

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

APPLICATIONS OF MATADOR PRODUCTION
COMPANY TO AMEND ORDERS, EDDY COUNTY,
NEW MEXICO.

Case Nos. 22706-22707 AND 22710-22711

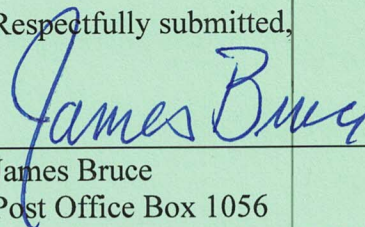
NOTICE OF FILING REPLACEMENT EXHIBIT

(Part I)

Matador Production Company hereby submits the following replacement exhibit:

Replacement Exhibit 4: This is the affidavit of certified notice, which contains all of the certified white and green cards.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043
jamesbruc@aol.com

Attorney for Matador Production Company

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

**APPLICATIONS OF MATADOR PRODUCTION
COMPANY TO AMEND ORDERS FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

Case Nos. 22706-22707-22710-22711

SELF-AFFIRMED STATEMENT OF NOTICE

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

James Bruce deposes and states:

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

Date:

8/30/22

James Bruce
James Bruce

Replacement
4
EXHIBIT

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruc@aol.com

July 14, 2022

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Enclosed are copies of the following four applications, filed with the New Mexico Oil Conservation Division by Matador Production Company:

1. In Case No. 22706 Matador Production Company seeks an order amending Order Nos. R-21267 (issued on April 28, 2020) and R-21267-A to extend the well commencement deadline one additional year, to April 28, 2023. Order No. R-21267 pooled mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2N/2 of Section 21 and the N/2N/2 of Section 22, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico, for purposes of drilling the Michael K & B 2122 Fed. Com. Well No. 121H.
2. In Case No. 22707 Matador Production Company seeks an order amending Order Nos. R-21268 (issued on April 28, 2020) and R-21268-A to extend the well commencement deadline one additional year, to April 28, 2023. Order No. R-21268 pooled mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the S/2N/2 of Section 21 and the S/2N/2 of Section 22, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico, for purposes of drilling the Michael K & B 2122 Fed. Com. Well No. 122H.
3. In Case No. 22710 Matador Production Company seeks an order amending Order Nos. R-21271 (issued on April 28, 2020) and R-21271-A to extend the well commencement deadline one year, to April 30, 2023. Order No. R-21271 pooled mineral interest owners in the Wolfcamp formation underlying a horizontal spacing unit comprised of the N/2N/2 of Section 21 and the N/2N/2 of Section 22, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico, for purposes of drilling the Michael K & B 2122 Fed. Com. Well No. 201H.

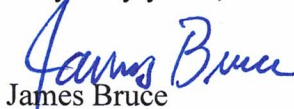
ATTACHMENT 

4. In Case No. 22711 Matador Production Company seeks an order amending Order Nos. R-21272 (issued on April 30, 2020) and R-21272-A to extend the well commencement deadline one additional year, to April 30, 2023. Order No. R-21272 pooled mineral interest owners in the Wolfcamp formation underlying a horizontal spacing unit comprised of the S/2N/2 of Section 21 and the S/2N/2 of Section 22, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico, for purposes of drilling the Michael K & B 2122 Fed. Com. Well No. 202H.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, August 4, 2022. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to emnrd.state.nm.us/OCD/hearings or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest who may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

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

Very truly yours,



James Bruce

Attorney for Matador Production Company

Yates Energy Corporation
P.O. Box 2323
Roswell, NM 88202

Santo Legado LLC
P.O. Box 1020
Artesia, NM 88211-1020

Sharbro Energy, LLC
P.O. Box 840
Artesia, NM 88211-0840

EOG Resources, Inc.
Midland Division – Land Department
P.O. Box 2267
Midland, TX 79702

Vladin, LLC
P.O. Box 100
Artesia, NM 88211-0111

John A. Yates, Trustee of Trust Q
u/w/o Peggy A. Yates, deceased
P.O. Box 100
Artesia, NM 88211-0111

T.I.G. Properties, L.P.
P.O. Box 10508
Midland, TX 79702

Pamela J. Burke, Trustee of the P.I.P. 1990 Trust, the
Claire Ann Iverson Revocable Living Trust, and the
Siegfried James Iverson, III, Revocable Living Trust
P.O. Box 10508
Midland, TX 79702

Van S. Welch, II
11111 Grant Road
Stonegate Villas Unit 815
Cypress, TX 77429

James Gary Welch
15714 Winding Moss Drive
Houston, TX 77068

Marian Welch Pendegrass
2705 Gaye Drive
Roswell, NM 88201

Robert Welch Gillespie
186 Sierra View
Pasadena, CA 91105

Erin L. Cofrin Revocable Trust
43 Camino Arroyo Place
Palm Desert, CA 92260

Van P. Welch, Jr.
2259-C Via Puerta
Laguna Woods, CA 92653

Phoebe J. Welch, Trustee of the Phoebe
J. Welch Trust dated July 27, 2006
20350 Marsh Creek Road
Brentwood, CA 94513-4808

Bryan W. Welch
1764 s. Paige Creek Place
Tucson, AZ 85748

Becky Welch Kitto
2707 N. Flanwill
Tucson, AZ 85716

Stacy Welch Green
5655 N. Via Umbrosa
Tucson, AZ 85750

Phoebe Jane Welch, IV
3501 146th Street
Lubbock, TX 79423

Wendell Terry Welch
P.O. Box 8418
Nikiski, AK 99635

Michael Irwin Welch
12010 Topeka Avenue
Lubbock, TX 79124

Sanders Thomas Welch
49730 Baun Drive
Kenai, AK 99611

EXHIBIT

A

Paul E. Siegel, Successor Fiduciary
607 North Broadway
Hastings, MI 49058

PetroYates, Inc.
P.O. Box 1608
Albuquerque, NM 87103-1608

Michael S. Richardson
P.O. Box 819
Roswell, NM 88202-0819

COG Operating LLC
Concho Oil & Gas LLC
600 West Illinois Ave.
Midland, TX 79701

Rita Lea Bonifield Spencer
6436 Nicklas
Oklahoma City, OK 73132

Morna Ruth Bonifield Canon
9403 Winding Ridge
Dallas, TX 75238

Carolyn Sue Bonifield Sandner
Vienna, Austria
OU, 43 1876

Pacific Enterprises Oil Company (USA) or
Union Pacific Resources Company
Address unknown

Braille Institute of America, Inc.
P.O. BOX 840738
Dallas, TX 75284

R. R. Hinkle Company, Inc.
1213 West Third Street
Roswell, NM 88201

McQuiddy Communications & Energy, Inc.
P.O. Box 2072
Roswell, NM 88201

Bank of America, N.A., Trustee of the
Selma E. Andrews Perpetual Charitable
Trust and the Selma E. Andrews Trust
f/b/o Peggy Barrett
P.O. Box 830308
Dallas, TX 75283

Marshall & Winston, Inc.
6 Desta Drive Ste 3100
Midland, TX, 79705-5538

Samuel H. Marshall, Jr. and William S. Marshall,
Trustees u/w/o Samuel Marshall, deceased
112 East Cherry Lane
Carlsbad, NM 88220

Mary Lynn Forehand
112 East Cherry Lane
Carlsbad, NM 88220

Charlotte Forehand Albright
1705 Boyd Drive
Carlsbad, NM 88220

Mark Pate and Elizabeth A. Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59400

Paul Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59401

Monty D. McLane and Karen R. McLane
P.O. Box 9451
Midland, TX 79708

Alan Jochimsen
4209 Cardinal Lane
Midland, TX 79707

States Royalty Limited Partnership
300 N. Breckenridge Avenue
Breckenridge, TX 76424

EXHIBIT

A

2

Randy Mike Whelan
221 Mockingbird Lane
Coppell, TX 75019

Paula Su Whelan
166 Roy St.
Seattle, WA 98109

Kelley Morand
1326 8th Ave.
Helena, MT 59601

Mel Whelan
1000 Cordova Pl. #632
Santa Fe, NM 87505

Tracy Morand
4 Oak Circle
Helena, MT 59601

Robin Williams
143 Jewett Lane
Three Forks, MT 59752

Katherine Coe Fodell
803 Montecello St. Apt. H
Houston, TX 77024-4515
HARRIS

Jeffrey Wayne Coe
924 Chateau Valee Circle
Bedford, TX 76022-7408

Lisa Diane Coe
248 W Colleen Ct
Gardner, KS 66030

Margaret H. Eccleston, Trustee
of the Margaret H. Eccleston Trust
271 Hillandale Court
Riverside, CA 92507

Sue F. Bennett
419 Chesapeake Drive
Great Falls, VA 22066

LML, LLC
6565 Americas Parkway NE, Ste 1000
Albuquerque, NM 87110

John T. Hinkle and Linda J. Hinkle, Trustees
of the Hinkle Living Trust
2604 Coronado Drive
Roswell, NM 88202

Laura Crumbaugh and Cheryl Ann Harrison,
Co-Trustees of the Bettianne H. Bowen Living Trust
238 Beverly Court
King City, CA 93930

Diamond Lil Properties, LLC
Spirit Trail, LLC
P.O. Box 1818
Roswell, NM 88202-1818

Catherine Coll, Trustee of the
Trust u/w/o Max W. Coll, II
83 La Barbaria Trail
Santa Fe, NM 87505

Charles E. Hinkle
P.O. Box 149
Monterey, CA 93940

Cynthia (Cindy) Hinkle, Trustee
u/w/o Clarence E. Hinkle
Rt. 3, Box 519
Carmel, CA 93923

Eric J. Coll
P.O. Box 1818
Roswell, NM 88202-1818

Clarke C. Coll
P.O. Box 1818
Roswell, NM 88202-1818

Lynn S. Allensworth
610 West Frazier
Roswell, NM 88201

Marsha S. Melton
1214 East 52nd Street
Odessa, TX 79762

3

EXHIBIT

A

William Joe Snipes
RR 4, 2305 East Pine Lodge Rd.
Roswell, NM 88201

Max W. Coll, III
7625-2 El Centro Blvd.
Las Cruces, NM 88012

John F. Coll, II
P.O. Box 1818
Roswell, NM 88202-1818

Melanie CollDeTemple
5653 Tobias Avenue
Van Nuys, CA 91411

Spiral, Inc.
P.O. Box 1933
Roswell, NM 88202-1933

Estate of Sarah Elizabeth Garner
1027 N 6th St.
Carlsbad, NM 88220

Chalcam Exploration, L.L.C.
200 West First, Suite 434
Roswell, NM 88201

Tierra Oil Company
P.O. Box 700968
San Antonio, TX 78270-0968

Westview Boy's Home, Inc.
120 W. Broadway
Hollis, OK 73550

The Central Church of Christ
of Amarillo, Texas
1401 Monroe
Amarillo, TX 79101

High Plains Children's Home
and Family Services, Inc.
11461 S. Western St.
Amarillo, TX 79118

Rolla R. Hinkle, III
P.O. Box 59
Roswell, NM 88202-0059

Claudia Liz Carlson
1610 Evette Court
Merced, CA 95430

Katherine Fletcher
c/o Martha Hunter
1610 Evette Court
Merced, CA 95430

Jean Wallace
1709 Missouri
Joplin, MO 64804

Susan Hendricks
482 Walker, #4
Ashland, OR 97520

Liberty Energy LLC
175 Berkeley, 8th Floor
Boston, MA 02116

Quientesa Royalty LP
508 West Wall, Ste. 500
Midland, TX 79701

Michael D. Hayes and Kathryn A. Hayes
Co-Trustees of the Hayes Revocable Trust
3608 Meadowridge Lane
Midland, TX 79707

CEP Minerals LLC, Crown Oil Partners, LP,
Good News Minerals, LLC, Mavros Minerals II, LLC,
And Oak Valley Mineral and Land, LP
P.O. Box 50820
Midland, TX 79710

Post Oak Crown IV-B, LLC,
and Post Oak Crown IV, LLC
5200 San Felipe
Houston, TX 77056

Collins & Jones Investments, LLC
508 W. Wall, Ste. 1200
Midland, TX 79710

EXHIBIT

A

LMC Energy, LLC
550 W. Texas Ave., Ste. 945
Midland, TX 79710

Gerard G. Vavrek
1521 2nd Ave. #1604
Seattle, WA 98101

Jesse A. Faught, Jr.
P.O. Box 52603
Midland, TX 79710

H. Jackson Wacker
5601 Hillcrest
Midland, TX 79707

David W. Cromwell
2008 Country Club Dr.
Midland, TX 79701

Mike Moylett
P.O. Box 50820
Midland, TX 79710

Kaleb Smith
P.O. Box 50820
Midland, TX 79710

Deane Durham
P.O. Box 50820
Midland, TX 79710

David Petroleum Corp.
116 W. 1st St.
Roswell, NM 88203

Thomas R. Nickoloff
128 Grant Ave., Suite 104,
Santa Fe, NM 87501

Carolyn Holmstrom, Trustee
of the John A. Holmstrom 2004 Trust
2925 Somerset Place
San Marino, CA 91108

EXHIBIT

A

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

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

Sent To
 Robin Williams
 143 Jewett Lane
 Three Forks, MT 59752
 City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 0090 0000 0600 0202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

A. Signature ☒ Agent
 B. Received by (Printed Name) Robin Williams
 C. Date of Delivery 7/25/22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

2. Article 7020 0090 0000 0605 1101 Delivery (over \$500) ☒ Domestic Return Receipt

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

Clarke C. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818

9590 9402 6507 0346 2381 03

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

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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
 Clarke C. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818
 Street and Apt. No., or PO Box
 City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 0090 0000 0600 0202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article 7020 0090 0000 0605 1146 Delivery (over \$500) ☒ Domestic Return Receipt

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

9590 9402 7543 2098 9632 95

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

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 ■ Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Diamond Lil Properties, LLC
 Spirit Trail, LLC
 P.O. Box 1818
 Roswell, NM 88202-1818

9590 9402 7543 2098 9632 02

2. Article Number 7020 0090 0000 0865 1156 (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) Phaneicea
 C. Date of Delivery 7/25/22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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Certified Mail Fee \$
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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 \$
 City, State, ZIP+4® \$

Diamond Lil Properties, LLC
 Spirit Trail, LLC
 P.O. Box 1818
 Roswell, NM 88202-1818

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Susan Hendricks
 482 Walker, #4
 Ashland, OR 97520

9590 9402 6836 1074 6498 40

2. Article Number 7020 0090 0000 0865 0920 (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) S. Hendricks
 C. Date of Delivery 7/25/22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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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 \$
 City, State, ZIP+4® \$

Susan Hendricks
 482 Walker, #4
 Ashland, OR 97520

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

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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 COG Operating LLC
Concho Oil & Gas LLC
600 West Illinois Ave.
Midland, TX 79701

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

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

4561 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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

Article Addressed to:

Signature Max W. Coll III ☐ Agent ☐ Addressee

B. Received by (Printed Name) Max W. Coll III C. Date of Delivery 7/25/22

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

3. Service Type

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Certified Mail®

☐ Signature Confirmation™

☐ Collect on Delivery

Restricted Delivery

Article Number 7020 0090 0000 0865 1064 (over \$500)

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

Released to Imaging: 9/1/2022 7:50:17 AM

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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

Article Addressed to:

Signature Kaale Clinton ☐ Agent ☐ Addressee

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

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

3. Service Type

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Certified Mail®

☐ Signature Confirmation™

☐ Collect on Delivery

Restricted Delivery

Article Number 7020 0090 0000 0865 1354 (over \$500)

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

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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 Max W. Coll III
7625-2 El Centro Blvd.
Las Cruces, NM 88012

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

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

4901 5980 0000 0600 0202

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OFFICIAL USE

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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 Pamela J. Burke, Trustee of the P.L.P. 1990 Trust, the
Claire Ann Iverson Revocable Living Trust, and the
Sigfried James Iverson, III, Revocable Living Trust
P.O. Box 10508
Midland, TX 79702
Street and Apt. No.,
City, State, ZIP+4®

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

Postmark Here

1081 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

R. R. Hinkle Company, Inc.
1213 West Third Street
Roswell, NM 88201

2. Article Number 7020 0090 0000 0865 1408 (over \$500)

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

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

Received by (Printed Name) Paul Burke
 Date Jul 25 2022
 Signature [Signature]

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$
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 Pamela J. Burke, Trustee of the P.L.P. 1990 Trust, the
Claire Ann Iverson Revocable Living Trust, and the
Sigfried James Iverson, III, Revocable Living Trust
P.O. Box 10508
Midland, TX 79702
Street and Apt. No.,
City, State, ZIP+4®

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

Postmark Here

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Pamela J. Burke, Trustee of the P.L.P. 1990 Trust, the
Claire Ann Iverson Revocable Living Trust, and the
Sigfried James Iverson, III, Revocable Living Trust
P.O. Box 10508
Midland, TX 79702

2. Article Number 7020 0090 0000 0865 1408 (over \$500)

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

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

Received by (Printed Name) Paul Burke
 Date 7-25-22
 Signature [Signature]

Domestic Return Receipt

1081 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

T.I.G. Properties, L.P.
 P.O. Box 10508
 Midland, TX 79702

2. Article Number (Transfer from service label)

7020 0090 0000 0865 1811

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature John F. Coll, II ☒ Agent ☐ Addressee

B. Received by (Printed Name) John F. Coll, II C. Date of Delivery 7-25-22

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

3. Service Type

☐ Priority Mail Express®
☐ Registered Mail™
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery

Postmark Here

7020 5980 0000 0600 0202

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here

Total Postage and Fees \$

Sent To T.I.G. Properties, L.P.
 P.O. Box 10508
 Midland, TX 79702

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John F. Coll, II
 P.O. Box 1818
 Roswell, NM 88202-1818

2. Article Number (Transfer from service label)

7020 0090 0000 0865 1057

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature John F. Coll, II ☒ Agent ☐ Addressee

B. Received by (Printed Name) John F. Coll, II C. Date of Delivery 7/25/22

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

3. Service Type

☐ Priority Mail Express®
☐ Registered Mail™
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery

Postmark Here

7020 5980 0000 0600 0202

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark Here

Total Postage and Fees \$

Sent To John F. Coll, II
 P.O. Box 1818
 Roswell, NM 88202-1818

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

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

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OFFICIAL USE

Certified Mail Fee \$

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 Kelley Morand
1326 8th Ave.
Helena, MT 59601

Street and Apt. No., or PO Box No. PO Box 1318

City, State, ZIP+4[®] Helena, MT 59601

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

7202 0090 0000 0600 0202

U.S. Postal ServiceTM
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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Sent To Eric J. Coll
P.O. Box 1818
Roswell, NM 88202-1818

Street and Apt. No., or PO Box No. PO Box 1818

City, State, ZIP+4[®] Roswell, NM 88202-1818

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

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Sent To Kelley Morand
1326 8th Ave.
Helena, MT 59601

Street and Apt. No., or PO Box No. PO Box 1318

City, State, ZIP+4[®] Helena, MT 59601

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

7202 0090 0000 0600 0202

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Tracy Morand
 4 Oak Circle
 Helena, MT 59601

2. Article Number **7020 0090 0000 0865 1453** (over 3500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Tracy Morand C. Date of Delivery 7/27

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

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

4. Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Postmark Here

9590 9402 7543 2098 9633 01

7020 0090 0000 0865 1453

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

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OFFICIAL USE

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

Postmark Here

Total Postage and Fees \$
 Postage \$

Sent To
 Tracy Morand
 4 Oak Circle
 Helena, MT 59601

Street and Apt. No., or P.O. 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 items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Collins & Jones Investments, LLC
 508 W. Wall, Ste. 1200
 Midland, TX 79710

2. Article Number (Transfer from service label)
 9590 9402 6836 1074 6497 89

7020 0090 0000 0865 0869

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Tracy Brown C. Date of Delivery 7/27/22

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Collect on Delivery Restricted Delivery

4. Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Postmark Here

9590 9402 6836 1074 6497 89

7020 0090 0000 0865 0869

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

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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 \$

Postmark Here

Total Postage and Fees \$
 Postage \$

Sent To
 Collins & Jones Investments, LLC
 508 W. Wall, Ste. 1200
 Midland, TX 79710

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

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

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OFFICIAL USE

Postmark Here

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

Sent To Quientesa Royalty LP
 508 West Wall, Ste. 500
 Midland, TX 79701

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

1. Article Addressed to:

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery 7/21/22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☒ Certified Mail[®]
☐ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery

2. Article Number 7020 0090 0000 0865 0968 (over \$500)

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

U.S. Postal ServiceTM
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Postmark Here

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

Sent To Quientesa Royalty LP
 508 West Wall, Ste. 500
 Midland, TX 79701

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

1. Article Addressed to:

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery 7/21/22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☒ Certified Mail[®]
☐ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery

2. Article Number 7020 0090 0000 0865 0906 (over \$500)

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

U.S. Postal Service
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OFFICIAL USE

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

Sent To William Joe Snipes
RR 4, 2305 East Pine Lodge Rd.
Roswell, NM 88201
Street and Apt. No., or PO Box
City, State, ZIP+4®

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

1201 5980 0000 0600 0201

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
Michael D. Hayes and Kathryn A. Hayes
Co-Trustees of the Hayes Revocable Trust
3608 Meadowridge Lane
Midland, TX 79707

1. Article Addressed to:
Article Number 7020 0090 0000 0865 0890
PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) William Joe Snipes
C. Date of Delivery 7/20/22
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

Postmark Here

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

Released to Imaging: 9/1/2022 7:50:17 AM

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Article Number 7020 0090 0000 0865 1071
PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) William Joe Snipes
C. Date of Delivery 7/20/22
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

Postmark Here

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

U.S. Postal Service™
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OFFICIAL USE

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

Sent To Michael D. Hayes and Kathryn A. Hayes
Co-Trustees of the Hayes Revocable Trust
3608 Meadowridge Lane
Midland, TX 79707
Street and Apt. No., or PO Box
City, State, ZIP+4®

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

0680 5980 0000 0600 0202

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Charlotte Forehand Albright
 1705 Boyd Drive
 Carlsbad, NM 88220

Street and Apt. No., or
 City, State, Zip+4®

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

2927 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

Article 1033 insured Mail Restricted Delivery (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

If YES, enter delivery address below:

3. Service Type

☐ Priority Mail Express®

☐ Adult Signature

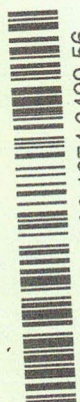
☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Spiral, Inc.
P.O. Box 1933
Roswell, NM 88202-1933

9590 9402 6836 1074 6499 56

7020 0090 0000 0865 1033

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

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

OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Spiral, Inc.
P.O. Box 1933
Roswell, NM 88202-1933

Street and Apt. No., or
 City, State, Zip+4®

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

EEDT 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

Article 1033 insured Mail Restricted Delivery (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

If YES, enter delivery address below:

3. Service Type

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Charlotte Forehand Albright
1705 Boyd Drive
Carlsbad, NM 88220

9590 9402 7543 2098 9634 00

7020 0090 0000 0865 1262

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mark Pate and Elizabeth A. Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59400

2. Article Number: 7020 0090 0000 0865 1279 (over \$500)

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

3. Service Type
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

Postmark Here

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

Domestic Return Receipt

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marshall & Winston, Inc.
6 Desta Drive Ste 3100
Midland, TX, 79705-5538

2. Article Number: 7020 0090 0000 0865 1231 (over \$500)

3. Service Type
☐ Adult Signature
☒ Registered Mail Restricted Delivery
☒ Certified Mail®
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

3. Service Type
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

Postmark Here

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

Domestic Return Receipt

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) 7-25-22

C. Date of Delivery 7-25-22

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

Postmark Here

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

See Reverse for Instructions

**U.S. Postal Service™
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Pat Komertof

C. Date of Delivery 7-25-22

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

Postmark Here

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

See Reverse for Instructions

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage \$
Total Postage and Fees \$
 Sent To Yates Energy Corporation
P.O. Box 2323
Roswell, NM 88202
 Street and Apt. No., or PO Box
 City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

4751 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Erin L Coffin C. Date of Delivery 7-26-22
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

Article Number (Transfer from service label) 9590 9402 6746 1074 3925 53
 PS Form 3811, July 2020 PSN 7530-02-000-9053

Erin L Coffin Revocable Trust
 43 Camino Arroyo Place
 Palm Desert, CA 92260



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OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage \$
Total Postage and Fees \$
 Sent To Erin L Coffin Revocable Trust
43 Camino Arroyo Place
Palm Desert, CA 92260
 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

0521 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

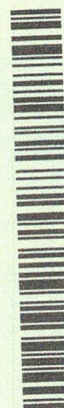
COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Kate Ediger C. Date of Delivery 7-21-22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

Article Number (Transfer from service label) 9590 9402 6746 1074 4016 06
 PS Form 3811, July 2020 PSN 7530-02-000-9053

Yates Energy Corporation
 P.O. Box 2323
 Roswell, NM 88202



7020 0090 0000 0865 1514

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No. Paul Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59401

City, State, Zip+4®

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

Postmark Here

9421 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

Monty D. McLane and Karen R. McLane
P.O. Box 9451
Midland, TX 79708

2. A. 7020 0090 0000 0865 1293 (over 3500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

Monty McLane

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

If YES, enter delivery address below:

9451

3. Service Type

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Certified Mail®

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

strict Delivery

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No. Paul Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59401

City, State, Zip+4®

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

Postmark Here

9421 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

Paul Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59401

2. Article N 7020 0090 0000 0865 1286 (over 3500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

Pat Komeitos 27-25-22

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

If YES, enter delivery address below:

3. Service Type

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Certified Mail®

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

delivery

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No. Monty D. McLane and Karen R. McLane
P.O. Box 9451
Midland, TX 79708

City, State, Zip+4®

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

Postmark Here

9421 5980 0000 0600 0202

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OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage \$
Postmark
Here

Total Postage and Fees \$

Sent To
Gerard C. Vavrek
1521 2nd Ave. #1604
Seattle, WA 98101Street and Apt. No., or P.O. Box
City, State, ZIP+4[®]

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent

Addressee

C. Date of Delivery

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

3. Service Type

☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Signature ConfirmationTM
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

2. Article Number (Transfer from service label)

7020 0090 0000 0865 1170

Delivery

Domestic Return Receipt

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

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OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage \$
Postmark
Here

Total Postage and Fees \$

Sent To
John T. Hinkle and Linda J. Hinkle, Trustees
of the Hinkle Living Trust
2604 Coronado Drive
Roswell, NM 88202

Street and Apt. No., or

City, State, ZIP+4[®]

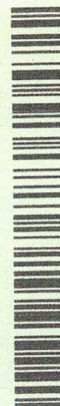
PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gerard C. Vavrek
1521 2nd Ave. #1604
Seattle, WA 98101

9590 9402 6836 1074 6496 80

2. Article Number

7020 0090 0000 0865 0845

Insured Mail Restricted Delivery (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery
☐ Priority Mail Express[®]☐ Registered MailTM☐ Registered Mail Restricted Delivery☐ Signature ConfirmationTM☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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Postmark Here

Domestic Return Receipt

1. Article Addressed to:

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.

2. Article N° 7020 0090 0000 0600 0202

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

SENDER: COMPLETE THIS SECTION

A. Signature ☒ Agent ☐ Addressee

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

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

3. Service Type

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 Katherine Coe Fodell
803 Montecello St. Apt. H
Houston, TX 77024-4515

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

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Domestic Return Receipt

1. Article Addressed to:

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.

2. Article N° 7020 0090 0000 0600 0202

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

SENDER: COMPLETE THIS SECTION

A. Signature ☒ Agent ☐ Addressee

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

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

3. Service Type

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 Katherine Coe Fodell
803 Montecello St. Apt. H
Houston, TX 77024-4515

Street and Apt. No., or PO Box

City, State, ZIP+4®

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Postmark Here

Domestic Return Receipt

1. Article Addressed to:

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.

2. Article N° 7020 0090 0000 0600 0202

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

SENDER: COMPLETE THIS SECTION

A. Signature ☒ Agent ☐ Addressee

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

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

3. Service Type

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 States Royalty Limited Partnership
300 N. Breckenridge Avenue
Breckenridge, TX 76424

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Liberty Energy LLC
175 Berkeley, 8th Floor
Boston, MA 02116

9590 9402 6836 1074 6498 33

7020 0090 0000 0865 0913

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Restricted Delivery

Priority Mail Express®
☐ Registered Mail™
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Liberty Energy LLC
175 Berkeley, 8th Floor
Boston, MA 02116

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

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

See Reverse for Instructions

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Melanie Collette Temple
5653 Tobias Avenue
Van Nuys, CA 91411

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Melanie Collette Temple
5653 Tobias Avenue
Van Nuys, CA 91411

9590 9402 6836 1074 6499 63

7020 0090 0000 0865 1040

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Restricted Delivery

Priority Mail Express®
☐ Registered Mail™
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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OFFICIAL USE

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

Postmark Here

Robert Welch Gillespie
186 Sierra View
Pasadena, CA 91105

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

1967 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

2. Article Number 7020 0090 0000 0605 1002

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery 8/15/22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

Tierra Oil Company
P.O. Box 700968
San Antonio, TX 78270-0968

9590 9402 6836 1074 6499 25

Transfer from service label

Domestic Return Receipt

**U.S. Postal Service™
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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 \$

Postmark Here

Tierra Oil Company
P.O. Box 700968
San Antonio, TX 78270-0968

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

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

Article Addressed to:

2. Article Number 7020 0090 0000 0605 1767

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery 7/28/22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

Robert Welch Gillespie
186 Sierra View
Pasadena, CA 91105

9590 9402 6746 1074 3925 60

Transfer from service label

Domestic Return Receipt

2007 5980 0000 0600 0202

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Marian Welch Pendegrass
2705 Gaye Drive
Roswell, NM 88201

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

4227 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

■ Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Bryan W. Welch C. Date of Delivery 7-22-20

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

If YES, enter delivery address below:

3. Service Type

☐ Priority Mail Express®

☐ Registered Mail™

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

2. Article 7020 0090 0000 0865 1729 id Delivery R

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

Domestic Return Receipt

Bryan W. Welch
1764 S. Paige Creek Place
Tucson, AZ 85748

9590 9402 6746 1074 3925 22

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Bryan W. Welch
1764 S. Paige Creek Place
Tucson, AZ 85748

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

6227 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

■ Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Marian Welch Pendegrass C. Date of Delivery 7-22-20

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

If YES, enter delivery address below:

3. Service Type

☐ Priority Mail Express®

☐ Registered Mail™

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

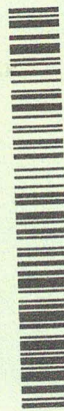
☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

2. Article 7020 0090 0000 0865 1774 id Delivery R

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

Domestic Return Receipt

Marian Welch Pendegrass
2705 Gaye Drive
Roswell, NM 88201

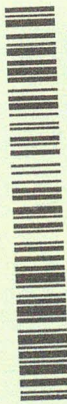
9590 9402 6746 1074 4017 05

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Vladin, LLC
 P.O. Box 100
 Artesia, NM 88211-0111



9590 9402 6746 1074 4016 44

2. Article Addressed to (Transfer from service label)

7020 0090 0000 0865 1835

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
 X *North Rivera*
 B. Received by (Printed Name) C. Date of Delivery
North Rivera 7-22-22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

d Delivery

Postmark
Here

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

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

OFFICIAL USE

Certified Mail Fee

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

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To

John A. Yates, Trustee of Trust Q
 u/w/o Peggy A. Yates, deceased
 P.O. Box 100
 Artesia, NM 88211-0111

Street and Apt. No., or PO

City, State, ZIP+4®

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

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

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

Vladin, LLC
 P.O. Box 100
 Artesia, NM 88211-0111

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

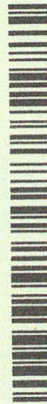
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John A. Yates, Trustee of Trust Q
 u/w/o Peggy A. Yates, deceased
 P.O. Box 100
 Artesia, NM 88211-0111



9590 9402 6746 1074 4016 51

2. Article

7020 0090 0000 0865 1828

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
 X *North Rivera*
 B. Received by (Printed Name) C. Date of Delivery
North Rivera 7-22-22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Signature Confirmation™
☐ Restricted Delivery

Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

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

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

1. Article Addressed to:

Starbro Energy, LLC
P.O. Box 840
Arlenis, MN 88211-0840

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Bridget N</i>	☐ Agent ☐ Addressee	C. Date of Delivery <i>7/21</i>
B. Received by (Printed Name) <i>Bridget N</i>		
D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:		

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Article Number (Transfer from article label)

9590 9402 6746 1074 4016 20

7020 0090 0000 0865 1859

Article Number (Transfer from article label)

7020 0090 0000 0865 1859

Domestic Return Receipt

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Westview Book Service, Inc.
120 W. Broadway
Hollis, OK 73550

9590 9402 6836 1074 6499 18

2. Article N

7020 0090 0000 0865 0999

☐ Insured Mail Restricted Delivery (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Addressee

☐ Agent

C. Date of Delivery

B. Received by (Printed Name)

☐ Yes

☐ No

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE		Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)		Postmark Here	
☐ Return Receipt (hardcopy)	\$ _____		
☐ Return Receipt (electronic)	\$ _____		
☐ Certified Mail Restricted Delivery	\$ _____		
☐ Adult Signature Required	\$ _____		
☐ Adult Signature Restricted Delivery	\$ _____		
Postage \$ _____			
Total Postage and Fees \$ _____			
Sent To \$ _____		Shurbo Energy, LLC P.O. Box 840 Artesia, NM 88211-0840	
Street and Apt. No., or PO E _____			
City, State, ZIP+4® _____			

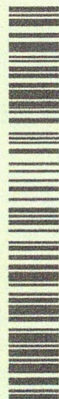
SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

Article Addressed to:

The Central Church of Christ
of Amarillo, Texas
1401 Monroe
Amarillo, TX 79101



9590 9402 6836 1074 6499 01

2. Article 1 7020 0090 0000 0865 0982

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

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/29/22

☒ Yes☐ No

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

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

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

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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 The Central Church of Christ
of Amarillo, Texas
1401 Monroe
Amarillo, TX 79101

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark
Here

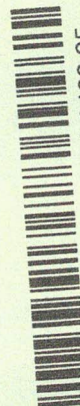
COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

Article Addressed to:

High Plains Children's Home
and Family Services, Inc.
11461 S. Western St.
Amarillo, TX 79118



9590 9402 6836 1074 6498 95

2. Article Number (Transfer from service label) 7020 0090 0000 0865 0975

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-20

☐ Yes☐ No

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

3. Service Type

☐ Priority Mail Express®☐ Registered Mail™☐ Adult Signature Restricted Delivery☒ Certified Mail®

Signature Confirmation™

Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$
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 Jean Wallace
1709 Missouri
Joplin, MO 64804
 Street and Apt. No., or PO Box
 City, State, ZIP+4®
 See Reverse for Instructions

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) 7-22-20
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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

Article Addressed to:
 CEP Minerals LLC, Crown Oil Partners, LP,
 Good News Minerals, LLC, Mavros Minerals II, LLC,
 And Oak Valley Mineral and Land, LP
 P.O. Box 50820
 Midland, TX 79710

7020 0090 0000 0600 0207

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

**U.S. Postal Service™
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OFFICIAL USE

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

Sent To Jean Wallace
1709 Missouri
Joplin, MO 64804
 Street and Apt. No., or PO Box
 City, State, ZIP+4®
 See Reverse for Instructions

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 B. Received by (Printed Name) 7-22-20
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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

Article Addressed to:
 Jean Wallace
 1709 Missouri
 Joplin, MO 64804

7020 0090 0000 0600 0207

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

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

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

OFFICIAL USE

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

Sent To CEP Minerals LLC, Crown Oil Partners, LP,
Good News Minerals, LLC, Mavros Minerals II, LLC,
And Oak Valley Mineral and Land, LP
P.O. Box 50820
Midland, TX 79710
 Street and Apt. No., or PO Box
 City, State, ZIP+4®
 See Reverse for Instructions

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

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

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

OFFICIAL USE

Certified Mail Fee \$
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 Morna Ruth Bonifield Canon
9403 Winding Ridge
Dallas, TX 75238
 Street and Apt. No., City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

7202 0600 0000 0865 5980 1378

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Bank of America, N.A., Trustee of the
 Selma E. Andrews Perpetual Charitable
 Trust and the Selma E. Andrews Trust
 f/o Peggy Barrett
 P.O. Box 830308
 Dallas, TX 75283

COMPLETE THIS SECTION ON DELIVERY

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

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

Article Number 7020 0090 0000 0865 1224 Delivery R

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

JUL 25 2022

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

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

OFFICIAL USE

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

Sent To Bank of America, N.A., Trustee of the
Selma E. Andrews Perpetual Charitable
Trust and the Selma E. Andrews Trust
f/o Peggy Barrett
P.O. Box 830308
Dallas, TX 75283
 Street and Apt. No., City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

7202 0600 0000 0865 5980 1378

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Morna Ruth Bonifield Canon
 9403 Winding Ridge
 Dallas, TX 75238

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee
 B. Received by (Printed Name) [Signature] C. Date of Delivery 7/29/22
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

Article Number 7020 0090 0000 0865 1378 Delivery R

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

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

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

OFFICIAL USE

Postmark Here

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To EOG Resources, Inc.
Midland Division - Land Department
P.O. Box 2267
Midland, TX 79702

Street and Apt. No., or P.O. Box No.

City, State, ZIP+4®

See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

A. Signature Julie A. Pascal ☐ Agent ☐ Addressee

B. Received by (Printed Name) Julie A. Pascal C. Date of Delivery 20 July 22

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

3. Service Type

☐ Priority Mail Express®
☐ Registered Mail™
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

2. Article Number 7020 0090 0000 0865 1330

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

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

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

OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To PetroVates, Inc.
P.O. Box 1608
Albuquerque, NM 87103-1608

Street and Apt. No., or P.O. Box No.

City, State, ZIP+4®

See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EOG Resources, Inc.
Midland Division - Land Department
P.O. Box 2267
Midland, TX 79702

2. Article Number 7020 0090 0000 0865 1842

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Joe Burt C. Date of Delivery 21

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

3. Service Type

☐ Priority Mail Express®
☐ Registered Mail™
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt