

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO.**

**CASE NO. 22171**

**EXHIBIT INDEX**

Compulsory Pooling Checklist

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A-2	C-102s
A-3	Plat of Tracts, Tract Ownership, Applicable Lease Numbers, Parties to Pool, Unit Recapitulation
A-4	Sample Well Proposal Letter & AFEs
A-5	Chronology of Contact
A-6	Amended Notice of Resumption of Drilling and Completion Activity in Proximity to the Carlsbad Bring Well
Exhibit B	Self-Affirmed Statement of Jason McClain
B-1	Resume
B-2	Location Map
B-3	Subsea Structure Map
B-4	Stratigraphic Cross-Section
Exhibit C	Self-Affirmed Statement of Dana S. Hardy
C-1	September 9, 2021, October 18, 2023, and October 27, 2023 Notice Letters to All Interested Parties
C-2	Chart of Notice to All Interested Parties
C-3	Copies of Certified Mail Receipts and Returns
C-4	Affidavits of Publication for September 21, 2021 and November 1, 2023

**COMPULSORY POOLING APPLICATION CHECKLIST****ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

<b>Case: 22171</b>	<b>APPLICANT'S RESPONSE</b>
<b>Date</b>	<b>November 16, 2023</b>
Applicant	Alpha Energy Partners, LLC
Designated Operator & OGRID (affiliation if applicable)	OGRID No. 330859
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Alpha Energy Partners, LLC for Compulsory Pooling Eddy County, New Mexico.
Entries of Appearance/Intervenors:	New Mexico Oil Conservation Division; MRC Permian Company; Sarvis Creek Energy LLC; SEDG I LLC; City of Carlsbad; Realeza Del Spear, LP
Well Family	The Dude 19/20 Fee
<b>Formation/Pool</b>	
Formation Name(s) or Vertical Extent:	Wolfcamp
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Wolfcamp
Pool Name and Pool Code:	Purple Sage; Wolfcamp Gas Pool (98220)
Well Location Setback Rules:	Statewide
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	634.28
Building Blocks:	half section
Orientation:	East to West
Description: TRS/County	N/2 of Setions 19 and 20, Township 22 South, Range 27 Ea Eddy County, New Mexico.
Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application?	Yes.
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	N/A
Proximity Tracts: If yes, description	N/A
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit A-3
<b>Well(s)</b>	
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	The Dude 19/20 Fee 201H (API # ---) 1230' FNL & 350' FEL (Unit A), Section 20, T22S, R27E 660' FNL & 200' FWL (Unit D), Section 19, T22S, R27E Completion Target: Wolfcamp (Approx. 8,990' TVD)

Well #1	The Dude 19/20 Fee 202H (API # ---) 1280' FNL & 250' FEL (Unit A), Section 20, T22S, R27E 1980' FNL & 200' FWL (Unit E), Section 19, T22S, R27E Completion Target: Wolfcamp (Approx. 8,990' TVD)
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	\$8,000.00
Production Supervision/Month \$	\$800.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-1, Exhibit C-2, Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
<b>Ownership Determination</b>	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	N/A
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit A-3
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
<b>Geology</b>	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-2
Gunbarrel/Lateral Trajectory Schematic	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	
Released to Imaging: 11/14/2023 3:27:13 PM 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-2
Well Bore Location Map	Exhibit B-2
Structure Contour Map - Subsea Depth	Exhibit B-3
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-4
<b>Additional Information</b>	
Special Provisions/Stipulations	N/A
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name</b> (Attorney or Party Representative):	Dana S. Hardy
<b>Signed Name</b> (Attorney or Party Representative):	/s/ Dana S. Hardy
<b>Date:</b>	11/13/2023

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

APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO

CASE NO. 22171

**SELF-AFFIRMED STATEMENT  
OF RILEY MORRIS**

1. I am the Vice President of Land at Alpha Energy Partners, LLC (“AEP”). I am over 18 years of age, have personal knowledge of the matters addressed herein, and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division (“Division”) and my qualifications as an expert in petroleum land matters were accepted and made a matter of record.

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

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

4. AEP seeks an order pooling all uncommitted interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico (“Unit”).

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

- **The Dude 19/20 Fee 201H** to be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 19, and

Alpha Energy Partners, LLC  
Case No. 22171  
Exhibit A

- **The Dude 19/20 Fee 202H** to be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the SW/4NW/4 (Unit E) of Section 19.

6. The Wells are located in the Purple Sage; Wolfcamp Gas Pool (98220) and will comply with the Special Pool Rules identified in Order No. R-14262.

7. The completed intervals of the Wells will be orthodox.

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 identifies unlocatable owners and includes applicable lease numbers, a unit recapitulation, and the interests AEP seeks to pool highlighted in yellow.

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

11. AEP has conducted a diligent search of all public records in Eddy County including phone directories and computer databases.

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

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

14. The Division has proposed special permit conditions for these wells due to their proximity to the Carlsbad brine well. The proposed conditions, to which AEP agrees, are attached as **Exhibit A-6**.

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

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

17. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that 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 handwritten next to my signature below.

  
\_\_\_\_\_  
Riley Morris

11/8/23  
Date

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

Case No. 22171

**APPLICATION**

Pursuant to NMSA § 70-2-17, Alpha Energy Partners, LLC (“Applicant”) applies for an order pooling all uncommitted mineral interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following:

1. Applicant (OGRID No. 330859) is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to **The Dude 19/20 Fee 201H** and **The Dude 19/20 Fee 202H** wells (“Wells”). The Dude 19/20 201H well will be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 19. The Dude 19/20 202H well will be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the SW/4NW/4 (Unit E) of Section 19.
3. The completed intervals of the Wells are orthodox.
4. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all of the mineral interest owners.
5. The pooling of uncommitted mineral interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

**Alpha Energy Partners, LLC  
Case No. 22171  
Exhibit A-1**

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

WHEREFORE, Applicant requests this application be set for hearing on October 7, 2021, and that after notice and hearing the Division enter an order:

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

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy  
Michael Rodriguez  
P.O. Box 2068  
Santa Fe, NM 87504-2068  
Phone: (505) 982-4554  
Facsimile: (505) 982-8623  
dhardy@hinklelawfirm.com  
mrodriguez@hinklelawfirm.com  
Counsel for Alpha Energy Partners, LLC

**Application of Alpha Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico.** Applicant applies for an order pooling all uncommitted mineral interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico (“Unit”). The Unit will be dedicated to The Dude 19/20 Fee 201H and The Dude 19/20 Fee 202H wells (“Wells”). The Dude 19/20 201H well will be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 19. The Dude 19/20 202H well will be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the SW/4NW/4 (Unit E) of Section 19. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 1.6 miles southwest of Carlsbad, New Mexico.

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

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

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number <b>30-015-</b>	<sup>2</sup> Pool Code <b>98220</b>	<sup>3</sup> Pool Name <b>PURPLE SAGE; WOLFCAMP GAS POOL</b>
<sup>4</sup> Property Code	<sup>5</sup> Property Name <b>THE DUDE 19/20 FEE</b>	
<sup>7</sup> OGRID No. <b>330859</b>	<sup>8</sup> Operator Name <b>ALPHA ENERGY PARTNERS, LLC</b>	<sup>6</sup> Well Number <b>201H</b>
		<sup>9</sup> Elevation <b>3085'</b>

<sup>10</sup> 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>A</b>	<b>20</b>	<b>22</b>	<b>27</b>		<b>1230</b>	<b>NORTH</b>	<b>350</b>	<b>EAST</b>	<b>EDDY</b>

<sup>11</sup> 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
<b>D</b>	<b>19</b>	<b>22</b>	<b>27</b>		<b>660</b>	<b>NORTH</b>	<b>200</b>	<b>WEST</b>	<b>EDDY</b>

<sup>12</sup> Dedicated Acres <b>634.28</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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.

<sup>16</sup> <b>PROPOSED BHL</b> Y= 660' FNL, 330' FWL X= LAT.= 32.38347 N LONG.=104.22824 W				<b>LTP</b> Y= 660' FNL, 330' FWL X= LAT.= 32.38340 N LONG.=104.2278 W				<b>FTP</b> Y= 660' FNL, 330' FEL X= LAT.=32.38379 N LONG.=104.20414 W				<b>PROPOSED SHL</b> Y= X= LAT.= 32.38219 N LONG.=104.20420 W																																																						
<p style="text-align: center;">PRODUCING AREA</p>																																																																		
<sup>17</sup> <b>OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature: <i>Riley Morris</i> Date: <i>11/8/23</i>																																																																		
RILEY MORRIS Printed Name RILEY@ALPHAPERMIAN.COM E-mail Address																																																																		
<sup>18</sup> <b>SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor:																																																																		
Certificate Number																																																																		
<table border="1"> <tr> <th>CORNER</th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> </tr> <tr> <td>LAT. (N)</td> <td>32.38500</td> <td>32.38518</td> <td>32.38540</td> <td>32.38561</td> <td>32.38560</td> <td>32.37778</td> <td>32.37795</td> </tr> <tr> <td>LONG. (W)</td> <td>104.23756</td> <td>104.22891</td> <td>104.22021</td> <td>104.21155</td> <td>104.20304</td> <td>104.23761</td> <td>104.22910</td> </tr> <tr> <th>CORNER</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> <th>L</th> <th>M</th> <th>N</th> <th>O</th> </tr> <tr> <td>LAT. (N)</td> <td>32.37813</td> <td>32.37810</td> <td>32.37821</td> <td>32.37039</td> <td>32.37045</td> <td>32.37056</td> <td>32.37083</td> <td>32.37081</td> </tr> <tr> <td>LONG. (W)</td> <td>104.22025</td> <td>104.21158</td> <td>104.20309</td> <td>104.23768</td> <td>104.22917</td> <td>104.22023</td> <td>104.21159</td> <td>104.20303</td> </tr> </table>																CORNER	A	B	C	D	E	F	G	LAT. (N)	32.38500	32.38518	32.38540	32.38561	32.38560	32.37778	32.37795	LONG. (W)	104.23756	104.22891	104.22021	104.21155	104.20304	104.23761	104.22910	CORNER	H	I	J	K	L	M	N	O	LAT. (N)	32.37813	32.37810	32.37821	32.37039	32.37045	32.37056	32.37083	32.37081	LONG. (W)	104.22025	104.21158	104.20309	104.23768	104.22917	104.22023	104.21159	104.20303
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Alpha Energy Partners, LLC  
Case No. 22171  
Exhibit A-2

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
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State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number <b>30-015-</b>	<sup>2</sup> Pool Code <b>98220</b>	<sup>3</sup> Pool Name <b>PURPLE SAGE; WOLFCAMP GAS POOL</b>
<sup>4</sup> Property Code	<sup>5</sup> Property Name <b>THE DUDE 19/20 FEE</b>	
<sup>7</sup> OGRID No. <b>330859</b>	<sup>8</sup> Operator Name <b>ALPHA ENERGY PARTNERS, LLC</b>	<sup>6</sup> Well Number <b>202H</b>
		<sup>9</sup> Elevation <b>3082'</b>

<sup>10</sup> 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>A</b>	<b>20</b>	<b>22</b>	<b>27</b>		<b>1280</b>	<b>NORTH</b>	<b>350</b>	<b>EAST</b>	<b>EDDY</b>

<sup>11</sup> 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
<b>E</b>	<b>19</b>	<b>22</b>	<b>27</b>		<b>1980</b>	<b>NORTH</b>	<b>200</b>	<b>WEST</b>	<b>EDDY</b>

<sup>12</sup> Dedicated Acres <b>634.28</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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.

<sup>16</sup> <b>PROPOSED BHL</b> Y= X= LAT.= 32.37962 N LONG.=104.23689 W	<b>LTP</b> 1980' FNL, 330' FWL Y= X= LAT.= 32.37956 N LONG.=104.23637 W	<b>FTP</b> 1980' FNL, 330' FEL Y= X= LAT.=32.38019 N LONG.=104.20420 W	<b>PROPOSED SHL</b> Y= X= LAT.= 32.38211 N LONG.=104.20425 W	<b><sup>17</sup> OPERATOR CERTIFICATION</b> <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> <i>Riley Morris</i> <b>11/8/23</b> Signature      Date																																																			
				<b>RILEY MORRIS</b> Printed Name <b>RILEY@ALPHAPERMIAN.COM</b> E-mail Address																																																			
<b><sup>18</sup> SURVEYOR CERTIFICATION</b> <i>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.</i>  Date of Survey Signature and Seal of Professional Surveyor:				Certificate Number																																																			
<table border="1"> <tr> <th>CORNER</th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> </tr> <tr> <td>LAT. (N)</td> <td>32.38500</td> <td>32.38518</td> <td>32.38540</td> <td>32.38561</td> <td>32.38560</td> <td>32.37778</td> <td>32.37795</td> </tr> <tr> <td>LONG. (W)</td> <td>104.23756</td> <td>104.22891</td> <td>104.22021</td> <td>104.21155</td> <td>104.20304</td> <td>104.23761</td> <td>104.22910</td> </tr> </table> <table border="1"> <tr> <th>CORNER</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> <th>L</th> <th>M</th> <th>N</th> <th>O</th> </tr> <tr> <td>LAT. (N)</td> <td>32.37813</td> <td>32.37810</td> <td>32.37821</td> <td>32.37039</td> <td>32.37045</td> <td>32.37056</td> <td>32.37083</td> <td>32.37081</td> </tr> <tr> <td>LONG. (W)</td> <td>104.22025</td> <td>104.21158</td> <td>104.20309</td> <td>104.23768</td> <td>104.22917</td> <td>104.22023</td> <td>104.21159</td> <td>104.20303</td> </tr> </table>				CORNER	A	B	C	D	E	F	G	LAT. (N)	32.38500	32.38518	32.38540	32.38561	32.38560	32.37778	32.37795	LONG. (W)	104.23756	104.22891	104.22021	104.21155	104.20304	104.23761	104.22910	CORNER	H	I	J	K	L	M	N	O	LAT. (N)	32.37813	32.37810	32.37821	32.37039	32.37045	32.37056	32.37083	32.37081	LONG. (W)	104.22025	104.21158	104.20309	104.23768	104.22917	104.22023	104.21159	104.20303	
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Janice Straub	Y	0.696	20	0.566 Ac located in S2S2SWNW as described by metes and bounds	0.05486190%	N
Mildred E. Mckinney	N	0.9188	20	0.7788 as described by metes and bounds in the SWNW	0.07242401%	N
Doyle A Kimmell	N	0.44	20	0.44 Ac as described by metes and bounds out of the SWNW, being art of Tract 16	0.03468281%	N
Bigsky Estates	Y	1	20	1.0 Ac being secribed as Tract 12 in the SWNW	0.07882457%	N
Donald Rutherford	Y	1	20	1 Ac tract being the NWN2S2SWNW	0.07882457%	N
Hattie Autry	N	3.13	20	3.13 Ac being the East 3.13 ac of the S2S2SWNW	0.24672090%	N
Coe H. Scott and Barbara Ann Scott	N	0.275	20	0.275 Ac out of the NW corner of Tract 6 of the Cass Subdivision	0.02167676%	N
Michael Lee Fisher	N	1.31	20	1.08 Ac being Tract 11 in the SWNW	0.10326018%	N
Internationalities Federal Credit Union	Y	0.9	20	0.47 ac out of the SWNW	0.07094211%	N
Debra Arnold (Owens)	N	0.2	20	.4 Ac tract as described by metes and bounds	0.01576491%	N
Featherstone Development Corporation	Y	3.381806646	20	S2NE, N2SE	0.26656945%	BOTH
Heirs of Mary Catherine Recker, AKA Kate Recker	N	5	20	NWSENE	0.39412284%	N
Ross Duncan Properties	Y	9.88971236	20	S2SENE, NESW, N2SE, S2NE	0.77955230%	BOTH
Xplor Resources LLC	Y	8.70907	20	S2SENE, NESW, N2SE, S2NE	0.68648868%	BOTH
Big Three Energy	Y	3.70907	20	S2SENE, NESW, N2SE, S2NE	0.29236584%	BOTH
KMF Land LLC	Y	30.28905698	20	N2SE, S2NE, +	2.38752183%	BOTH
Cibolo Oil and Gas LLC	Y	1.191633432	20	N2SE, S2NE, +	2.36923453%	BOTH
Gilberto S. Nava and wife, Juanita C. Nava Heirs	N	0.124	19	0.248 ac in the NWNE	0.00977425%	N
El Rey Motel, LLC	Y	1.7	19	1.7 Ac being South 161.7 ft of lots 1 and 2 of Block M of the Henmer Subdivision	0.13400177%	N
Bessie M Fulton	N	0.57	19	0.57 Ac out of the SWNE	0.04493000%	N
Lloyd Tolar	Y	0.3306	20	0.2106 ac as further described by metes and bounds	0.02605940%	N
Randall Counts	Y	0.4165	19	South 130 ft of Lot 7, Block B of Moore Subdivision	0.03283043%	N
Antonio J. Hernandez	N	0.5	19	N/3 of SWNE, S/3 of NWNE of Hwy	0.03941228%	N
Estate of Vera Othella Hernandez	N	0.5	19	N/3 of SWNE, S/3 of NWNE of Hwy	0.03941228%	N
Margaret L. Hournbuckle	Y	0.037333333	19	East 94 ft of lot 9, Blk B of the Moore subdivision in the NWNE	0.00294278%	N
Michael Collier	Y	0.037333333	19	East 94 ft of lot 9, Blk B of the Moore subdivision in the NWNE	0.00294278%	N
Henry N. Moses	Y	0.037333333	19	East 94 ft of lot 9, Blk B of the Moore subdivision in the NWNE	0.00294278%	N
John W. Bennett and Wife, Angelina Bennett	Y	0.676703	19	North 200 ft of Lot 2, Blk M of Hemler Subdivision in the NWNE	0.05334082%	N
Canuto G. Salcido, Jr ad Anita Saloido	Y	1	19	Lot 3, Blk M, Hemler Subdivision	0.07882457%	N
Edward Newton	N	0.2725	19	Portion of Lot 8, Blk B - Moore Subdivision as further described in Warranty Deed 205/740	0.02147969%	N
Donna & Adele Little	N	1.5	19	1.5 Ac in the SWNE as described by metes and bounds	0.11823685%	N

Betty Jo Mashaw	N	0.12	19	West 50 ft of Lot 10, Blk B, Moore Subdivision	0.00945895%	N
Brooks M. Brinninstool and Bernadette Brinninstool as Joint Tenants	Y	2.54	19	All of Lot 8, Blk I of Elliot Subdivision SAE north 10 ft and south 60 ft Lot 6, and N/10ft of Lot 8, Blk 1 of Elliot Subdivision in NWNE Lots 2, 3, 5, 7, 9 and the south 60 ft of lot 8, Blk 1, Elliot subdivision and lots 4, 6, 8, and 10 of Blk 2 of Elliot subdivision	0.20021440%	N
Heirs of Carlos and Rachel Cabos Eddie Cobos Lorie Cobos Andrew Cobos (Son of Jefferey Cobos)	Y	0.281	19	Lot 2, Blk 2, Eliot Subdivision in the N/3 of NWNE	0.02214970%	N
Lupe Sosa Nick Sosa and wife, Isabel Sosa	Y	1.0185	19	Lot 3, Blk A of Moor Subdivision, SAE the W 80 ft - in the NWNE	0.08028282%	N
Benjamin and Jimalee Nievas	N	2.427	19	Lots 6, 7, 8, 9, 10 of the Morries Subdivision	0.19130723%	N
Dennis Young	N	0.9642	19	Morries Subdivision	0.07600265%	N
Vincente R Perez Sr.,	N	0.7828	19	Lots 2 and 3, Blk 1 of the Morries Subdivision	0.06170387%	N
Sally Chavez Fabian V Chavez Cecilia Chavez Ruben Portillo Annabell Garcia	N	0.28015	19	N/102 ft of Lot 7, Blk A, moore subdivison	0.02208270%	N
Jesus G Chavex, Trina P. Chavez	N	0.3345	19	Lot 7, Blk A, Moore Subdivision SAE, Noth 102 ft	0.02636682%	N
James F. Dill and Josephine Dill	N	0.5	19	N/2 of Lot 2, Blk L, Hemler	0.03941228%	N
JD Thompson and Joan G. Thompson	N	0.2984	19	N/160 ft of Lot 3, Blk L of Hemler	0.02352125%	N
JC Neeley and Myrtle Neeley	N	1.23	19	Lots 2 and 3 of Blk L of Hemler subdivision, SAE the N 217.8 ft of	0.09695422%	N
Joe Mccormack and wife Mary Helen Mccormack	Y	0.411	19	Lot 1, Blk 1 of Elliot Subdivision in NWNE	0.03239690%	N
Roy E. Bown and Virgile E. Brown	N	0.2755	19	Lot 9, Blk B, SAE the East 94' - Moore Subdivision	0.02171617%	N
Theodore Anthony Karas and wife, Thresa L. Karas	Y	0.297	19	E/69.71 ft of Lot 6, Blk A, Moore Subdivision	0.02341090%	N
Ronald & Karen Tackitt	N	0.1	19	W/83 ft of E/125 ft of Lot 4, Blk A, Moore Subdivision	0.00788246%	N
Pat Blakeney	Y	0.1	19	W/83 ft of E/125 ft of Lot 4, Blk A, Moore Subdivision	0.00788246%	N
Frances Forman Ruth Wilkinson Ida Ryan	N	0.236	19	Lot 8, Blk B, Moore Subdivision, SAE the West 55'	0.01860260%	N
Clyde K. Schmidt and Faye J Schmidt	Y	0.0835	19	E 35 ft of W2 of Lot 6, Blk A, Moore Subdivision	0.00658185%	N
JC and Suzette Smith	N	1	19	Lots 4 and 5 of Blk M of Hemler	0.07882457%	N
Fred and Judy Cox	N	0.3	19	Lot 6, Blk B, Moore Subdivision	0.02364737%	N
William C. Ksir	N	2.33	19	Lot 1, Blk L, Hemler, SAE, East 20ft	0.18366124%	N
JH Duane Barnett and wife Betty Lois Barnett	N	0.1195	19	W 50.21 ft of the E 100.24 ft of Lot 2, Blk B, Moore	0.00941954%	N
Jose P Cabezuela and Gloria Cabezuela	N	0.415	19	0.415 ac described as metes and bounds in NENE, west of Hwy 62	0.03271220%	N

RD Beaver, Inex Beaver	N	0.368	19	E 104 ft and W 109 ft of lot 3, blk B, Moore	0.02900744%	N
City of Carlsbad	Y	6.03	19	East 20 ft of Lot 1, Blk L, Hemler Tract in E2SE as described by metes and bounds	0.47531215%	N
Schiller Properties, LLC	Y	-	19	Net/Legal unknown, strange in title	0.00000000%	UNKNOWN
Frances Greer	Y	0.5	20	1, Gentry	0.03941228%	S
Kathy Kessler	Y	0.5	20	1, Gentry	0.03941228%	S
Gary Lancaster	N	1.75	20	and bounds in the NWSESW	0.13794299%	S
Norma Chanley	Y	10	20	S2SE, SESW	0.78824568%	S
Realaza Del Spear	Y	20	20	S2SE, SESW	1.57649136%	S
The Lee-Tom Lee Irrevcable Trust-A	Y	0	20	SWSWSW, S2SESWSW	0.00000000%	S
Gary Smith and Wife Sandra Smith	N	0.5	20	NWSWSWSW	0.03941228%	S
James B. Kenney	Y	17.12025	19	Same as above	1.34949631%	S
James Gilbert Bell	Y	8.560125	19	Same as above	0.67474816%	S
Rhoda Sue Bell Smith	Y	8.560125	19	Same as above	0.67474816%	S
Jim Blain Kenney	Y	11.4135	19	Same as above	0.89966421%	S
CJM Resources	Y	10.0930683	20	N2SE, S2NE, +	0.79558175%	BOTH
<b>TOTAL</b>		<b>239.8259943</b>			<b>18.904180%</b>	

# ALPHA

P.O. Box 10701, Midland, Texas 79702

May 18, 2021

Jeff Gorrell  
829 De La Vina Street, Suite 205  
Santa Barbara, CA 83101

Re: The Dude 19/20 Fee 201H, 202H, 203H and 204H Participation Proposal  
All of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico

Dear Mr. Gorrell:

Alpha Energy Partners, LLC (“AEP”), as Operator, hereby proposes the drilling of the The Dude 19/20 Fee 201H, 202H, 203H, and 204H, with productive laterals located in Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico, to the Wolfcamp Formation:

In connection with the above, please note the following:

- The estimated cost of drilling, testing, completing, and equipping each well is \$9,111,600 as shown on the enclosed AFE’s dated March 22, 2021.
- **The Dude 19/20 Fee 201H**, to be drilled to a depth sufficient to test the Wolfcamp formation at an approximate Total Vertical Depth of 8,990’, and to a Total Measured Depth of approximately 19,320’ resulting in a productive lateral of approximately 9,600’. The surface location for this well is proposed at approximately 1,230’ FNL, 550’ FEL, or a legal location in Unit A of Section 24 of T22S-R26E, and a bottom hole location approximately 660’ FNL, 200’ FEL, or a legal location in Unit A of Section 20. The dedicated horizontal spacing unit will be the N/2N/2 of Sections 19 and 20, T22S-R27E, Eddy County, NM.
- **The Dude 19/20 Fee 202H**, to be drilled to a depth sufficient to test the Wolfcamp formation at an approximate Total Vertical Depth of 8,990’, and to a Total Measured Depth of approximately 19,320’ resulting in a productive lateral of approximately 9,600’. The surface location for this well is proposed at approximately 1,280’ FNL, 550’ FEL, or a legal location in Unit A of Section 24 of T22S-R26E, and a bottom hole location approximately 1,980’ FNL, 200’ FEL, or a legal location in Unit H of Section 20. The dedicated horizontal spacing unit will be the S/2N/2 of Sections 19 and 20, T22S-R27E, Eddy County, NM.
- **The Dude 19/20 Fee 203H**, to be drilled to a depth sufficient to test the Wolfcamp formation at an approximate Total Vertical Depth of 8,990’, and to a Total Measured Depth of approximately 19,280’ resulting in a productive lateral of approximately 9,600’. The surface location for this well is proposed at approximately 1,300’ FSL, 500’ FEL, or a legal location in Unit P of Section 24 of T22S-R26E, and a bottom hole location approximately 1,980’ FSL, 200’ FEL, or a legal location in Unit I of Section 20. The dedicated horizontal spacing unit will be the N/2S/2 of Sections 19 and 20, T22S-R27E, Eddy County, NM.

Alpha Energy Partners, LLC  
Case No. 22171  
Exhibit A-4

- **The Dude 19/20 Fee 204H**, to be drilled to a depth sufficient to test the Wolfcamp formation at an approximate Total Vertical Depth of 8,990', and to a Total Measured Depth of approximately 19,280' resulting in a productive lateral of approximately 9,600'. The surface location for this well is proposed at approximately 1,250' FSL, 500' FEL, or a legal location in Unit P of Section 24 of T22S-R26E, and a bottom hole location approximately 660' FSL, 200' FEL, or a legal location in Unit P of Section 20. The dedicated horizontal spacing unit will be the S/2S/2 of Sections 19 and 20, T22S-R27E, Eddy County, NM.

AEP reserves the right to modify the locations and drilling plans described above in order to address topography, cultural or environmental concerns, among other reasons. AEP will advise you of any such modifications.

AEP is proposing to drill the Well under the terms of the modified 1989 AAPL form of Operating Agreement which will promptly be provided upon request. The Operating Agreement dated March 1, 2020, by and between Alpha Energy Partners, as operator and Oxy USA Inc. et al as Non-Operators covers All of Section 19 and All of Section 20, Township 22 South, Range 27 East, Eddy County, New Mexico and has the following general provisions: (JOA will be supplied upon request/participation)

- 100/300/300 Non-consenting penalty
- \$8,000/\$800 Drilling and Producing rate
- Alpha Energy Partners, LLC named as Operator

If you do not wish to participate in the Operation, AEP would like to discuss the Leasing of your mineral interest to AEP under the following terms:

- \$750/ac lease bonus;
- 3/16ths royalty rate;
- 3 year primary term, with 2 year option to extend, Paid Up;

The above described Lease is enclosed in this mailing. If you do choose to lease you minerals, please execute the lease in front of a licensed public notary and return an original copy to my attention at the letterhead address. Upon receipt of your executed lease, AEP will promptly mail you your lease bonus. In that event, this Participation Proposal can be disregarded. Please note that all accepted lease proposals are subject to a full title review.

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

If you do not wish to lease your mineral interest, please indicate your participation elections in the spaces provided below, sign, and return (1) copy of this letteralong 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 at [travis@alphapermian.com](mailto:travis@alphapermian.com). Thank you for your time and consideration, feel free to reach out if you have any questions.

Respectfully,

Travis Macha  
Alpha Energy Partners, LLC  
Office: 508 W. Wall St., 12th Floor, Midland, Texas 79701  
Mailing: P.O. Box 10701, Midland, Texas 79702  
(O) 432-219-8855 (email) travis@alphapermian.com

\_\_\_\_\_ I/We hereby elect to participate in the **The Dude 20/19 Fee 201H**

\_\_\_\_\_ I/We hereby elect **not** to participate in the **The Dude 20/19 Fee 201H**

\_\_\_\_\_ I/We hereby elect to participate in the **The Dude 20/19 Fee 202H**

\_\_\_\_\_ I/We hereby elect **not** to participate in the **The Dude 20/19 Fee 202H**

\_\_\_\_\_ I/We hereby elect to participate in the **The Dude 20/19 Fee 203H**

\_\_\_\_\_ I/We hereby elect **not** to participate in the **The Dude 20/19 Fee 203H**

\_\_\_\_\_ I/We hereby elect to participate in the **The Dude 20/19 Fee 204H**

\_\_\_\_\_ I/We hereby elect **not** to participate in the **The Dude 20/19 Fee 204H**

Name/Company: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### ALPHA ENERGY PARTNERS

#### AUTHORIZATION FOR EXPENDITURE

Well Name:	The Dude 20/19 Fee 202H	Prospect:	Wolfcamp Y Sand
Location:	SL: 1,280' FNL & 550' FEL (24, T22S-R26E); BHL: 1,980' FNL & 200' FEL (20)		County: Eddy ST: NM
Sec.:	19-20	Blk:	Survey:
TWP:	22S	RNG:	27E Prop. TVD: 8992 TMD: #####

INTANGIBLE COSTS 0180	CODE	TCP	CODE	CC
Regulatory Permits & Surveys	0190-0100	\$10,000	0190-0200	
Location / Road / Site / Preparation	0190-0104	\$85,000	0190-0204	\$25,000
Location / Restoration	0190-0105	\$150,000	0190-0205	\$30,000
Daywork / Turnkey / Footage Drilling 27 days drlg / 3 days comp @ \$21,500/d	0190-0111	\$592,000	0190-0211	\$87,600
Fuel 1700 gal/day @ 2.74/gal	0190-0115	\$152,000	0190-0215	\$350,000
Mud, Chemical & Additives	0190-0121	\$250,000	0190-0221	
Horizontal Drillout Services			0190-0222	\$250,000
Cementing	0190-0126	\$100,000	0190-0226	\$30,000
Logging & Wireline Services	0190-0133	\$2,500	0190-0233	\$425,000
Casing / Tubing / Snubbing Service	0190-0136	\$20,000	0190-0236	\$90,000
Mud Logging	0190-0138	\$30,000		
Stimulation 50 Stg 20.4 MM gal / 20.4 MM lb			0190-0243	\$2,050,000
Stimulation Rentals & Other			0190-0244	\$318,000
Water & Other	0190-0146	\$40,000	0190-0246	\$504,000
Bits	0190-0147	\$100,000	0190-0247	\$8,000
Inspection & Repair Services	0190-0152	\$40,000	0190-0252	\$5,000
Misc. Air & Pumping Services	0190-0157		0190-0257	\$10,000
Testing & Flowback Services	0190-0159	\$15,000	0190-0259	\$30,000
Completion / Workover Rig			0190-0262	\$10,500
Rig Mobilization	0190-0163	\$100,000		
Transportation	0190-0166	\$30,000	0190-0266	\$20,000
Welding Services	0190-0167	\$5,000	0190-0267	\$15,000
Contract Services & Supervision	0190-0173	\$48,000	0190-0273	\$18,000
Directional Services Includes Vertical Control	0190-0177	\$300,000		
Equipment Rental	0190-0182	\$326,900	0190-0282	\$30,000
Well / Lease Legal	0190-0184	\$5,000	0190-0284	
Well / Lease Insurance	0190-0185	\$5,900	0190-0285	
Intangible Supplies	0190-0189	\$8,000	0190-0289	\$10,000
Damages	0190-0192	\$10,000	0190-0292	
ROW & Easements	0190-0193		0190-0293	\$34,000
Pipeline Interconnect			0190-0294	\$88,000
Company Supervision	0190-0195	\$192,000	0190-0295	\$68,800
Overhead Fixed Rate	0190-0196	\$10,000	0190-0296	\$20,000
Well Abandonment	0190-0198		0190-0298	
Contingencies 2% (TCP) 2% (CC)	0190-0199	\$52,500	0190-0299	\$90,500
<b>TOTAL</b>		<b>\$2,679,800</b>		<b>\$4,617,400</b>

TANGIBLE COSTS 0181	CODE	TCP	CODE	CC
Casing (19.1" - 30")	0191-0796			
Casing (10.1" - 19.0") 1450' - 13 3/8" 54.5# J-55 ST&C @ \$42.99/ft	0191-0797	\$21,700		
Casing (8.1" - 10.0") 1750' - 9 5/8" 36# L80 LT&C @ \$26.07/ft	0191-0798	\$55,200		
Casing (6.1" - 8.0") 9000' - 7" 29# HCP-110 LT&C @ \$26.99/ft	0191-0799	\$302,800		
Casing (4.1" - 6.0") 10370' - 4 1/2" 13.5# P-110 BPN @ \$14.94/ft			0191-0797	\$279,700
Tubing 8400' - 2 7/8" 6.5# L-80 EUE 8rd @ \$5.74/ft			0191-0798	\$69,500
Drilling Head	0191-0880	\$40,000		
Tubing Head & Upper Section			0191-0870	\$30,000
Horizontal Completion Tools Completion Liner Hanger			0191-0871	\$75,000
Sucker Rods			0191-0875	
Subsurface Equipment Packer			0191-0880	\$10,000
Artificial Lift Systems Gas Lift Valves			0191-0884	\$25,000
Pumping Unit			0191-0885	
Surface Pumps & Prime Movers 1/2 VRU/SWD pump/Circ Pump/Booster comp			0191-0886	\$55,000
Tanks - Oil 1/2 - 6 750 bbl steel			0191-0890	\$90,000
Tanks - Water 1/2 - 5 750 bbl steel coated			0191-0891	\$78,000
Separation / Treating Equipment			0191-0895	\$95,000
Heater Treaters, Line Heaters 6'x20'x75# HT			0191-0897	\$90,000
Metering Equipment			0191-0898	\$35,000
Line Pipe & Valves - Gathering 1/2 of 3.4 miles of 6" poly for SWD			0191-0900	\$100,000
Fittings / Valves & Accessories			0191-0906	\$75,000
Cathodic Protection			0191-0908	\$45,000
Electrical Installation			0191-0909	\$120,000
Equipment Installation			0191-0910	\$80,000
Pipeline Construction 1/2 of 3.4 miles 6" surface poly for SWD			0191-0920	\$42,500
<b>TOTAL</b>		<b>\$419,700</b>		<b>\$1,394,700</b>
<b>SUBTOTAL</b>		<b>\$3,099,500</b>		<b>\$6,012,100</b>

<b>TOTAL WELL COST</b>	<b>\$9,111,600</b>
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Extra Expense Insurance

I elect to be covered by Operator's Extra Expense Insurance and pay my proportionate share of the premium.  
Operator has secured Extra Expense Insurance covering costs of well control, clean up and redrilling as estimated in Line Item 0180-0185.

I elect to purchase my own well control insurance policy.

If neither box is checked above, non-operating working interest owner elects to be covered by Operator's well control insurance.

Prepared by: <u>T. Adams</u>	Date: <u>3/22/2021</u>
Company Approval: _____	Date: <u>3/22/2021</u>

Joint Owner Interest: _____ Amount: _____	Signature: _____
Joint Owner Name: _____	

### ALPHA ENERGY PARTNERS

#### AUTHORIZATION FOR EXPENDITURE

Well Name:	The Dude 20/19 Fee 201H	Prospect:	Wolfcamp Y Sand
Location:	SL: 1,230' FNL & 550' FEL (24, T22S-R26E); BHL: 660' FNL & 200' FEL (20)		County: Eddy ST: NM
Sec.:	19-20	Blk:	Survey:
TWP:	22S	RNG:	27E Prop. TVD: 8992 TMD: #####

INTANGIBLE COSTS 0180	CODE	TCP	CODE	CC
Regulatory Permits & Surveys	0190-0100	\$10,000	0190-0200	
Location / Road / Site / Preparation	0190-0104	\$85,000	0190-0204	\$25,000
Location / Restoration	0190-0105	\$150,000	0190-0205	\$30,000
Daywork / Turnkey / Footage Drilling 27 days drlg / 3 days comp @ \$21,500/d	0190-0111	\$592,000	0190-0211	\$87,600
Fuel 1700 gal/day @ 2.74/gal	0190-0115	\$152,000	0190-0215	\$350,000
Mud, Chemical & Additives	0190-0121	\$250,000	0190-0221	
Horizontal Drillout Services			0190-0222	\$250,000
Cementing	0190-0126	\$100,000	0190-0226	\$30,000
Logging & Wireline Services	0190-0133	\$2,500	0190-0233	\$425,000
Casing / Tubing / Snubbing Service	0190-0136	\$20,000	0190-0236	\$90,000
Mud Logging	0190-0138	\$30,000		
Stimulation 50 Stg 20.4 MM gal / 20.4 MM lb			0190-0243	\$2,050,000
Stimulation Rentals & Other			0190-0244	\$318,000
Water & Other	0190-0146	\$40,000	0190-0246	\$504,000
Bits	0190-0147	\$100,000	0190-0247	\$8,000
Inspection & Repair Services	0190-0152	\$40,000	0190-0252	\$5,000
Misc. Air & Pumping Services	0190-0157		0190-0257	\$10,000
Testing & Flowback Services	0190-0159	\$15,000	0190-0259	\$30,000
Completion / Workover Rig			0190-0262	\$10,500
Rig Mobilization	0190-0163	\$100,000		
Transportation	0190-0166	\$30,000	0190-0266	\$20,000
Welding Services	0190-0167	\$5,000	0190-0267	\$15,000
Contract Services & Supervision	0190-0173	\$48,000	0190-0273	\$18,000
Directional Services Includes Vertical Control	0190-0177	\$300,000		
Equipment Rental	0190-0182	\$326,900	0190-0282	\$30,000
Well / Lease Legal	0190-0184	\$5,000	0190-0284	
Well / Lease Insurance	0190-0185	\$5,900	0190-0285	
Intangible Supplies	0190-0189	\$8,000	0190-0289	\$10,000
Damages	0190-0192	\$10,000	0190-0292	
ROW & Easements	0190-0193		0190-0293	\$34,000
Pipeline Interconnect			0190-0294	\$88,000
Company Supervision	0190-0195	\$192,000	0190-0295	\$68,800
Overhead Fixed Rate	0190-0196	\$10,000	0190-0296	\$20,000
Well Abandonment	0190-0198		0190-0298	
Contingencies 2% (TCP) 2% (CC)	0190-0199	\$52,500	0190-0299	\$90,500
<b>TOTAL</b>		<b>\$2,679,800</b>		<b>\$4,617,400</b>
TANGIBLE COSTS 0181				
Casing (19.1" - 30")	0191-0796			
Casing (10.1" - 19.0") 1450' - 13 3/8" 54.5# J-55 ST&C @ \$42.99/ft	0191-0797	\$21,700		
Casing (8.1" - 10.0") 1750' - 9 5/8" 36# L80 LT&C @ \$26.07/ft	0191-0798	\$55,200		
Casing (6.1" - 8.0") 9000' - 7" 29# HCP-110 LT&C @ \$26.99/ft	0191-0799	\$302,800		
Casing (4.1" - 6.0") 10370' - 4 1/2" 13.5# P-110 BPN @ \$14.94/ft			0191-0797	\$279,700
Tubing 8400' - 2 7/8" 6.5# L-80 EUE 8rd @ \$5.74/ft			0191-0798	\$69,500
Drilling Head	0191-0880	\$40,000		
Tubing Head & Upper Section			0191-0870	\$30,000
Horizontal Completion Tools Completion Liner Hanger			0191-0871	\$75,000
Sucker Rods			0191-0875	
Subsurface Equipment Packer			0191-0880	\$10,000
Artificial Lift Systems Gas Lift Valves			0191-0884	\$25,000
Pumping Unit			0191-0885	
Surface Pumps & Prime Movers 1/2 VRU/SWD pump/Circ Pump/Booster comp			0191-0886	\$55,000
Tanks - Oil 1/2 - 6 750 bbl steel			0191-0890	\$90,000
Tanks - Water 1/2 - 5 750 bbl steel coated			0191-0891	\$78,000
Separation / Treating Equipment			0191-0895	\$95,000
Heater Treaters, Line Heaters 6'x20'x75# HT			0191-0897	\$90,000
Metering Equipment			0191-0898	\$35,000
Line Pipe & Valves - Gathering 1/2 of 3.4 miles of 6" poly for SWD			0191-0900	\$100,000
Fittings / Valves & Accessories			0191-0906	\$75,000
Cathodic Protection			0191-0908	\$45,000
Electrical Installation			0191-0909	\$120,000
Equipment Installation			0191-0910	\$80,000
Pipeline Construction 1/2 of 3.4 miles 6" surface poly for SWD			0191-0920	\$42,500
<b>TOTAL</b>		<b>\$419,700</b>		<b>\$1,394,700</b>
<b>SUBTOTAL</b>		<b>\$3,099,500</b>		<b>\$6,012,100</b>
<b>TOTAL WELL COST</b>		<b>\$9,111,600</b>		

Extra Expense Insurance

I elect to be covered by Operator's Extra Expense Insurance and pay my proportionate share of the premium.  
Operator has secured Extra Expense Insurance covering costs of well control, clean up and redrilling as estimated in Line Item 0180-0185.

I elect to purchase my own well control insurance policy.

If neither box is checked above, non-operating working interest owner elects to be covered by Operator's well control insurance.

Prepared by: <u>T. Adams</u>	Date: <u>3/22/2021</u>
Company Approval: _____	Date: <u>3/22/2021</u>
Joint Owner Interest: _____ Amount: _____	Signature: _____
Joint Owner Name: _____	

Communication Log for Pooled Parties		
Owner	Interest Type	Communication
Jetstream, now Lapetco, Inc.	Working Interest	8.12.21 8.4.21 7.14.21 6.29.21 4.6.21 3.29.21 - Proposal + Communication detailing timing/process of development. 10.19.23 Lapetco sent notification that they were a successor in interest and will be looking for future well proposals to be sent to them.
Featherstone	Working Interest	8.11.21 4.29.21 3.29.21 - Proposal + detail of development including update on process. Plan on continually working with to get traded out, or participation
Rosa Ortega	Unleased MI	3.29.21-8.21.21 - Attempted to located her or heirs, no clear heirship locatable
William J Jones	Unleased MI	3.29.21-8.21.21 - Attempted to locate themselves or heirs, no clear sucesor locatable
Duberta Croley - Deceased, interest being probated	Unleased MI	5.26.21 - Duberta is deceased, her brother communicated that he is probating her estate. We fully expect to get Duberta's interest uner lease
Cynthia M. Moffatt Bryan, now Sarvis Creek Energy LLC	Unleased MI	3.29.21-5.9.21- Attempted to locate, attempts have failed, no clear successor. Title is clouded with quit claim deed. 11.1.23 Sent updated AFEs, as requested 11.9.23 Met with the Sarvis Team to discuss development strategy, timing, etc.
Pete and Elidia Salcido	Unleased MI	5.9.21 - We did locate Elidia via cnpfirmed address however she has refused to respond to proposal/leasing offer.
Janice Straub	Unleased MI	5.9.21 - Located Janice - Refused to engage in lease/proposal negotiation
Mildred E. Mckinney	Unleased MI	3.29.21-8.21.21 - Milred nor her successors or heirs have been locatable
Doyle A Kimmell	Unleased MI	5.5.21 - Doyle located via confirmed delivery - has not engaged with proposals or offers to lease
Bigsky Estates	Unleased MI	5.5.21 - Big Sky estates has refused to engage in conversation in relation to minerals

Alpha Energy Partners, LLC  
Case No. 22171  
Exhibit A-5

Donald Rutherford	Unleased MI	5.5.21 - Donald located via confirmed delivery - has not engaged with proposals or offers to lease
Hattie Autry	Unleased MI	3.29.21-8.21.21 - Hattie has been unlocatable nor have any heirs or successors been clear.
Coe H. Scott and Barbara Ann Scott	Unleased MI	3.29.21-8.21.21 - The Scotts nor any clear successors or heirs have been able to be located via public info
Michael Lee Fisher	Unleased MI	5.29.21 - We were able to locate Michaels relative the previously represented him when he was a minor however have not been able to locate him. His relative would not provide any information to contact Michael
Internationalities Federal Credit Union	Unleased MI	5.5.21 - Located Interationalities, they are the successors to an older mortgage company, appears they refuse to acknowledge relation with minerals.
Debra Arnold (Owens)	Unleased MI	5.5.21 - Located via confirmed delivery, has not engaged with proposals or lease offer.
Heirs of Mary Catherine Recker, AKA Kate Recker	Unleased MI	3.29.21-8.21.21 - No communication, Mary and her heirs have been unlocatable, he husband was very active in real estate transactions in the late 1900s however, after he passed away, Marys liniage became untraceable.
Ross Duncan Properties	Unleased MI	8.25.21 8.11.21 8.5.21 4.29.21 - Explained details of well proposals/plans as well as detailed owership. Plan on continually working with to get leased or some sort of participation. 11.8.23 Sent updated AFE, as requested.
Xplor Resources, LLC	Unleased MI	4.29.21 - Detailed development plans as well as ownership 11.8.23 Sent updated AFE, as requested.
Big Three Energy Group	Unleased MI	8.25.21 8.11.21 8.5.21 4.29.21 - Explained details of well proposals/plans as well as detailed owership. Plan on continually working with to get leased or some sort of participation 11.8.23 Sent updated AFE, as requested.

Foundation Minerals, LLC, now Sarvis Creek Energy, LLC	Unleased MI	7.16.21 7.17.21 9.15.21 9.16.21 - Communication detailing ownership as well as development plans and several rounds of offers from Alpha to lease interest. 11.1.23 Sent updated AFEs, as requested 11.9.23 Met with the Sarvis Team to discuss development strategy, timing, etc.
Mavros Minerals, LLC, now Cibolo Oil & Gas	Unleased MI	7.16.21 7.17.21 9.15.21 9.16.21 - Communication detailing ownership as well as development plans and several rounds of offers from Alpha to lease interest.
Oak Valley Mineral and Land, LP, now Cibolo Oil & Gas	Unleased MI	7.16.21 7.17.21 9.15.21 9.16.21 - Communication detailing ownership as well as development plans and several rounds of offers from Alpha to lease interest.
Gilberto S. Nava and wife, Juanita C. Nava Heirs	Unleased MI	5.5.21 9.13.21 - Communicated origin of interest as well as increased offers. Do believe they will lease, should have a deal soon.
El Rey Motel, LLC	Unleased MI	3.29.21 - Proposals offers received by owner, no communication back from owner.
Bessie M Fulton	Unleased MI	5.5.21 5.25.21 - Indication that Bessie has died, Son will not engage in communication
Lloyd Tolar	Unleased MI	5.5.21 - Confirmed address via green card however, no communication received back after proposal and leasing offer
Randall Counts	Unleased MI	5.5.21 5.9.21 - Indication received from Counts that lease would be signed however, cut off communication abruptly. Seemingly due to small interest.

Antonio J. Hernandez	Unleased MI	3.29.21-8.21.21 9.5.21 - Unable to locate, however did receive an email from a strange address claiming to be heir of Antonio stating they own no minerals. Attempted to explain ownership, would not acknowledge.
Estate of Vera Othella Hernandez	Unleased MI	3.29.21-8.21.21 9.5.21 - Unable to locate, however did receive an email from a strange address claiming to be heir of Antonio stating they own no minerals. Attempted to explain ownership, would not acknowledge.
Margaret L. Hournbuckle	Unleased MI	5.25.21 - Confirmed delivery however Margaret has declined communication with leasing or proposals
Michael Collier	Unleased MI	3.29.21-8.21.21 - Unable to locate Michael however, we did speak with one of his cousins that is in this unit (William Hair) who told us he would try to get him to reach out however, he has not.
Henry N. Moses	Unleased MI	3.29.21-8.21.21 - Unable to locate - Did get a green card back from a Henry Moses that appeared to be the correct heir however, they stated they were not the correct person.
John W. Bennett and Wife, Angelina Bennett	Unleased MI	3.29.21 - Confirmed delivery, no communication back from Bennetts on proposals/offers
Canuto G. Salcido, Jr ad Anita Saloido	Unleased MI	5.25.21 - Confirmed delivery however Salcidos have declined communication with leasing or proposals
Edward Newton	Unleased MI	5.5.21 - Unable to locate Edward or his heirs within unit
Donna & Adele Little	Unleased MI	5.5.21 - Located heirs, have declined leasing offers to this point, will coninue to try to connect
Betty Jo Mashaw	Unleased MI	5.5.21 - Betty is heir, has to this point declined communication in regards to proposals or offers
Brooks M. Brinninstool and Bernadette Brininstool as Joint Tenants	Unleased MI	3.29.21 - Brininstool family is larger interest owner, delivery has been confirmed and no communication has been received back however, their title is also clouded by conglomerate of assignments
Heirs of Carlos and Rachel Cabos  Eddie Cobos Lorie Cobos Andrew Cobos (Son of Jefferey Cobos)	Unleased MI	5.5.21 - We did get a confirmed delivery for the Cobos family on offers and proposals however it appears Rachel may be deceased. However, no communication or clear public info to confirm

Lupe Sosa Nick Sosa and wife, Isabel Sosa	Unleased MI	5.5.21 - Appears Lupe is deceased however, no clear public info to indicate. Nick is Son, he has not confirmed receipt and no clear indication of additional location
Banjamin and Jimalee Nievas	Unleased MI	3.29.21 - Received proposal/offer - is the heir to owner, has declined to respond to proposals/offers
Keith Barker	Unleased MI	5.5.21 - Brother of Paul - Also has declined to respond
Dennis Young	Unleased MI	5.5.21 - Confirmed delivery via green card - has declined to respond to proposals/ offers
Vincente R Perez Sr.,	Unleased MI	5.5.21 - Confirmed delivery via green card - has declined to respond to proposals/ offers
Sally Chavez Fabian V Chavez Cecilia Chavez Ruben Portillo Annabell Garcia	Unleased MI	5.5.21 - Confirmed delivery via green card - has declined to respond to proposals/ offers
Jesus G Chavex, Trina P. Chavez	Unleased MI	3.29.21-8.21.21 - Unable to locate however their ownership appears to be clouded and pooling is required regardless.
James F. Dill and Josephine Dill	Unleased MI	3.29.21-8.21.21 - Unable to reasonably locate Dills or their successors or heirs
Hiers of JD Thompson and Joan G. Thompson	Unleased MI	3.29.21-8.21.21 - located 1 of 3 heirs, Tommy is the eldest brother who recommended we continue to pool his other 2 siblings, as he doesn't even know where there are
JC Neeley and Myrtle Neeley	Unleased MI	3.29.21-8.21.21 - Attempted to locate them or their heirs. Appears they had 4 children, none of which are locatable through clear public data
Joe McCormack and wife Mary Helen McCormack	Unleased MI	5.5.21 - Confirmed contact via greencard however they have declined to contact
Heirship of Roy E. Bown and Virgile E. Brown	Unleased MI	3.29.21-8.21.21 - Attempted to get broker to locate Browns however, there is a massive issue with heirship, unable to reasonably locate. Can show further documentation if necessary
Theodore Anthony Karas and wife, Thresa L. Karas	Unleased MI	5.5.21 6.21.21 - Discussed with them, they claim they do not own minerals however do. Have declined conversation over minerals to this point.
Ronald & Karen Tackitt	Unleased MI	
Pat Blakeney	Unleased MI	5.9.21 - Pat responded to well proposal, non-consenting them without signing a lease. Appear to have declined further contact.

Frances Forman Ruth Wilkinson Ida Ryan	Unleased MI	5.5.21 5.25.21 - Sisters, heirs to interest, have not been able to locate to this point.
Heirs of Clyde K. Schmidt and Faye J Schmidt	Unleased MI	5.5.21 10.1.21 - Heir is Vicki Schmidt - She explained she does not understand the mineral leasing process, is not leased yet however fully intend to get leased soon.
JC and Suzette Smith	Unleased MI	3.29.21-8.21.21 - We have not been able to reasonable locate owners or heirs of interests.
Fred and Judy Cox	Unleased MI	3.29.21-8.21.21 - We have not been able to reasonable locate owners or heirs of interests.
William C. Ksir	Unleased MI	6.21.21 - William called claiming interest was leased unto Uplift (Alpha), we are attempting to reconcile. If we cannot, we will pursue new lease.
JH Duane Barnett and wife Betty Lois Barnett	Unleased MI	3.29.21-8.21.21 - We have not been able to reasonable locate owners or heirs of interests. Did find a promising address in Montana however that returned as well.
Jose P Cabezuela and Gloria Cabezuela	Unleased MI	3.29.21 - Did receive green card back however, no response to proposals or offers
RD Beaver, Inex Beaver	Unleased MI	3.29.21 - Did receive green card back however, no response to proposals or offers
Springwood Minerals 6, LLC, now CJM Resources, LLC	Unleased MI	4.28.21 9.27.21 - Communication confirming ownership, appears they are declining communication as of now
City of Carlsbad	Unleased MI	4.28.21 5.4.21 5.28.21 6.9.21 October, 2021 - Communication confirming ownership. City has indicated pro-development however prefers to be pooled prior to signing lease.
Schiller Properties, LLC	Unleased MI	5.5.21 6.2.21 - We have communicated and attempted to clear title however, they appear to just be strangers in title.
Frances Greer	Unleased MI	5.25.21 - Confirmed receipt through green cards however have declined to respond to proposals/offers to lease

Kathy Kessler	Unleased MI	5.25.21 - Confirmed receipt through green cards however have declined to respond to proposals/offers to lease
Gary Lancaster	Unleased MI	3.29.21-8.21.21 - I have contacted 2 different Gary Lancasters that have lived in Carlsbad, both state they are not the Gary that we are looking for. Unlocatable
Norma Chanley	Unleased MI	8.25.21 9.7.21 - Norma has stated she will participate in the wells however has yet to provide a letter of consent or signed JOA
Realaza Del Spear	Unleased MI	4.21.21 4.22.21 5.10.21 5.11.21 8.4.21 9.27.21 9.30.21 - Detailed several offers to lease as well as the intentions of Alpha and willingness to work with owners. Realeza has indicated resistance to lease at current pricing, attempting a solution. 11.8.23 Sent updated AFE, as requested.
The Lee-Tom Lee Irrevcable Trust-A	Unleased MI	3.29.21 - Trustees of Trust are leased and have filed curative, pooling Trust to CYA leases from Trustees
Gary Smith and Wife Sandra Smith	Unleased MI	3.29.21-8.21.21 - Attempted to locate and have failed
Heirs of Charles Eskridge, now Sarvis Creek Energy	Unleased MI	3.29.21-8.21.21 - Eskridge family tracked to Los Angelos where trail ends, unable to locate living member of family 11.1.23 Sent updated AFEs, as requested 11.9.23 Met with the Sarvis Team to discuss development strategy, timing, etc.

		Patriarch of Kenney/Bell Family 4.21.21 4.28.21 5.25.25 5.26.21 9.30.21
James B. Kenney	Unleased MI	11.1.23 We have come to terms on an OGL and awiating final execution.
James Gilbert Bell	Unleased MI	See above
Rhoda Sue Bell Smith	Unleased MI	See above
Jim Blain Kenney	Unleased MI	See above

State of New Mexico  
Energy, Minerals and Natural Resources Department

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**Michelle Lujan Grisham**  
Governor

**Sarah Cottrell Propst**  
Cabinet Secretary

**Dylan M. Fuge**  
Deputy Secretary (Acting)

**Dylan M. Fuge**, Division Director  
Oil Conservation Division



November 13, 2023

**Amended Notice of Resumption of Drilling and Completion Activity in Proximity to the Carlsbad Brine Well**

Dear Operators:

You are receiving this notice because you are the registered Operator of well(s) affected by temporary restrictions on drilling and completion activities planned within five miles of the Carlsbad Brine Well (“backfilled void”). These include activities at proposed wells encroaching within in 1-mile of the backfilled void affected by Division Orders R-21888, R-22063, R-21100-B, R-21104-C, and R-21123-C, restricted by Conditions of Approval (“COAs”) attached to Applications for Permits to Drill (“APDs”) approved after July 2, 2021, and the OCD’s first Notice of Resumption of Certain Drilling and Completion Activity in Proximity to the Carlsbad Brine Well. This Notice announces that such activities may resume regardless of their distance to the backfilled void, subject to the conditions detailed below.

Effective January 1, 2024 the Director has determined that drilling and completion activities associated with oil and gas production may resume *within a one-mile radius* of the backfilled void. Wells, or any portion of wells, or any activity, planned within one mile of the backfilled void may resume subject to the Conditions stated below:

- Operator shall provide written notice to OCD at least 14 days prior to the start of any drilling or completion activities occurring within five miles of the backfilled void. The notice shall be filed with [OCD.Engineer@state.nm.us](mailto:OCD.Engineer@state.nm.us).
- Vertical portions of wells may not advance within ¼-mile of the backfilled void.
- Lateral portions of wells occurring within 1-mile of the backfilled void may not occur at depths less than 5,000 feet.
- Completion activities (hydraulic fracturing) may not occur simultaneously.
  - OCD may require operators to modify their completion schedules if multiple completions are planned to occur simultaneously based on the written notice required above. .
- OCD may require additional safeguards for drilling operations progressing through the shallow Salado Formation.

1220 South St. Francis Drive • Santa Fe, New Mexico 87505  
Phone (505) 476-3460 • Fax (505) 476-3462 • [www.emnrd.nm.gov](http://www.emnrd.nm.gov)

**Alpha Energy Partners, LLC**  
**Case No. 22171**  
**Exhibit A-6**

This Notice is effective immediately. Please contact Jesse Tremaine at [JesseK.Tremaine@emnrd.nm.gov](mailto:JesseK.Tremaine@emnrd.nm.gov) or (505) 231-9312 with any questions about this Notice, affected Division Orders, COAs, or individual activities.

Sincerely,



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Dylan Fuge

Director

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

**CASE NO. 22171**

**SELF-AFFIRMED STATEMENT  
OF JASON MCCLAIN**

1. I am a geologist with Ops Geologic LLC and am a consultant for Alpha Energy Partners, LLC (“AEP”). I am over 18 years of age, have personal knowledge of the matters addressed herein, and am competent to provide this Self-Affirmed Statement. I have not previously testified before the New Mexico Oil Conservation Division (“Division”). I received Bachelor of Science and Masters of Science Degrees from Southern Illinois University in 2003 and 2006 respectively. I have worked as a Geologist professionally since May of 2006. I have experience in both onshore and offshore fields, as well as domestic and international plays. I have experience with multiple play types; conventional (onshore and offshore; Rincon and Flores/Jefferies Fields Gulf Coast, Gulf of Mexico Fields, etc.) and unconventional reservoirs (Eagle Ford, Marcellus, Utica, Wolfcamp, Bone Springs, Travis Peak Sands, Canyon Sands, etc.), Gulf of Mexico and International Deep-Water Basins, etc. I spent approximately 13 years with Anadarko Petroleum Corporation from 2006 to late 2019 (out of the Woodlands, TX and Midland, TX locations) after which I went to work for Cimerex Energy Company in Midland, TX in 2020. In mid-2021 I joined with two partners and formed a geologic consulting firm, Ops Geologic, LLC, where I am presently employed. A copy of my resume is attached as **Exhibit B-1**.

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

3. **Exhibit B-2** is a location map for the proposed horizontal spacing unit (“Unit”) within the Wolfcamp formation. The approximate wellbore paths for **The Dude 19/20 Fee 201H** and **202H** wells (“Wells”) are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid brown lines.

4. **Exhibit B-3** is a subsea structure map for the top of the Wolfcamp formation that is representative of the targeted interval within the formation. The data points are indicated by displayed well locations with posted depth values. The approximate wellbore paths for the Wells are depicted by dashed lines. The map demonstrates the formation is gently dipping to the east in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

5. **Exhibit B-3** also identifies two wells penetrating the targeted interval I used to construct a stratigraphic cross-section from A to A’.

6. **Exhibit B-4** is a stratigraphic cross-section using the representative wells identified on **Exhibit B-3**. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area. The well logs contain gamma ray, resistivity and porosity logs. The proposed landing zone for the Wells is labeled on the exhibit. This cross-section demonstrates the targeted interval is continuous across the Unit.

7. In my opinion, a laydown orientation for the Well 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.

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

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

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

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

Jason McClain  
Jason McClain

11/13/2023  
Date

**JASON P. MCCLAIN**Prosper, TX 75078 | (618) 967-9204 | [JasonPMcClain@gmail.com](mailto:JasonPMcClain@gmail.com) | [www.linkedin.com/in/jpmcclain](http://www.linkedin.com/in/jpmcclain)**EXECUTIVE SUMMARY**

Highly motivated geoscientist with over 17 years of experience supporting onshore and offshore plays in both conventional and unconventional reservoirs. Extensive involvement with active development programs for multiple major US shale trends and fields within the Gulf of Mexico. Operational background in both Deepwater and onshore operations across North America. Strong team leader focused on delivering business objectives, big on team values, and passionate about mentorship. Looking for exciting new opportunities where my expertise can be used to help achieve team success.

*Core competencies / Areas of Expertise:*

Geologic Operations | Subsurface Interpretation | Formation Evaluation | Well Planning | Geosteering  
 Project Management | Prospect Evaluation | Field Development | Process Improvement | Data Analysis  
 Sedimentology/Stratigraphy | Structure Interpretation | Seismic Interpretation | Geomechanics

**PROFESSIONAL EXPERIENCE****OPS GEOLOGIC, LLC****May 2021 - Present****DIRECTOR OF OPERATIONS / FOUNDING PARTNER**

Coordination and execution of geological consulting services. Including but not limited to, subsurface interpretation, exploration/appraisal/development planning, asset evaluation, basin analysis, operational planning and execution, geosteering and geosteering oversight, vendor management, etc...

- Other duties include data management, systems and software management, business development, and general executive administration.

**CIMAREX ENERGY COMPANY****March 2020 - September 2020****SENIOR GEOLOGIST - PERMIAN BASIN BUSINESS UNIT**

Led geological initiatives for the Reeves County asset area, within the Delaware Basin. Responsibilities included development and exploration well planning, regional and sub-regional reservoir characterization, and post appraisal analyses. Partnered with Reservoir Engineering, Land, Drilling, Petrophysics, and Operations Teams on various projects.

- Interpreted and QC'd subsurface tops (DMG – Atoka and deeper) in 1185 wells across the Permian Basin to be used in regional Petrophysical Models and updated subsurface maps yielding improved targeting and well performance.
- Planned and received AFE approval for 5 multi-well developments; successfully preserving lease hold and helping to meet company production goals.
- Evaluated & recommended multiple opportunities in Reeves Co. totaling approximately \$100mm capital exposure.

**ANADARKO PETROLEUM CORPORATION (APC)****December 2006 - December 2019****GEOSCIENCE MANAGER - DELAWARE BASIN DEVELOPMENT, June 2017 - December 2019**

Oversaw multiple sub-asset areas within the Delaware Basin; responsibilities included full-cycle development planning, AFE justification, operational support, and post appraisal efforts. Additional roles included Geologic Operations Team management, technical development and mentorship, as well as Commercial Team and Business Development support.

- Successfully assisted with the opening of a new office in Midland, TX with greater than 90% retention rate.
- Planned, secured approval, scheduled, and executed over 300 wells; growing field wide production, surpassing 100,000 BOPD milestone (Dec 2017).
- Served on a special project team to investigate, improve, and redesign our entire well delivery process; gaining executive approval to implement plan to improve well delivery efficiency.

**GEOLOGIC OPERATIONS MANAGER - SOUTHERN REGION AND APPALACHIA, December 2014 - June 2017**

Supported numerous assets across the organization; 24/7 geosteering functions, formation evaluation planning and execution, well site operation oversight, service contract management, and vendor communication/coordination.

- Drove operational support of all wells drilled within the Permian Wolfcamp/Bone Spring, Eagle Ford, Haynesville, Marcellus, Eaglebine, Austin Chalk, and East TX Gas plays. Assisting each to successfully hit their production goals while maintaining industry leading cost and executional efficiencies we internally built.

**Alpha Energy Partners, LLC****Case No. 22171****Exhibit B-1**

**JASON P. MCCLAIN**Prosper, TX 75078 | (618) 967-9204 | [JasonPMcClain@gmail.com](mailto:JasonPMcClain@gmail.com) | [www.linkedin.com/in/jpmcclain](http://www.linkedin.com/in/jpmcclain)**LEAD DEVELOPMENT GEOLOGIST - GULF OF MEXICO**, August 2013 - December 2014

Led the Ticonderoga-Constitution Development as well as participation in all Green Canyon Team developments.

- Recompletion and additional sidetracks from the Ticonderoga-Constitution Production Platform; adding 1000's of bbls of reserves and extending the life of the field.
- Collaborated on the Cesar/Tonga and Heidelberg projects and execution of appraisal wells on each. Proving up a combined \$4.6B of potential value.

**DEVELOPMENT GEOLOGIST - US ONSHORE**, May 2009 - August 2013Subsurface interpretation, reservoir characterization, field development planning, AFE approval, formation evaluation planning, well execution, and post appraisal analysis for conventional and unconventional plays (*Conventional* - Vicksburg trend, Canyon Sands and Strawn Plays. *Unconventional* - Eagle Ford, Utica, and Marcellus).

- Provided key geological analysis for critical "Phase II" decision in the Utica Development; saving the company more than \$800M in suboptimal investments.
- Transitioned the Eagle Ford play from exploration to development. Directly oversaw planning and drilling of over 225 horizontal wells, substantially growing Anadarko's net production within the field to over 39,000 BOEPD.
- Executed multiple new drills/recompletes and ran the last active (APC) drilling campaign within the Ozona field.
- Provided geologic support and mentorship to the Marcellus development; assisting with planning and analysis to drive successful execution of the development program.

**OPERATIONS GEOLOGIST - DEEPWATER INTERNATIONAL/GoM**, May 2007 - May 2009

Planning and operational oversight of the geologic aspects of deep-water wells. This included both office and on-site rig responsibilities, core extraction, formation evaluation planning, partner relations, data management, and close coordination with petrophysics and drilling.

- Notable projects executed included Shenandoah, Heidelberg, and Caesar-Tonga Discoveries, adding hundreds of millions of barrels of reserves and generating future development opportunities.

**DEVELOPMENT GEOLOGIST - EAST TX**, December 2006 - May 2007

Planning, characterization, justification, and execution of vertical wells in the Oakhill and Henderson areas of the Carthage Tight Gas Field, East TX.

- Collaborated on the drilling APC's first horizontal well within the field.

**KERR-MCGEE CORPORATION****June 2006 - December 2006****GEOLOGIC INTERN - TECHNOLOGY DEPARTMENT**

## EDUCATION

**M.S. degree (GEOLOGY)** - SOUTHERN ILLINOIS UNIVERSITY, Carbondale, IL 12/2006

- Full Thesis Supported Master of Science Program: McClain, J. P. "A Shallow Vibroseis Seismic Reflection Study In The Rough Creek Fault Zone Using Density And Resistivity Based Synthetic Seismograms" 2006, SIUC Dept. of Geology.

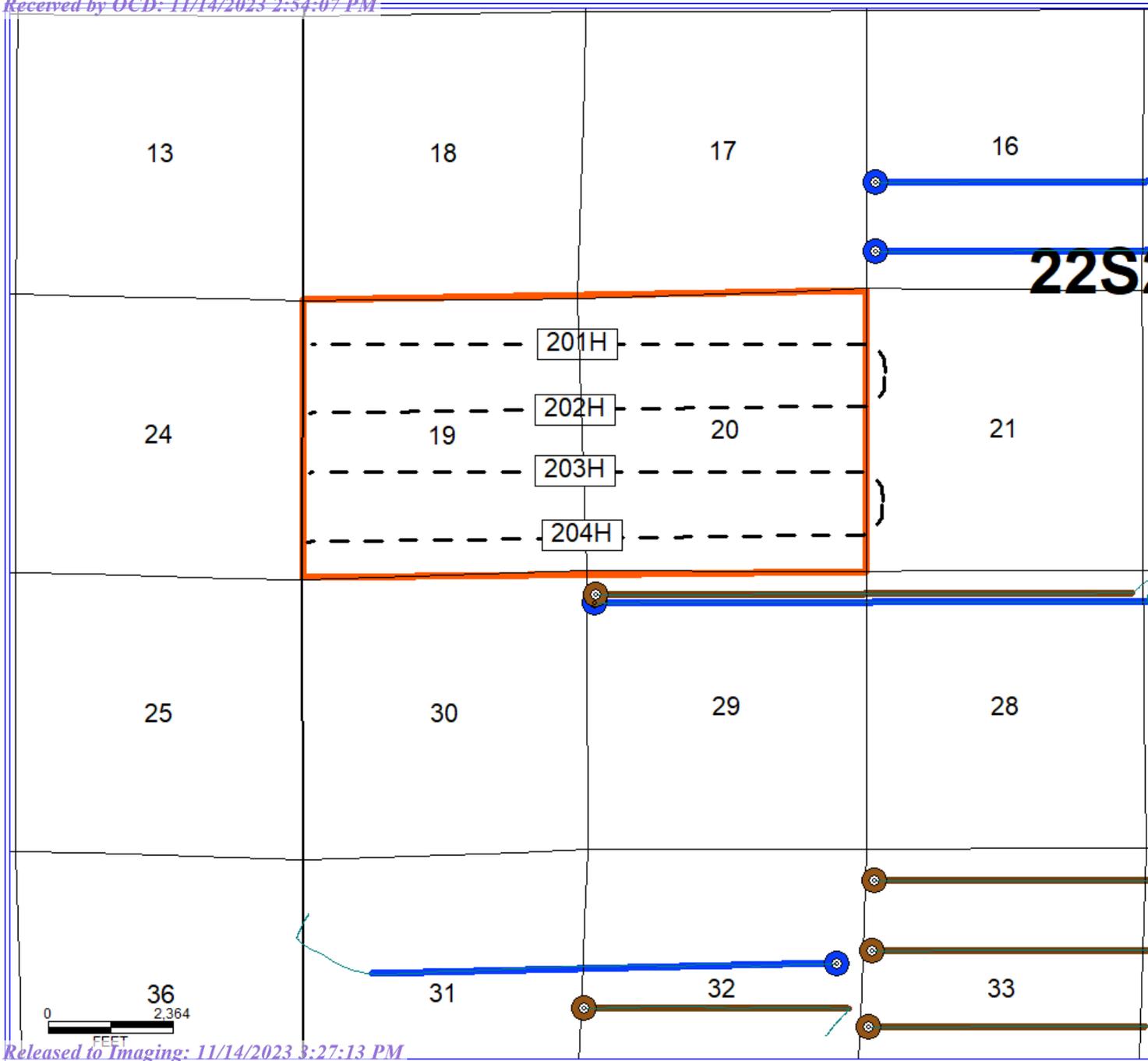
**B.S. degree (GEOLOGY)** - SOUTHERN ILLINOIS UNIVERSITY, Carbondale, IL 12/2003**B.A. degree (PSYCHOLOGY)** - SOUTHERN ILLINOIS UNIVERSITY, Carbondale, IL 5/2001

## TECHNOLOGY SKILLS

Petra | Kingdom | Decision Space | Petrel | Seisworks | SES Steering Software | StarSteer | MS Office | Spotfire

## PROFESSIONAL ASSOCIATIONS / MEMBERSHIPS

WEST TEXAS GEOLOGICAL SOCIETY, Midland, TX, **2017 – Current**AAPG, Tulsa, OK, **2004 – Current**



# Alpha Energy Partners, LLC

The Dude 20/19 Fee #201H  
 The Dude 20/19 Fee #202H  
 The Dude 20/19 Fee #203H  
 The Dude 20/19 Fee #204H

Location Map

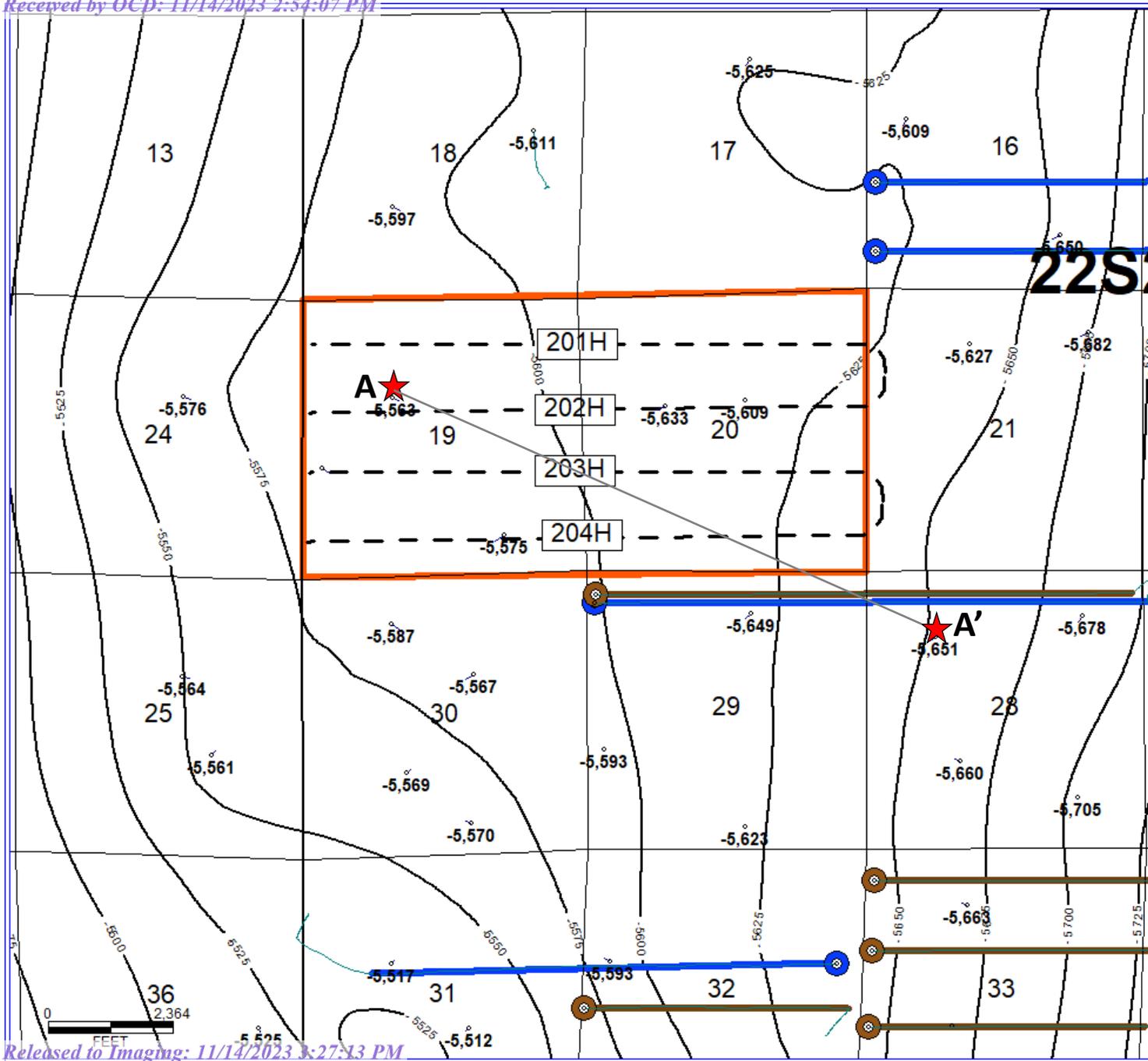
Author: Jason McClain

Date: 10/12/2023

## Horizontal Activity

- Wolfcamp Sand (The Dude Proposals)
- Wolfcamp Sand (Producing)
- Wolfcamp Shale Upper A (Producing)

Alpha Energy Partners, LLC  
 Case No. 22171  
 Exhibit B-2



# Alpha Energy Partners, LLC

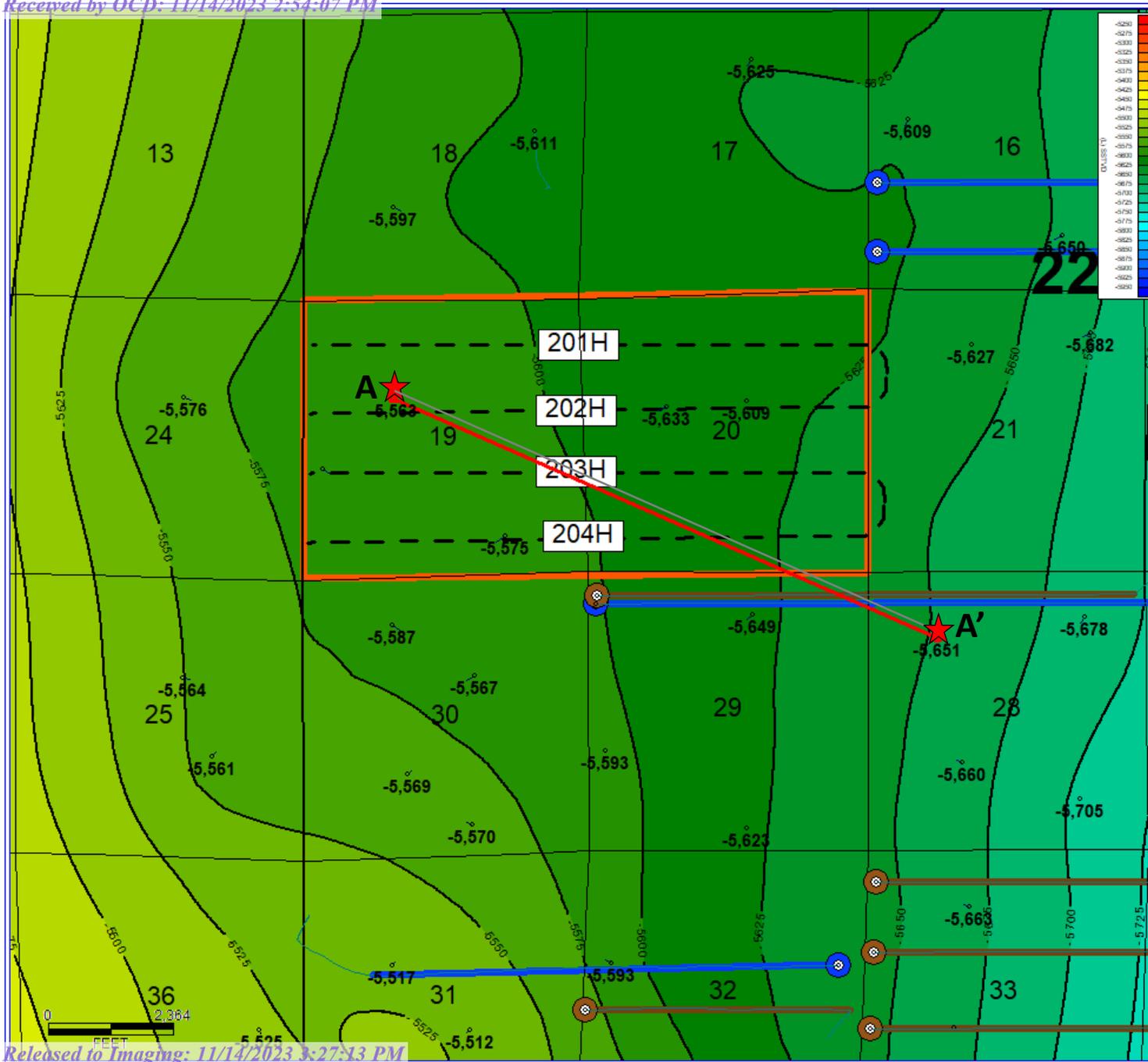
**The Dude 20/19 Fee #201H**  
**The Dude 20/19 Fee #202H**  
**The Dude 20/19 Fee #203H**  
**The Dude 20/19 Fee #204H**  
 Structure (SSTVD) Top WFMP (C.I. 25')

Author: Jason McClain	Date: 10/12/2023
-----------------------	------------------

## Horizontal Activity

- Wolfcamp Sand (The Dude Proposals)
- Wolfcamp Sand (Producing)
- Wolfcamp Shale Upper A (Producing)

Alpha Energy Partners, LLC  
 Case No. 22171  
 Exhibit B-3



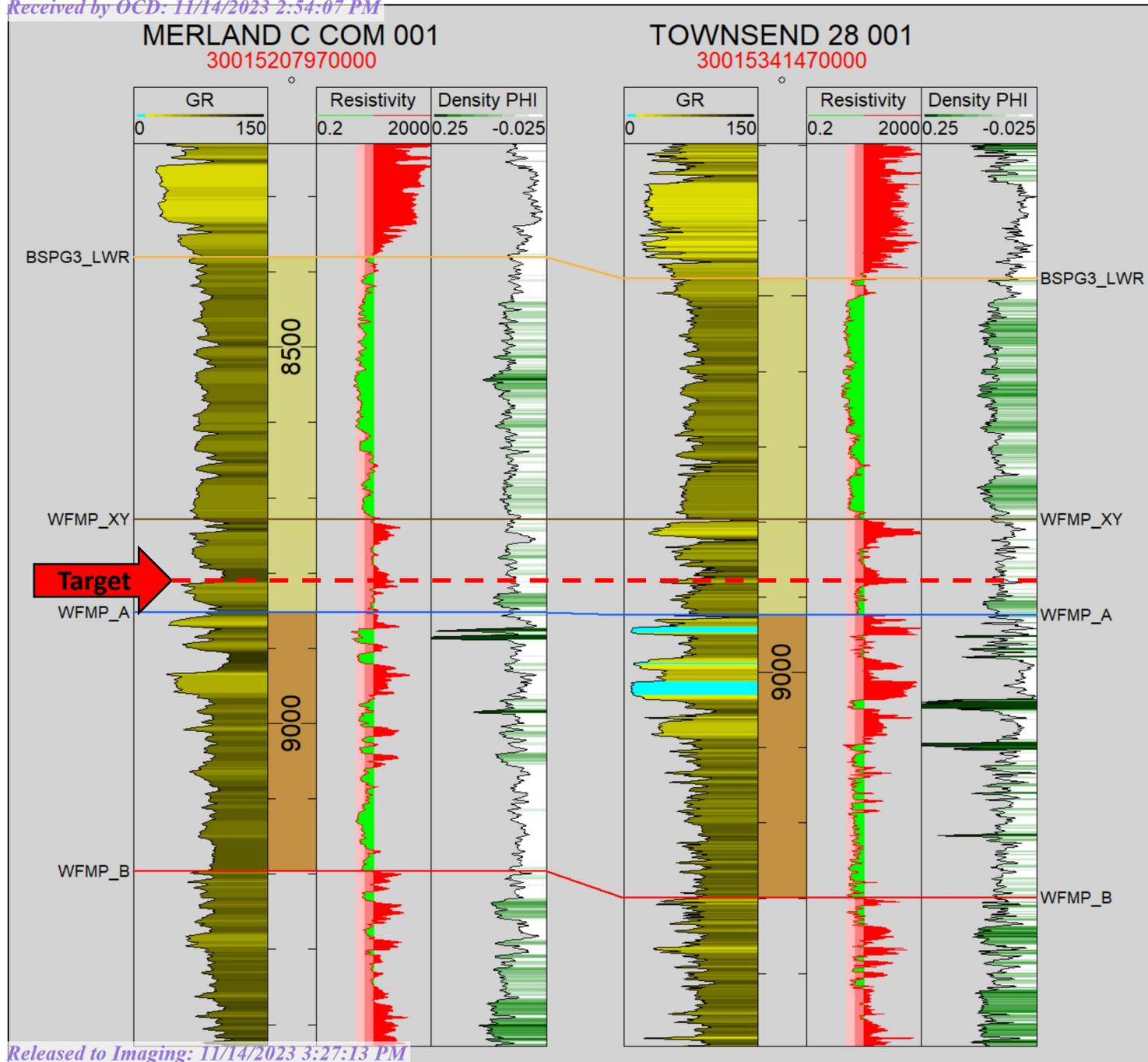
# Alpha Energy Partners, LLC

**The Dude 20/19 Fee #201H**  
**The Dude 20/19 Fee #202H**  
**The Dude 20/19 Fee #203H**  
**The Dude 20/19 Fee #204H**  
*Structure (SSTVD) Top WFMP (C.I. 25')*

<i>Author: Jason McClain</i>	<i>Date: 10/12/2023</i>
------------------------------	-------------------------

## Horizontal Activity

- Wolfcamp Sand (The Dude Proposals)
- Wolfcamp Sand (Producing)
- Wolfcamp Shale Upper A (Producing)



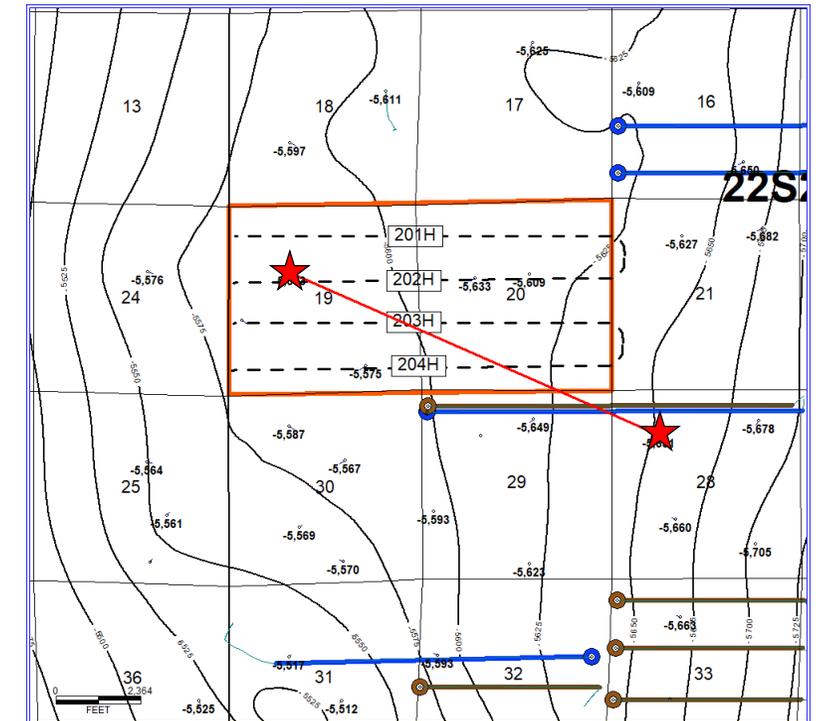
# Alpha Energy Partners, LLC

**The Dude 20/19 Fee #201H**  
**The Dude 20/19 Fee #202H**  
**The Dude 20/19 Fee #203H**  
**The Dude 20/19 Fee #204H**

*Target Interval Cross Section*

*Author: Jason McClain*

*Date: 10/12/2023*



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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO.**

**CASE NO. 22171**

**SELF-AFFIRMED STATEMENT  
OF DANA S. HARDY**

1. I am attorney in fact and authorized representative of Alpha Energy Partners, LLC, the Applicant herein.

2. I am familiar with the September 9, 2021, October 18, 2023, and October 27, 2023, Notice Letters attached as **Exhibit C-1** and caused the Notice Letters, along with the Application in this case, to be sent to the parties set out in the chart attached as **Exhibit C-2**.

3. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received.

4. 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.

5. On September 21, 2021 and November 1, 2023, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. Affidavits of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-4**.

6. I understand this Self-Affirmed Statement will be used as written testimony in the subject cases. I affirm that 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 handwritten next to my signature below.

/s/ Dana S. Hardy  
Dana S. Hardy

November 13, 2023  
Date

**Alpha Energy Partners, LLC  
Case No. 22171  
Exhibit C**



**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

September 9, 2021

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL INTERESTED PARTIES SUBJECT TO NOTICE**

**Re: Case No. 22171 - Application of Alpha Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that Alpha Energy Partners, LLC filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **October 7, 2021** beginning at 8:15 a.m.

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

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

Please do not hesitate to contact me if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

**Alpha Energy Partners, LLC**

**Case No. 22171**

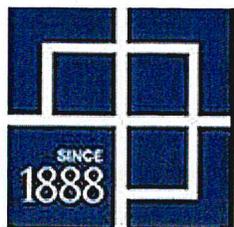
**Exhibit C-1**

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



hinklelawfirm.com

# HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

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

October 18, 2023

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL PARTIES ENTITLED TO NOTICE**

**Re: Case No. 22171 - Application of Alpha Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **November 16, 2023** beginning at 8:15a.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/oed/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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Please do not hesitate to contact me if you have any questions about this matter.

Sincerely,

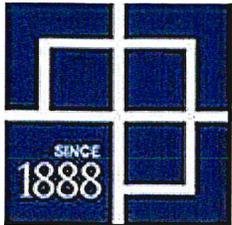
/s/ Dana S. Hardy  
Dana S. Hardy

Enclosure

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

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

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



hinklelawfirm.com

# HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

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

October 27, 2023

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL PARTIES ENTITLED TO NOTICE**

**Re: Case No. 22171 - Application of Alpha Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **November 16, 2023** beginning at 8:15a.m.

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Please do not hesitate to contact me if you have any 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

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

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

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

**CASE NO. 22171**

**NOTICE LETTER CHART**

<b>PARTY</b>	<b>NOTICE LETTER SENT</b>	<b>RETURN RECEIVED</b>
Jay Anderson 1197 Center Ave. Carlsbad, NM 88220	09/09/21	Return received
Debra Arnold (Owens) 3404 Old Cavers Hwy. Carlsbad, NM 88220	09/09/21	Return to sender received
Hattie Autry and/or her successors and heirs (address unknown)		
Keith Barker 621 E. Llano Estacado Blvd. Clovis, NM 88101	09/09/21	Return received
JH Duane Barnett and wife Betty Lois Barnett (address unknown)		
RD Beaver, Inex Beaver 301 L Street Carlsbad, NM 88220	09/09/21	Return received
John W. Bennett and Wife, Angelina Bennett 625 Wilkes Drive Green River, Wyoming 82935	09/09/21	Return received
Ed Owen Beuche 6648 Mirror Ct. SE Olympia, WA 98513	09/09/21	Return to sender received
Big Three Energy Group P.O. Box 429 Roswell, NM 88202	09/09/21	Return received
Bigsky Estates 4515 National Parks Hwy. Carlsbad, NM 88220	09/09/21	Return to sender received
Pat Blakeney 201 Plum Lane Carlsbad, NM 88220	09/09/21	Return received
Roy E. Bown and Virgile E. Brown, and/or their successors and Heirs (address unknown)		

**Alpha Energy Partners, LLC  
Case No. 22171  
Exhibit C-2**

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

**CASE NO. 22171**

**NOTICE LETTER CHART**

Brooks M. Brinninstool and Bernadette Brinninstool as Joint Tenants 3308 San Jose Blvd. Carlsbad, NM 88220	09/09/21	Return received
Cynthia M. Moffatt Bryan (address unknown)		
Marie Nance Burkham 108 L Street Carlsbad, NM 88220	09/09/21	Return received
CRM 2018, LP PO Box 51933 Midland, TX 79710	09/09/21	Return received
Jose P Cabezuela and Gloria Cabezuela 4811 Concho Road Carlsbad, NM 88220	09/09/21	Return received
Reynaldo and Mary Cardona 777 N Orange Ave., Apt 716 Orlando, FL 32801	09/09/21	Return to sender received
Carlos and Rachel Cabos and/or their successors and heirs 3009 W. 8th Street Roswell, NM 88201	09/09/21	Return received
Jesus G Chavex, Trina P. Chavez (address unknown)		
Sally Chavez, Fabian V Chavez, Cecilia Chavez, Ruben Portillo, Annabell Garcia 3314 San Jose Blvd. Carlsbad, NM 88220	09/09/21	Return received
Cibolo Oil and Gas LLC 3600 Bee Cave Road, Suite 102 West Lake Hills, TX 78746	10/27/23	Return received
City of Carlsbad 400-2 Cascades Ave., Suite 201 Carlsbad, NM 88220	09/09/21	Return received
Michael Collier 332 W Main St. Vernal, UT 84078	09/09/21	Return to sender received

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

**CASE NO. 22171**

**NOTICE LETTER CHART**

William Connally 7049 Flora Way Lake Wales, FL 33898	09/09/21	Return received
Randall Counts 1517 N Guadalupe St., Lot 3 Carlsbad, NM 88220	10/18/23	Return received
County of Eddy 101 W. Greene, Suite 225 Carsbad, NM 88220	09/09/21	Return received
Fred and Judy Cox (address unknown)		
Duberta Croley PO Box 1611 Carsbad, NM	10/18/23	Return to sender received
James F. Dill and Josephine Dill (address unknown)		
William Terrell Downing 7900 Edinburgh Drive Midland, TX 79707	10/27/23	Return received
El Rey Motel, LLC 214 N. Main St. Carlsbad, NM 88220	09/09/21	Return received
Elk Range Royalties 2110 Farrington Street Dallas, TX 75201	10/27/23	Return received
Estate of Vera Othella Hernandez (address unknown)		
Featherstone Development Corporation P.O. Box 429 Roswell, NM 88202	09/09/21	Return received
Michael Lee Fisher 1360 N. 13th Street, Apt. 37B Corsicana, TX 75110	09/09/21	Return to sender received
Foundation Minerals, LLC PO Box 50820 Midland, TX 79710	09/09/21	Return received
Bessie M Fulton (address unknown)		

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

**CASE NO. 22171**

**NOTICE LETTER CHART**

GTR Investments LLC 4536 Mill Run Road Dallas, TX 75244	10/27/23	Per USPS Tracking (Last Checked 11/10/23):  10/30/23 – Delivered to individual at the address.
William Hair 1605 Lamont Pl. Carlsbad, NM 88220	09/09/21	Return received
Heirs of Antonio J. Hernandez 1104 W. Riverside Drive Carlsbad, NM 88220	09/09/21	Return received
Heirs of Birger Olin and Tillie Olin (address unknown)		
Heirs of Gilberto S. Nava and wife, Juanita C. Nava 4805 Concho Road Carlsbad, NM 88220	09/09/21	Return received
Heirs of JD Thompson and Joan G. Thompson 192 Grant 72 Sheridan, AR 72150	09/09/21	Return received
Heirs of Mary Catherine Recker, AKA Kate Recker (address unknown)		
Heirs of Mildred E. Mckinney (address unknown)		
Heirs of Orbin and Verneal Little 1105 Pueblo Hills Ave. North Las Vegas, NM 89032	09/09/21	Return received
Margaret L. Hournbuckle PO Box 259 Cloudfcroft, NM 88317	09/09/21	Return received
L. Edward Innerarity Jr. PO Box 2133 Midland, TX 79702	09/09/21	Return to sender received
Internationalities Federal Credit Union 901 N Canal St. Carlsbad, NM 88220	09/09/21	Return received

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

**CASE NO. 22171**

**NOTICE LETTER CHART**

Jetstream Oil and Gas Partners, LP 101 Nursery Ln. Fort Worth, TX 76114	10/18/23	Per USPS Tracking (Last Checked 11/10/23):  10/21/23 – Delivery attempted.
William J Jones (address unknown)		
Theodore Anthony Karas and wife, Thresa L. Karas 13199 W Shannon Dr. Beach Park, IL 60083	09/09/21	Return received
Kimbell Knight Royalties LLC 777 Taylor Street, Suite 810 Fort Worth, TX 76102	10/27/23	Return received
Doyle A Kimmell (address unknown)		
Carol Kozma, Wayne T Wdwards, Judith G. Edwards 413 Line Rd. Matawan, NJ 07747	09/09/21	Return received
William C. Ksir (address unknown)		
Deana C. Lorentzen 1199 Black River Village Road Carlsbad, NM 88220	09/09/21	Return received
John Lorentzen 11005 Double Eagle NE Albuquerque, NM 87111	10/18/23	Return received
MCM Permian, LLC PO Box 1540 Midland, TX 79702	09/09/21	Return received
MRC Permian Company 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240	09/09/21	Return received
Betty Jo Mashaw PO Box 52 Superior, AZ 85173	09/09/21	Return received

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

**CASE NO. 22171**

**NOTICE LETTER CHART**

Mason Oaks Energy Holdings, LLC 6125 Luther Lane, #188 Dallas, TX 75225	09/09/21	Return received
Mavros Minerals, LLC PO Box 50820 Midland, TX 79710	09/09/21	Return received
Fay Mayfield 1895 America Ave. Gulf Breeze, FL 32563	09/09/21	Return to sender received
Dona McBee 18611 Stroh Rd., Unit 5102 Parker, CO 80134	10/18/23	Return to sender received
Joe McCormack and wife Mary Helen McCormack 311 Pecan St. Carlsbad, NM 88220	09/09/21	Return received
Henry N. Moses (address unknown)		
JC Neeley and Myrtle Neeley (address unknown)		
Paul Neives 134 Grand Haven Dr. Tuscumbia, AL 35674	09/09/21	Return received
Edward Newton (address unknown)		
Oak Valley Mineral and Land, LP PO Box 50820 Midland, TX 79710	09/09/21	Return received
Vincente R Perez Sr., 317 K Street Carlsbad, NM 88220	09/09/21	Return received
Rosa Ortega (address unknown)		
Ross Duncan Properties PO Box 647 Artesia, NM 88211	09/09/21	Return received

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

**CASE NO. 22171**

**NOTICE LETTER CHART**

Donald Rutherford 2112 N Canal Carlsbad, NM 88220	09/09/21	Return received
Canuto G. Salcido, Jr ad Anita Salcido 207 W Pecan St. Carlsbad, NM 88220	09/09/21	Return received
Pete and Elidia Salcido 318 Montclair Carlsbad, NM 88220	09/09/21	Return received
Adeline Saltzman 909 S Michigan Ave. Roswell, NM 88203	09/09/21	Return received
Sarvis Creek Energy LLC 3900 S. Wadsworth Blvd, Suite 555 Lakewood, CO 80235	10/27/23	Per USPS Tracking (Last Checked 11/10/23):  10/30/23 – Delivered to front desk, reception area or mail room.
Schiller Properties, LLC 320 Remuda Clovis, NM 88101	09/09/21	Return received
Clyde K. Schmidt and Faye J Schmidt 1915 Solana Rd. Carlsbad, NM 88220	09/09/21	Return received
Coe H. Scott and Barbara Ann Scott (address unknown)		
JC and Suzette Smith (address unknown)		
Springwood Minerals 6, LLC PO Box 3579 Midland, TX 79702	10/18/23	Return received
Lupe Sosa, Nick Sosa and wife, Isabel Sosa (address unknown)		
Janice Straub 1726 Ridge Road Whiteford, Maryland 21160	09/09/21	Return received

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

**APPLICATION OF ALPHA ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

**CASE NO. 22171**

**NOTICE LETTER CHART**

Dorine Sutton 21700 Marie St. Perris, CA 92570	09/09/21	Return to sender received
Ronald & Karen Tackitt 403 N 2nd St. Carlsbad, NM 88220	09/09/21	Return received
Lloyd Tolar 36588 E 111st St. Coweta, OK 74429	09/09/21	Return received
Shirley Upton (address unknown)		
Ruth Wilkinson, Ida Ryan (address unknown)		
Xplor Resources, LLC 1104 N. Shore Drive, Carlsbad, NM 88220	09/09/21	Return received
Dennis Young 317 K Street Carlsbad, NM 88220	09/09/21	Return received

7020 0640 0000 0143 2881

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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 Jay Anderson  
 Street and 1197 Center Ave.  
 City, State, Carlsbad, NM 88220

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Jay Anderson          1197 Center Ave.          Carlsbad, NM 88220</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 5659 72</p> <p>7020 0640 0000 0143 2881</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Alpha Energy Partners, LLC  
 Case No. 22171  
 Exhibit C-3

7020 0640 0000 0143 3659

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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 Keith Barker  
 Street 621 E. Llano Estacado Blvd.  
 City, St Clovis, NM 88101

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



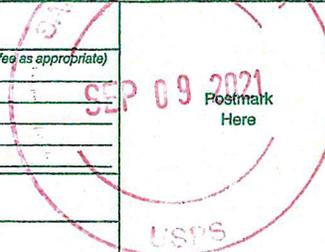
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. (Received by) (Printed Name) <i>MONDIA</i> C. Date of Delivery <i>9-13-21</i></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>Keith Barker          621 E. Llano Estacado Blvd.          Clovis, NM 88101</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4422 28</p> <p>7020 0640 0000 0143 3659</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 \$ _____ <b>Total Postage and Fees</b> \$ _____	
Sent To RD Beaver/Inex Beaver Street and A/c 301 L Street Carlsbad, NM 88220 City, State, Z	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>RB</i> <span style="float: right;"><input type="checkbox"/> Agent</span>  <span style="float: right;"><input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>By CLICIA</i> <span style="float: right;">9/13/21</span></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;">           RD Beaver/Inex Beaver            301 L Street            Carlsbad, NM 88220         </div> <div style="text-align: center; margin: 5px 0;">             9590 9402 6769 1074 4420 99         </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 checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7020 0640 0000 0143 2829</p>	<p>Mail Restricted Delivery</p>												

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

7020 0640 0000 0143 3598

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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 \$ \_\_\_\_\_

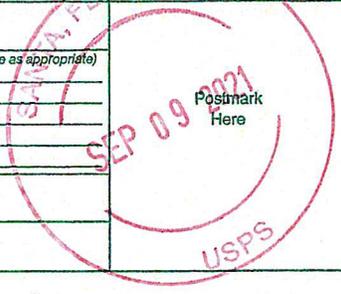
Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To John W. and Angelina Bennett  
 Street and, 625 Wilkes Drive  
 Green River, WY 82935  
 City, State, \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X</b></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>John W. and Angelina Bennett          625 Wilkes Drive          Green River, WY 82935</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 3598</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0640 0000 0143 4397

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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 Big Three Energy Group  
 Street and A P.O. Box 429  
 Roswell, NM 88202  
 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Janine Turnbe</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Janine Turnbe</i></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>Big Three Energy Group          P.O. Box 429          Roswell, NM 88202</p>	<p><i>SEP 14 2021</i>          88201</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 4397</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
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

\$

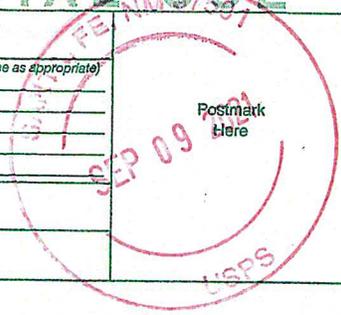
Sent To

Pat Blakeney  
201 Plum Lane  
Carlsbad, NM 88220

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

See Reverse for Instructions

7020 0640 0000 0143 2799



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:

Pat Blakeney  
201 Plum Lane  
Carlsbad, NM 88220



9590 9402 6769 1074 4421 29

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2799

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Patricia Blakeney*

- Agent
- Addressee

B. Received by (Printed Name)

*Patricia Blakeney*

C. Date of Delivery

*9-16-21*

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

*201 Plum Ln # 41*

3. Service Type

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

Domestic Return Receipt

7020 0640 0000 0143 3635

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_



Sent To Brooks M. Brinninstool and Bernadette

Street and Brinninstool

3308 San Jose Blvd.

City, State, Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7630-02-000-9047 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:

Brooks M. Brinninstool and  
Bernadette Brinninstool  
3308 San Jose Blvd.  
Carlsbad, NM 88220



9590 9402 6769 1074 4422 42

2. Article Number (Transfer from service label)

7020 0640 0000 0143 3635

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 *FB*  Addressee

B. Received by (Printed Name) *MDC14 C19* C. Date of Delivery *9/13/21*

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

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

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7020 0640 0000 0143 2966

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b></p> <p style="font-size: 1.5em; font-family: cursive;">XMB</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Marie Nance Burkham 108 L Street Carlsbad, NM 88220</p> </div>	<p><b>B. Received by (Printed Name)</b> MARCELO</p> <p><b>C. Date of Delivery</b> 9-13-21</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7020 0640 0000 0143 2966</p>	<p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<div style="text-align: center;">             9590 9402 6769 1074 5658 97         </div>	<p><b>3. Service Type</b></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Restricted Delivery</span></p> <p><input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> Mail Restricted Delivery</span></p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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7020 0640 0000 0143 2652

Certified Mail Fee	
\$	
<b>Extra Services &amp; Fees (check box, add fees as appropriate)</b>	
<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	
\$	
<b>Total Postage and Fees</b>	
\$	
<b>Sent To</b>	
Street and	CRM 2018, LP P.O. Box 51933 Midland, TX 79710
City, State	

Postmark Here  
**SANTA FE, NM 87501**  
**SEP 09 2021**  
**USPS**

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>CRM 2018, LP P.O. Box 51933 Midland, TX 79710</p> </div> <div style="text-align: center; margin: 5px 0;">             9590 9402 6769 1074 5683 55         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7020 0640 0000 0143 2652</p>	<p>A. Signature</p> <p><i>Judy Estes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>Judy Estes</i> <span style="float: right;">9/16/2021</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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OFFICIAL USE

7020 0640 0000 0143 2812

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 Jose P. and Gloria Cabezuela  
 Street an 4811 Concho Road  
 Carlsbad, NM 88220  
 City, Stat

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jose P. and Gloria Cabezuela  
 4811 Coneho Road  
 Carlsbad, NM 88220



9590 9402 6769 1074 4421 05

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2812

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
 X Gloria Cabezuela

B. Received by (Printed Name) C. Date of Delivery  
 G. Cabezuela 9/13/21

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

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

7020 0640 0000 0143 3642

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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 Carlos and Rachel Cabos and/or their successors and heirs

Street and 3009 W. 8<sup>th</sup> Street

City, State Roswell, NM 88201

Postmark Here SEP 09 2021

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p>X <i>C. Cabos</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Carlos and Rachel Cabos and/or their successors and heirs            3009 W. 8<sup>th</sup> Street            Roswell, NM 88201</p>	<p>B. Received by (Printed Name) <i>W. H. C. Cabos</i></p> <p>C. Date of Delivery <i>9/12/21</i></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>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4422 35</p> <p>7020 0640 0000 0143 3642</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0640 0000 0143 3703

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

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## OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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: Sally Chavez, Fabian Chavez, Cecilia Chavez, Ruben Portillo & Annabell Garcia  
 Street address: 3314 San Jose Blvd.  
 City, State: Carlsbad, NM 88220

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>SC</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to:          Sally Chavez, Fabian Chavez,          Cecilia Chavez, Ruben Portillo &amp;          Annabell Garcia          3314 San Jose Blvd.          Carlsbad, NM 88220</p>		<p>B. Received by (Printed Name)  <i>NO CH CIA</i></p>	<p>C. Date of Delivery  <i>9.13.21</i></p>												
<p>2. Article Number (Transfer from service label)          7020 0640 0000 0143 3703</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>9590 9402 6769 1074 4421 74</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input 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> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Collect on Delivery Restricted Delivery															
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>													

7020 0090 0000 0863 1806

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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  
 Cibolo Oil and Gas LLC  
 3600 Bee Cave Road, Suite 102  
 West Lake Hills, TX 78746  
 22171 - Alpha The Dude

Postmark Here  
**OCT 27 2023**

USPS SANTA FE NM FE 87501  
 SANTA FE NM MAIN POST OFFICE

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>11/6/23</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 style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">NOV 06 2023</p>
<p>1. Article Addressed to:</p> <p>Cibolo Oil and Gas LLC          3600 Bee Cave Road, Suite 102          West Lake Hills, TX 78746          22171 - Alpha The Dude</p> <p>9590 9402 7635 2122 6717 52</p>	<p>3. Service Type <u>Hinkle Shanor LLC</u> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <u>Santa Fe NM 87501</u> <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)          7020 0090 0000 0863 1806</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0640 0000 0143 2836

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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 City of Carlsbad  
 Street and 400-2 Cascades Ave., Suite 201  
 Carlsbad, NM 88220  
 City, State, \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Brittany Jenkins</u> C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>City of Carlsbad          400-2 Cascades Ave., Suite 201          Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2836</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>



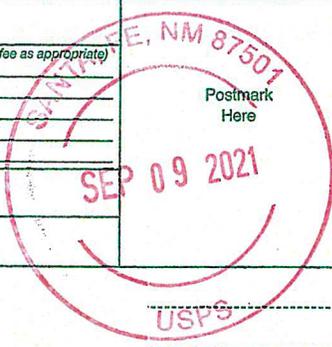
7020 0640 0000 0143 2959

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## OFFICIAL USE

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



Postage	\$
Total Postage and Fees	\$

Sent To  
 Street and City, State  
 William Connally  
 7049 Flora Way  
 Lake Wales, FL 33898

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>William Connally          7049 Flora Way          Lake Wales, FL 33898</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express<sup>®</sup></td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail<sup>TM</sup></td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail<sup>®</sup></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<sup>TM</sup></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</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express <sup>®</sup>	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail <sup>TM</sup>	<input checked="" type="checkbox"/> Certified Mail <sup>®</sup>	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation <sup>TM</sup>	<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	
<input type="checkbox"/> Adult Signature		<input type="checkbox"/> Priority Mail Express <sup>®</sup>															
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail <sup>TM</sup>																
<input checked="" type="checkbox"/> Certified Mail <sup>®</sup>	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation <sup>TM</sup>																
<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																	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 5659 03</p> <p>7020 0640 0000 0143 2959</p>																	

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

7022 1670 0002 1190 4228

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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  
OCT 18 2023  
SANTA FE, NM 87501

Randall Counts  
1517 N Guadalupe St., Lot 3  
Carlsbad, NM 88220  
22171 - Alpha The Dude

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Brenda Counts</i></p> <p>B. Received by (Printed Name) <i>Brenda Counts</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Randall Counts 1517 N Guadalupe St., Lot 3 Carlsbad, NM 88220 22171 - Alpha The Dude</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>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4228</p>	<p>9590 9402 7635 2122 6847 38</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

7020 0640 0000 0143 2843

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
County of Eddy	
Street and A	101 W. Greene, Ste. 225
City, State, Z	Carlsbad, NM 88220

Postmark Here: SEP 09 2021

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

County of Eddy  
101 W. Greene, Ste. 225  
Carlsbad, NM 88220



9590 9402 6769 1074 4420 75

2. Article Number. (Transfer from service label)

7020 0640 0000 0143 2843

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

X *Jana Dugan*

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

9-13-21

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
  - Insured Mail
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
  - Priority Mail Express®

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

Domestic Return Receipt

7020 0090 0000 0863 1790

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Postmark Here: **OCT 27 2023**

William Terrell Downing  
7900 Edinburgh Drive  
Midland, TX 79707  
22171 - Alpha The Dude

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below</p>
<p>1. Article Addressed to:</p> <p><b>William Terrell Downing</b> 7900 Edinburgh Drive Midland, TX 79707</p> <p>22171 - Alpha The Dude</p>	<p>RECEIVED NOV 02 2023 NOV 06 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0000 0863 1790</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>9590 9402 7635 2122 6717 21</p>	<p>Hinkle Shanor LLP 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0640 0000 0143 2706

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

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## OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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: El Rey Motel, LLC  
 Street address: 214 N. Main St.  
 City, State: Carlsbad, NM 88220

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>C-35 [Signature]</i></p> <p>C. Date of Delivery  <i>9/13/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        If YES, enter delivery address below:</p>																
<p>1. Article Addressed to:</p> <p>El Rey Motel, LLC          214 N. Main St.          Carlsbad, NM 88220</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2706</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>9590 9402 6769 1074 5683 00</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

7020 0090 0000 0863 1783

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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 \$ \_\_\_\_\_

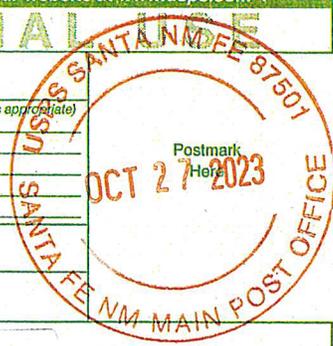
**Total Postage and Fees** \$ \_\_\_\_\_

Sent To

St Elk Range Royalties  
2110 Farrington Street  
Dallas, TX 75201

Ci 22171 - Alpha The Dude

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Elk Range Royalties 2110 Farrington Street Dallas, TX 75201</p> <p>22171 - Alpha The Dude</p> <p>9590 9402 7635 2122 6846 15</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>7020 0090 0000 0863 1783</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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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**OFFICIAL USE**

Certified Mail Fee  
 \$ \_\_\_\_\_

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

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

Postage  
 \$ \_\_\_\_\_

Total Postage and Fees  
 \$ \_\_\_\_\_

Sent To  
 Street and City, State, \_\_\_\_\_  
 Featherstone Development Corp.  
 P.O. Box 429  
 Roswell, NM 88202

Postmark Here  
 SEP 09 2021  
 SANTA FE, NM 87501

7020 0640 0000 0143 4304

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <u>X Janine Kumbuel</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <u>Janine Kumbuel</u></p> <p>C. Date of Delivery  <u>SEP 14 2021</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>Featherstone Development Corp.          P.O. Box 429          Roswell, NM 88202</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 4304</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

7020 0640 0000 0143 2621

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

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## OFFICIAL USE

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)	\$	
<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	Foundation Minerals, LLC P.O. Box 50820 Midland, TX 79710	
City, State		

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent Michelle Carmona <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 9/14/21</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>Foundation Minerals, LLC P.O. Box 50820 Midland, TX 79710</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2621</p>	
<p>9590 9402 6769 1074 5683 86</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7020 0640 0000 0143 3581

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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 \$ \_\_\_\_\_

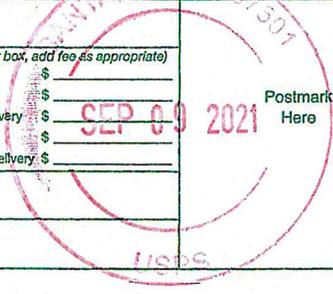
Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To William Hair  
 Street and 1605 Lamont Pl.  
 Carlsbad, NM 88220  
 City, State \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to</p> <p>William Hair          1605 Lamont Pl.          Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 3581</p>	

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

Domestic Return Receipt

7020 0640 0000 0143 2737

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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

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

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To Heirs of Antonio J. Hernandez  
 Street and A 1104 W. Riverside Drive  
 Carlsbad, NM 88220  
 City, State, Z \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Antonio Hernandez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Antonio Hernandez</i> C. Date of Delivery <i>9/16/21</i></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>Heirs of Antonio J. Hernandez          1104 W. Riverside Drive          Carlsbad, NM 88220</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)          7020 0640 0000 0143 2737</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

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OFFICIAL USE

CARLSBAD, NM 88207  
SEP 09 2021  
USPS

Postmark Here

7020 0640 0000 0143 2690

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Heirs of Gilberto S. and Juanita C. Nava Street and # 4805 Concho Road City, State, Carlsbad, NM 88220	

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery            9-13-21</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;">Heirs of Gilberto S. and Juanita C. Nava            4805 Concho Road            Carlsbad, NM 88220</p> <div style="text-align: center;">             9590 9402 6769 1074 5683 17         </div>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™ Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™ Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™ Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)            7020 0640 0000 0143 2690</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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OFFICIAL USE

7020 0640 0000 0143 2751

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



Sent To: Heirs of JD Thompson & Joan G.  
 Street and Apt.: Thompson  
 City, State, Zip: Sheridan, AR 72150

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:

Heirs of JD Thompson & Joan G.  
Thompson  
192 Grant 72  
Sheridan, AR 72150



9590 9402 6769 1074 4421 67

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2751

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]  Agent  Addressee

B. Received by (Printed Name): Tom Thompson

C. Date of Delivery: 9/19/21

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

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

Domestic Return Receipt

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7020 0640 0000 0143 3611

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 Heirs of Orbin and Verneal Little  
 Street or 1105 Pueblo Hills Ave.  
 City, State North Las Vegas, NV 89032

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

Postmark Here  
 SEP 09 2021  
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Address See</p> <p>B. Received by (Printed Name) C. Date of Delivery        Heirs of Orbin and Verneal Little 9/15/21</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>Heirs of Orbin and Verneal Little          1105 Pueblo Hills Ave.          North Las Vegas, NV 89032</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 5682 18</p> <p>7020 0640 0000 0143 3611</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

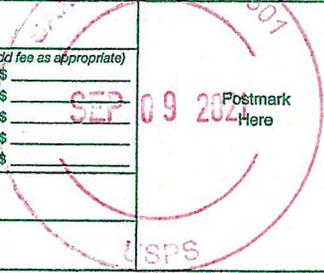
7020 0640 0000 0143 2744

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## OFFICIAL USE

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



Sent To: Margaret L. Hournbuckle  
 Street and: P.O. Box 259  
 City, State: Cloudcroft, NM 88317

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>M. Hournbuckle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>M. Hournbuckle</i></p> <p>C. Date of Delivery  <i>SEP 09 2023</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>Margaret L. Hournbuckle          P.O. Box 259          Cloudcroft, NM 88317</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input 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><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail														
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)														
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2744</p>	<p>9590 9402 6769 1074 5682 63</p>														
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														

7020 0640 0000 0143 4366

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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 Internationalities Federal Credit Union

Street: 901 N. Canal St.

City, St: Carlsbad, NM 88220

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature            X <i>MJC-1</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C-19</i> C. Date of Delivery <i>9-13-21</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>Internationalities Federal Credit Union            901 N. Canal St.            Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 4366</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0640 0000 0143 2775

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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 \$ \_\_\_\_\_

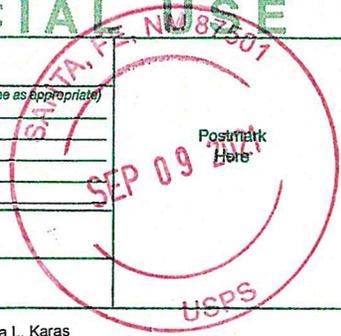
Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To Theodore A. and Thresa L. Karas  
Street and A 13199 W. Shannon Dr.  
City, State, & Beach Park, IL 60083

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:

Theodore A. and Thresa L. Karas  
13199 W. Shannon Dr.  
Beach Park, IL 60083



9590 9402 6769 1074 4421 43

2. Article Number (Transfer from service label)  
7020 0640 0000 0143 2775

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) **B. Wetcher RTG** C. Date of Delivery **9-13-21**

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Certified Mail Restricted Delivery  Registered Mail Restricted Delivery

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

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

7020 0090 0000 0863 1769

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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Postmark Here  
**OCT 27 2023**

St Kimbell Knight Royalties LLC  
777 Taylor Street, Suite 810  
Fort Worth, TX 76102

Ci 22171 - Alpha The Dude

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>KC Johnson</i></p> <p>B. Received by (Printed Name) <i>Katherine Johnson</i> C. Date of Delivery <i>10/30/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><b>Kimbell Knight Royalties LLC</b> 777 Taylor Street, Suite 810 Fort Worth, TX 76102</p> <p>22171 - Alpha The Dude</p>  <p>9590 9402 7635 2122 6717 38</p>	<p>3. Service Type</p> <p><input checked="" 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>7020 0090 0000 0863 1769</p>	<p>Domestic Return Receipt</p>

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## OFFICIAL USE

7020 0640 0000 0143 2973

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

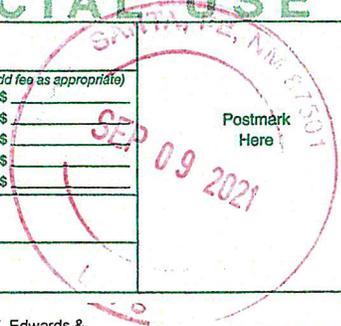
Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_



Sent To Carol Kozma, Wayne T. Edwards &  
 Street a. Judith G. Edwards  
 413 Line Road  
 City, Sts Matawan, NJ 07747

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Carol Kozma, Wayne T. Edwards &amp;          Judith G. Edwards          413 Line Road          Matawan, NJ 07747</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>9590 9402 6769 1074 5658 80</p> <p>7020 0640 0000 0143 2973</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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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 Deana C. Lorentzen  
Street and 1199 Black River Village Road  
Carlsbad, NM 88220  
City, State, \_\_\_\_\_

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

7020 0640 0000 0143 2928

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Ken Guest</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ken Guest</i> C. Date of Delivery <i>09.15.2021</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>Deana C. Lorentzen 1199 Black River Village Road Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation 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 (over \$500) <input type="checkbox"/> Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 5659 34</p> <p>7020 0640 0000 0143 2928</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1190 4259

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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

John Lorentzen  
 11005 Double Eagle NE  
 Albuquerque, NM 87111  
 22171 - Alpha The Dude

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

*Postmark Here: SANTA FE, NM 87501 OCT 18 2023*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>John Lorentzen</i> <i>10-20</i></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>John Lorentzen          11005 Double Eagle NE          Albuquerque, NM 87111          22171 - Alpha The Dude</p> <p>9590 9402 7635 2122 6847 07</p>	<p><b>RECEIVED</b></p> <p>OCT 23 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4259</p>	<p>3. Service Type <input checked="" type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	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  
 MCM Permian, LLC  
 P.O. Box 1540  
 Street and At Midland, TX 79702  
 City, State, Z

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

7020 0640 0000 0143 2898

SEP 09 2021

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:

MCM Permian, LLC  
 P.O. Box 1540  
 Midland, TX 79702

2. Article Number (Transfer from service label)  
 7020 0640 0000 0143 2898

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]  Agent  Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 10/14/21

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Insured Mail

Insured Mail Restricted Delivery

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

7020 0640 0000 0143 4298

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

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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

Postage  
\$ \_\_\_\_\_

Total Postage and Fees  
\$ \_\_\_\_\_

Sent To  
MRC Permian Company

Street or PO Box 5400 LBJ Freeway, Suite 1500

City, State Dallas, TX 75240

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

### SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MRC Permian Company  
5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240



2. Article Number (Transfer from service label)  
7020 0640 0000 0143 4298

### COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *SEP 13 2021*

Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery *9/13/21*

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail  Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7020 0640 0000 0143 3628

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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street *a* Betty Jo Mashaw

P.O. Box 52

City, State Superior, AZ 85173

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature            X <i>Michelle Maynard</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Betty Jo Mashaw            P.O. Box 52            Superior, AZ 85173</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>9590 9402 6769 1074 4422 59</p> <p>7020 0640 0000 0143 3628</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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Postmark  
Here  
SEP 09 2021

7020 0640 0000 0143 2676

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	
Mason Oaks Energy Holdings, LLC	
Street and:	6125 Luther Lane, #188
	Dallas, TX 75225
City, State:	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Mason Oaks Energy Holdings, LLC          6125 Luther Lane, #188          Dallas, TX 75225</p> </div> <p style="text-align: center;">           9590 9402 6769 1074 5683 31       </p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7020 0640 0000 0143 2676</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p><i>Meghan Cherry</i></p> <p>C. Date of Delivery</p> <p><i>9/13/21</i></p> <p>D. Is delivery address different from item 1?        If YES, enter delivery address below:</p> <p><i>The UPS Store</i></p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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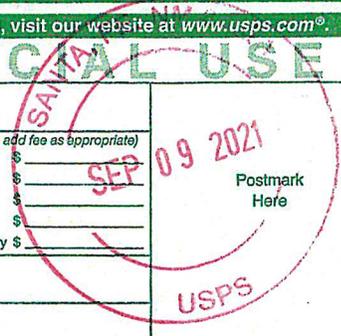
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7020 0640 0000 0143 2638

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	
Mavros Minerals, LLC	
Street and	P. O. Box 50820
Midland, TX 79710	
City, State,	

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



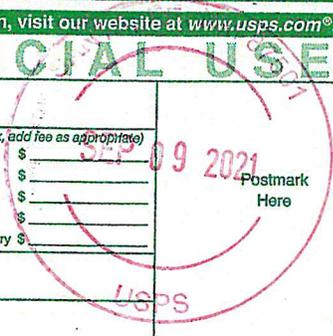
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Mavros Minerals, LLC P.O. Box 50820 Midland, TX 79710</p> <div style="text-align: center;"> <p>9590 9402 6769 1074 5683 79</p> </div> <p>2. Article Number (Transfer from service label) 7020 0640 0000 0143 2638</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  Michelle Carmona      9/14/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7020 0640 0000 0143 2768

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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: Joe and Mary Helen McCormack  
 Street and Apt. No: 311 Pecan St.  
 City, State, ZIP+4: Carlsbad, NM 88220

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>MM</i></p> <p>B. Received by (Printed Name) <i>MM</i></p> <p>C. Date of Delivery <i>9-13-21</i></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>Joe and Mary Helen McCormack          311 Pecan St.          Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4421 50</p> <p>7020 0640 0000 0143 2768</p>	<p>Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fees as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p><b>Total Postage and Fees</b> \$</p>	<p style="text-align: center; font-size: 1.5em; color: red;">TUSCUM SEP 09 2023 USPS</p> <p style="text-align: center;">Postmark Here</p>
---	---

Sent To: Paul Nieves  
 Street and: 134 Grand Haven Dr.  
 City, State: Tuscumbia, AL 35674

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

7020 0640 0000 0143 3666

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Paul Nieves            134 Grand Haven Dr.            Tuscumbia, AL 35674</p> </div> <p style="text-align: center;">9590 9402 6769 1074 4422 11</p> <p>2. Article Number (Transfer from service label)            7020 0640 0000 0143 3666</p>	<p>A. Signature</p> <p>B. Received by (Printed Name)</p> <p>D. Is delivery address different from item...            If YES, enter delivery address below:</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													

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

7020 0640 0000 0143 2683

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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 Oak Valley Mineral and Land, LP  
 Street and P.O. Box 50820  
 Midland, TX 79710  
 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>MC</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Michelle Carmona</i> C. Date of Delivery <i>9/14/21</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>Oak Valley Mineral and Land, LP          P.O. Box 50820          Midland, TX 79710</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2683</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL USE

7020 0640 0000 0143 3697

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 \$ \_\_\_\_\_

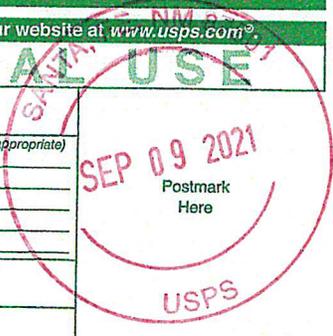
Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To Vicente R. Perez, Sr.  
317 K Street  
Street and / Carlsbad, NM 88220  
City, State, .

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>VP</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>ALICIA</i> <span style="float: right;"><i>9-13-21</i></span></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;">Vicente R. Perez, Sr. 317 K Street Carlsbad, NM 88220</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 0640 0000 0143 3697</p>	<p style="text-align: center;">9590 9402 6769 1074 4421 81</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

7020 0640 0000 0143 4403

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ \_\_\_\_\_

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

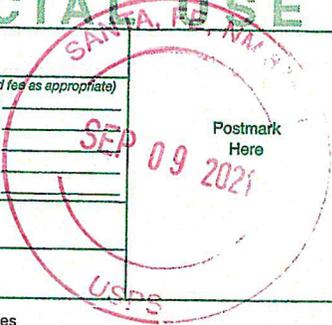
Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To Ross Duncan Properties  
 Street and P.O. Box 647  
 City, State, Artesia, NM 88211

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:

Ross Duncan Properties  
 P.O. Box 647  
 Artesia, NM 88211



9590 9402 6769 1074 5683 93

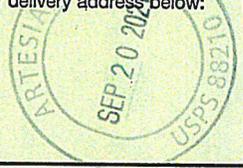
2. Article Number (Transfer from service label)  
 7020 0640 0000 0143 4403

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
 X *aw*

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

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



3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

7020 0640 0000 0143 4342

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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 Donald Rutherford  
2112 N. Canal  
Carlsbad, NM 88220

Street and A/City, State, Z

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

### SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Donald Rutherford  
2112 N. Canal  
Carlsbad, NM 88220



9590 9402 6769 1074 5684 54

2 Article Number (Transfer from service label)  
7020 0640 0000 0143 4342

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

*Donald Rutherford*

B. Received by (Printed Name) *Donald Rutherford* C. Date of Delivery *9.16.21*

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7020 0640 0000 0143 3604

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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To  
 Street and City, State Canuto G. and Anita Salcido, Jr.  
 207 W. Pecan St.  
 Carlsbad, NM 88220

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> AS <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery        MAS CUCU 9/9/21</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>Canuto G. and Anita Salcido, Jr.          207 W. Pecan St.          Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 3604</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0640 0000 0143 4311

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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 Pete and Elidia Salcido  
318 Montclair  
Street and, Carlsbad, NM 88220  
City, State, \_\_\_\_\_

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <u>ES</u> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <u>NO ALI C19</u></p> <p>C. Date of Delivery  <u>9-13-21</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Pete and Elidia Salcido 318 Montclair Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 4311</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7020 0640 0000 0143 2904

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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 Adeline Saltzman  
 Street and Apt 909 S. Michigan Ave.  
 Roswell, NM 88203

City, State, Zip \_\_\_\_\_

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

Postmark Here: SEP 09 2021

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3:</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Addie Saltzman <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)        Addie Saltzman</p> <p>C. Date of Delivery        9/14/21</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>Adeline Saltzman        909 S. Michigan Ave.        Roswell, NM 88203</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (0)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 5659 58</p> <p>7020 0640 0000 0143 2904</p>	

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## OFFICIAL USE

7020 0640 0000 0143 2850

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 Schiller Properties, LLC  
Street and Ap 320 Remuda  
City, State, Zi Clovis, NM 88101

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:

Schiller Properties, LLC  
320 Remuda  
Clovis, NM 88101



9590 9402 6769 1074 4420 68

2. Article Number (Transfer from service label)  
7020 0640 0000 0143 2850

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Nancy Saltzman*  Agent  Addressee

B. Received by (Printed Name) Nancy Saltzman  
C. Date of Delivery 09/15/21

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Mail Restricted Delivery (0)

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

7020 0640 0000 0143 2805

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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 \$ \_\_\_\_\_

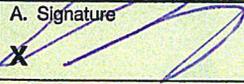
Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To Clyde K. and Faye J. Schmidt  
 Street and 1915 Solana Rd.  
 City, State Carlsbad, NM 88220

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<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>Clyde K. and Faye J. Schmidt          1915 Solana Rd.          Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4421 12</p> <p>7020 0640 0000 0143 2805</p>	<p>tail Restricted Delivery</p>

7022 1670 0002 1190 4273

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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 \$ \_\_\_\_\_

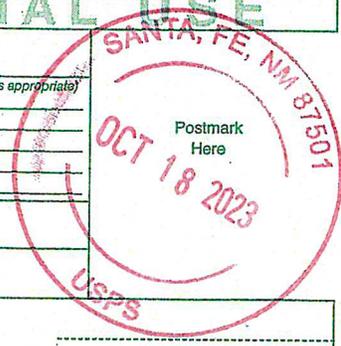
Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Springwood Minerals 6, LLC  
 PO Box 3579  
 Midland, TX 79702  
 22171 - Alpha The Dude

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Karla Long</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Karla Long</i> C. Date of Delivery <i>10/23/23</i></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>Springwood Minerals 6, LLC          PO Box 3579          Midland, TX 79702          22171 - Alpha The Dude</p>	<p><b>RECEIVED</b>          OCT 30 2023</p>
<p>2. Article Number (Transfer from service label)          7022 1670 0002 1190 4273</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" 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>9590 9402 7635 2122 6846 84</p>	<p>Hinkle Shanor LLP          Santa Fe, NM 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0640 0000 0143 4328

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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 Janice Straub  
 Street and 1726 Ridge Road  
 Whiteford, MD 21160  
 City, State, \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Janice Straub</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Janice Straub</i></p> <p>C. Date of Delivery  <i>9-20-21</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>Janice Straub          1726 Ridge Road          Whiteford, MD 21160</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> 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>7020 0640 0000 0143 4328</p>	

7020 0640 0000 0143 2782

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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. Ronald and Karen Tackitt  
 403 N. 2<sup>nd</sup> St.  
 Carlsbad, NM 88220  
 City, State, ZIP

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>EH C-7</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C-19</i> C. Date of Delivery <i>9-13-21</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>Ronald and Karen Tackitt          403 N. 2<sup>nd</sup> St.          Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4421 36</p> <p>7020 0640 0000 0143 2782</p>	

7020 0640 0000 0143 2713

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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To Lloyd Tolar  
 Street and 36588 E. 111st St.  
 City, State Coweta, OK 74429

Postmark Here  
 SEP 09 2021

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Lloyd Tolar</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>LLOYD TOLAR</i></p> <p>C. Date of Delivery  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Is delivery address different from item 1?        If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Lloyd Tolar          36588 E. 111st St.          Coweta, OK 74429</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2713</p>	<p>SEP 16 2021</p>

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

7020 0640 0000 0143 2645

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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 Xplor Resources, LLC  
 Street and 1104 N. Shore Drive  
 Carlsbad, NNM 88220  
 City, State, \_\_\_\_\_

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



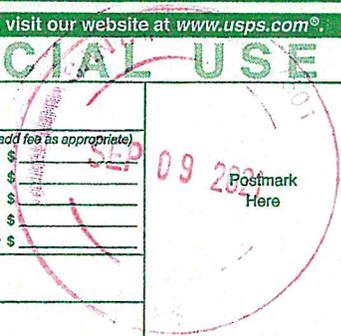
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Signature  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <u>9-13-2021</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Xplor Resources, LLC        1104 N. Shore Drive        Carlsbad, NNM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2645</p>	

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OFFICIAL USE

7020 0640 0000 0143 3680

Certified Mail Fee \$ _____	 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
<b>Total Postage and Fees</b> \$ _____	
Sent To Street and Number Dennis Young 317 K Street Carlsbad, NM 88220 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/>  <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <span style="font-family: cursive;">MM C14C19</span> <span style="float: right;">9.13.21</span></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-top: 10px;">             Dennis Young              317 K Street              Carlsbad, NM 88220           </div>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
<p>2. Article Number (Transfer from service label)</p> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">               9590 9402 6769 1074 4421 98           </div>	<p>Mail Restricted Delivery (00)</p>												
<p>7020 0640 0000 0143 3680</p>													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>													

7020 0640 0000 0143 4373

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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  
 Debra Arnold (Owens)  
 Street or PO Box 3404 Old Cavern Hwy.  
 Carlsbad, NM 88220

City, State \_\_\_\_\_

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

*SANTA FE, NM 87501*  
*SEP 09 2021*  
*USPS*

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



7020 0640 0000 0143 4373



Debra Arnold (Owens)  
 3404 Old Cavern Hwy.  
 Carlsbad, NM 88220

*[Handwritten signature]*

*4/10/12*

NIXIE 750 FE 1 0009/20/21

RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

BC: 87504206868 \*0968-09488-09-46

87504206868



7020 0640 0000 0143 4335

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OFFICIAL USE

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

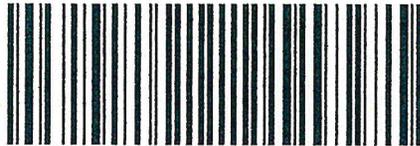


Postage \$  
Total Postage and Fees \$

Sent To  
Street and A Bigsky Estates  
4515 National Parks Hwy.  
Carlsbad, NM 88220  
City, State, .

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

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7020 0640 0000 0143 4335

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

Bigsky Estates  
4515 National Parks Hwy.  
Carlsbad, NM 88220



NIXIE 750 DE 1 0910/02/21

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

UNC BC: 87504206868 \*0968-09428-09-46

Handwritten initials: HJ, 10/10

7020 0640 0000 0143 2935

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OFFICIAL USE

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Reynaldo and Mary Cardona	
Street and A	777 N. Orange Ave., Apt. 716	
	Orlando, FL 32801	
City, State, Z		

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

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



7020 0640 0000 0143 2935



4/9  
9/22

~~ank~~  
Reynaldo and Mary Cardona  
777 N. Orange Ave., Apt. 716  
Orlando, FL 32801

NIXIE 339 FE 1 0009/16/21  
RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD  
ANK  
BC: 87504206868 \*0968-09463-09-46



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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** \$ \_\_\_\_\_

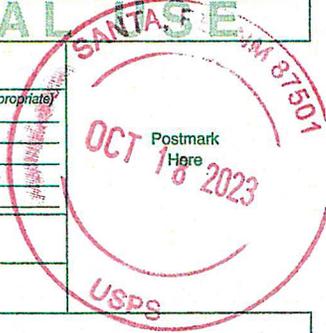
Sent To

Duberta Croley  
PO Box 1611  
Carsbad, NM

22171 - Alpha The Dude

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

7022 1670 0002 1190 4235



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

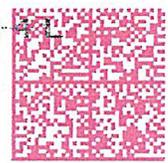
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7022 1670 0002 1190 4235

ALBUQUERQUE NM 870

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ZIP 87501 \$ **008.530**  
02 7H  
0006052409 OCT 18 2023

**RECEIVED**

NOV 10 2023

Hinkle Shanor LLP  
Santa Fe NM 87504

Duberta Croley  
PO Box 1611  
Carsbad, NM

22171 - AI

NIXIE 750 DE 1 0010/24/23

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 87504206888 \*1882-03599-24-16

UNC  
002073-014-2068

7020 0640 0000 0143 4359

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OFFICIAL USE

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	\$

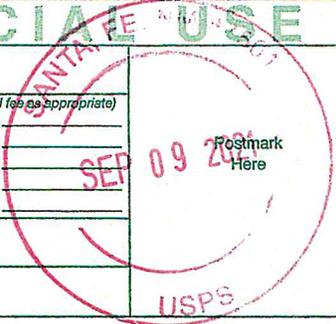
Postage

Total Postage and Fees

Sent To  
Michael Lee Fisher  
1360 N. 13<sup>th</sup> Street, Apt. 37B  
Corsicana, TX 75110

City, St

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michael Lee Fisher  
1360 N. 13<sup>th</sup> Street, Apt. 37B  
Corsicana, TX 75110



9590 9402 6769 1074 5684 47

2. Article Number (Transfer from service label)

7020 0640 0000 0143 4359

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-13-21

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

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

CERTIFIED MAIL



7020 0640 0000 0143 4359

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



Handwritten: 1/11-15

Michael Lee Fisher  
1360 N. 13<sup>th</sup> Street, Apt. 37B  
Corsicana, TX 75110

MAIL DE 1 0812/08/21  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
UNC BC: 87504206868 \*1882-04722-08-17

9326029836910390

87504 70143 4359

7020 0640 0000 0143 3673

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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 L. Edward Innerarity, Jr.  
 Street and, P.O. Box 2133  
 City, State, Midland, TX 79702

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



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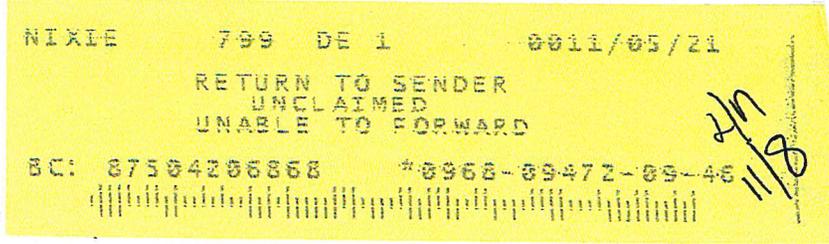
7020 0640 0000 0143 3673

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



L. Edward Innerarity, Jr.  
 P.O. Box 2133  
 Midland, TX 79702

101



UNC  
 07 10 14 18 22 26 30 34 38 42 46 50 54 58 62 66 70 74 78 82 86 90 94 98 02

4/11/18

7020 0640 0000 0143 2874

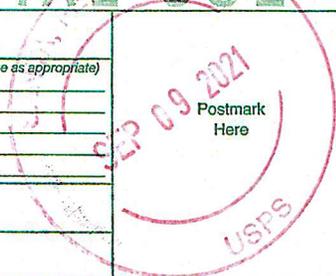
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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Postage and Fees</b>	\$
<b>Sent To</b>	
Street and	Fay Mayfield 1895 America Ave. Gulf Breeze, FL 32563
City, State	

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



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



7020 0640 0000 0143 2874



Fay Mayfield  
 1895 America Ave.  
 Gulf Breeze, FL 32563

*Handwritten:* LHO, 9/13, 9/17, 9/28

NIXIE 322 DE 1 0010/19/21  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
 BC: 87504206868 \*0968-09479-09-46

7022 1670 0002 1190 4266

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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Postmark Here  
 OCT 18 2023  
 SANTA FE, NM 87501

Postmaster: Dona McBee  
 18611 Stroh Rd., Unit 5102  
 Parker, CO 80134  
 22171 - Alpha The Dude

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

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

**CERTIFIED MAIL®**



7022 1670 0002 1190 4266

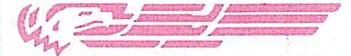
ALBUQUERQUE NM 870

OCT 2023

FIRST-CLASS



**US POSTAGE** IM1 PITNEY BOWES



ZIP 87501 \$ **008.53<sup>0</sup>**  
 02 7H  
 0006052409 OCT 18 2023

**RECEIVED**

NOV 10 2023

Hinkle Shanor LLP  
 Santa Fe NM 87504

Dona McBee  
 18611 Stroh Rd., Unit 5102  
 Parker, CO 80134

22171 - Alpha NIXIE 888 FE 1 0010/26/23

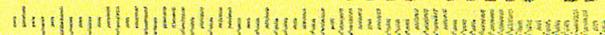
RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

1: 93335298024101

UTF

BC: 87504206868 \*0668-00895-18-42

0018470000



7020 0640 0000 0143 2942

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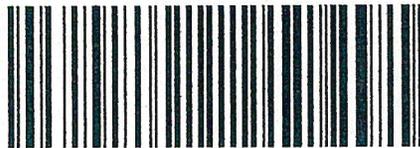
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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To		
Street and Apt.	Dorine Sutton 21700 Marie St. Perris, CA 92570	
City, State, ZIP		

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

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



7020 0640 0000 0143 2942



Dorine Sutton  
 21700 Marie St.  
 Perris, CA 92570

*Handwritten:* 4/9/14

871 NFE 1 72010009/09/21  
 FORWARD TIME EXP RTN TO SENDER  
 SUTTON, DORINE E  
 22240 RIVER RD  
 PERRIS CA 92570-8654  
 RETURN TO SENDER



7020 0090 0000 0863 1776

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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

\$

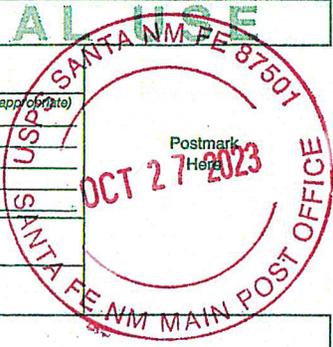
Total Postage and Fees

\$

Sent To

St GTR Investments LLC  
4536 Mill Run Road  
Dallas, TX 75244

City 22171 - Alpha The Dude



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

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 70200090000008631776

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Add to Informed Delivery (<https://informedelivery.usps.com/>)

### Latest Update

Your item was delivered to an individual at the address at 6:54 pm on October 30, 2023 in DALLAS, TX 75244.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

#### Delivered

Delivered, Left with Individual

DALLAS, TX 75244

October 30, 2023, 6:54 pm

#### Departed USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER

October 30, 2023, 5:36 am

#### Arrived at USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER

October 29, 2023, 2:13 pm

#### In Transit to Next Facility

October 28, 2023

#### Departed USPS Facility

ALBUQUERQUE, NM 87101

October 27, 2023, 9:39 pm

#### Arrived at USPS Origin Facility

ALBUQUERQUE, NM 87101  
October 27, 2023, 8:51 pm

**Departed Post Office**

SANTA FE, NM 87501  
October 27, 2023, 5:10 pm

**USPS in possession of item**

SANTA FE, NM 87501  
October 27, 2023, 4:48 pm

**Hide Tracking History**

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

**Text & Email Updates**



**USPS Tracking Plus®**



**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

7022 1670 0002 1190 4242

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

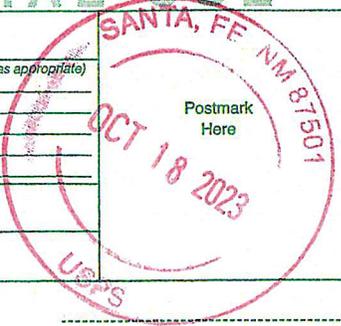
Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_



Sent To

Jetstream Oil and Gas Partners, LP  
101 Nursery Ln.  
Fort Worth, TX 76114

22171 - Alpha The Dude

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

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 70221670000211904242

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

### Latest Update

We were unable to deliver your package at 9:12 am on October 21, 2023 in FORT WORTH, TX 76114 because the business was closed. We will redeliver on the next business day. No action needed.

### Get More Out of USPS Tracking:

**USPS Tracking Plus®**

Feedback

#### Delivery Attempt

**Redelivery Scheduled for Next Business Day**

FORT WORTH, TX 76114  
October 21, 2023, 9:12 am

#### Departed USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER  
October 20, 2023, 11:56 pm

#### Arrived at USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER  
October 20, 2023, 7:07 am

#### In Transit to Next Facility

October 19, 2023

#### Departed USPS Facility

ALBUQUERQUE, NM 87101  
October 18, 2023, 9:29 pm

#### Arrived at USPS Facility

ALBUQUERQUE, NM 87101

October 18, 2023, 8:40 pm



Hide Tracking History

[What Do USPS Tracking Statuses Mean?](https://faq.usps.com/s/article/Where-is-my-package) (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

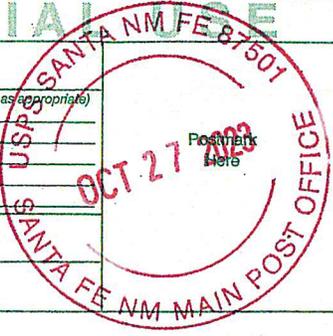
7022 1670 0002 1190 4198

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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	\$
<b>Total Postage and Fees</b>	\$



Service	
Sir	Sarvis Creek Energy LLC 3900 S. Wadsworth Blvd, Suite 555 Lakewood, CO 80235
City	22171 - Alpha The Dude

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

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 70221670000211904198

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

### Latest Update

Your item was delivered to the front desk, reception area, or mail room at 10:12 am on October 30, 2023 in DENVER, CO 80235.

Get More Out of USPS Tracking:

**USPS Tracking Plus®**

Feedback

#### Delivered

**Delivered, Front Desk/Reception/Mail Room**

DENVER, CO 80235

October 30, 2023, 10:12 am

#### Arrived at USPS Regional Origin Facility

DENVER CO DISTRIBUTION CENTER

October 29, 2023, 6:45 am

#### In Transit to Next Facility

October 28, 2023

#### Departed USPS Facility

ALBUQUERQUE, NM 87101

October 27, 2023, 9:39 pm

#### Arrived at USPS Origin Facility

ALBUQUERQUE, NM 87101

October 27, 2023, 8:50 pm

#### Departed Post Office

SANTA FE, NM 87501  
October 27, 2023, 5:10 pm

**USPS in possession of item**

SANTA FE, NM 87501  
October 27, 2023, 4:48 pm

**Hide Tracking History**

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

**Text & Email Updates**



**USPS Tracking Plus®**



**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

# Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

## Affidavit of Publication

Ad # 0005852472

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**HINKLE SHANOR, LLP**  
POBOX 2068

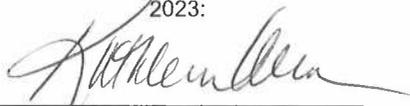
**SANTA FE, NM 87504**

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

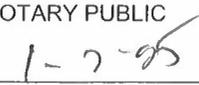
11/01/2023

  
Legal Clerk

Subscribed and sworn before me this November 1, 2023:



State of WI, County of Brown  
NOTARY PUBLIC

  
My commission expires

**KATHLEEN ALLEN**  
Notary Public  
State of Wisconsin

Ad # 0005852472

PO #:

# of Affidavits 1

This is not an invoice

This is to notify all interested parties, including Jay Anderson; Debra Arnold (Owens); Hattie Autry and/or her successors and heirs; Keith Barker; JH Duane Barnett and wife Betty Lois Barnett; RD Beaver & Inex Beaver; John W. Bennett and Wife, Angelina Bennett; Ed Owen Beuche; Big Three Energy Group; Bigsky Estates; Pat Blakeney; Roy E. Bown and Virgile E. Brown, and/or their successors and heirs; Brooks M. Brinninstool and Bernadette Brinninstool as Joint Tenants; Cynthia M. Moffatt Bryan; Marie Nance Burkham; CRM 2018, LP; Jose P Cabezuela and Gloria Cabezuela; Reynaldo and Mary Cardona; Carlos and Rachel Cabos and/or their successors and heirs; Jesus G Chavex & Trina P. Chavez; Sally Chavez, Fabian V Chavez, Cecilia Chavez, Ruben Portillo, Annabell Garcia; Cibolo Oil and Gas LLC; City of Carlsbad; Michael Collier; William Connally; Randall Counts; County of Eddy; Fred and Judy Cox; Duberta Croley; James F. Dill and Josephine Dill; William Terrell Downing; El Rey Motel, LLC; Elk Range Royalties; Estate of Vera Othella Hernandez; Featherstone Development Corporation; Michael Lee Fisher; Foundation Minerals, LLC; Bessie M Fulton; GTR Investments LLC; William Hair; Heirs of Antonio J. Hernandez; Heirs of Birger Olin and Tillie Olin; Heirs of Gilberto S. Nava and wife, Juanita C. Nava; Heirs of JD Thompson and Joan G. Thompson; Heirs of Mary Catherine Recker, AKA Kate Recker; Heirs of Mildred E. Mckinney; Heirs of Orbin and Verneal Little; Margaret L. Hournbuckle; L. Edward Innerarity Jr.; Internationalities Federal Credit Union; Jetstream Oil and Gas Partners, LP; William J Jones; Theodore Anthony Karas and wife, Thresa L. Karas; Kimbell Knight Royalties LLC; Doyle A Kimmell; Carol Kozma, Wayne T Wdwards, Judith G. Edwards; William C. Ksir; Deana C. Loentzen; John Lorentzen; MCM Permian, LLC; MRC Permian Company; Betty Jo Mashaw; Mason Oaks Energy Holdings, LLC; Mavros Minerals, LLC; Fay Mayfield; Dona McBee; Joe McCormack and wife Mary Helen McCormack; Henry N. Moses; JC Neeley and Myrtle Neeley; Paul Neves; Edward Newton; Oak Valley Mineral and Land, LP; Vincente R Perez Sr.; Rosa Ortega; Ross Duncan Properties; Donald Rutherford; Canuto G. Salcido, Jr ad Anita Salcido; Pete and Elidia Salcido; Adeline Saltzman; Sarvis Creek Energy LLC; Schiller Properties, LLC; Clyde K. Schmidt and Faye J Schmidt; Coe H. Scott and Barbara Ann Scott; JC and Suzette Smith; Springwood Minerals 6, LLC; Lupe Sosa, Nick Sosa and wife, Isabel Sosa; Janice Straub; Dorine Sutton; Ronald & Karen Tackitt; Lloyd Tolar; Shirley Upton; Ruth Wilkinson, Ida Ryan; Xplor Resources, LLC; Dennis Young; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Alpha Energy Partners, LLC (Case No. 22171). The hearing will be conducted remotely on November 16, 2023, 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 Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 19 and 20. Township 22 South, Range 27 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to The Dude 19/20 Fee 201H and The Dude 19/20 Fee 202H wells (Wells"). The Dude 19/20 201H well will be horizontally drilled from a surface location in the NE/4 NE/4 (Unit A) of Section 20 to a bottom hole location in the NW/4 NW/4 (Unit D) of Section 19. The Dude 19/20 202H well will be horizontally drilled from a surface location in the NE/4 NE/4 (Unit A) of Section 20 to a bottom hole location in the SW/4 NW/4 (Unit E) of Section 19. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 1.6 miles southwest of Carlsbad, New Mexico.

#5852445, Current Argus, November 1, 2023

**Alpha Energy Partners, LLC**  
Case No. 22171  
Exhibit C-4

# Carlsbad Current Argus.

PART OF THE USA-TOGGAY NETWORK

## Affidavit of Publication

Ad # 0004912476

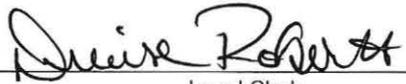
This is not an invoice

HINKLE SHANOR LLP  
218 MONTEZUMA

SANTA FE, NM 87501

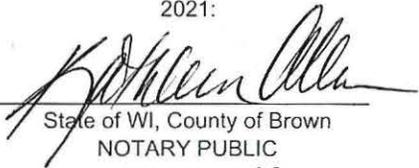
I, a legal clerk of the Carlsbad Current Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements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

09/21/2021



Legal Clerk

Subscribed and sworn before me this September 21, 2021:



State of WI, County of Brown  
NOTARY PUBLIC

1-7-25

My commission expires

KATHLEEN ALLEN  
Notary Public  
State of Wisconsin

Ad # 0004912476  
PO #: 04912476  
# of Affidavits 1

This is not an invoice

This is to notify all interested parties, including Jetstream Oil and Gas Partners, LP; MRC Permian Company; Featherstone Development Corporation; Rosa Ortega; William J. Jones; Duberta Croley, deceased; Cynthia M. Moffatt Bryan; Pete Salcido; Elidia Salcido; Janice Straub; Heirs of Mildred E. McKinney; Doyle A. Kimmell; Bigsky Estates; Donald Rutherford; Hattie Autry and/or her successors and heirs; Coe H. Scott; Barbara Ann Scott; Michael Lee Fisher; Internationalities Federal Credit Union; Debra Arnold (Owens); Ed Owen Beuche; Heirs of Mary Catherine Recker a/k/a Kate Recker; Ross Duncon Properties; Xplor Resources, LLC; Big Three Energy Group; CRM 2018, LP; Foundation Minerals, LLC; Mavros Minerals, LLC; Oak Valley Mineral and Land, LP; Springwood Minerals 6, LLC; Heirs of Gilberto S. Nava and Juanita C. Nava; El Rey Motel, LLC; Bessie M. Fulton; Lloyd Tolar; Randall Counts; Heirs of Antonio J. Hernandez; Estate of Vera Othella Hernandez; Margaret L. Hournbuckle; Michael Collier; Henry N. Moses; William Hair; John W. Bennett; Angelina Bennett; Canuto G. Salcido, Jr.; Anita Salcido; Edward Newton; Heirs of Orbin and Verneal Little; Betty Jo Mashaw; Shirley Upton; Brooks M. Brinninstool; Bernadette Brinninstool; Carlos and Rachel Cabos and/or their successors and heirs; Lupe Sosa; Nick Sosa; Isabel Sosa; Keith Barker; Paul Nelves; L. Edward Innerarity, Jr.; Dennis Young; Vicente R. Perez, Sr.; Sally Chavez; Fabian V. Chavez; Cecilia Chavez; Ruben Portillo; Annabell Garcia; Jesus G. Chavez; Trina P. Chavez; James F. Dill; Josephine Dill; Heirs of JD Thompson and Joan G. Thompson; JC Neeley; Myrtle Neeley; Joe McCormack; Mary Helen McCormack; Roy E. Brown and Virgile E. Brown, and/or their successors and heirs; Theodore Anthony Karas; Thresa L. Karas; Ronald Tackitt; Karen Tackitt; Pat Blakeney; Heirs of Birger Olin and Tillie Olin; Ruth Wilkinson; Ida Ryan; Clyde K. Schmidt; Faye J. Schmidt; JC Smith; Suzette Smith; Fred Cox; Judy Cox; William C. Ksir; JH Duane Barnett; Betty Lois Barnett; Jose P. Cabezuela; Gloria Cabezuela; RD Beaver; Inex Beaver; City of Carlsbad; County of Eddy; Schiller Properties, LLC; Dona McBee; Fay Mayfield; Jay Anderson; MCM Permian, LLC; Adeline Saltzman; John Lorentzen; Deana C. Lorentzen; Reynaldo Cardona; Mary Cardona; Dorine Sutton; William Connally; Marie Nance Burkham; Carol Kozma; Wayne T. Edwards; Judith G. Edwards; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Alpha Energy Partners, LLC (Case No. 22171). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on October 7, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted mineral interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to The Dude 19/20 Fee 201H and The Dude

19/20 Fee 202H wells ("Wells"). The Dude 19/20 201H well will be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 19. The Dude 19/20 202H well will be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the SW/4NW/4 (Unit E) of Section 19. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 1.6 miles southwest of Carlsbad, New Mexico.  
#04912476, Current Argus, Sept. 21, 2012