yeah Yeah Federal Com #606H (API pending) SHL: 370' FNL & 2095' FEL (Unit B) of Section 10, T22S, R34E BHL: 50' FSL & 1980' FEL (Unit O) of Section 15, T22S, R34E Completion Target: Bone Spring (Approximately 11,220' TVD) Well Orientation: North to South
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	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)	Exhibits C-2, C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
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	None
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, Exhibit B-2
Gunbarrel/Lateral Trajectory Schematic	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
SU Cross Section	Exhibit B-5, Exhibit B-8
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, Exhibit B-2
Well Bore Location Map	Exhibit B-1, Exhibit B-2
Structure Contour Map - Subsea Depth	Exhibit B-3, Exhibit B-6
Cross Section Location Map (including wells)	Exhibit B-4, Exhibit B-7
Cross Section (including Landing Zone)	Exhibit B-5, Exhibit B-8
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:	8/2/2022

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

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. 22926

**SELF-AFFIRMED STATEMENT
OF MACKAYLA STONE**

1. I am a Senior Land Negotiator for COG Operating LLC (“COG”). I am over 18 years of age, have personal knowledge of the matters addressed herein, and am competent to provide this Self-Affirmed Statement.

2. I have not previously testified before the New Mexico Oil Conservation Division (“Division”). I hold a Bachelor’s Degree in Energy Commerce from Texas Tech University and have worked as a land negotiator for approximately five years.

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

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

5. COG seeks an order pooling all uncommitted interests in the Bone Spring formation (Ojo Chiso; Bone Spring Pool, Code 96553) underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the E/2 of Sections 10 and 15, Township 22 South, Range 34 East, Lea County, New Mexico (“Unit”).

6. The Unit will be dedicated to the following wells (“Wells”):

COG Operating, LLC
Case No. 22926
Exhibit A

- a. The **Yeah Yeah Federal Com #501H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15;
- b. The **Yeah Yeah Federal Com #502H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15;
- c. The **Yeah Yeah Federal Com #503H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 15;
- d. The **Yeah Yeah Federal Com #601H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 15;
- e. The **Yeah Yeah Federal Com #605H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15; and
- f. The **Yeah Yeah Federal Com #606H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 15.

7. The completed intervals of the Wells will be orthodox. The completed interval of the Yeah Yeah Federal Com #502H well will be located within 330' of the quarter-quarter section line separating the W/2 E/2 and E/2 E/2 of Sections 10 and 15 to allow for the creation of a 640-acre standard horizontal spacing unit.

8. **Exhibit A-2** contains the C-102s for the Wells.

9. **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 COG seeks to pool. Exhibit A-3 also identifies any unlocatable parties.

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

11. COG has conducted a diligent search of all county public records, including phone directories and computer databases.

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

13. COG requests overhead and administrative rates of \$8,000 per month while the Well is being drilled and \$800 per month while the Well is producing. These rates are fair and are comparable to the rates charged by COG and other operators in the vicinity.

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

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

16. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony contained herein 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.


Mackayla Stone


Date

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NO. 22926

APPLICATION

In accordance with NMSA 1978, § 70-2-17, COG Operating LLC (“COG” or “Applicant”), through its undersigned attorneys, files this application with the Oil Conservation Division (“Division”) for an order pooling all uncommitted interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the E/2 of Sections 10 and 15, Township 22 South, Range 34 East, Lea County, New Mexico (“Unit”). In support of this application, COG states the following.

1. Applicant (OGRID No. 229137) is a working interest owner in the Unit and has the right to drill thereon.
2. Applicant seeks to dedicate the Unit to the following proposed wells:
 - a. The **Yeah Yeah Federal Com #501H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15;
 - b. The **Yeah Yeah Federal Com #502H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15;
 - c. The **Yeah Yeah Federal Com #503H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 15;

COG Operating, LLC
Case No. 22926
Exhibit A-1

- d. The **Yeah Yeah Federal Com #601H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 15;
 - e. The **Yeah Yeah Federal Com #605H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15; and
 - f. The **Yeah Yeah Federal Com #606 well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 15.
3. The completed intervals of the wells will be orthodox.
 4. The completed interval of the Yeah Yeah Federal Com #502H well will be located within 330' of the quarter-quarter section line separating the W/2 E/2 and E/2 E/2 of Sections 10 and 15 to allow for the creation of a 640-acre standard horizontal spacing unit.
 5. Applicant has sought and been unable to obtain voluntary agreement for the development of these lands from all of the interest owners in the Unit.
 6. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.
 7. In order to permit Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in the Unit should be pooled and Applicant should be designated the operator of the proposed horizontal wells and the Unit.

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on August 4, 2022, and, after notice and hearing as required by law, the Division enter an order:

- A. Pooling all uncommitted interests in the Unit;
- B. Approving the initial wells in the Unit;
- C. Designating Applicant as the operator of the Unit and the horizontal 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, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- F. Imposing a 200% charge 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
Jaclyn M. McLean
Jeremy Ian Martin
P.O. Box 2068
Santa Fe, NM 87504-2068
Phone: (505) 982-4554
Facsimile: (505) 98208623
dhardy@hinklelawfirm.com
jmclean@hinklelawfirm.com
jmartin@hinklelawfirm.com
Counsel for COG Operating LLC

Application of COG Operating, LLC for Compulsory Pooling, Lea County, New Mexico. Applicant applies for an order pooling all uncommitted mineral interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit ("Unit") comprised of the E/2 of Sections 10 and 15, Township 22 South, Range 34 East, Lea County, New Mexico. The Unit will be dedicated to the following wells ("Wells"): **Yeah Yeah Federal Com #501H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15; **Yeah Yeah Federal Com #502H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15; **Yeah Yeah Federal Com #503H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 15; **Yeah Yeah Federal Com #601H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 15; **Yeah Yeah Federal Com #605H well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15; and **Yeah Yeah Federal Com #606 well**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 15. The completed intervals of the wells will be orthodox. The completed interval of the Yeah Yeah Federal Com #502H well will be located within 330' of the quarter-quarter section line separating the W/2 E/2 and E/2 E/2 of Sections 10 and 15 to allow for the creation of a 640-acre standard horizontal spacing unit. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the cost, 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 18 miles west of Eunice, New Mexico.

DISTRICT I
1625 N. FRENCH DR., HOBBS, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

DISTRICT II
611 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 478-3460 Fax: (505) 478-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-49950	Pool Code 96553	Pool Name Ojo Chiso; Bone Spring
Property Code	Property Name YEAH YEAH FEDERAL COM	Well Number 501H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3600.4'

Surface Location

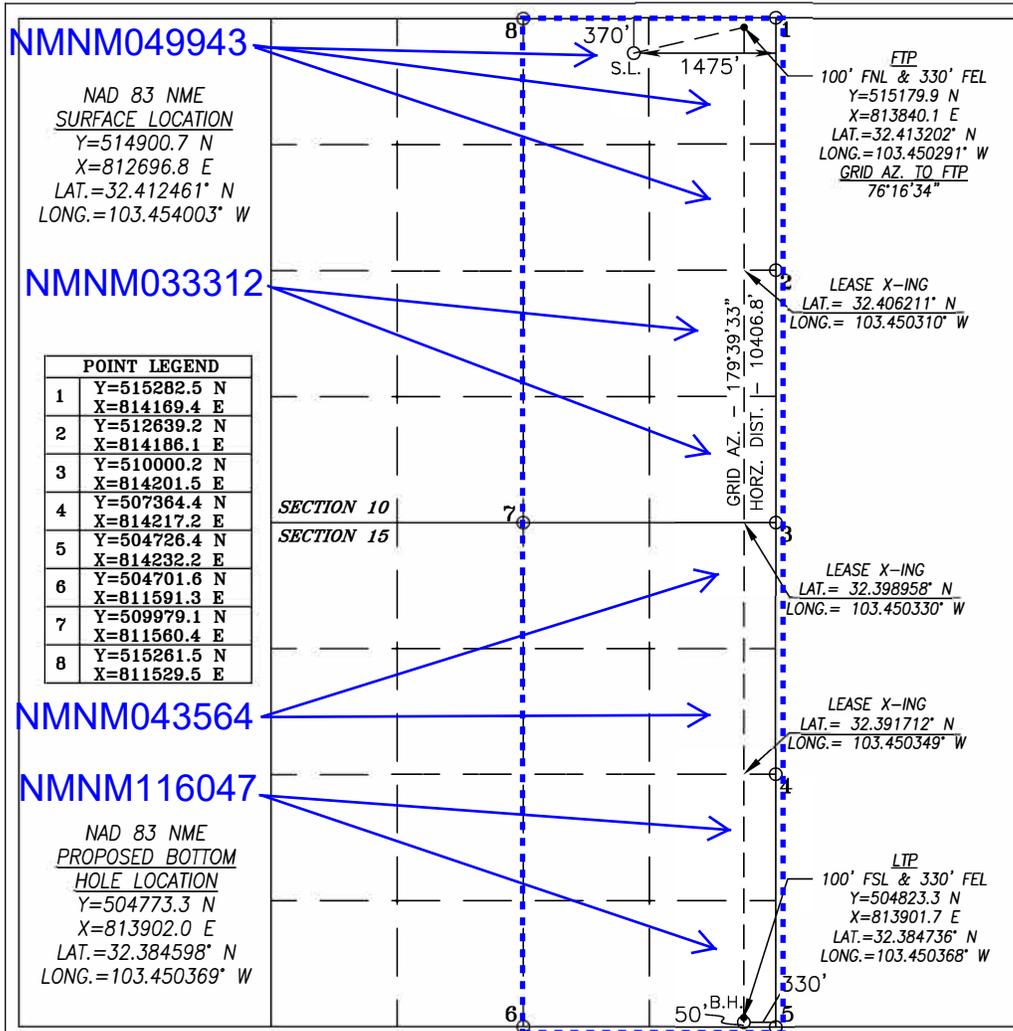
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	10	22-S	34-E		370	NORTH	1475	EAST	LEA

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	15	22-S	34-E		50	SOUTH	330	EAST	LEA

Dedicated Acres 640	Joint or Infill	Consolidation Code	Order No.
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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



OPERATOR CERTIFICATION

I hereby certify that the information 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Mayte Reyes 7/28/2022
Signature Date
Mayte Reyes

Printed Name
mayte.x.reyes@cop.com
E-mail Address

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.

FEBRUARY 2, 2021
Date of Survey

Signature & Seal of Professional Surveyor

Chad Harcrow 2/10/21
Certificate No. CHAD HARCROW 17777
W.O. # 21-123 DRAWN BY: WN

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Form C-102
Revised August 1, 2011
Submit one copy to appropriate
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-49951		Pool Code 96553	Pool Name Ojo Chiso; Bone Spring
Property Code	Property Name YEAH YEAH FEDERAL COM		Well Number 502H
OGRID No. 229137	Operator Name COG OPERATING, LLC		Elevation 3600.2'

Surface Location

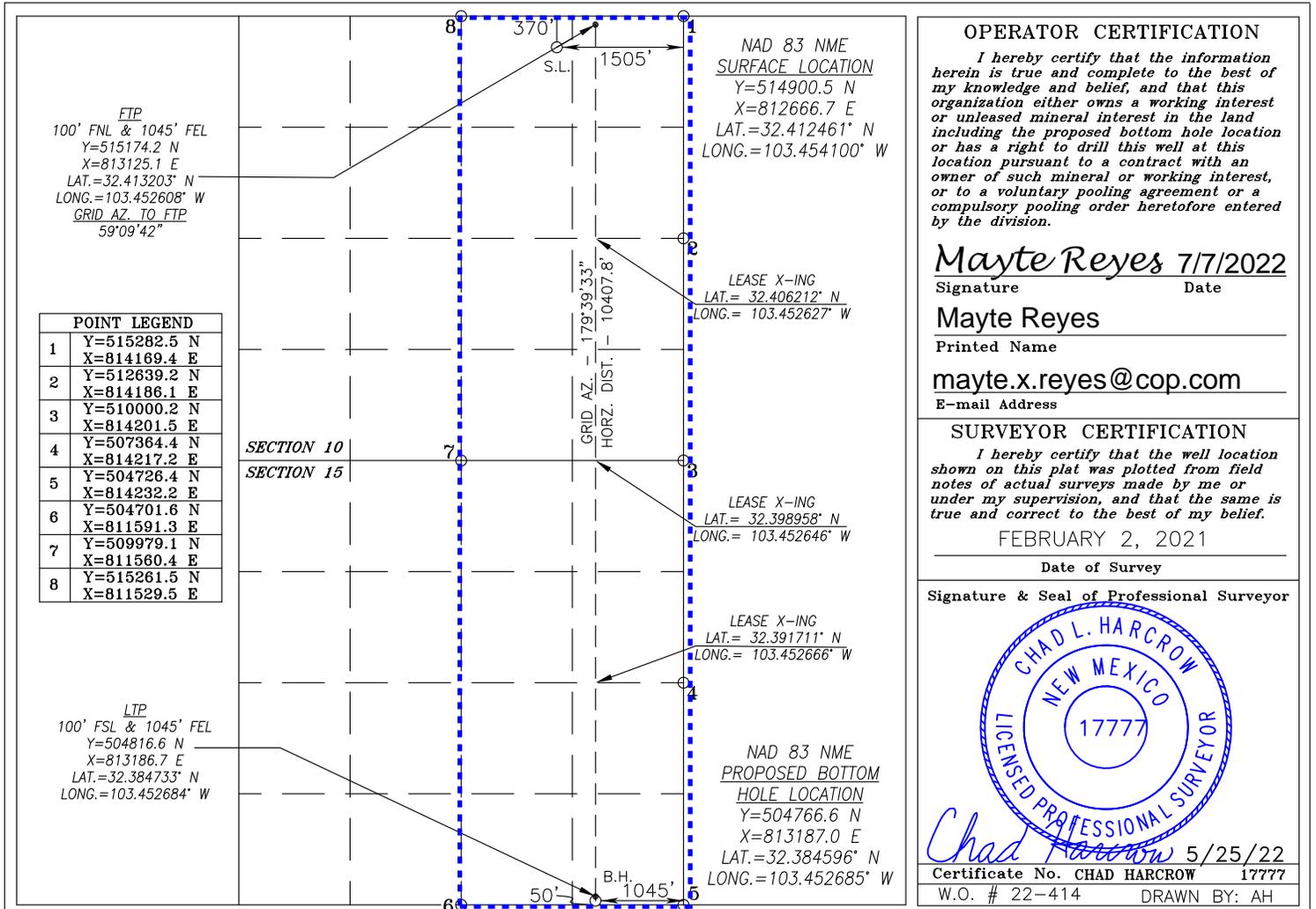
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	10	22-S	34-E		370	NORTH	1505	EAST	LEA

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	15	22-S	34-E		50	SOUTH	1045	EAST	LEA

Dedicated Acres 640	Joint or Infill	Consolidation Code	Order No.
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Form C-102
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Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-49952	Pool Code 96553	Pool Name Ojo Chiso; Bone Spring
Property Code	Property Name YEAH YEAH FEDERAL COM	Well Number 503H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3600.1'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	10	22-S	34-E		370	NORTH	1535	EAST	LEA

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
O	15	22-S	34-E		50	SOUTH	1760	EAST	LEA

Dedicated Acres 640	Joint or Infill	Consolidation Code	Order No.
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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

FIP
100' FNL & 1760' FEL
Y=515168.5 N
X=812410.1 E
LAT.=32.413203° N
LONG.=103.454924° W
GRID AZ. TO FIP
319°47'52"

POINT LEGEND	
1	Y=515282.5 N X=814169.4 E
2	Y=512839.2 N X=814186.1 E
3	Y=510000.2 N X=814201.5 E
4	Y=507364.4 N X=814217.2 E
5	Y=504726.4 N X=814232.2 E
6	Y=504701.6 N X=811591.3 E
7	Y=509979.1 N X=811560.4 E
8	Y=515261.5 N X=811529.5 E

LIP
100' FSL & 1760' FEL
Y=504809.8 N
X=812471.7 E
LAT.=32.384731° N
LONG.=103.455000° W

OPERATOR CERTIFICATION

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

Mayte Reyes 7/7/2022
Signature Date

Mayte Reyes
Printed Name
mayte.x.reyes@cop.com
E-mail Address

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.

FEBRUARY 2, 2021
Date of Survey

Signature & Seal of Professional Surveyor



Chad Harcrow 5/25/22
Certificate No. CHAD HARCROW 17777
W.O. # 22-413 DRAWN BY: AH

NAD 83 NME SURFACE LOCATION
Y=514900.3 N
X=812636.8 E
LAT.=32.412461° N
LONG.=103.454197° W

LEASE X-ING
LAT.= 32.406213° N
LONG.= 103.454943° W

LEASE X-ING
LAT.= 32.398959° N
LONG.= 103.454963° W

LEASE X-ING
LAT.= 32.391710° N
LONG.= 103.454982° W

NAD 83 NME PROPOSED BOTTOM HOLE LOCATION
Y=504759.8 N
X=812472.0 E
LAT.=32.384594° N
LONG.=103.455001° W

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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, New Mexico 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-49955		Pool Code 96553	Pool Name Ojo Chiso; Bone Spring
Property Code	Property Name YEAH YEAH FEDERAL COM		Well Number 601H
OGRID No. 229137	Operator Name COG OPERATING, LLC		Elevation 3598.9'

Surface Location

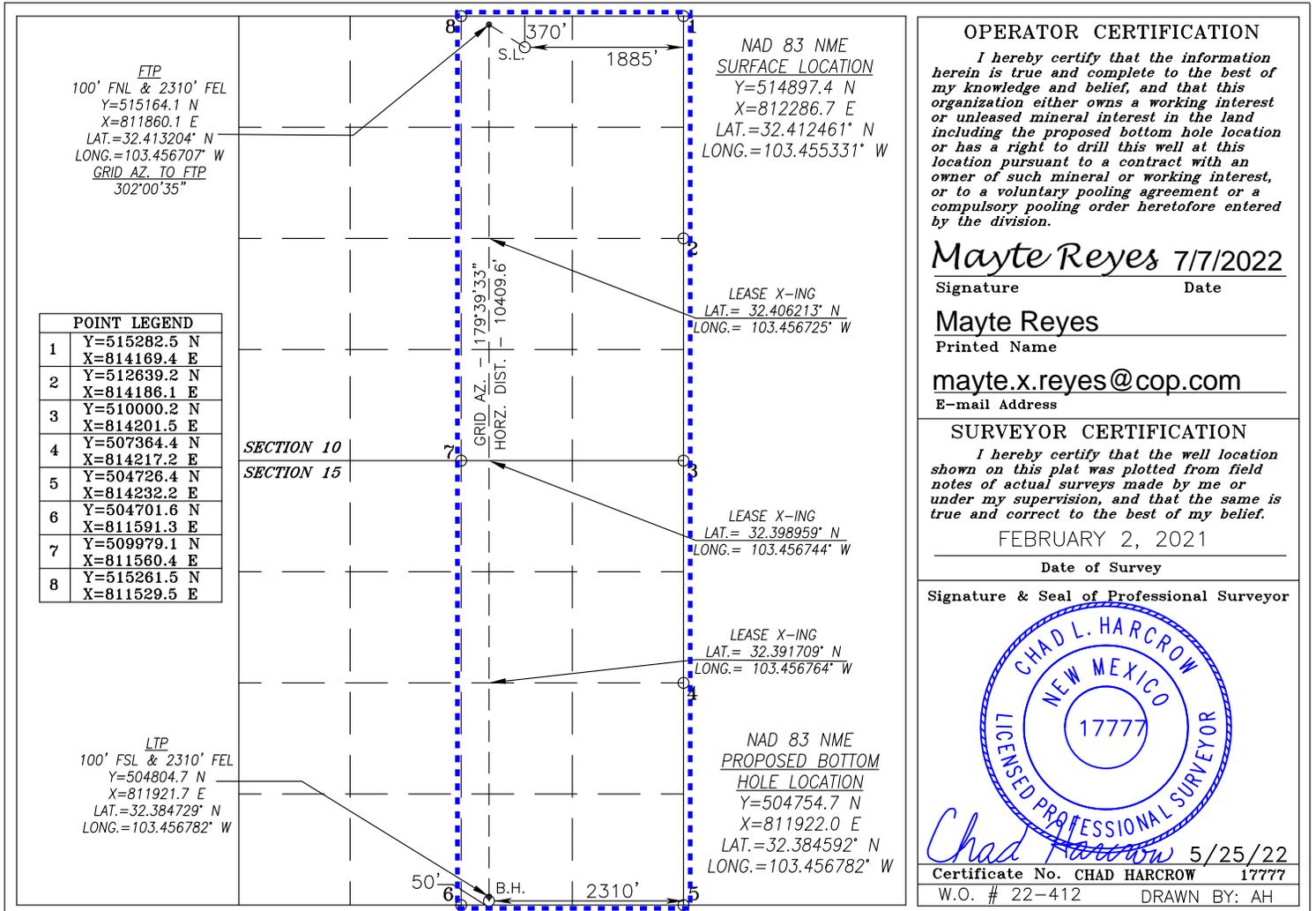
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	10	22-S	34-E		370	NORTH	1885	EAST	LEA

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
O	15	22-S	34-E		50	SOUTH	2310	EAST	LEA

Dedicated Acres 640	Joint or Infill	Consolidation Code	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



DISTRICT I
1625 N. FRENCH DR., HOBBS, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

DISTRICT II
611 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III
1000 RIO BRAZOS RD., 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
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-	Pool Code 96553	Pool Name Ojo Chiso; Bone Spring
Property Code	Property Name YEAH YEAH FEDERAL COM	Well Number 605H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3598.3'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	10	22-S	34-E		370	NORTH	2065	EAST	LEA

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	15	22-S	34-E		50	SOUTH	990	EAST	LEA

Dedicated Acres 640	Joint or Infill	Consolidation Code	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

NAD 83 NME SURFACE LOCATION
Y=514896.0 N
X=812106.8 E
LAT.=32.412461° N
LONG.=103.455914° W

POINT LEGEND	
1	Y=515282.5 N X=814169.4 E
2	Y=512639.2 N X=814186.1 E
3	Y=510000.2 N X=814201.5 E
4	Y=507364.4 N X=814217.2 E
5	Y=504726.4 N X=814232.2 E
6	Y=504701.6 N X=811591.3 E
7	Y=509979.1 N X=811560.4 E
8	Y=515261.5 N X=811529.5 E

NAD 83 NME PROPOSED BOTTOM HOLE LOCATION
Y=504767.1 N
X=813242.0 E
LAT.=32.384596° N
LONG.=103.452507° W

OPERATOR CERTIFICATION

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

Mayte Reyes 7/28/2022
Signature Date

Mayte Reyes
Printed Name

mayte.x.reyes@cop.com
E-mail Address

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.

MAY 17, 2022
Date of Survey

Signature & Seal of Professional Surveyor



Chad Harcrow 5/26/22

Certificate No. CHAD HARCROW 17777
W.O. # 22-422 DRAWN BY: BD

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
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Santa Fe, New Mexico 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-	Pool Code 96553	Pool Name Ojo Chiso; Bone Spring
Property Code	Property Name YEAH YEAH FEDERAL COM	Well Number 606H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3597.5'

Surface Location

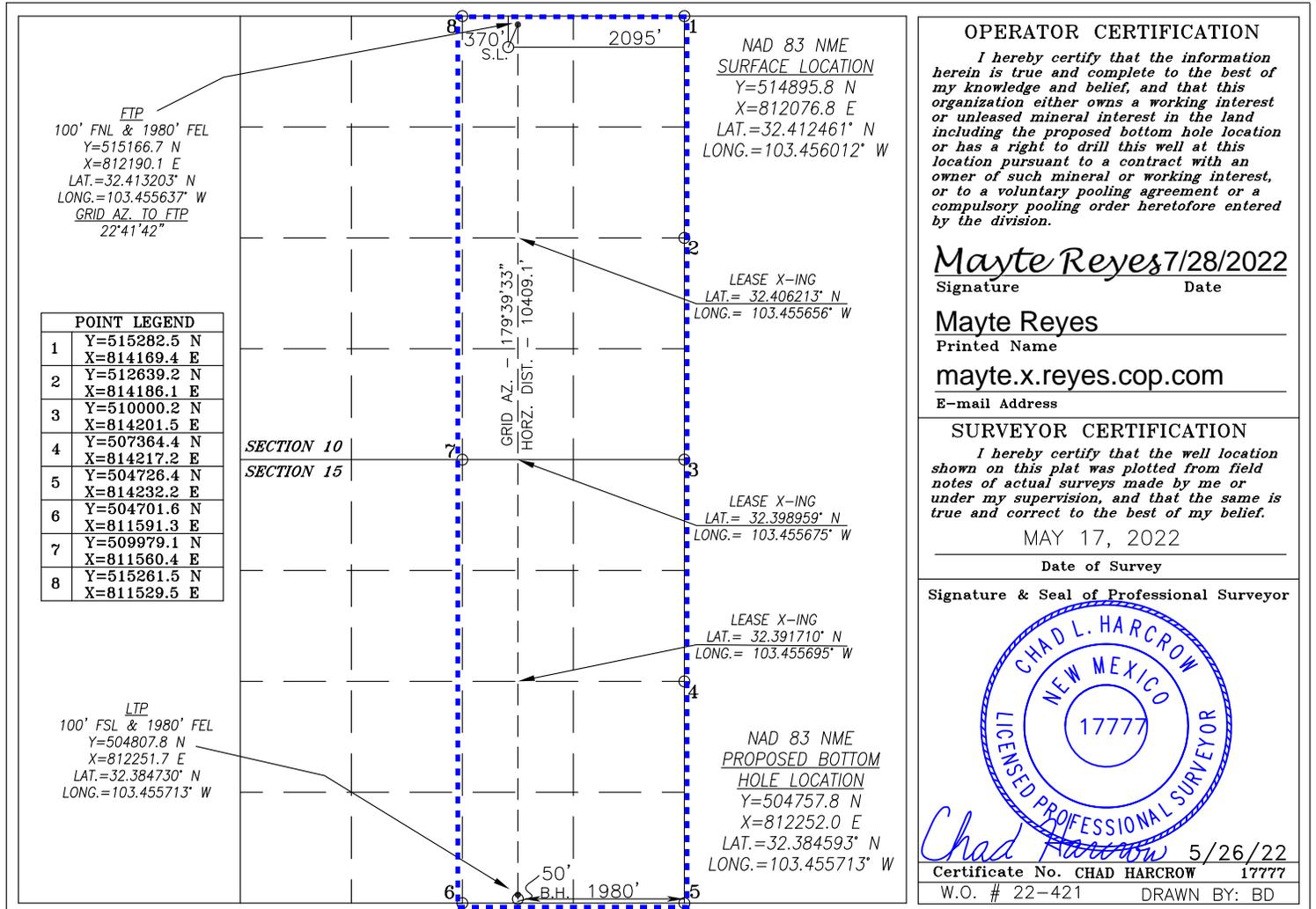
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	10	22-S	34-E		370	NORTH	2095	EAST	LEA

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
0	15	22-S	34-E		50	SOUTH	1980	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
640			

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



OPERATOR CERTIFICATION

I hereby certify that the information 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Mayte Reyes 7/28/2022
Signature Date

Mayte Reyes
Printed Name
mayte.x.reyes.cop.com
E-mail Address

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.

MAY 17, 2022

Date of Survey

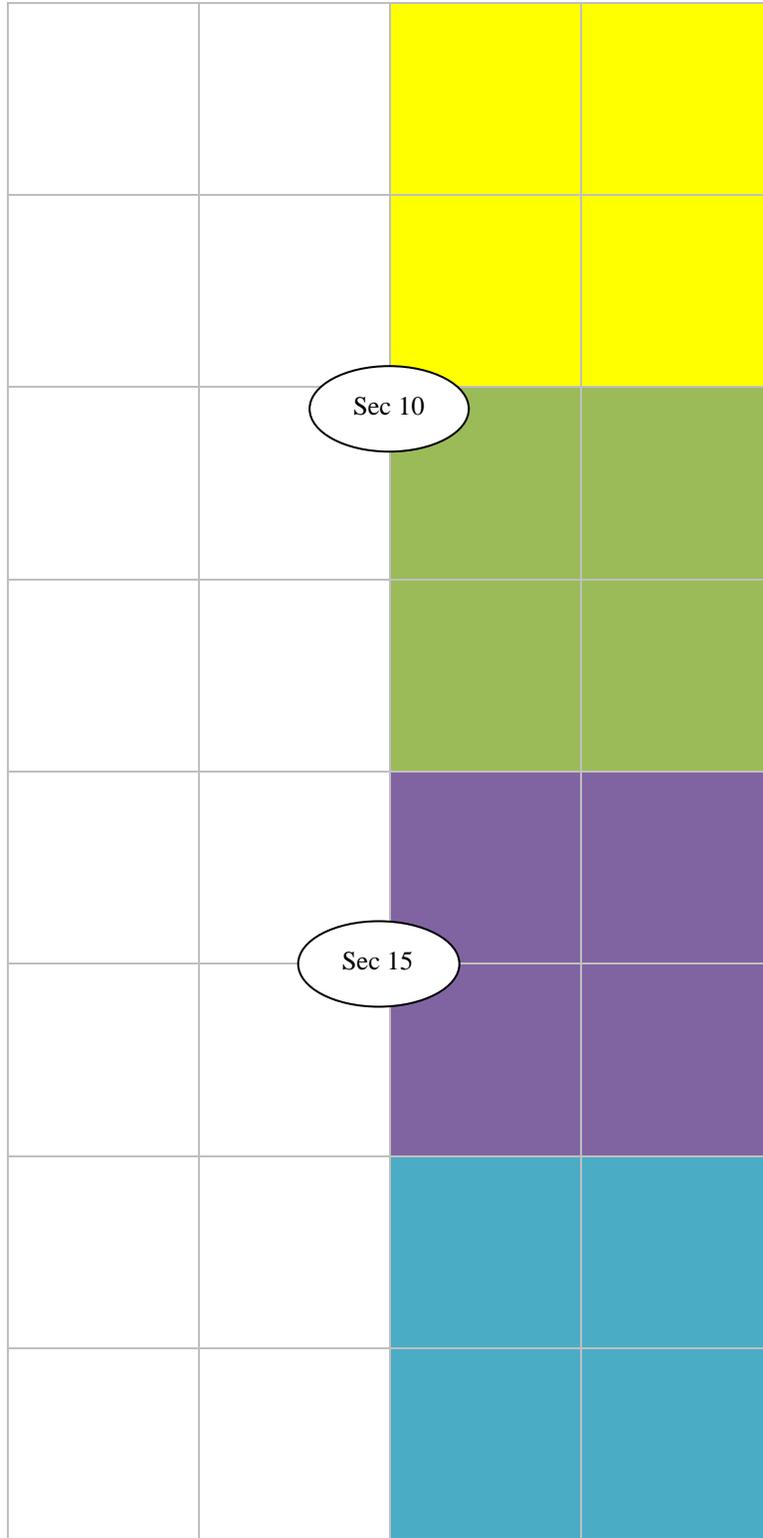
Signature & Seal of Professional Surveyor



Chad Harcrow 5/26/22
Certificate No. CHAD HARCROW 17777
W.O. # 22-421 DRAWN BY: BD

**Yeah Yeah E2 Unit
T22S-R34E-Section 10: E2 & Section 15: E2
LEA COUNTY, NM**

- Tract 1 NMNM -049943
- Tract 2 NMNM -033312
- Tract 3 NMNM -043564
- Tract 4 NMNM -116047



COG Operating, LLC
Case No. 22926
Exhibit A-3

**Yeah Yeah E2 Unit
T22S-R34E-Section 10: E2 & Section 15: E2
LEA COUNTY, NM**

Unit Working Interest

COG Operating, LLC	88.281250%
BTA Oil Producers, LLC	6.250000%
Alpha Energy Partners, LLC	2.583330%
Larry T. Long	1.56250%
Wildcat Energy, LLC	.781250%
Rhonda Pace Estate	.270834%
Aleyna N. Pace	.067709%
Tara N. Pace	.067709%
Clinton Pace	.067709%
Ryan Pace	.067709%
Total	100.000000%

Tract 1 – NE of Section 10 – T22S-R34E

COG Operating, LLC	100.000000%
Total	100.000000%

Tract 2 – SE of Section 10 – T22S-R34E

COG Operating, LLC	100.000000%
Total	100.000000%

Tract 3 – NE of Section 15 – T22S-R34E

COG Operating, LLC	53.125000%
BTA Oil Producers, LLC	25.000000%
Alpha Energy Partners, LLC	10.333333%
Larry T. Long	6.250000%
Wildcat Energy LLC	3.125000 %
Rhonda Pace Estate	1.083335%
Aleyna N. Pace	.270834%
Tara N. Pace	.270834%
Clinton Pace	.270834%
Ryan Pace	.270834%
Total	100.000000%

Tract 4 – SE of Section 15 – T22S-R34E

COG Operating, LLC	100.000000%
Total	100.000000%

Pooling Notification List

Working Interest Owners

Larry T. Long
P.O. Box 3096
Kilgore, TX 75663

Tara N. Pace, a minor
c/o Nuray K. Pace
15 Maroon Creek Court
The Woodlands, TX 77389

Aleyna N. Pace, a minor
c/o Nuray K. Pace
15 Maroon Creek Court
The Woodlands, TX 77389

Overriding Royalty Interest Owners

Monty D McLane
4841 Rustic Trail
Midland, TX 79707

Karen R. McLane
4841 rustic Trail
Midland, TX 79707

Alan Jochimsen
4209 Cardinal Ln
Midland, TX 79707

Scott W. Tanberg
2509 Legacy Oaks
Midland, TX 79705

Robert E. Landreth
110 W. Louisiana St, Suite 404
Midland, TX 79701

Donna P. Landreth
110 W. Louisiana St, Suite 404
Midland, TX 79701

Phillip L. White
P.O. Box 25968
Albuquerque, NM 87125

Douglas Investments Inc.
P.O. Box 79148
Saginaw, TX 76179

GGM Exploration Inc.
P.O. Box 470698
Fort Worth, TX 76147

McMullen Minerals, LLC
2821 W. 7th St, Suite 515
Fort Worth, TX 76107

Misty Morning Partnership, LLC
1645 Fox Ln
Burleson, TX 76028

Panther City Exploration Company, LLC
307 W. 7th St, Suite 810
Fort Worth, TX 76102

Freehold Royalties (USA) Inc.
1000, 517 – 10 Ave SW
Calgary, Alberta Canada T2R-0A8

Desert Partners VI, LP
P.O. Box 3579
Midland, TX 79702



ConocoPhillips
600 W. Illinois Ave.
Midland, TX 79701
www.conocophillips.com

5/16/2022

Larry T. Long
P.O. Box 3096
Kilgore, TX 75663

Via Fedex, Return Receipt Requested

Re: **Well Proposal- Yeah Yeah Federal Com Wells**
Township 22 South, Range 34 East, N.M.P.M.
Section 10: E/2
Section 15: E/2
640.00 Acres, more or less
Lea County, New Mexico

Dear Sir or Madam:

COG Operating LLC ("COG"), as Operator, hereby proposes the drilling of the following horizontal wells with productive laterals located within a proposed horizontal well spacing unit dedicated to the E/2 of Section 10 and E/2 of Section 15, T22S-R34E Lea County, New Mexico (collectively, the "Operation"). The surface locations will be located in the S/2NE/4 of Section 10, T22S-R34E (or another legal location chosen by Operator).

- **Yeah Yeah Federal Com #501H**, to be drilled to a depth sufficient to test the Bone Spring formation at an approximate total vertical depth of 10,100 feet. The estimated surface hole location for this well is proposed at approximately 370' FNL, 1,475' FEL (Unit Letter B) of Section 10 or a legal location in Section 10. The first take point for this well is estimated at approximately 100' FNL, 330' FEL of Section 10, and the last take point is estimated at approximately 100' FSL, 330' FEL of Section 15. The estimated bottom hole location for this well is proposed at approximately 50' FSL, 330' FEL (Unit Letter P) of Section 15 or a legal location in Section 15. The dedicated horizontal spacing unit will be the E/2 of Section 10 and E/2 of Section 15, T22S-R34E, Lea County, New Mexico. The total estimated cost to drill and complete said well is \$8,985,964.50, as shown on the attached Authority for Expenditure ("AFE").
- **Yeah Yeah Federal Com #502H**, to be drilled to a depth sufficient to test the Bone Spring formation at an approximate total vertical depth of 10,315 feet. The estimated surface hole location for this well is proposed at approximately 370' FNL, 1,505' FEL (Unit Letter B) of Section 10 or a legal location in Section 10. The first take point for this well is estimated at approximately 100' FNL, 1,045' FEL of Section 10, and the last take point is estimated at approximately 100' FSL, 1,045' FEL of Section 15. The estimated bottom hole location for this well is proposed at approximately 50' FSL, 1,045' FEL (Unit Letter P) of Section 15 or a legal location in Section 15. The dedicated horizontal spacing unit will be the E/2 of Section 10 and E/2 of Section 15, T22S-R34E, Lea County, New Mexico. The total estimated cost to drill and complete said well is \$8,985,964.50, as shown on the attached Authority for Expenditure ("AFE").

COG Operating, LLC
Case No. 22926
Exhibit A-4

COG Operating LLC is a wholly owned subsidiary of ConocoPhillips

- **Yeah Yeah Com #503H**, to be drilled to a depth sufficient to test the Bone Spring formation at an approximate total vertical depth of 10,100 feet. The estimated surface hole location for this well is proposed at approximately 370' FNL, 1,535' FEL (Unit Letter B) of Section 10 or a legal location in Section 10. The first take point for this well is estimated at approximately 100' FNL, 1,760' FEL of Section 10, and the last take point is estimated at approximately 100' FSL, 1,760' FEL of Section 15. The estimated bottom hole location for this well is proposed at approximately 50' FSL, 1,760' FEL (Unit Letter O) of Section 15 or a legal location in Section 15. The dedicated horizontal spacing unit will be the E/2 of Section 10 and E/2 of Section 15, T22S-R34E, Lea County, New Mexico. The total estimated cost to drill and complete said well is \$8,985,964.50, as shown on the attached Authority for Expenditure ("AFE").
- **Yeah Yeah Com #601H**, to be drilled to a depth sufficient to test the Bone Spring formation at an approximate total vertical depth of 10,315 feet. The estimated surface hole location for this well is proposed at approximately 370' FNL, 1,885' FEL (Unit Letter B) of Section 10 or a legal location in Section 10. The first take point for this well is estimated at approximately 100' FNL, 2,475' FEL of Section 10, and the last take point is estimated at approximately 100' FSL, 2,475' FEL of Section 15. The estimated bottom hole location for this well is proposed at approximately 50' FSL, 2,475' FEL (Unit Letter O) of Section 15 or a legal location in Section 15. The dedicated horizontal spacing unit will be the E/2 of Section 10 and E/2 of Section 15, T22S-R34E, Lea County, New Mexico. The total estimated cost to drill and complete said well is \$8,985,964.50, as shown on the attached Authority for Expenditure ("AFE").
- **Yeah Yeah Com #605H**, to be drilled to a depth sufficient to test the Bone Spring formation at an approximate total vertical depth of 11,150 feet. The estimated surface hole location for this well is proposed at approximately 370' FNL, 2,065' FEL (Unit Letter B) of Section 10 or a legal location in Section 10. The first take point for this well is estimated at approximately 100' FNL, 990' FEL of Section 10, and the last take point is estimated at approximately 100' FSL, 990' FEL of Section 15. The estimated bottom hole location for this well is proposed at approximately 50' FSL, 990' FEL (Unit Letter P) of Section 15 or a legal location in Section 15. The dedicated horizontal spacing unit will be the E/2 of Section 10 and E/2 of Section 15, T22S-R34E, Lea County, New Mexico. The total estimated cost to drill and complete said well is \$9,910,904.50, as shown on the attached Authority for Expenditure ("AFE").
- **Yeah Yeah Com #606H**, to be drilled to a depth sufficient to test the Bone Spring formation at an approximate total vertical depth of 11,220 feet. The estimated surface hole location for this well is proposed at approximately 370' FNL, 2,095' FEL (Unit Letter B) of Section 10 or a legal location in Section 10. The first take point for this well is estimated at approximately 100' FNL, 1,980' FEL of Section 10, and the last take point is estimated at approximately 100' FSL, 1,980' FEL of Section 15. The estimated bottom hole location for this well is proposed at approximately 50' FSL, 1,980' FEL (Unit Letter O) of Section 15 or a legal location in Section 15. The dedicated horizontal spacing unit will be the E/2 of Section 10 and E/2 of Section 15, T22S-R34E, Lea County, New Mexico. The total estimated cost to drill and complete said well is \$9,910,904.50, as shown on the attached Authority for Expenditure ("AFE").

COG is proposing these wells under the terms of a new Operating Agreement which is included for your review and approval. It has the following general provisions:

- 100%/300% Non-Consenting Penalty;
- \$8000 Drilling and \$800 Producing Rate; and
- COG Operating LLC named as Operator.

If you do not wish to participate, COG would like to discuss term assigning your interest in the contract area under the following indicative terms, subject to final management approval:

- Two Year Primary Term;
- \$5,000/net acre bonus, with an effective NRI of 80%, delivered to assignee; and
- ORRI reserved by Assignor of the positive difference, if any, between existing burdens and 20%.

Please indicate your desire to term assign your Working Interest to COG by contacting me at the email or telephone number below. The offer for term assignment will expire on June 16th, 2022, unless extended by COG prior to that date.

In the interest of time, if we do not reach an agreement within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a horizontal spacing unit for the proposed wells.

Please indicate your participation elections in the spaces provided below, sign, and return this letter, along with a signed copy of the enclosed AFEs and a copy of your geologic requirements, to my attention at the letterhead address or by email to mackayla.stone@conocophillips.com.

If you have any questions, please do not hesitate to contact me at 432-253-8695

Sincerely,

COG Operating LLC

Mackayla Stone
Land Negotiator
Mackayla.Stone@conocophillips.com

_____ I/We hereby elect to participate in the drilling and completion of the
Yeah Yeah Federal Com #501H

_____ I/We hereby elect **not** to participate in the drilling and completion of the
Yeah Yeah Federal Com #501H

_____ I/We hereby elect to participate in the drilling and completion of the
Yeah Yeah Federal Com #502H

_____ I/We hereby elect **not** to participate in the drilling and completion of the
Yeah Yeah Federal Com #502H

_____ I/We hereby elect to participate in the drilling and completion of the
Yeah Yeah Federal Com #503H

_____ I/We hereby elect **not** to participate in the drilling and completion of the
Yeah Yeah Federal Com #503H

_____ I/We hereby elect to participate in the drilling and completion of the
Yeah Yeah Federal Com #601H

_____ I/We hereby elect **not** to participate in the drilling and completion of the
Yeah Yeah Federal Com #601H

_____ I/We hereby elect to participate in the drilling and completion of the
Yeah Yeah Federal Com #605H

_____ I/We hereby elect **not** to participate in the drilling and completion of the
Yeah Yeah Federal Com #605H

_____ I/We hereby elect to participate in the drilling and completion of the
Yeah Yeah Federal Com #606H

_____ I/We hereby elect **not** to participate in the drilling and completion of the
Yeah Yeah Federal Com #606H

By: _____

Name: _____

Title: _____

Date: _____



Project Cost Summary

This document contains proposed and estimated project cost information which is proprietary and confidential to ConocoPhillips.

Well Name

Job Type

State

County/Parish

Cost Feature Group	Grand Total			
	Drilling	Completions	Pumping Equipment	Facilities
A000: CASING & TUBING	\$774,000.00		\$60,000.00	
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$65,000.00	\$10,000.00	\$44,000.00	
C000: COMPLETION EQUIPMENT & OTHER			\$117,500.00	\$641,247.20
D000: LOCATION (WELLSITE RELATED)	\$188,500.00	\$5,000.00	\$4,000.00	\$27,216.20
E000: RIGS & RIG RELATED	\$795,000.00		\$18,600.00	
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$232,000.00	\$806,000.00		
G000: FLUID AND CHEMICALS SERVICES	\$89,775.00	\$25,000.00		
H000: DIRECTIONAL DRILLING / MWD / LWD	\$239,800.00			
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$303,540.00			
K000: FORMATION EVALUATION	\$30,000.00			
M000: COMPLETION & TESTING		\$10,000.00		
N000: FORMATION STIMULATION & TREATING		\$2,117,000.00		
O000: CERTIFICATION, INSPECT, CONTROL & TEST				
P000: TRANSPORTATION SUPPLY & DISPOSAL		\$2,500.00	\$19,500.00	
Q000: DRLG TOOLS & EQPT RNTAL W/WO OPR	\$214,225.00	\$488,000.00	\$11,550.00	
R000: BITS & MILLS	\$83,000.00			
S000: SPECIAL SERVICES	\$100,500.00	\$291,000.00	\$6,100.00	
T000: MISCELLANEOUS	\$314,450.00	\$141,500.00	\$36,000.00	\$81,084.30
U000: PERFORATING & SLICKLINE SERVICES		\$321,000.00	\$8,500.00	
V000: ENG & CONSTRUCTION(E&C), CONSLT, R&D			\$15,000.00	
W000: GENERAL FEES	\$42,500.00		\$8,000.00	
X000: CONOCOPHILLIPS LABOR & OVERHEAD	\$5,700.00	\$27,500.00		\$3,176.80
Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$77,000.00	\$85,000.00		
Grand Total	\$3,554,990.00	\$4,329,500.00	\$348,750.00	\$752,724.50

Grand Total (\$)

8,985,964.50

Approved By: _____

Date: _____

Last Edited By

Last Edited Date

Approved By

Approved Date



Project Cost Summary

This document contains proposed and estimated project cost information which is proprietary and confidential to ConocoPhillips.

Well Name

Job Type

State

County/Parish

Cost Feature Group	Grand Total			
	Drilling	Completions	Pumping Equipment	Facilities
A000: CASING & TUBING	\$774,000.00		\$60,000.00	
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$65,000.00	\$10,000.00	\$44,000.00	
C000: COMPLETION EQUIPMENT & OTHER			\$117,500.00	\$641,247.20
D000: LOCATION (WELLSITE RELATED)	\$188,500.00	\$5,000.00	\$4,000.00	\$27,216.20
E000: RIGS & RIG RELATED	\$795,000.00		\$18,600.00	
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$232,000.00	\$806,000.00		
G000: FLUID AND CHEMICALS SERVICES	\$89,775.00	\$25,000.00		
H000: DIRECTIONAL DRILLING / MWD / LWD	\$239,800.00			
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$303,540.00			
K000: FORMATION EVALUATION	\$30,000.00			
M000: COMPLETION & TESTING		\$10,000.00		
N000: FORMATION STIMULATION & TREATING		\$2,117,000.00		
O000: CERTIFICATION, INSPECT, CONTROL & TEST				
P000: TRANSPORTATION SUPPLY & DISPOSAL		\$2,500.00	\$19,500.00	
Q000: DRLG TOOLS & EQPT RNTAL W/WO OPR	\$214,225.00	\$488,000.00	\$11,550.00	
R000: BITS & MILLS	\$83,000.00			
S000: SPECIAL SERVICES	\$100,500.00	\$291,000.00	\$6,100.00	
T000: MISCELLANEOUS	\$314,450.00	\$141,500.00	\$36,000.00	\$81,084.30
U000: PERFORATING & SLICKLINE SERVICES		\$321,000.00	\$8,500.00	
V000: ENG & CONSTRUCTION(E&C), CONSLT, R&D			\$15,000.00	
W000: GENERAL FEES	\$42,500.00		\$8,000.00	
X000: CONOCOPHILLIPS LABOR & OVERHEAD	\$5,700.00	\$27,500.00		\$3,176.80
Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$77,000.00	\$85,000.00		
Grand Total	\$3,554,990.00	\$4,329,500.00	\$348,750.00	\$752,724.50

Grand Total (\$)

8,985,964.50

Approved By: _____

Date: _____

Last Edited By

Last Edited Date

Approved By

Approved Date



Project Cost Summary

This document contains proposed and estimated project cost information which is proprietary and confidential to ConocoPhillips.

Well Name

Job Type

State

County/Parish

Cost Feature Group	Grand Total			
	Drilling	Completions	Pumping Equipment	Facilities
A000: CASING & TUBING	\$774,000.00		\$60,000.00	
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$65,000.00	\$10,000.00	\$44,000.00	
C000: COMPLETION EQUIPMENT & OTHER			\$117,500.00	\$641,247.20
D000: LOCATION (WELLSITE RELATED)	\$188,500.00	\$5,000.00	\$4,000.00	\$27,216.20
E000: RIGS & RIG RELATED	\$795,000.00		\$18,600.00	
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$232,000.00	\$806,000.00		
G000: FLUID AND CHEMICALS SERVICES	\$89,775.00	\$25,000.00		
H000: DIRECTIONAL DRILLING / MWD / LWD	\$239,800.00			
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$303,540.00			
K000: FORMATION EVALUATION	\$30,000.00			
M000: COMPLETION & TESTING		\$10,000.00		
N000: FORMATION STIMULATION & TREATING		\$2,117,000.00		
O000: CERTIFICATION, INSPECT, CONTROL & TEST				
P000: TRANSPORTATION SUPPLY & DISPOSAL		\$2,500.00	\$19,500.00	
Q000: DRLG TOOLS & EQPT RNTAL W/WO OPR	\$214,225.00	\$488,000.00	\$11,550.00	
R000: BITS & MILLS	\$83,000.00			
S000: SPECIAL SERVICES	\$100,500.00	\$291,000.00	\$6,100.00	
T000: MISCELLANEOUS	\$314,450.00	\$141,500.00	\$36,000.00	\$81,084.30
U000: PERFORATING & SLICKLINE SERVICES		\$321,000.00	\$8,500.00	
V000: ENG & CONSTRUCTION(E&C), CONSLT, R&D			\$15,000.00	
W000: GENERAL FEES	\$42,500.00		\$8,000.00	
X000: CONOCOPHILLIPS LABOR & OVERHEAD	\$5,700.00	\$27,500.00		\$3,176.80
Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$77,000.00	\$85,000.00		
Grand Total	\$3,554,990.00	\$4,329,500.00	\$348,750.00	\$752,724.50

Grand Total (\$)

8,985,964.50

Approved By: _____

Date: _____

Last Edited By

Last Edited Date

Approved By

Approved Date



Project Cost Summary

This document contains proposed and estimated project cost information which is proprietary and confidential to ConocoPhillips.

Well Name

Job Type

State

County/Parish

Cost Feature Group	Grand Total			
	Drilling	Completions	Pumping Equipment	Facilities
A000: CASING & TUBING	\$774,000.00		\$60,000.00	
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$65,000.00	\$10,000.00	\$44,000.00	
C000: COMPLETION EQUIPMENT & OTHER			\$117,500.00	\$641,247.20
D000: LOCATION (WELLSITE RELATED)	\$188,500.00	\$5,000.00	\$4,000.00	\$27,216.20
E000: RIGS & RIG RELATED	\$795,000.00		\$18,600.00	
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$232,000.00	\$806,000.00		
G000: FLUID AND CHEMICALS SERVICES	\$89,775.00	\$25,000.00		
H000: DIRECTIONAL DRILLING / MWD / LWD	\$239,800.00			
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$303,540.00			
K000: FORMATION EVALUATION	\$30,000.00			
M000: COMPLETION & TESTING		\$10,000.00		
N000: FORMATION STIMULATION & TREATING		\$2,117,000.00		
O000: CERTIFICATION, INSPECT, CONTROL & TEST				
P000: TRANSPORTATION SUPPLY & DISPOSAL		\$2,500.00	\$19,500.00	
Q000: DRLG TOOLS & EQPT RNTAL W/WO OPR	\$214,225.00	\$488,000.00	\$11,550.00	
R000: BITS & MILLS	\$83,000.00			
S000: SPECIAL SERVICES	\$100,500.00	\$291,000.00	\$6,100.00	
T000: MISCELLANEOUS	\$314,450.00	\$141,500.00	\$36,000.00	\$81,084.30
U000: PERFORATING & SLICKLINE SERVICES		\$321,000.00	\$8,500.00	
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Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$77,000.00	\$85,000.00		
Grand Total	\$3,554,990.00	\$4,329,500.00	\$348,750.00	\$752,724.50

Grand Total (\$)

8,985,964.50

Approved By: _____

Date: _____

Last Edited By

Last Edited Date

Approved By

Approved Date



Project Cost Summary

This document contains proposed and estimated project cost information which is proprietary and confidential to ConocoPhillips.

Well Name

Job Type

State

County/Parish

Cost Feature Group	Grand Total			
	Drilling	Completions	Pumping Equipment	Facilities
A000: CASING & TUBING	\$1,179,000.00		\$60,000.00	
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$70,000.00	\$10,000.00	\$44,000.00	
C000: COMPLETION EQUIPMENT & OTHER			\$117,500.00	\$641,247.20
D000: LOCATION (WELLSITE RELATED)	\$188,500.00	\$5,000.00	\$4,000.00	\$27,216.20
E000: RIGS & RIG RELATED	\$795,000.00		\$18,600.00	
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$167,000.00	\$988,000.00		
G000: FLUID AND CHEMICALS SERVICES	\$205,485.00	\$25,000.00		
H000: DIRECTIONAL DRILLING / MWD / LWD	\$311,300.00			
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$269,470.00			
K000: FORMATION EVALUATION	\$44,000.00			
M000: COMPLETION & TESTING		\$10,000.00		
N000: FORMATION STIMULATION & TREATING		\$2,264,000.00		
O000: CERTIFICATION, INSPECT, CONTROL & TEST				
P000: TRANSPORTATION SUPPLY & DISPOSAL		\$2,500.00	\$19,500.00	
Q000: DRLG TOOLS & EQPT RNTAL W/WO OPR	\$256,025.00	\$481,000.00	\$11,550.00	
R000: BITS & MILLS	\$115,000.00			
S000: SPECIAL SERVICES	\$102,500.00	\$291,000.00	\$6,100.00	
T000: MISCELLANEOUS	\$317,450.00	\$141,500.00	\$36,000.00	\$81,084.30
U000: PERFORATING & SLICKLINE SERVICES		\$321,000.00	\$8,500.00	
V000: ENG & CONSTRUCTION(E&C), CONSLT, R&D			\$15,000.00	
W000: GENERAL FEES	\$42,500.00		\$8,000.00	
X000: CONOCOPHILLIPS LABOR & OVERHEAD	\$5,700.00	\$27,500.00		\$3,176.80
Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$82,000.00	\$92,000.00		
Grand Total	\$4,150,930.00	\$4,658,500.00	\$348,750.00	\$752,724.50

Grand Total (\$)

9,910,904.50

Approved By: _____

Date: _____

Last Edited By

Last Edited Date

Approved By

Approved Date



Project Cost Summary

This document contains proposed and estimated project cost information which is proprietary and confidential to ConocoPhillips.

Well Name

Job Type

State

County/Parish

Cost Feature Group	Grand Total			
	Drilling	Completions	Pumping Equipment	Facilities
A000: CASING & TUBING	\$1,179,000.00		\$60,000.00	
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$70,000.00	\$10,000.00	\$44,000.00	
C000: COMPLETION EQUIPMENT & OTHER			\$117,500.00	\$641,247.20
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G000: FLUID AND CHEMICALS SERVICES	\$205,485.00	\$25,000.00		
H000: DIRECTIONAL DRILLING / MWD / LWD	\$311,300.00			
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$269,470.00			
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Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$82,000.00	\$92,000.00		
Grand Total	\$4,150,930.00	\$4,658,500.00	\$348,750.00	\$752,724.50

Grand Total (\$)

9,910,904.50

Approved By: _____

Date: _____

Last Edited By
Last Edited Date

Approved By
Approved Date

Name/Address	Proposal Mailed	Delivered	30th day	Election	Communication
<p>Larry T. Long P.O. Box 3096 Kilgore, TX 75663</p>	<p>5/16/2022</p>	<p>5/18/2022</p>	<p>6/16/2022</p>	<p>Pool</p>	<p>called (903)984-8005 and (903)984-5017 on 6/6 at 10:36am; a lady answered and forwarded me to a lady name Jessica who told me Long received the proposals and had no questions that she's aware. I asked to speak to Long and was told I couldn't and that he's not interested in signing the OA.</p>
<p>BTA Oil Producers, LLC 104 S. Pecos Street Midland, TX 79701-5021</p>	<p>5/16/2022</p>	<p>5/17/2022</p>	<p>6/16/2022</p>	<p>Pool</p>	<p>Rex Barker emailed with some questions on 5/20. I responded with answers on 5/23. Checkd in on 6/14 to see if he had any more questions. He responded the same day and said BTA intends to elect to participate under the OA and that he would be reviewing the OA and will get back to me. BTA was interested in a trade but said if that doesn't work they will still sign the OA. Trade fell through. Emailed 7/21 checking in on if they're still planning to sign the OA. Didn't recieve a response. Called on 7/28 but the landman I've been working with is out of the office and was out of the office last week. Was told the land manager would call me to discuss. Still waiting on the call.</p>

COG Operating, LLC
Case No. 22926
Exhibit A-5

Tara N. Pace, a minor c/o Nuray K. Pace 15 Maroon Creek Court The Woodlands, TX 77389	5/16/2022	5/17/2022	6/16/2022	Pool	Talked with guardian, Nuray Pace on 5/20 she said they will not sign an OA but would possibly Term Assign. Called her again 5/23 to discuss. She said she would call be back 5/24. Talked w/ her on 5/27 and requested some more info surrounding her guardianship parameters. Talked with her again 6/2 and she said they will be leaving the country and won't be back until August so they won't execute a Term Assignment.
Aleyna N. Pace, a minor c/o Nuray K. Pace 15 Maroon Creek Court The Woodlands, TX 77389	5/16/2022	5/17/2022	6/16/2022	Pool	

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

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NOS. 22926, 22927

SELF-AFFIRMED STATEMENT
OF WILLIAM SCHELLENBACH

1. I am a geologist for COG Operating LLC (“COG”) and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement.

2. I have not previously testified before the New Mexico Oil Conservation Division (“Division”). I hold a Master’s Degree in Geology from New Mexico State University and have worked as a petroleum geologist for approximately nine years.

3. I am familiar with the geological matters that pertain to these cases.

4. **Exhibit B-1** is a location map for the proposed horizontal spacing units (“Unit”) within the Second Bone Spring formation. The approximate wellbore paths for the proposed **Yeah Yeah Federal Com #501H well, Yeah Yeah Federal Com #502H well, Yeah Yeah Federal Com #503H well, Yeah Yeah Federal Com #504H, Yeah Yeah Federal Com #505H, Yeah Yeah Federal Com #601H well, and Yeah Yeah Federal Com #602H well** (“Second Bone Spring Wells”) are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines.

5. **Exhibit B-2** is a location map for the Units within the Third Bone Spring formation. The approximate wellbore paths for the proposed **Yeah Yeah Federal Com #603H, Yeah Yeah Federal Com #604H, Yeah Yeah Federal Com #605H, Yeah Yeah Federal Com #606H, Yeah**

Yeah Federal Com #607H (“Third Bone Spring Wells”) are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines.

6. **Exhibit B-3** is a subsea structure map for the top of the Second Bone Spring formation that is representative of the targeted interval within the formation. The data points are indicated by gray squares. The approximate wellbore paths for the Second Bone Spring Wells are depicted by dashed lines. The map demonstrates the formation is gently dipping to the south 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-4** is a cross section map that identifies three wells penetrating the Second Bone Spring formation that I used to construct a stratigraphic cross-section from A to A'. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area.

8. **Exhibit B-5** is a stratigraphic cross-section using the representative wells identified on **Exhibit B-4**. It contains gamma ray, resistivity and porosity logs. The proposed landing zone for the Second Bone Spring Wells is labeled on the exhibit. This cross-section demonstrates the target interval is continuous across the Unit.

9. **Exhibit B-6** is a subsea structure map for the top of the Third Bone Spring formation that is representative of the targeted interval within the formation. The data points are indicated by gray squares. The approximate wellbore paths for the Third Bone Spring Wells are depicted by dashed lines. The map demonstrates the formation is gently dipping to the south in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

10. **Exhibit B-7** is a cross section map that identifies three wells penetrating the Third Bone Spring formation that I used to construct a stratigraphic cross-section from B to B'. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area.

11. **Exhibit B-8** is a stratigraphic cross-section using the representative wells identified on **Exhibit B-7**. It contains gamma ray, resistivity and porosity logs. The proposed landing zone for the Third Bone Spring Wells is labeled on the exhibit. This cross-section demonstrates the target interval is continuous across the Unit.

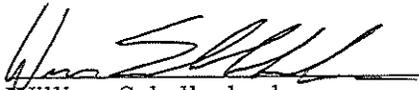
12. In my opinion, a standup orientation for the Wells is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and the lack of preferred fracture orientation in this portion of the trend.

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

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

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

16. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony contained herein 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.


William Schellenbach

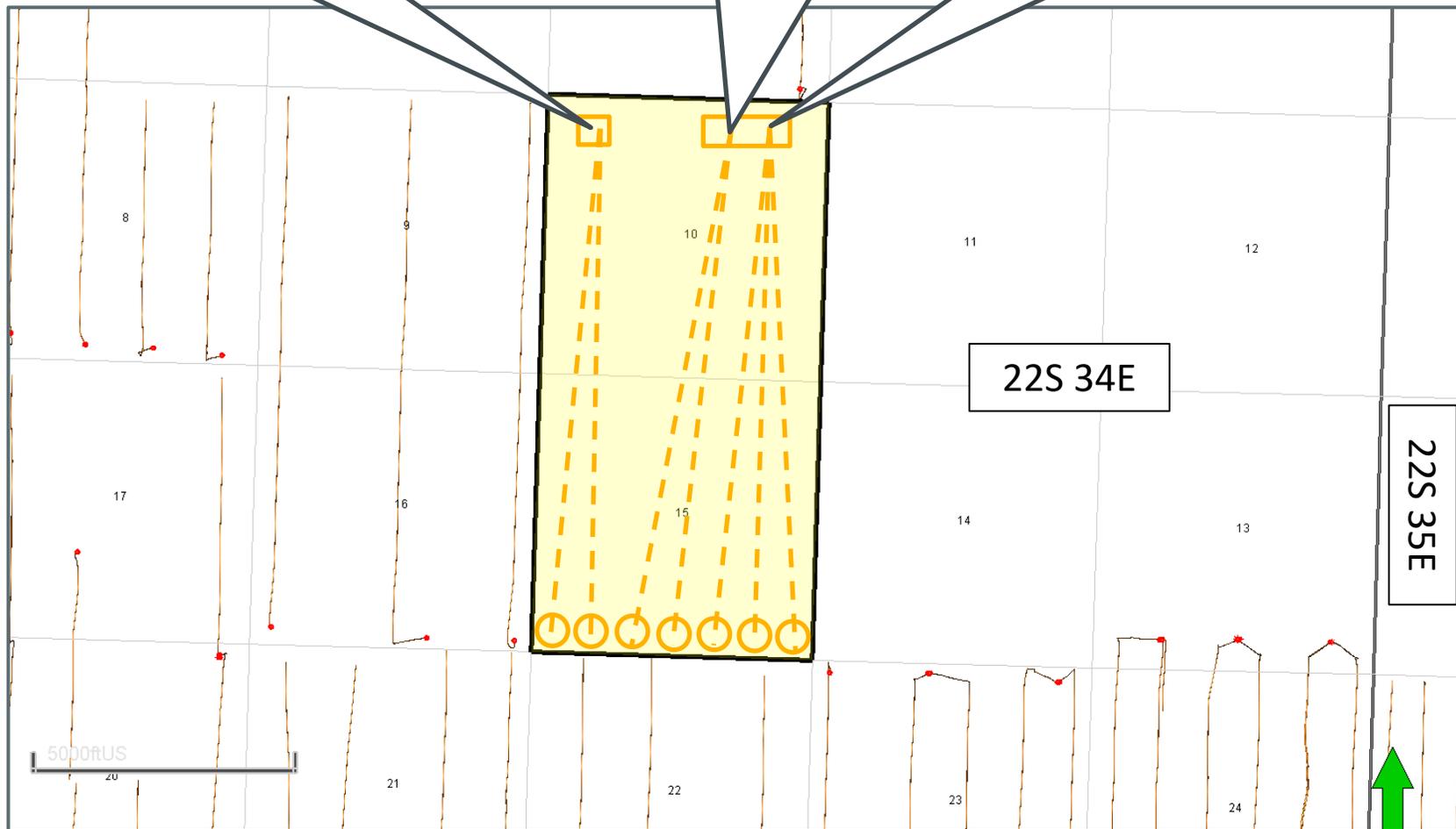
7/28/22
Date

Yeah Yeah Fed Com 501H – 505H, 601H – 602H

Yeah Yeah Fed Com 505H
Yeah Yeah Fed Com 504H

Yeah Yeah Fed Com 601H
Yeah Yeah Fed Com 602H

Yeah Yeah Fed Com 501H
Yeah Yeah Fed Com 502H
Yeah Yeah Fed Com 503H



Map Legend

- SHL □
- COG – 2nd Bone Spring Horizontal Location
- BHL ○
- Producing 2nd Bone Spring Wells
- COG Acreage

COG Operating, LLC
Case No. 22926
Exhibit B-1

Yeah Yeah Fed Com 603H – 607H

Yeah Yeah Fed Com 603H
Yeah Yeah Fed Com 604H

Yeah Yeah Fed Com 605H
Yeah Yeah Fed Com 606H
Yeah Yeah Fed Com 607H

22S 34E

22S 35E

Map Legend

-  SHL
-  BHL
-  Producing 3rd Bone Spring Wells
-  COG Acreage
-  COG – 3rd Bone Spring Horizontal Location

COG Operating, LLC
Case No. 22926
Exhibit B-2

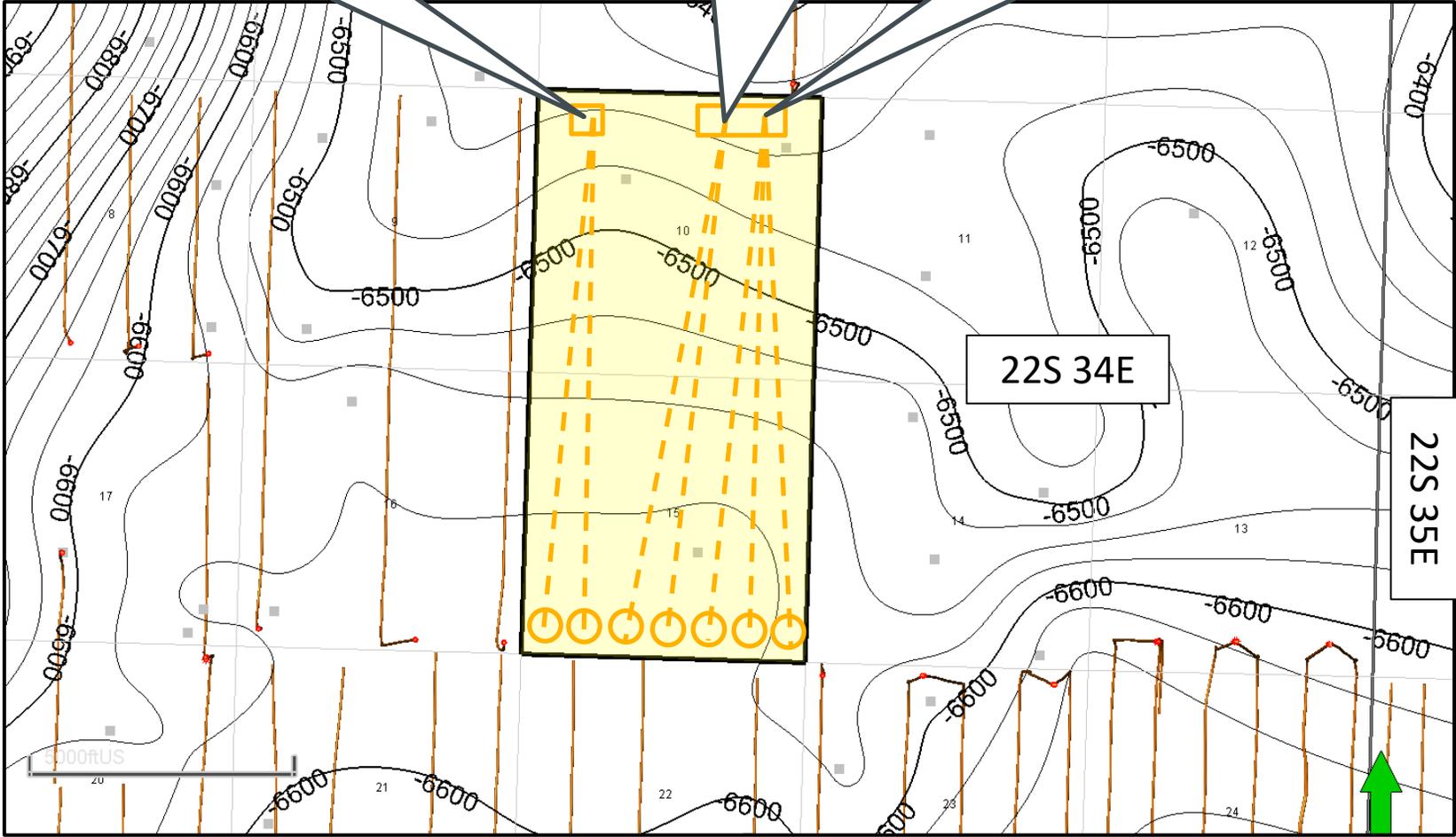
5000rUS
20

Yeah Yeah Fed Com– Second Bone Spring Sand Structure Map (SSTVD)

Yeah Yeah Fed Com 505H
Yeah Yeah Fed Com 504H

Yeah Yeah Fed Com 601H
Yeah Yeah Fed Com 602H

Yeah Yeah Fed Com 501H
Yeah Yeah Fed Com 502H
Yeah Yeah Fed Com 503H



Map Legend



COG – 2nd Bone Spring Horizontal Location



Producing 2nd Bone Spring Wells



BS2S Structure
CI: 25'



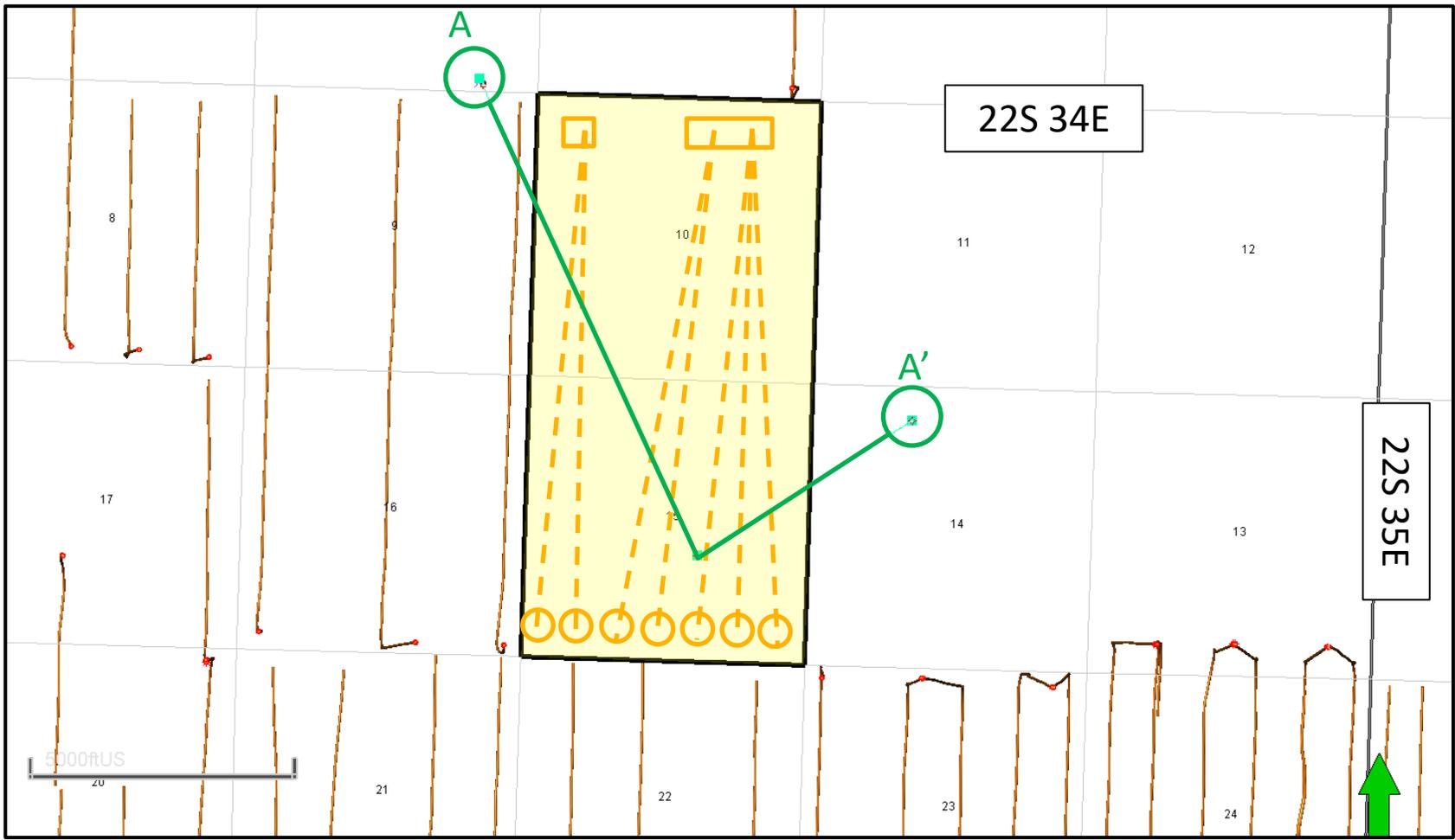
Data point



COG Acreage

COG Operating, LLC
Case No. 22926
Exhibit B-3

Year Year Fed Com – Cross Section Map

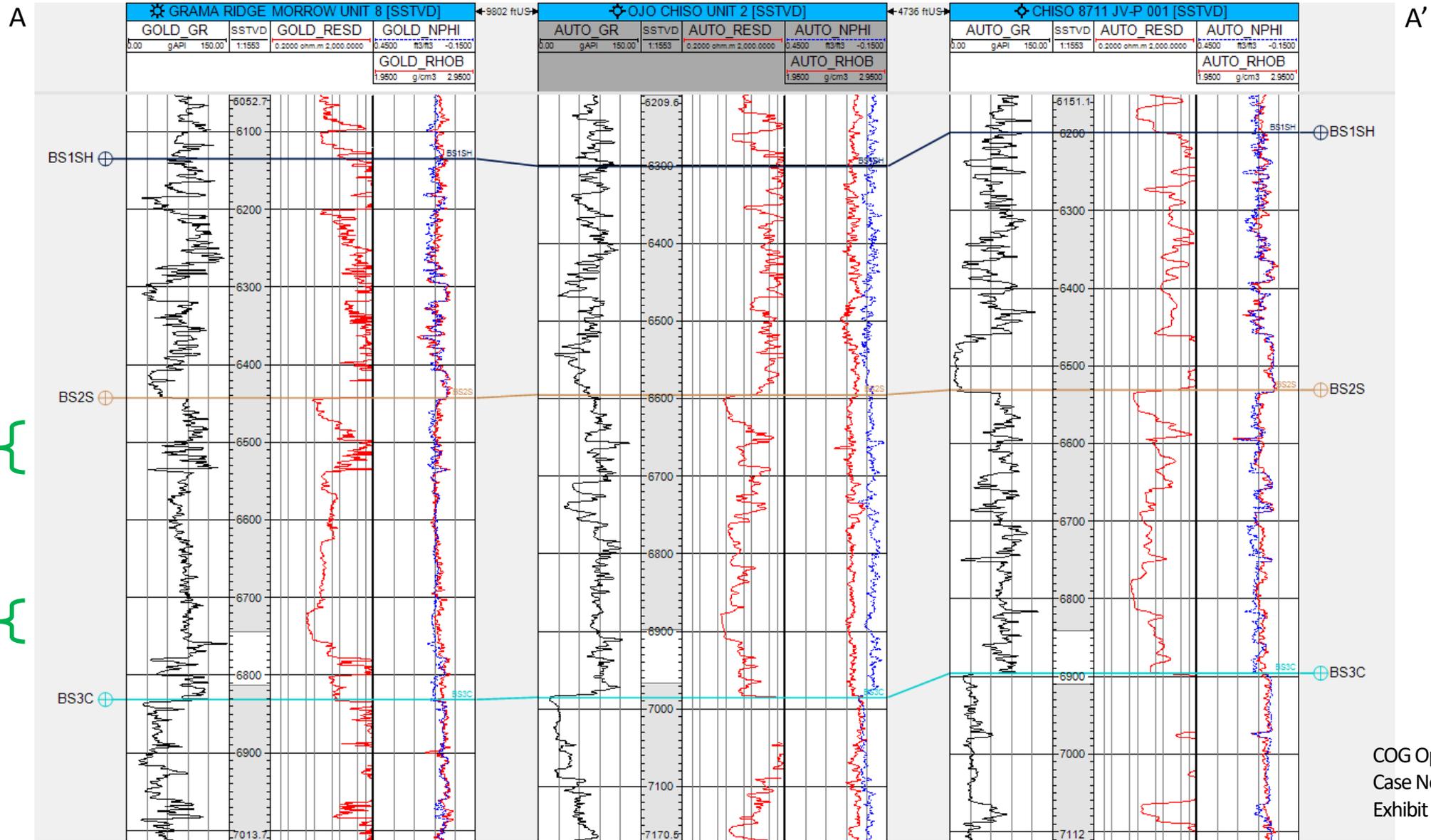


Map Legend

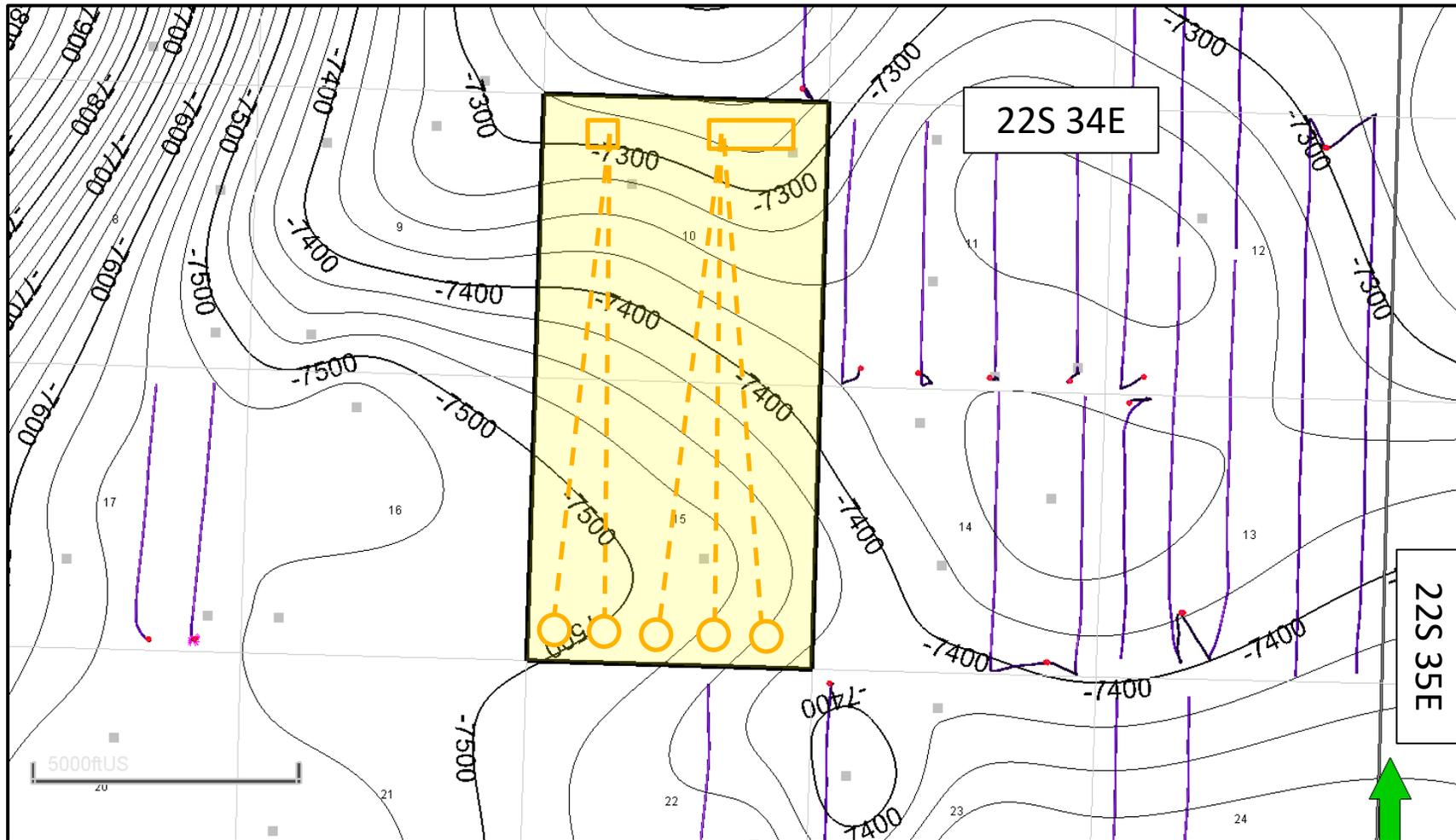
- SHL** COG – 2nd Bone Spring Horizontal Location
- BHL** COG – 2nd Bone Spring Horizontal Location
- Producing 2nd Bone Spring Wells
- Cross Section Line
- COG Acreage

COG Operating, LLC
 Case No. 22926
 Exhibit B-4

Year Year Fed Com – Cross Section A – A'



Year Year Fed Com Third Bone Spring Structure Map (SSTVD)

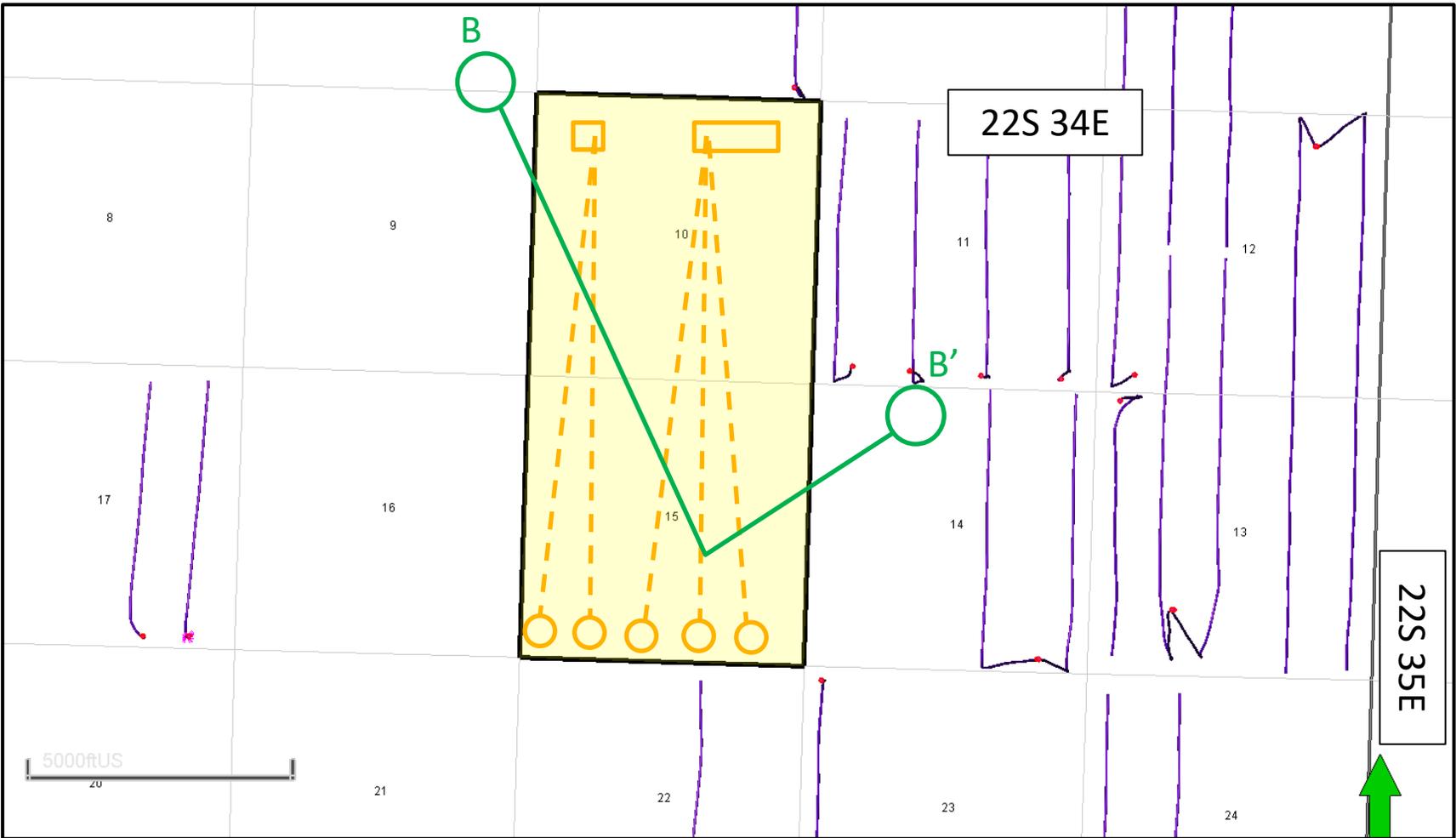


Map Legend

-  SHL
-  BHL
-  Producing 3rd Bone Spring Wells
-  BS2S Structure
CI: 25'
-  Data point
-  COG Acreage
-  COG - 3rd Bone Spring Horizontal Location

COG Operating, LLC
Case No. 22926
Exhibit B-6

Year Year Fed Com – Cross Section Map

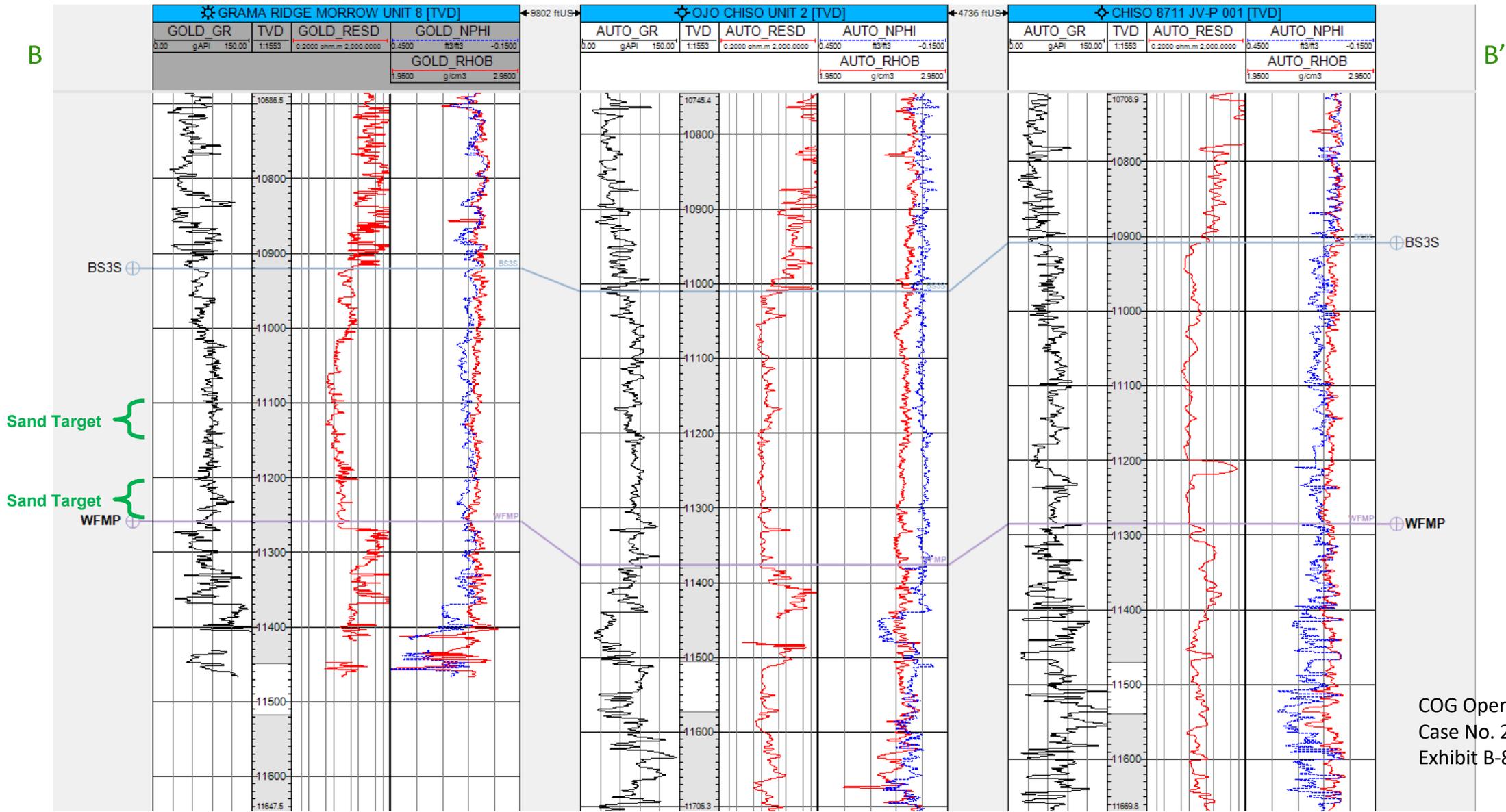


Map Legend

- SHL — COG – 3rd Bone Spring Horizontal Location
- BHL — COG – 3rd Bone Spring Horizontal Location
- ● — Producing 3rd Bone Spring Wells
- COG Acreage

COG Operating, LLC
 Case No. 22926
 Exhibit B-7

Year Year Fed Com– Stratigraphic Cross Section B – B'



COG Operating, LLC
Case No. 22926
Exhibit B-8

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

CASE NO. 22926

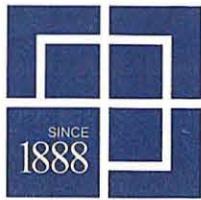
SELF AFFIRMED STATEMENT OF DANA S. HARDY

1. I, Dana S. Hardy, am attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, and being first duly sworn, upon oath, state as follows.
2. I am familiar with the Notice Letter attached as **Exhibit C-1** and caused the Notice Letter to be sent to the parties set out in the chart attached as **Exhibit C-2**.
3. The above-referenced Application was provided, along with the Notice Letters, to the recipients listed in Exhibit C-2.
4. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received.
5. Copies of the certified mail green cards and white slips are attached as **Exhibit C-3** as supporting documentation for proof of mailing and the information provided on Exhibit C-2.
6. On July 15, 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 Hobbs News-Sun, along with a copy of the notice publication, is attached as **Exhibit C-4**.
7. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony 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 under my signature below.

COG Operating LLC
Case No. 22926
Exhibit C

/s/ Dana S. Hardy
Dana S. Hardy

August 2, 2022
Date



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

June 28, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL OVERRIDING ROYALTY INTERESTS

Re: Case Nos. 22926 & 22927 - Applications of COG Operating, LLC for Compulsory Pooling, Lea 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 **August 4, 2022** beginning at 8:15 a.m.

Hearings are currently 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 submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) or via e-mail to ocd.hearings@state.nm.us 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 me if you have questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

COG Operating LLC
Case No. 22926
Exhibit C-1

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



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

July 6, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 22926 & 22927 - Applications of COG Operating, LLC for Compulsory Pooling, Lea 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 **August 4, 2022** beginning at 8:15 a.m.

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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 submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) or via e-mail to ocd.hearings@state.nm.us 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 me if you have questions about this matter.

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 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 COG OPERATING LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NOs. 22926 & 22927

NOTICE LETTER LIST – OVER RIDING ROYALTY INTERESTS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Alan Jochimsen, SP ATTN: Alan Jochimsen 4209 Cardinal Lane Midland, TX 79707-1935	06/28/22	07/07/22
Deborah Fedric, SP PO Box 1837 Roswell, NM 88202-1837	06/28/22	07/07/22
Deborah Fedric, SP 1 Hillcrest Dr Roswell, NM 88201-3920	06/28/22	07/25/22 Return to sender. “Vacant.”
Douglas Investments, Inc. 3220 North Freeway Fort Worth, TX 76111	06/28/22	07/15/22 Return to sender. “Insufficient address.”
GGM Exploration Inc. PO Box 123610 Fort Worth, TX 76121	06/28/22	07/15/22
GHHunker, LLC c/o George H. Hunker PO Box 524 Lander, WY 82520	06/28/22	07/06/22
GHHunker, LLC c/o George H. Hunker 2939 Sinks Canyon Rd Kander WY 82520	06/28/22	07/06/22
Donna P. Landreth 110 W. Louisiana St., Suite 404 Midland, TX 79701	06/28/22	07/07/22 No signature on return.
Robert E. Landreth 110 W. Louisiana St., Suite 404 Midland, TX 79701	06/28/22	07/07/22
MKHM Oil, LLC c/o Margaret Kay Meuse 3200 N. Tacoma St Arlington, VA 22213-1340	06/28/22	07/05/22

COG Operating LLC
Case No. 22926
Exhibit C-2

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NOs. 22926 & 22927

NOTICE LETTER LIST – OVER RIDING ROYALTY INTERESTS

Karen R. McLane 4841 Rustic Trail Midland, TX 79707-1416	06/28/22	Per USPS Tracking: 07/06/22 Item to be redelivered.
Monty D. McLane PO Box 9451 Midland, TX 79708-9451	06/28/22	07/25/22 Return to sender.
Monty D. McLane 4841 Rustic Trail Midland, TX 79707-1416	06/28/22	Per USPS Tracking: 07/06/22 Item to be redelivered.
McMullen Minerals, LLC 2821 W 7th St Suite 515 Fort Worth, TX 76107	06/28/22	07/05/22
Mist Morning Partnership, Ltd. 1645 Fox Lane Burleson, TX 76028	06/28/22	08/01/22 Return to sender. Not deliverable as addressed.
Sammy L Morrison, Trustee of the Sammy and Sibyl Morrison Mineral Trust 4617 Breezeway Court Midland, TX 79707	06/28/22	07/07/22
Norton, LLC ATTN: Judith Norton, Member Owner 60 Beach Ave – Bay View South Dartmouth, MA 02748	06/28/22	07/08/22
Panther City Exploration Co., LLC 307 W 7th St., Suite 810 Fort Worth, TX 76102	06/28/22	07/05/22
Pegasus Resources, LLC PO Box 470698 Fort Worth, TX 76147	06/28/22	07/12/22

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NOs. 22926 & 22927

NOTICE LETTER LIST – OVER RIDING ROYALTY INTERESTS

PetroGulf Corporation 600 Grant St., Suite 850 Denver, CO 80203	06/28/22	Per USPS Tracking: 07/05/22 Item was delivered to an individual at the address.
States Royalty Limited Partnership ATTN: Wayne Christian, President PO Box 911 Breckenridge, TX 76424-0911	06/28/22	07/05/22
States Royalty Limited Partnership ATTN: Wayne Christian, President 300 N Breckenridge Ave Breckenridge, TX 76424-3506	06/28/22	07/05/22
Scott W. Tanberg 2509 Legacy Oaks Midland, TX 79705-1824	06/28/22	07/07/22
Phillip L White PO Box 25968 Albuquerque, NM 87125	06/28/22	Per USPS Tracking: 06/29/22 Item picked up from post office.

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NO.s 22926 & 22927

NOTICE LETTER LIST – WORKING INTERESTS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
BTA Oil Producers, LLC 104 South Pecos St Midland, TX 88202	06/28/22	Per USPS Tracking: 07/05/22 In transit to next facility.
Larry T. Long PO Box 3096 Kilgore, TX 75663	06/28/22	07/08/22
Aleyna N. Pace C/O Nuray K. Pace 15 Maroon Creek Court The Woodlands, TX 77389	06/28/22	07/05/22
Rhonda R. Pace 3920 Merritt Rd Sachse, TX 75048-4610	07/06/22	07/12/22
Tara N. Pace C/O Nuray K. Pace 15 Maroon Creek Court The Woodlands, TX 77389	06/28/22	07/05/22
Wildcat Energy, LLC ATTN: Roger Becker PO Box 13323 Odessa, TX 79768	06/28/22	07/05/22

7021 0950 0002 0373 8234

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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 Alan Jochimsen, SP/ST
 4209 Cardinal Lane
 Midland, TX 79707-1935

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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

Postmark
 JUN 28 2022
 SANTA FE, NM 87501

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) _____</p> <p>C. Date of Delivery <u>7-1-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Alan Jochimsen, SP 4209 Cardinal Lane Midland, TX 79707-1935</p> <p>22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p>  <p>9590 9402 7543 2098 9420 09</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input 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 <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p><u>7021 0950 0002 0373 8234</u></p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

COG Operating LLC
 Case No. 22926
 Exhibit C-3

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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 Deborah Fedric, SP
PO Box 1837
Roswell, NM 88202-1837

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____ 22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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

SANTA FE, NM 87501
 JUN 28 2022
 Postmark Here

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>1. Article Addressed to:</p> <p style="text-align: center;">Deborah Fedric, SP PO Box 1837 Roswell, NM 88202-1837</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p> <p style="text-align: center;">9590 9402 7543 2098 9421 39</p>	<p>B. Received by (Printed Name) <u>Deborah Fedric</u> C. Date of Delivery <u>7/5/22</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">7021 0950 0002 0373 8197</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 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 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 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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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

GGM Exploration Inc.
 PO Box 123610
 Fort Worth, TX 76121

22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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

Postmark JUN 28 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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>GGM Exploration Inc. PO Box 123610 Fort Worth, TX 76121</p> <p>22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p> <p>9590 9402 7543 2098 9420 61</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input 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"/> 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 0373 8302</p>	
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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 Apt. No., or PO Box No. GHHunker, LLC
 c/o George H. Hunker
 PO Box 524
 City, State, ZIP+4® Lander, WY 82520
 22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Name]</i> C. Date of Delivery <i>[Date]</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>GHHunker, LLC c/o George H. Hunker PO Box 524 Lander, WY 82520</p> <p>22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p> <p>9590 9402 7543 2098 9419 65</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input 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"/> 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 0373 8357</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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JUN 28 2022

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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. No., or PO Box No.		GHHunker, LLC c/o George H. Hunker 2939 Sinks Canyon Rd Kander, WY 82520
City, State, ZIP+4®		22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">GHHunker, LLC c/o George H. Hunker 2939 Sinks Canyon Rd Kander, WY 82520</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p> <p style="text-align: center; font-size: 1.2em;">9590 9402 7543 2098 9419 58</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0373 8135</p>	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p style="text-align: right;">7-1-22</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.5em;">PO Box 524</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 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 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 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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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Donna P. Landreth
110 W. Louisiana St, Suite 404
Midland, TX 79701

City, State, ZIP+4® 22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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>1. Article Addressed to:</p> <p>Donna P. Landreth 110 W. Louisiana St, Suite 404 Midland, TX 79701</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</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 style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0373 8265</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature 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 style="font-size: 0.8em;">PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p style="text-align: right; font-size: 0.8em;">Domestic Return Receipt</p>

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SANTA FE, NM 87501

JUN 28 2022

USPS

Postmark Date

7021 0950 0002 0373 8258

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 E. Landreth	
110 W. Louisiana St, Suite 404	
Midland, TX 79701	
City, State, ZIP+4®	
22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)	
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;">Robert E. Landreth 110 W. Louisiana St, Suite 404 Midland, TX 79701</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p> <div style="text-align: center;">  9590 9402 7543 2098 9420 23 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0373 8258</p>	<p>A. Signature</p> <p style="margin-left: 20px;">X <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>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 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 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 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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SANTA FE NM 87501
JUN 28 2022
USPS

7021 0950 0002 0373 8142

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. No., or PO Box No. MKHM Oil, LLC c/o Margaret Kay Meuse 3200 N. Tacoma St	
City, State, ZIP+4® Arlington, VA 22213-1340 22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)	

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

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>MKHM Oil, LLC c/o Margaret Kay Meuse 3200 N. Tacoma St Arlington, VA 22213-1340</p> <p style="font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p> <p style="text-align: center;">9590 9402 7543 2098 9419 41</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0373 8142</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Kay Meuse</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Kay Meuse</i> <i>7/1/22</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: 0.8em;"> <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 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 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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<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 0373 8296

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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 Apt. No., or PO Box No. McMullen Minerals, LLC
 2821 W 7th St, Suite 515
 Fort Worth, TX 76107

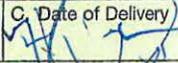
City, State, ZIP+4® _____

Postmark: SANTA FE, NM 87501 JUN 28 2022

USPS

22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</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 checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>McMullen Minerals, LLC 2821 W 7th St, Suite 515 Fort Worth, TX 76107</p> <p>22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p>  <p>9590 9402 7543 2098 9420 78</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input 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 0373 8296</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)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To **Sammy L Morrison, Trustee of the Sammy and Sibyl Morrison Mineral Trust**

Street and Apt. No., or PO Box No. **4617 Breezeway Court**

City, State, ZIP+4® **Midland, TX 79707**

22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

Postmark Here
JUN 28 2022

MIDLAND, TX, NM 87507

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

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Sammy L Morrison, Trustee of the Sammy and Sibyl Morrison Mineral Trust 4617 Breezeway Court Midland, TX 79707</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</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 7543 2098 9421 15</p> </div>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input 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="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0373 8340</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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7021 0950 0002 0373 8159

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>Norton, LLC Judith Norton, Member Owner 60 Beach Ave – Bay View South Dartmouth, MA 02748</p> <p style="font-size: 0.8em;">22926 & 22927 COG – Yeah Yeah ORRI (W2 & E2)</p>  <p style="text-align: center;">9590 9402 7543 2098 9419 34</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0373 8159</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="font-size: 1.2em;">Norton 7/1/22</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 style="text-align: center; font-size: 1.5em; color: red;">SOUTH DARTMOUTH MA JUL 1 - 1 2022 USPS</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 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 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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PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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USPS

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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 Apt. No., or PO Box No. Panther City Exploration Company, LLC 307 W 7th St, Suite 810	
City, State, ZIP+4® Fort Worth, TX 76102	
22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Panther City Exploration Company, LLC 307 W 7th St, Suite 810 Fort Worth, TX 76102</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p> <p style="text-align: center; font-weight: bold;">9590 9402 7543 2098 9420 92</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 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 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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<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
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<p>2. Article Number (Transfer from service label)</p> <p style="font-weight: bold; font-size: 1.2em;">7021 0950 0002 0373 8326</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																	

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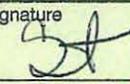
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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage and Fees		
\$		
Sent To		
Pegasus Resources, LLC		
PO Box 470698		
Fort Worth, TX 76147		
City, State, ZIP+4®		22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Pegasus Resources, LLC PO Box 470698 Fort Worth, TX 76147</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p>  <p style="text-align: center; font-size: 1.2em;">9590 9402 7543 2098 9421 08</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 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 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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<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0373 8333</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

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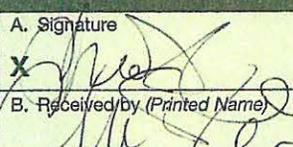
7021 0950 0002 0373 8173

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 JUN 28 2016
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Sent To: States Royalty Limited Partnership
Wayne Christian, President
PO Box 911
Breckenridge, TX 76424-0911
22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">States Royalty Limited Partnership Wayne Christian, President PO Box 911 Breckenridge, TX 76424-0911</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p> <div style="text-align: center;">  9590 9402 7543 2098 9421 53 </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0373 8173</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 07-21-22</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 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 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 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)																	

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

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

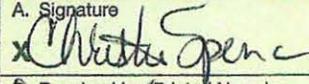
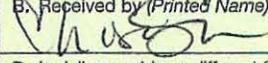
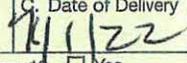
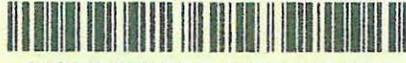
Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Apt. No., or PO Box No. States Royalty Limited Partnership
 Wayne Christian, President
 300 N Breckenridge Ave
 Breckenridge, TX 76424-3506
 City, State, ZIP+4® 22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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

Postmark Here
 JUN 28 2022
 SANTA FE, NM 87501

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>States Royalty Limited Partnership Wayne Christian, President 300 N Breckenridge Ave Breckenridge, TX 76424-3506</p> <p style="text-align: center;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p>  <p style="text-align: center;">9590 9402 7543 2098 9421 60</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input 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"/> 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 0373 8166</p>	
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SANTA FE, NM 87501
JUN 28 2022
USPS

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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

Street and Apt. No., or PO Box No. Scott W Tanberg
2509 Legacy Oaks
Midland, TX 79705-1824

City, State, ZIP+4® 22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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

7021 0950 0002 0373 8241

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>Scott W. Tanberg 2509 Legacy Oaks Midland, TX 79705-1824</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)</p> <p style="text-align: center; font-size: 1.2em;">9590 9402 7543 2098 9420 16</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">7021 0950 0002 0373 8241</p>	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right; font-size: 1.2em;">7/5/22</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 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 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 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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\$

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
\$

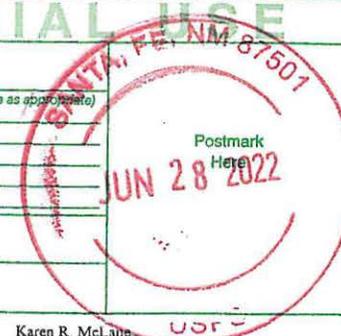
Total Postage and Fees
\$

Sent To
Karen R. McLane
4841 Rustic Trail
Midland, TX 79707-1416

Street and Apt. No., or PO Box No.

City, State, ZIP+4®
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\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Monty D. McLane
4841 Rustic Trail
Midland, TX 79707-1416

Street and Apt. No., or PO Box No.

City, State, ZIP+4®
22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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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
PetroGulf Corporation
600 Grant St, Suite 850
Denver, CO 80203

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City, State, ZIP+4®
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Extra Services & Fees (check box, add fee as appropriate)

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

Postage
\$

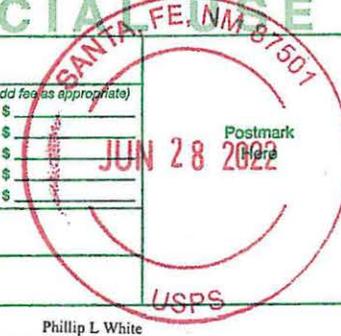
Total Postage and Fees
\$

Sent To
Phillip L. White
PO Box 25968
Albuquerque, NM 87125

Street and Apt. No., or PO Box No.

City, State, ZIP+4®
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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

Street and Apt. No., or PO Box No. Deborah Fedric, SP
1 Hillcrest Dr
Roswell, NM 88201-3920

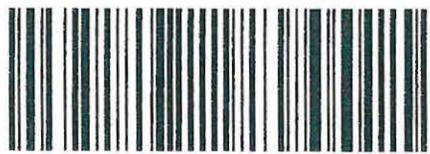
City, State, ZIP+4® 22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

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Hinkle Shanor LLP
Santa Fe NM 87504

Deborah Fedric, SP
1 Hillcrest Dr
Roswell, NM 88201-3920

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C-8
2-1

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

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Street and Apt. No., or PO Box No. Douglas Investments, Inc.
3220 North Freeway
Fort Worth, TX 76111

City, State, ZIP+4® _____

22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

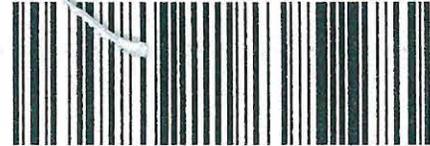
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 ATTORNEYS AT LAW
 POST OFFICE BOX 2068
 SANTA FE, NEW MEXICO 87504



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Douglas Investments, Inc.
 3220 North Freeway
 Fort Worth, TX 76111

22926 & 22927 COG - Yeah Yeah ORRI (W2 & E2)

Hinkle Shanor LLP
 Santa Fe NM 87504

NIXIE 750 DE 1 0007/09/22

RETURN TO SENDER
 INSUFFICIENT ADDRESS
 UNABLE TO FORWARD

BC: 87504206868 *1882-08237-09-26

.. 9400921882188400

7511475012068
 IA
 7511475012068

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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 Monty D. McLane
 PO Box 9451
 Street and Apt. No., or PO Box No. Midland, TX 79708-9451

City, State, ZIP+4® 22926 & 22927 COG - Yeah Yeah ORR (W2 & E2)

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JUN 28 2022
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SANTA FE, NEW MEXICO 87504



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0006052409 JUN 28 2022

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JUL 25 2022

Hinkle Shanor LLP
Santa Fe NM 87504

Monty D. McLane
PO Box 9451
Midland, TX 79708-9451

22926 & 22927 COG - Yeah Yeah ORR (W2 & E2)

1st NOTICE 7-1
2nd NOTICE 7-16
RETURNED

NIXIE 799 DE 1 0007/17/22

RETURN TO SENDER
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UNABLE TO FORWARD

9304189825619701

UNC

BC: 87504206868 *0693-04871-17-27

7570899490600

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Extra Services & Fees (check box, add fee if 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		Postmark Here
Total Postage and Fees		
Sent To		
Street and Apt. No., or PO Box No.		Larry Long PO Box 3096
City, State, ZIP+4®		Kilgore, TX 75663 22926 & 22927 COG - Yeah Yeah

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

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature x <i>Kathy Addison</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 7-5-22</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;">Larry T. Long PO Box 3096 Kilgore, TX 75663</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah</p> <p style="text-align: center;">9590 9402 7543 2098 9416 82</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 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 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 type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
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<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 0373 8081</p>																	
PS Form 3811, July 2020 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 \$ _____	 Postmark Here
Postage \$ _____ Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____ Aleyna N. Pace ATTN: Nurray K Pace 15 Maroon Creek Court The Woodlands, TX 77389 22926 & 22927 COG - Yeah Yeah	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> • Complete items 1, 2, and 3. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery N. Pace 7/1/22</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;">Aleyna N. Pace ATTN: Nurray K Pace 15 Maroon Creek Court The Woodlands, TX 77389 22926 & 22927 COG - Yeah Yeah</p> <div style="text-align: center;">  9590 9402 7543 2098 9417 29 </div>	<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 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 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®																
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<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 0373 8043</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																	

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Postmark Here

7021 0950 0002 0373 7145

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		
Rhonda R. Pace		
3920 Merritt Rd		
Sachse, TX 75048-4610		
22926 & 22927 COG - Yeah Yeah		

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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Rhonda R. Pace 3920 Merritt Rd Sachse, TX 75048-4610</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah</p> </div> <p style="text-align: center;">  9590 9402 7543 2098 9428 56 </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 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 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®																
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<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<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 0373 7145</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 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	
Street and Apt. No., or PO Box No.	Tara N Pace ATTN: Nuray K Pace 15 Maroon Creek Court The Woodlands, TX 77389
City, State, ZIP+4®	22926 & 22927 COG - Yeah Yeah

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Nuray K Pace 7/1/22</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;">Tara N Pace ATTN: Nuray K Pace 15 Maroon Creek Court The Woodlands, TX 77389</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah</p> <p style="text-align: center; font-size: 1.2em;">9590 9402 7543 2098 9417 12</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 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 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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<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: 1.5em; font-weight: bold;">7021 0950 0002 0373 8050</p>																	
PS Form 3811, July 2020 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	
Street and Apt. No., or PO Box No.	Wildcat Energy, LLC ATTN: Roger Becker PO Box 13323
City, State, ZIP+4®	Odessa, TX 79768 22926 & 22927 COG - Yeah Yeah

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"/> R L Becker <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery R L Becker</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;">Wildcat Energy, LLC ATTN: Roger Becker PO Box 13323 Odessa, TX 79768</p> <p style="text-align: center; font-size: 0.8em;">22926 & 22927 COG - Yeah Yeah</p>  <p style="text-align: center;">9590 9402 7543 2098 9416 99</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 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 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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<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0373 8074</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	
Street and Apt. No., or PO Box No.	BTA Oil Producers, LLC ATTN: Rex Barker 104 S. Pecos St
City, State, ZIP+4®	Midland, TX 79701-5021 22926 & 22927 COG - Yeah Yeah
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

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

Beginning with the issue dated
July 15, 2022
and ending with the issue dated
July 15, 2022.



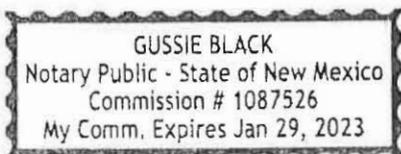
Publisher

Sworn and subscribed to before me this
15th day of July 2022.



Business Manager

My commission expires
January 29, 2023
(Seal)



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

LEGAL	LEGAL	LEGAL
LEGAL NOTICE July 15, 2022		
<p>This is to notify all interested parties, including Aleyna N. Pace; Nuray K. Pace; BTA Oil Producers LLC; Tara K. Pace; Larry T. Long; Rhonda R. Pace; PetroGulf Corporation; GHH Hunker, LLC; George H. Hunker; MKHM Oil, LLC; Margaret Kay Meuse; Norton, LLC; Judith Norton; States Royalty Limited Partnership; Deborah Fedric, SP; Monty D. McLane; Karen R. McLane; Alan Jochimsen, SP; Scott W. Tanberg; Robert E. Landreth; Donna P. Landreth; Phillip L. White; Douglas Investments, Inc.; GGM Exploration Inc; McMullen Minerals, LLC; Mist Morning Partnership, Ltd.; Panther City Exploration Company, LLC; Pegasus Resources, LLC; Sammy L. Morrison, Trustee of the Sammy and Sibyl Morrison Mineral Trust; Tundra AD3, LLC; Montaigne Minerals, LLC; Freehold Royalties (USE) Inc.; Desert Partners VI, LP; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating LLC (Case No. 22926). The hearing will be conducted remotely on August 4, 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: https://www.emnrd.nm.gov/ocd/hearing-info/. Applicant applies for an order pooling all uncommitted mineral interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit ("Unit") comprised of the E/2 of Sections 10 and 15, Township 22 South, Range 34 East, Lea County, New Mexico. The Unit will be dedicated to the following wells ("Wells"): Yeah Yeah Federal Com #501H well, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15; Yeah Yeah Federal Com #502H well, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15; Yeah Yeah Federal Com #503H well, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 15; Yeah Yeah Federal Com #601H well, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15; Yeah Yeah Federal Com #605H well, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 10 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 15; and Yeah Yeah Federal Com #606 well, to be drilled from a surface hole location in the SW/4 SE/4 (Unit O) of Section 15. The completed intervals of the wells will be orthodox. The completed interval of the Yeah Yeah Federal Com #502H well will be located within 330' of the quarter-quarter section line separating the W/2 E/2 and E/2 E/2 of Sections 10 and 15 to allow for the creation of a 640-acre standard horizontal spacing unit. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the cost, 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 18 miles west of Eunice, New Mexico. #37848</p>		

COG Operating LLC
Case No. 22926
Exhibit C-4

02107475

00268913

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

