

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

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

CASE NO. 24005

EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Mark Hajdik
A-1	Application & Proposed Notice of Hearing
A-2	C-102s
A-3	Plat of Tracts, Tract Ownership, Applicable Lease Numbers, Unit Recapitulation, Pooled Parties
A-4	Sample Well Proposal Letter & AFEs
A-5	Chronology of Contact
Exhibit B	Self-Affirmed Statement of Christopher Cantin
B-1	Regional Locator Map
B-2	Cross Section Locator Map
B-3	Second Bone Spring Subsea Structure Map
B-4	Third Bone Spring Subsea Structure Map
B-5	Stratigraphic Cross-Section
B-6	Gun Barrel Development Plan
Exhibit C	Self-Affirmed Statement of Dana S. Hardy
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C-3	Copies of Certified Mail Receipts and Returns
C-4	Affidavit of Publication for November 21, 2023

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

Case: 24005	APPLICANT'S RESPONSE
Hearing Date	December 21, 2023
Applicant	Permian Resources Operating, LLC
Designated Operator & OGRID (affiliation if applicable)	OGRID No. 372165
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.
Entries of Appearance/Intervenors:	MRC Permian Company
Well Family	Klondike
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Bone Spring
Pool Name and Pool Code:	Winchester; Bone Spring, West (Pool Code 97569)
Well Location Setback Rules:	Statewide
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acres
Building Blocks:	Quarter-quarter
Orientation:	East to West
Description: TRS/County	N/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is</u> approval of non-standard unit requested in this application?	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No.
Proximity Tracts: If yes, description	N/A
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit A-3
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #2	Klondike 9 State Com #123H (API # ---) SHL: 1605' FSL & 458' FEL (Unit I), Section 9, T19S, R28E BHL: 1995' FSL & 10' FWL (Unit L), Section 8, T19S, R28E Completion Target: Second Bone Spring (7,351' TVD)

Well #1	Klondike 9 State Com #133H (API # ---) SHL: 1572' FSL & 458' FEL (Unit I), Section 9, T19S, R28E BHL: 2300' FSL & 10' FWL (Unit L), Section 8, T19S, R28E Completion Target: Third Bone Spring (8,521' TVD)
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$10,000.00
Production Supervision/Month \$	\$1,000.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-1, Exhibit C-2, Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
Ownership Determination	
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)	Exhibit A-3
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-6
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
Forms, Figures and Tables	

C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-2
Structure Contour Map - Subsea Depth	Exhibit B-3, B-4
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-5
Additional Information	
Special Provisions/Stipulations	N/A
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	12/19/2023

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

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

CASE NO. 24005

**SELF-AFFIRMED STATEMENT
OF MARK HAJDIK**

1. I am a landman with Permian Resources Operating, LLC (“Permian Resources”). 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 credentials as an expert in petroleum land matters were accepted and made a matter of record.

2. Copies of Permian Resources’ 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. Permian Resources seeks an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the **Klondike 9 State Com #123H** and **Klondike 9 State Com #131H** wells (“Wells”), which will be drilled from surface hole locations in the NE/4 SE/4 (Unit I) of Section 9 to bottom hole locations in the NW/4 SW/4 (Unit L) of Section 8. The Wells will be completed in the [97569] WINCHESTER; BONE SPRING, WEST.

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

**Permian Resources Operating, LLC
Case No. 24005
Exhibit A**

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

8. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Permian Resources seeks to pool highlighted in yellow. All of the parties are locatable in that Permian believes it located valid addresses for them.

9. Permian Resources has conducted a diligent search of all county public records, including phone directories and computer databases, as well as internet searches, to locate the interest owners it seeks to pool.

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

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

12. Permian Resources requests overhead and administrative rates of \$10,000 per month while the Wells are being drilled and \$1,000 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Permian and other operators in the vicinity.

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

14. In my opinion, the granting of Permian Resources' application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

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



Mark Hajdik

12/19/2023
Date

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

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

CASE NO. 24005

APPLICATION

Pursuant to NMSA § 70-2-17, Permian Resources Operating, LLC (“Applicant”) (OGRID No. 372165) applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Klondike 9 State Com #123H** well and **Klondike 9 State Com #133H** well (“Wells”), which will be drilled from surface hole locations in the Ne/4 SE/4 (Unit I) of Section 9 to bottom hole locations in the NW/4 SW/4 (Unit L) of Section 8.
3. The completed intervals of the Wells will be orthodox.
4. Applicant has undertaken diligent, good faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all interest owners.
5. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

**Permian Resources Operating, LLC
Case No. 24005
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 interests in the Unit should be pooled and Applicant should be designated the operator of the Wells and the Unit.

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on December 7, 2023, and, after notice and hearing as required by law, the Division enter an order:

- A. Pooling all uncommitted interests in the Unit;
- B. Approving the Wells in the Unit;
- C. Designating Permian Resources Operating, LLC as the 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% charge for the risk assumed by Permian Resources Operating, LLC in drilling and completing the Wells against any working interest owner who does not voluntarily participate in the drilling of the Wells.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy _____

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

*Counsel for Permian Resources Operating,
LLC*

Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Klondike 9 State Com #123H** and **Klondike 9 State Com #133H** wells ("Wells"), which will be drilled from surface hole locations in the NE/4 SE/4 (Unit I) of Section 9 to bottom hole locations in the NW/4 SW/4 (Unit L) of Section 8. The completed interval 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 operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico.

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

State of New Mexico Exhibit A-2
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 97569		³ Pool Name Winchester; Bone Spring, West	
⁴ Property Code		⁵ Property Name KLONDIKE 9 STATE COM		⁶ Well Number 133H	
⁷ OGRID No. 372165		⁸ Operator Name PERMIAN RESOURCES OPERATING, LLC		⁹ Elevation 3540.3'	

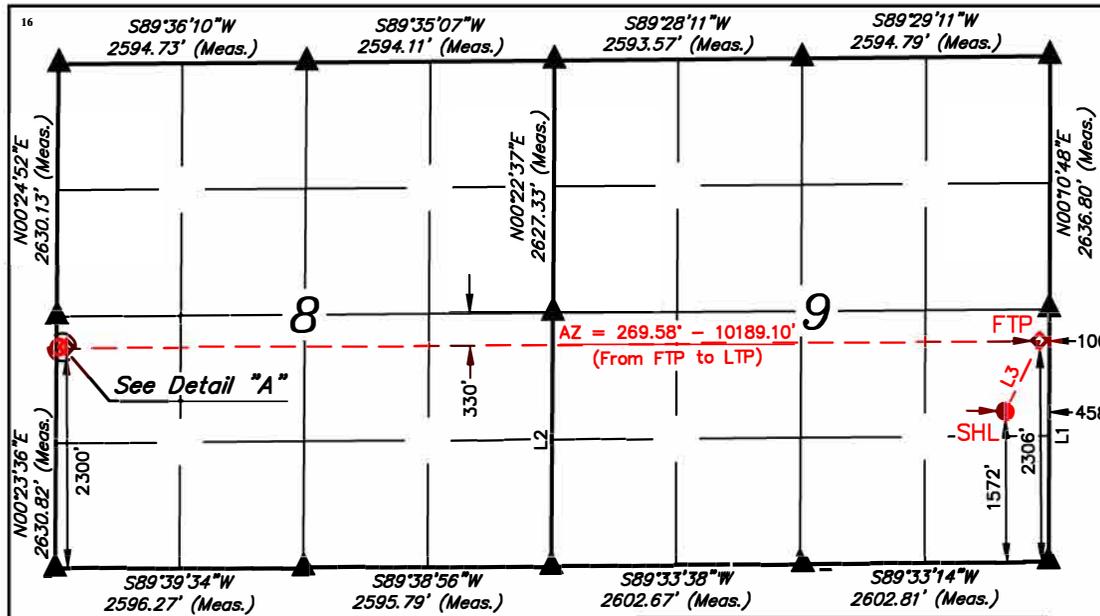
¹⁰ Surface Location

UL or lot no. I	Section 9	Township 19S	Range 28E	Lot Idn	Feet from the 1572	North/South line SOUTH	Feet from the 458	East/West line EAST	County EDDY
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no. L	Section 8	Township 19S	Range 28E	Lot Idn	Feet from the 2300	North/South line SOUTH	Feet from the 10	East/West line WEST	County EDDY
¹² Dedicated Acres		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

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



LINE TABLE		
LINE	DIRECTION	LENGTH
L1	N00°10'55"E	2636.52'
L2	N00°21'33"E	2639.02'

WELL BORE LINE TABLE		
LINE	DIRECTION	LENGTH
L3	AZ = 26.05°	820.86'
L4	AZ = 269.66°	90.01'

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

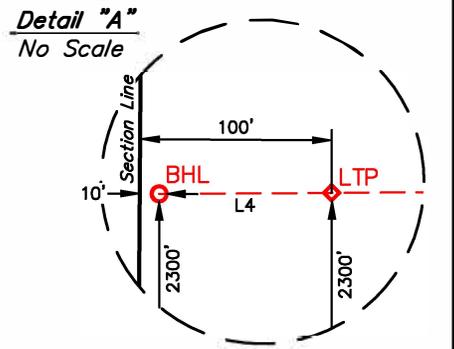
Signature _____ Date _____
Printed Name _____
E-mail Address _____

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

July 10, 2023
Date of Survey
Signature and Seal of Professional Surveyor: _____



Certificate Number: _____



NAD 83 (SURFACE HOLE LOCATION) LATITUDE = 32°40'20.01" (32.672225°) LONGITUDE = -104°10'26.61" (-104.174060°)	NAD 83 (FIRST TAKE POINT) LATITUDE = 32°40'27.32" (32.674254°) LONGITUDE = -104°10'22.42" (-104.172895°)
NAD 27 (SURFACE HOLE LOCATION) LATITUDE = 32°40'19.59" (32.672108°) LONGITUDE = -104°10'24.78" (-104.173550°)	NAD 27 (FIRST TAKE POINT) LATITUDE = 32°40'26.90" (32.674138°) LONGITUDE = -104°10'20.59" (-104.172386°)
STATE PLANE NAD 83 (N.M. EAST) N: 608323.25' E: 590346.87'	STATE PLANE NAD 83 (N.M. EAST) N: 609062.10' E: 590704.09'
STATE PLANE NAD 27 (N.M. EAST) N: 608261.08' E: 549167.21'	STATE PLANE NAD 27 (N.M. EAST) N: 608999.91' E: 549524.44'
NAD 83 (LAST TAKE POINT) LATITUDE = 32°40'26.27" (32.673963°) LONGITUDE = -104°12'21.60" (-104.205999°)	NAD 83 (BOTTOM HOLE LOCATION) LATITUDE = 32°40'26.26" (32.673961°) LONGITUDE = -104°12'22.65" (-104.206292°)
NAD 27 (LAST TAKE POINT) LATITUDE = 32°40'25.85" (32.673847°) LONGITUDE = -104°12'19.76" (-104.205489°)	NAD 27 (BOTTOM HOLE LOCATION) LATITUDE = 32°40'25.84" (32.673844°) LONGITUDE = -104°12'20.81" (-104.205782°)
STATE PLANE NAD 83 (N.M. EAST) N: 608942.33' E: 580518.05'	STATE PLANE NAD 83 (N.M. EAST) N: 608941.42' E: 580428.07'
STATE PLANE NAD 27 (N.M. EAST) N: 608880.22' E: 539338.39'	STATE PLANE NAD 27 (N.M. EAST) N: 608879.30' E: 539248.41'

NOTE:
• Distances referenced on plat to section lines are perpendicular.
• Basis of Bearings is a Transverse Mercator Projection with a Central Meridian of W103°53'00" (NAD 83)



DRAWN BY: N.D.T. 07-20-23
REV: 2 12-13-23 T.J.S.
(UPDATE WELLBORE PATH)

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
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Phone: (575) 748-1283 Fax: (575) 748-9720
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1220 S. St. Francis Dr., Santa Fe, NM 87505
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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

¹ API Number		² Pool Code 97569		³ Pool Name Winchester; Bone Spring, West	
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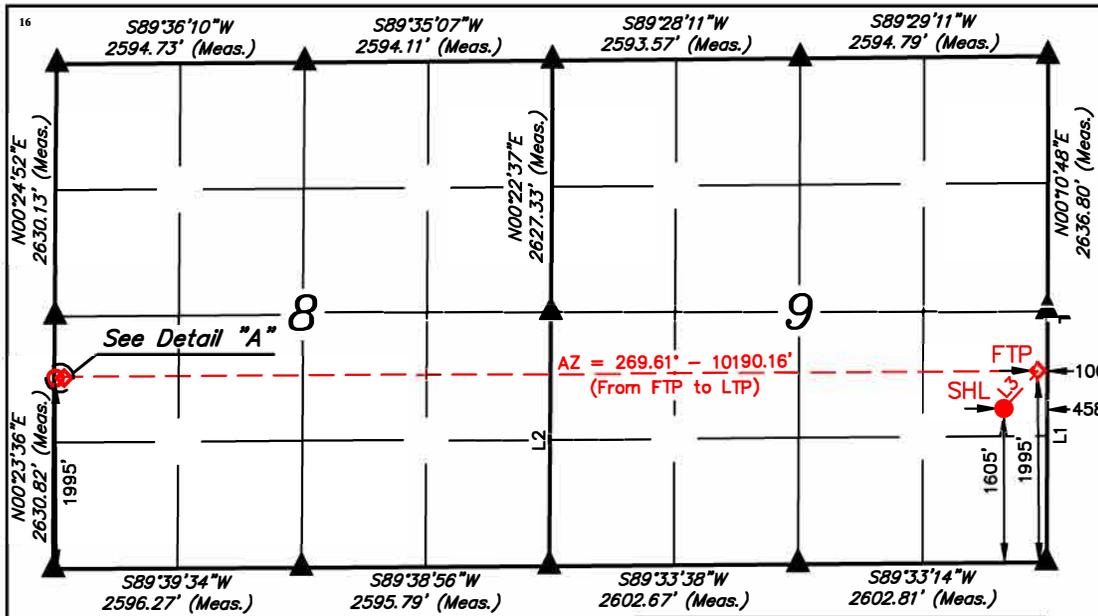
¹⁰ Surface Location

UL or lot no. I	Section 9	Township 19S	Range 28E	Lot Idn	Feet from the 1605	North/South line SOUTH	Feet from the 458	East/West line EAST	County EDDY
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no. L	Section 8	Township 19S	Range 28E	Lot Idn	Feet from the 1995	North/South line SOUTH	Feet from the 10	East/West line WEST	County EDDY
¹² Dedicated Acres 320		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

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



LINE TABLE		
LINE	DIRECTION	LENGTH
L1	N00°10'55"E	2636.52'
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WELL BORE LINE TABLE		
LINE	DIRECTION	LENGTH
L3	AZ = 42.44°	532.61'
L4	AZ = 269.66°	90.01'

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

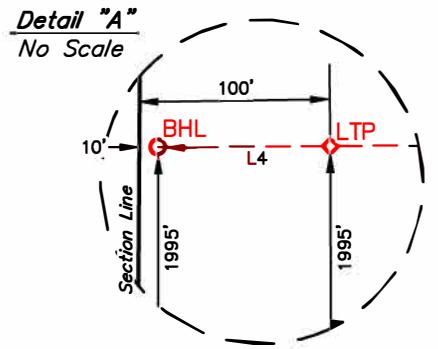
Signature _____ Date _____
Printed Name _____
E-mail Address _____

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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.

July 10, 2023
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Signature and Seal of Professional Surveyor: _____



Certificate Number: _____



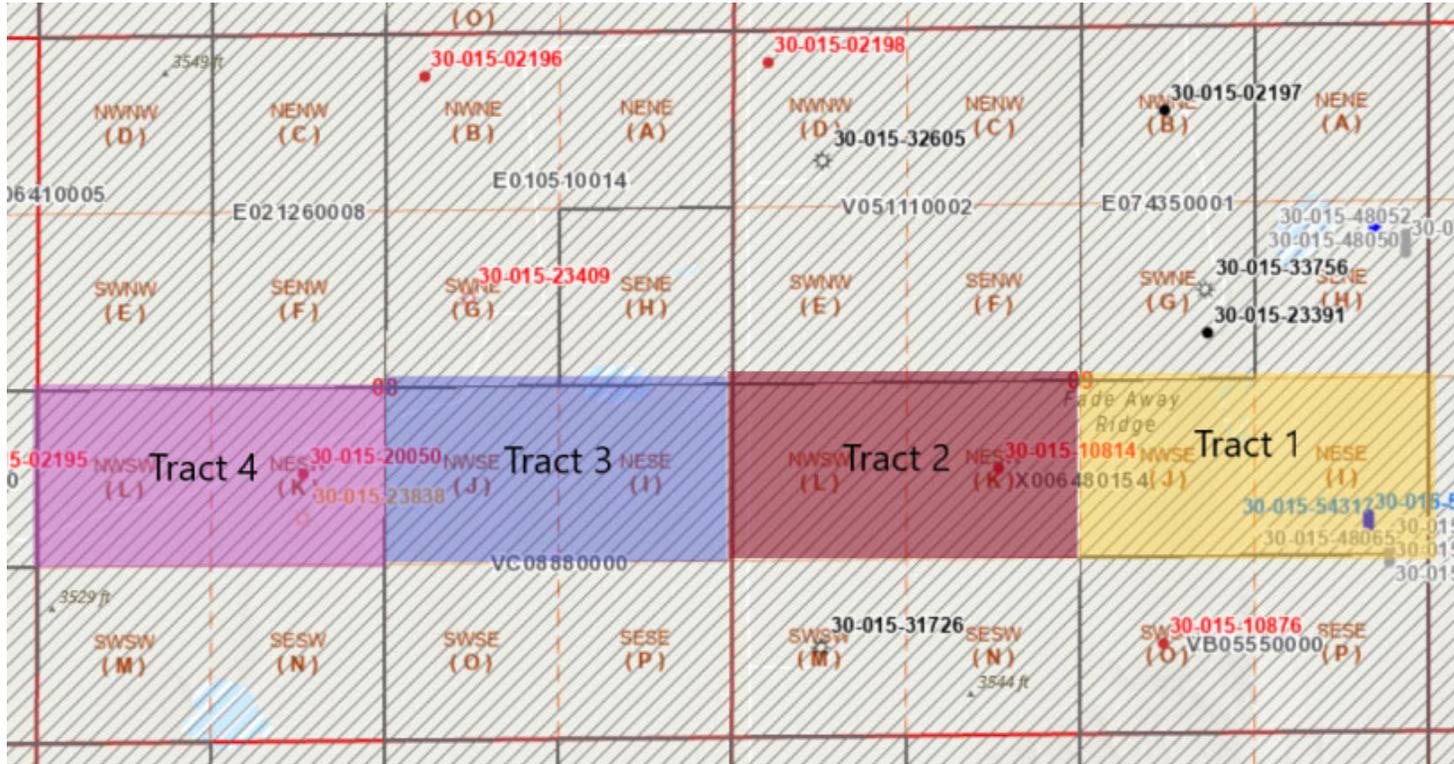
NAD 83 (SURFACE HOLE LOCATION) LATITUDE = 32°40'20.34" (32.672316°) LONGITUDE = -104°10'26.62" (-104.174060°)	NAD 83 (FIRST TAKE POINT) LATITUDE = 32°40'24.23" (32.673398°) LONGITUDE = -104°10'22.42" (-104.172895°)
NAD 27 (SURFACE HOLE LOCATION) LATITUDE = 32°40'19.92" (32.672199°) LONGITUDE = -104°10'24.78" (-104.173550°)	NAD 27 (FIRST TAKE POINT) LATITUDE = 32°40'23.81" (32.673282°) LONGITUDE = -104°10'20.59" (-104.172386°)
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STATE PLANE NAD 27 (N.M. EAST) N: 608294.07' E: 549167.11'	STATE PLANE NAD 27 (N.M. EAST) N: 608688.55' E: 549524.76'
NAD 83 (LAST TAKE POINT) LATITUDE = 32°40'23.25" (32.673125°) LONGITUDE = -104°12'21.61" (-104.206003°)	NAD 83 (BOTTOM HOLE LOCATION) LATITUDE = 32°40'23.24" (32.673123°) LONGITUDE = -104°12'22.66" (-104.206296°)
NAD 27 (LAST TAKE POINT) LATITUDE = 32°40'22.83" (32.673008°) LONGITUDE = -104°12'19.78" (-104.205493°)	NAD 27 (BOTTOM HOLE LOCATION) LATITUDE = 32°40'22.82" (32.673006°) LONGITUDE = -104°12'20.83" (-104.205786°)
STATE PLANE NAD 83 (N.M. EAST) N: 608637.38' E: 580517.25'	STATE PLANE NAD 83 (N.M. EAST) N: 608636.46' E: 580427.27'
STATE PLANE NAD 27 (N.M. EAST) N: 608575.27' E: 539337.58'	STATE PLANE NAD 27 (N.M. EAST) N: 608574.35' E: 539247.60'

NOTE:
• Distances referenced on plat to section lines are perpendicular.
• Basis of Bearings is a Transverse Mercator Projection with a Central Meridian of W103°53'00" (NAD 83)



DRAWN BY: N.D.T. 07-20-23
REV: 2 12-13-23 T.J.S.
(UPDATE WELLBORE PATH)

Land Exhibit: Klondike 9 State Com #123H & Klondike 9 State Com #133H
 N/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County



WI OWNER	TRACT	NET	WI	FORCE POOL INTEREST
Colgate Production, LLC	1, 2, 3	144.236	45.07%	Operator
Northern Oil and Gas	2	24.7014	7.72%	JOA
Oxy USA WTP, LP	1, 2	45.9514	14.36%	Yes
Slash Exploration, LP	1	0.3125	0.10%	Yes

**Permian Resources
 Operating, LLC
 Case No. 24005
 Exhibit A-3**

Harvard Petroleum Company, LLC	1	1.25	0.39%	Yes
Read & Stevens, Inc.	1	0.31248	0.10%	Owned by Operator
Anne S. Johnson	1	0.10416	0.03%	Yes
Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust u/t/a dated 1/28/1982	1	0.31248	0.10%	Yes
COG Operating	2	9.63889	3.01%	JOA
ZPZ Delaware I LLC	2	7.5	2.34%	Yes
D2 Resources, LLC	2	2.31944	0.72%	Yes
Solis Energy, LLC	2	2.31944	0.72%	Yes
Marathon Oil Company	4	20	6.25%	Yes
EOG Resources, Inc	4	60	18.75%	Yes
Linda E. Schwartz	1	0.01042	0.00%	No
Elk Oil Company	1	0.3125	0.10%	No
Esther L. Kelly	1	0.03125	0.01%	No
Joseph J Kelly	1	0.07813	0.02%	No
Collie Limited Partnership	1	0.07813	0.02%	No
Mary Ann Kelly Twitty	1	0.07813	0.02%	No

NonDarcy Oil and Gas Inc	1	0.07813	0.02%	No
		320	100%	

NMSLO Lessees of Record Only
MRC DELAWARE RESOURCES, LLC
WPX ENERGY PERMIAN, LLC.

ORRI Owners
Yates Brothers
Marathon Oil Company
MRC Delaware Resources, LLC
WPX Energy Permian, LLC



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

October 19, 2023

Via Certified Mail

Mark Wilson Family Partnership, LP
PO Box 2415
Midland, TX 79702

RE: Well Proposals: Klondike 9 State Com #123H, 124H, 133H, 134H;

Section 8: S2
Section 9: S2
T19S-R28E, Eddy County, New Mexico
Bone Spring Formation

To Whom It May Concern:

Permian Resources Operating, LLC, as operator ("Permian"), hereby proposes the drilling and completion of the following four (4) Klondike 9 State Com wells at the following approximate locations within Township 19 South, Range 28 East:

1. Klondike 9 State Com #123H

SHL: 458' FEL & 1605' FSL or at a legal location in Lot I of Section 9
BHL: 10' FWL & 1980' FSL of Section 8
FTP: 100' FEL & 1980' FSL of Section 9
LTP: 100' FWL & 1980' FSL of Section 8
TVD: 7,3351'
TMD: Approximately 17,636'
Proration Unit: N/2S/2 of Sections 8 & 9
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

2. Klondike 9 State Com #124H

SHL: 458' FEL & 1539' FSL or at a legal location in Lot I of Section 9
BHL: 10' FWL & 660' FSL of Section 8
FTP: 100' FEL & 660' FSL of Section 9
LTP: 100' FWL & 660' FSL of Section 8
TVD: 7,351'
TMD: Approximately 17,636'
Proration Unit: S/2S/2 of Sections 8 & 9
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

**Permian Resources Operating, LLC
Case No. 24005
Exhibit A-4**



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

3. Klondike 9 State Com #133H

SHL: 458' FEL & 1572' FSL or at a legal location in Lot I of Section 9

BHL: 10' FWL & 2310' FSL of Section 8

FTP: 100' FEL & 2310' FSL of Section 9

LTP: 100' FWL & 2310' FSL of Section 8

TVD: 8,521'

TMD: Approximately 18,806'

Proration Unit: N/2S/2 of Sections 8 & 9

Targeted Interval: 3rd Bone Spring

Total Cost: See attached AFE

4. Klondike 9 State Com #134H

SHL: 458' FEL & 1506' FSL or at a legal location in Lot I of Section 9

BHL: 10' FWL & 990' FSL of Section 8

FTP: 100' FEL & 990' FSL of Section 9

LTP: 100' FWL & 990' FSL of Section 8

TVD: 8,621'

TMD: Approximately 18,906'

Proration Unit: S/2S/2 of Sections 8 & 9

Targeted Interval: 3rd Bone Spring

Total Cost: See attached AFE

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

- 100%/300%/300% non-consent provisions
- \$10,000/\$1,00 drilling and producing rates
- Permian Resources Operating, LLC named as Operator

Please indicate your election to participate in the drilling and completion of the proposed wells in the space provided below. Please sign and return one copy of this letter, a signed copy of the previously proposed AFE, and your geologic well requirements to the above address or by email to Kathryn.Hanson@permianres.com.

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



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me by email at mark.hajdik@permianres.com.

Respectfully,

A handwritten signature in blue ink that reads "Mark Hajdik".

Mark Hajdik
Senior Staff
Landman
Enclosures



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

Well Elections: <i>(Please indicate your responses in the spaces below)</i>		
Well(s)	Elect to Participate	Elect to <u>NOT</u> Participate
Klondike 9 State Com #123H		
Klondike 9 State Com #124H		
Klondike 9 State Com #133H		
Klondike 9 State Com #134H		

Company / Working Interest Owner Name:

By: _____

Printed Name: _____

Date: _____



Authorization for Expenditure

AFE Number	-
Drilling Total (\$)	\$2,858,239
Completion Total (\$)	\$4,164,566
Facilities Total (\$)	\$677,472
Flowback Total (\$)	\$905,000
AFE Total (\$)	\$8,605,277

AFE Description

9500' Lateral SBSG

Property Name	Klondike 9 State Com 123H	State	NM
AFE Type	Drill and Complete		
Operator	Permian Resources Operating, LLC	Field	Delaware Basin - NM

Scheduled Spud Date		Estimated TVD (ft)	See Proposal
Target Zone	SBSG	Estimated MD (ft)	See Proposal
Sub-Target Zone			

Non Operator Approval

Company _____

Approved By _____

Title _____

Date _____

Cost Estimate

Account	Description	Total (\$)	Account	Description	Total (\$)
8015.1000	IDC - PERMITS,LICENSES,ETC	\$15,000.00	8015.1100	IDC - STAKING & SURVEYING	\$15,000.00
8015.1200	IDC - LEGAL, TITLE SERVICES	\$13,000.00	8015.1300	IDC - SURFACE DAMAGE / ROW	\$35,000.00
8015.1310	IDC - PERMANENT EASEMENT	\$12,000.00	8015.1400	IDC - ROAD, LOCATIONS, PITS	\$108,333.33
8015.1500	IDC - RIG MOB / TRUCKING	\$79,687.50	8015.1600	IDC - RIG MOB / STANDBY RATE	\$34,600.00
8015.1700	IDC - DAYWORK CONTRACT	\$349,243.75	8015.1800	IDC - FOOTAGE CONTRACT	\$.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$160,238.00	8015.1950	IDC - Lost in hole	\$.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$53,125.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$.00
8015.2150	IDC - Drill Bit	\$98,000.00	8015.2200	IDC - TOOLS, STABILIZERS	\$50,046.00
8015.2300	IDC - FUEL / POWER	\$97,125.00	8015.2350	IDC - Fuel/Mud	\$70,546.00
8015.2400	IDC - RIG WATER	\$9,500.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$174,332.00
8015.2600	IDC - MUD LOGGING	\$.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$55,000.00
8015.2800	IDC - CORE ANALYSIS	\$.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$143,200.00	8015.3100	IDC - CASING CREW & TOOLS	\$37,500.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$55,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$14,250.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$35,328.00
8015.3700	IDC - DISPOSAL	\$105,138.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$12,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$42,750.00	8015.4300	IDC - WELLSITE SUPERVISION	\$33,250.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$9,500.00
8015.4800	IDC - OVERHEAD	\$.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$5,225.00
8015.5200	IDC - CONTINGENCY	\$88,295.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8020.1000	TDC - CASING - CONDUCTOR	\$.00	8020.1100	TDC - CASING - SURFACE	\$29,482.00
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$138,902.00	8020.1300	TDC - CASING - INTERMEDIATE 2	\$.00
8020.1400	TDC - CASING - PRODUCTION	\$571,392.00	8020.1500	TDC - WELLHEAD EQUIPMENT	\$63,750.00
8020.1700	TDC - PACKER/DOWNHOLE TOOLS	\$.00	8020.1800	TDC - CONTINGENCY	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8025.1000	ICC - STAKING & SURVEYING	\$.00	8025.1100	ICC - ROAD, LOCATIONS, PITS	\$10,500.00
8025.1200	ICC - COMPLETION RIG	\$.00	8025.1400	ICC - WIRELINE OPEN/CASED HOLE	\$40,000.00
8025.1500	ICC - FUEL / POWER	\$403,232.00	8025.1600	ICC - COILED TUBING	\$247,690.00

8025.1700	ICC - CEMENTING & SERVICES	\$.00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$19,478.00
8025.1900	ICC - INSPECTION & TESTING	\$.00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$517,197.00	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$.00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$1,769,259.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$135,902.00
8025.3100	ICC - WELLHEAD/FRACTURE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$.00
8025.3300	ICC - COMMUNICATIONS	\$.00	8025.3400	ICC - RENTAL EQUIPMENT	\$178,376.00
8025.3500	ICC - WELLSITE SUPERVISION	\$465,757.00	8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00	8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$.00	8025.4200	ICC - CONTINGENCY	\$.00
8025.3050	ICC - SOURCE WATER	\$220,550.00	8025.4400	ICC - COMPANY LABOR	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8030.1000	TCC - CASING - PRODUCTION		8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS		8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8035.1400	FAC - ROAD LOCATIONS PITS	\$29,000.00	8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$86,666.00	8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$.00	8035.2900	FAC - TANK BATTERY	\$96,666.00
8035.3000	FAC - HEATER TREATER/SEPERATOR	\$135,608.33	8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3300	FAC - CIRCULATING TRNSFER PUMP	\$7,500.00	8035.3400	FAC - METER & LACT	\$34,466.00
8035.3600	FAC - ELECTRICAL	\$41,666.00	8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33	8035.4500	FAC - CONTINGENCY	\$.00
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00	8035.1500	FAC - MATERIALS & SUPPLIES	\$.00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67	8035.1800	FAC - FUEL / POWER	\$.00
8035.1900	FAC - WATER DISPOSAL / SWD	\$.00	8035.2000	FAC - WASTE DISPOSAL	\$.00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00	8035.2300	FAC - FRAC TANK RENTAL	\$.00
8035.2500	FAC - CONSULTING SERVICES	\$.00	8035.2600	FAC - INJECTION PUMP	\$.00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$.00	8035.3500	FAC - COMPRESSOR	\$.00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33	8035.4100	FAC - OVERHEAD	\$.00
8035.4300	FAC - INSURANCE	\$.00	8035.1310	FAC - PERMANENT EASEMENT	\$.00
8035.4400	FAC - COMPANY LABOR	\$.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8036.1000	PLN - PERMITS LICENSES ETC	\$.00	8036.1100	PLN - STAKING & SURVEYING	\$.00
8036.1200	PLN - LEGAL TITLE SERVICES	\$.00	8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1310	PLN - PERMANENT EASEMENT	\$.00	8036.1400	PLN - ROAD LOCATIONS PITS	\$.00
8036.1500	PLN - MATERIALS & SUPPLIES	\$.00	8036.1600	PLN - TRANSPORTATION TRUCKING	\$.00
8036.1700	PLN - RENTAL EQUIPMENT	\$.00	8036.1900	PLN - WATER DISPOSAL / SWD	\$.00
8036.2000	PLN - WASTE DISPOSAL	\$.00	8036.2100	PLN - INSPECTION & TESTING	\$.00
8036.2200	PLN - CONTRACT LABOR	\$.00	8036.2300	PLN - FRAC TANK RENTAL	\$.00
8036.2400	PLN - SUPERVISION	\$.00	8036.2500	PLN - CONSULTING SERVICES	\$.00
8036.2700	PLN - PIPELINE	\$.00	8036.2800	PLN - FLOWLINE	\$40,000.00
8036.2900	PLN - TANK BATTERY	\$.00	8036.3000	PLN - SEPARATOR / SCRUBBER	\$.00
8036.3100	PLN - TREATING EQUIPMENT	\$.00	8036.3200	PLN - VALVES FITTINGS & PIPE	\$.00
8036.3300	PLN - PUMP	\$.00	8036.3400	PLN - METER	\$.00
8036.3500	PLN - COMPRESSOR	\$.00	8036.3600	PLN - ELECTRICAL SUPPLIES	\$.00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$.00	8036.3620	PLN - POWER DISTRIBUTION LABOR	\$.00
8036.3700	PLN - AUTOMATION	\$.00	8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$.00
8036.4300	PLN - INSURANCE	\$.00	8036.4400	PLN - COMPANY LABOR	\$.00
8036.4500	PLN - CONTINGENCY	\$.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8040.1100	IFC - ROADS LOCATIONS / PITS	\$.00	8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$.00	8040.1500	IFC - FUEL / POWER	\$.00
8040.1600	IFC - COILED TUBING	\$.00	8040.1700	IFC - CEMENTING & SERVICES	\$.00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00	8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00	8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$.00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00	8040.2400	IFC - CASING CREW AND TOOLS	\$.00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00	8040.2800	IFC - MATERIAL & SUPPLIES	\$.00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00	8040.3100	IFC - WELLHEAD/FRAC TREE REPAIR	\$.00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$.00	8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00	8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4200	IFC - CONTINGENCY	\$.00	8040.4400	IFC - COMPANY LABOR	\$.00
8040.4500	IFC - SWABBING	\$.00	8040.2500	IFC - WELL STIMULATION/FRACTURE	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8045.1100	TFC - TUBING	\$120,000.00	8045.1200	TFC - SUCKER RODS & ACCESSORY	\$.00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00	8045.1500	TFC - SUBSURFACE PUMPS	\$.00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$.00	8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.1900	TFC - PUMPING UNITS /SURFACE LIFT EQUIPMENT	\$.00	8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00	8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$.00	8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.3500	TFC - CONTINGENCY	\$.00	8045.4400	TFC - COMPANY LABOR	\$.00



Authorization for Expenditure

AFE Number	-
Drilling Total (\$)	\$3,377,486
Completion Total (\$)	\$4,078,820
Facilities Total (\$)	\$677,472
Flowback Total (\$)	\$905,000
AFE Total (\$)	\$9,038,778

AFE Description

9500' Lateral SBSG

Property Name	Klondike 9 State Com 133H	State	NM
AFE Type	Drill and Complete		
Operator	Permian Resources Operating, LLC	Field	Delaware Basin - NM

Scheduled Spud Date		Estimated TVD (ft)	See Proposal
Target Zone	TBSG	Estimated MD (ft)	See Proposal
Sub-Target Zone			

Non Operator Approval

Company _____

Approved By _____

Title _____

Date _____

Cost Estimate

Account	Description	Total (\$)	Account	Description	Total (\$)
8015.1000	IDC - PERMITS,LICENSES,ETC	\$15,000.00	8015.1100	IDC - STAKING & SURVEYING	\$15,000.00
8015.1200	IDC - LEGAL, TITLE SERVICES	\$13,000.00	8015.1300	IDC - SURFACE DAMAGE / ROW	\$35,000.00
8015.1310	IDC - PERMANENT EASEMENT	\$12,000.00	8015.1400	IDC - ROAD, LOCATIONS, PITS	\$85,000.00
8015.1500	IDC - RIG MOB / TRUCKING	\$79,687.50	8015.1600	IDC - RIG MOB / STANDBY RATE	\$34,600.00
8015.1700	IDC - DAYWORK CONTRACT	\$551,437.00	8015.1800	IDC - FOOTAGE CONTRACT	\$0.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$253,007.00	8015.1950	IDC - Lost in hole	\$0.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$53,125.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$0.00
8015.2150	IDC - Drill Bit	\$98,000.00	8015.2200	IDC - TOOLS, STABILIZERS	\$52,546.00
8015.2300	IDC - FUEL / POWER	\$153,398.00	8015.2350	IDC - Fuel/Mud	\$70,546.00
8015.2400	IDC - RIG WATER	\$15,000.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$183,629.00
8015.2600	IDC - MUD LOGGING	\$0.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$55,000.00
8015.2800	IDC - CORE ANALYSIS	\$0.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$0.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$143,200.00	8015.3100	IDC - CASING CREW & TOOLS	\$37,500.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$55,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$22,500.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$55,781.00
8015.3700	IDC - DISPOSAL	\$112,638.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$12,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$0.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$52,500.00	8015.4300	IDC - WELLSITE SUPERVISION	\$90,000.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$0.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$15,000.00
8015.4800	IDC - OVERHEAD	\$0.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$8,250.00
8015.5200	IDC - CONTINGENCY	\$110,355.00			
Account Description Total (\$)			Account Description Total (\$)		
8020.1000	TDC - CASING - CONDUCTOR	\$0.00	8020.1100	TDC - CASING - SURFACE	\$29,482.00
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$138,902.00	8020.1300	TDC - CASING - INTERMEDIATE 2	\$0.00
8020.1400	TDC - CASING - PRODUCTION	\$612,152.00	8020.1500	TDC - WELLHEAD EQUIPMENT	\$63,750.00
8020.1700	TDC - PACKER/DOWNHOLE TOOLS	\$0.00	8020.1800	TDC - CONTINGENCY	\$0.00
Account Description Total (\$)			Account Description Total (\$)		
8025.1000	ICC - STAKING & SURVEYING	\$0.00	8025.1100	ICC - ROAD, LOCATIONS, PITS	\$10,500.00
8025.1200	ICC - COMPLETION RIG	\$0.00	8025.1400	ICC - WIRELINE OPEN/CASED HOLE	\$40,000.00
8025.1500	ICC - FUEL / POWER	\$370,770.00	8025.1600	ICC - COILED TUBING	\$224,298.00

8025.1700	ICC - CEMENTING & SERVICES	\$.00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$19,478.00
8025.1900	ICC - INSPECTION & TESTING	\$.00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$432,705.00	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$.00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$1,904,264.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$116,364.00
8025.3100	ICC - WELLHEAD/FRACTURE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$.00
8025.3300	ICC - COMMUNICATIONS	\$.00	8025.3400	ICC - RENTAL EQUIPMENT	\$164,511.00
8025.3500	ICC - WELLSITE SUPERVISION	\$465,757.00	8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00	8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$.00	8025.4200	ICC - CONTINGENCY	\$.00
8025.3050	ICC - SOURCE WATER	\$173,548.00	8025.4400	ICC - COMPANY LABOR	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8030.1000	TCC - CASING - PRODUCTION		8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS		8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8035.1400	FAC - ROAD LOCATIONS PITS	\$29,000.00	8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$86,666.00	8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$.00	8035.2900	FAC - TANK BATTERY	\$96,666.00
8035.3000	FAC - HEATER TREATER/SEPERATOR	\$135,608.33	8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3300	FAC - CIRCULATING TRNSFER PUMP	\$7,500.00	8035.3400	FAC - METER & LACT	\$34,466.00
8035.3600	FAC - ELECTRICAL	\$41,666.00	8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33	8035.4500	FAC - CONTINGENCY	\$.00
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00	8035.1500	FAC - MATERIALS & SUPPLIES	\$.00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67	8035.1800	FAC - FUEL / POWER	\$.00
8035.1900	FAC - WATER DISPOSAL / SWD	\$.00	8035.2000	FAC - WASTE DISPOSAL	\$.00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00	8035.2300	FAC - FRAC TANK RENTAL	\$.00
8035.2500	FAC - CONSULTING SERVICES	\$.00	8035.2600	FAC - INJECTION PUMP	\$.00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$.00	8035.3500	FAC - COMPRESSOR	\$.00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33	8035.4100	FAC - OVERHEAD	\$.00
8035.4300	FAC - INSURANCE	\$.00	8035.1310	FAC - PERMANENT EASEMENT	\$.00
8035.4400	FAC - COMPANY LABOR	\$.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8036.1000	PLN - PERMITS LICENSES ETC	\$.00	8036.1100	PLN - STAKING & SURVEYING	\$.00
8036.1200	PLN - LEGAL TITLE SERVICES	\$.00	8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1310	PLN - PERMANENT EASEMENT	\$.00	8036.1400	PLN - ROAD LOCATIONS PITS	\$.00
8036.1500	PLN - MATERIALS & SUPPLIES	\$.00	8036.1600	PLN - TRANSPORTATION TRUCKING	\$.00
8036.1700	PLN - RENTAL EQUIPMENT	\$.00	8036.1900	PLN - WATER DISPOSAL / SWD	\$.00
8036.2000	PLN - WASTE DISPOSAL	\$.00	8036.2100	PLN - INSPECTION & TESTING	\$.00
8036.2200	PLN - CONTRACT LABOR	\$.00	8036.2300	PLN - FRAC TANK RENTAL	\$.00
8036.2400	PLN - SUPERVISION	\$.00	8036.2500	PLN - CONSULTING SERVICES	\$.00
8036.2700	PLN - PIPELINE	\$.00	8036.2800	PLN - FLOWLINE	\$40,000.00
8036.2900	PLN - TANK BATTERY	\$.00	8036.3000	PLN - SEPARATOR / SCRUBBER	\$.00
8036.3100	PLN - TREATING EQUIPMENT	\$.00	8036.3200	PLN - VALVES FITTINGS & PIPE	\$.00
8036.3300	PLN - PUMP	\$.00	8036.3400	PLN - METER	\$.00
8036.3500	PLN - COMPRESSOR	\$.00	8036.3600	PLN - ELECTRICAL SUPPLIES	\$.00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$.00	8036.3620	PLN - POWER DISTRIBUTION LABOR	\$.00
8036.3700	PLN - AUTOMATION	\$.00	8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$.00
8036.4300	PLN - INSURANCE	\$.00	8036.4400	PLN - COMPANY LABOR	\$.00
8036.4500	PLN - CONTINGENCY	\$.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8040.1100	IFC - ROADS LOCATIONS / PITS	\$.00	8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$.00	8040.1500	IFC - FUEL / POWER	\$.00
8040.1600	IFC - COILED TUBING	\$.00	8040.1700	IFC - CEMENTING & SERVICES	\$.00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00	8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00	8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$.00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00	8040.2400	IFC - CASING CREW AND TOOLS	\$.00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00	8040.2800	IFC - MATERIAL & SUPPLIES	\$.00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00	8040.3100	IFC - WELLHEAD/FRACTURE TREE REPAIR	\$.00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$.00	8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00	8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4200	IFC - CONTINGENCY	\$.00	8040.4400	IFC - COMPANY LABOR	\$.00
8040.4500	IFC - SWABBING	\$.00	8040.2500	IFC - WELL STIMULATION/FRACTURE	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8045.1100	TFC - TUBING	\$120,000.00	8045.1200	TFC - SUCKER RODS & ACCESSORY	\$.00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00	8045.1500	TFC - SUBSURFACE PUMPS	\$.00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$.00	8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.1900	TFC - PUMPING UNITS /SURFACE LIFT EQUIPMENT	\$.00	8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00	8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$.00	8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.3500	TFC - CONTINGENCY	\$.00	8045.4400	TFC - COMPANY LABOR	\$.00

Communication Timeline

October 2023 – Well proposals sent for Klondike 9 State Com wells

October - Present 2023 – Ongoing discussions of trade proposals and other deal structures to acquire certain party's interest in the wells

December 2023 – agreed with Apache/ZPZ to execute a pre pooling letter to allow their interest to be force pooled / agreed to execute a JOA with COG/Conoco to govern their interest in the unit

December 2023 – Several parties plan to execute a JOA vs being subject to the pooling order

December 2023 – As of this date a number of the parties have not reached final resolution with participation nor have the deals to acquire finalized

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

APPLICATION OF COLGATE PRODUCTION, LLC
FOR COMPULSORY POOLING AND APPROVAL
OF A STANDARD SPACING UNIT,
EDDY COUNTY, NEW MEXICO.

CASE NOS. 24005 & 24006

SELF-AFFIRMED STATEMENT
OF CHRISTOPHER CANTIN

1. I am a geologist with Permian Resources Operating, LLC (“Permian Resources”). 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 credentials as an expert in geology were accepted and made a matter of record.

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

3. **Exhibit B-1** is a regional locator map that identifies the Madera project area, in proximity to the Capitan Reef within the Delaware Basin, for the Bone Spring horizontal spacing units that are the subject of this application.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing units (“Units”) within the Bone Spring formation. The approximate wellbore paths for the proposed **Klondike 9 State Com #123H, Klondike 9 State Com #133H, Klondike 9 State Com #124H, Klondike 9 State Com #134H** wells (“Wells”) are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section wells name and a black line in proximity to the proposed Wells. The pooling units area is defined by blue boxes and are labeled with their respective case numbers.

Permian Resources Operating, LLC
Case No. 24005
Exhibit B

5. **Exhibit B-3** is a Subsea Structure map on the base of the Second Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore paths for the proposed Wells with a orange dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed Wells. The data points are indicated by red stars. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

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

7. **Exhibit B-5** is a stratigraphic cross-section from A to A' using the representative wells identified on Exhibit B-4. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is hung on the top of the Wolfcamp formation. The proposed landing zones for the Wells are labeled on the exhibit. The approximate well-paths for the proposed Wells are indicated by dashed lines with arrows indicating the drill direction across the unit. This cross-section demonstrates the target intervals are continuous across the Unit.

8. **Exhibit B-6** is a gun barrel diagram that shows the proposed Wells in the Bone Spring formation.

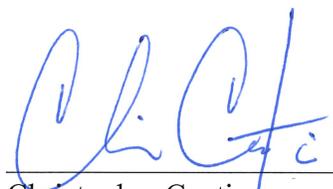
9. In my opinion, a laydown orientation for the Wells is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and is the preferred fracture orientation in this portion of the trend.

10. 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.

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

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

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



Christopher Cantin

12/18/2023
Date

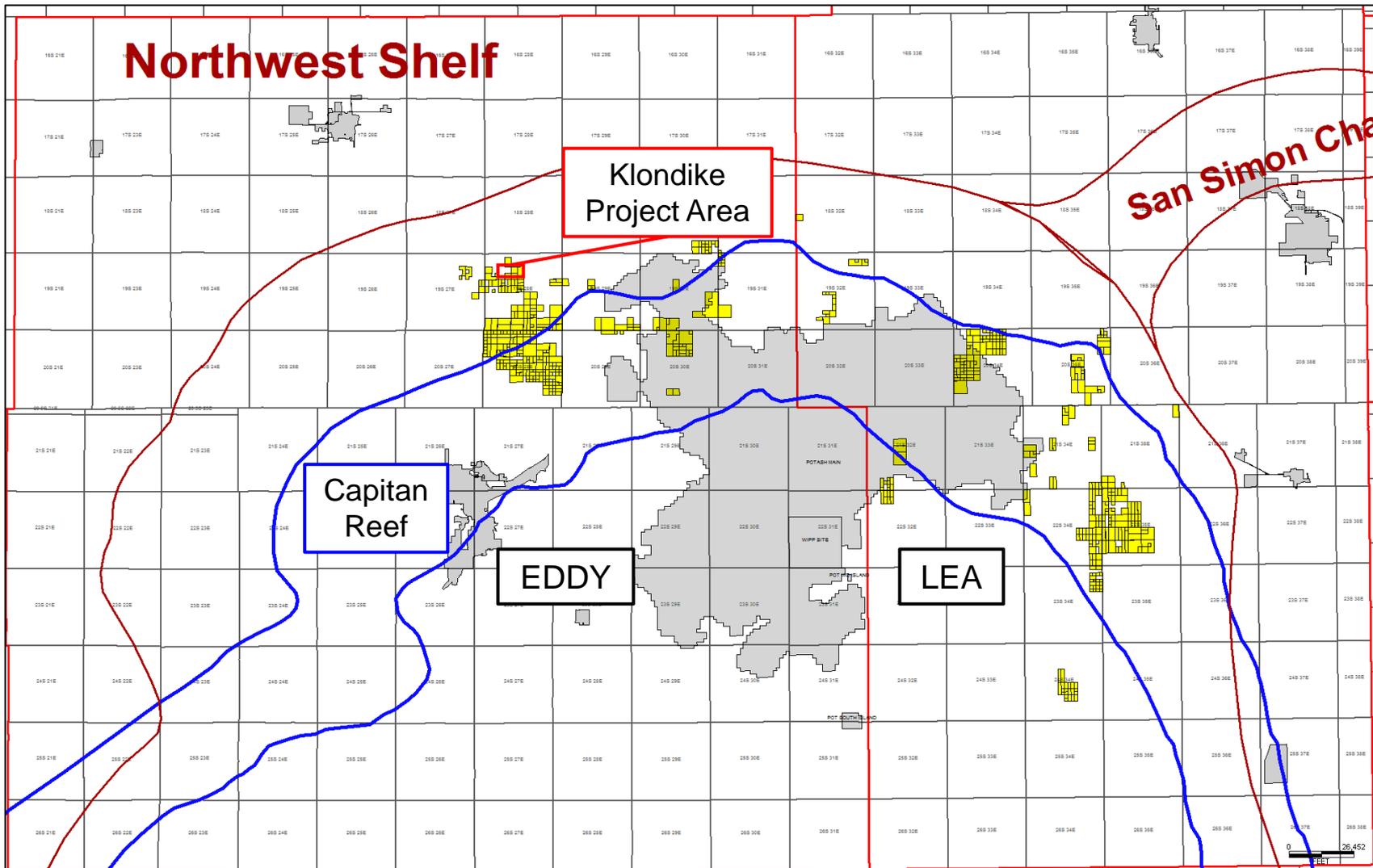
Regional Locator Map

Klondike 9 State Com

Case No. 24005

Exhibit B-1

Exhibit B-1



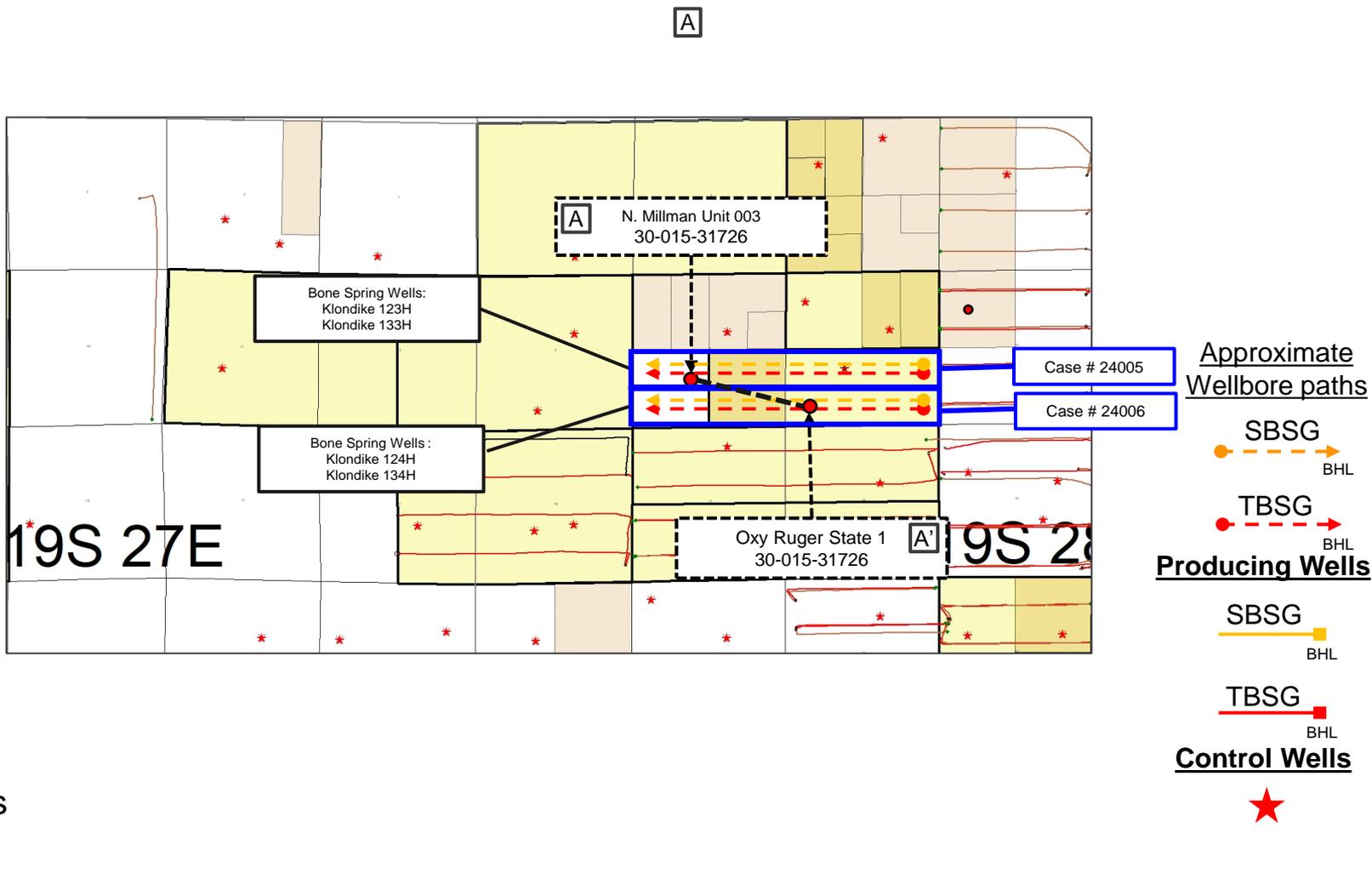
Permian Resources

Cross-Section Locator Map

Klondike 9 State Com

Permian Resources Operating, LLC
Case No. 24005
Exhibit B-2

Exhibit B-2



Base Second Bone Spring– Structure Map (50' CI)

Klondike 9 State Com

Case No. 24005

Exhibit B-3

Exhibit B-3



Permian Resources



BHL
Control Wells



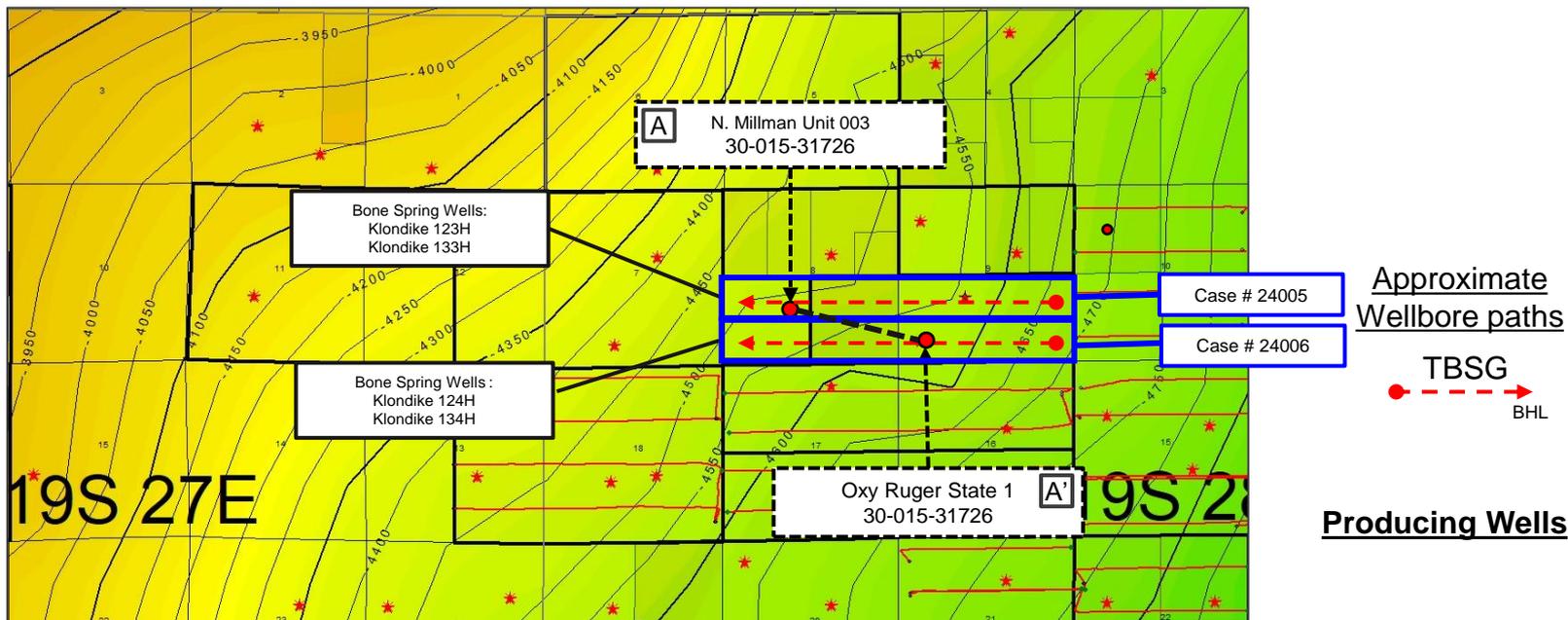
Top Third Bone Spring– Structure Map (50' C.I.)

Klondike 9 State Com

Case No. 24005

Exhibit B-4

Exhibit B-4



Permian Resources



TBSG

Control Wells

★

Stratigraphic Cross-Section A-A'

Klondike 9 State Com

Case No. 24005

Exhibit B-5

Exhibit B-5

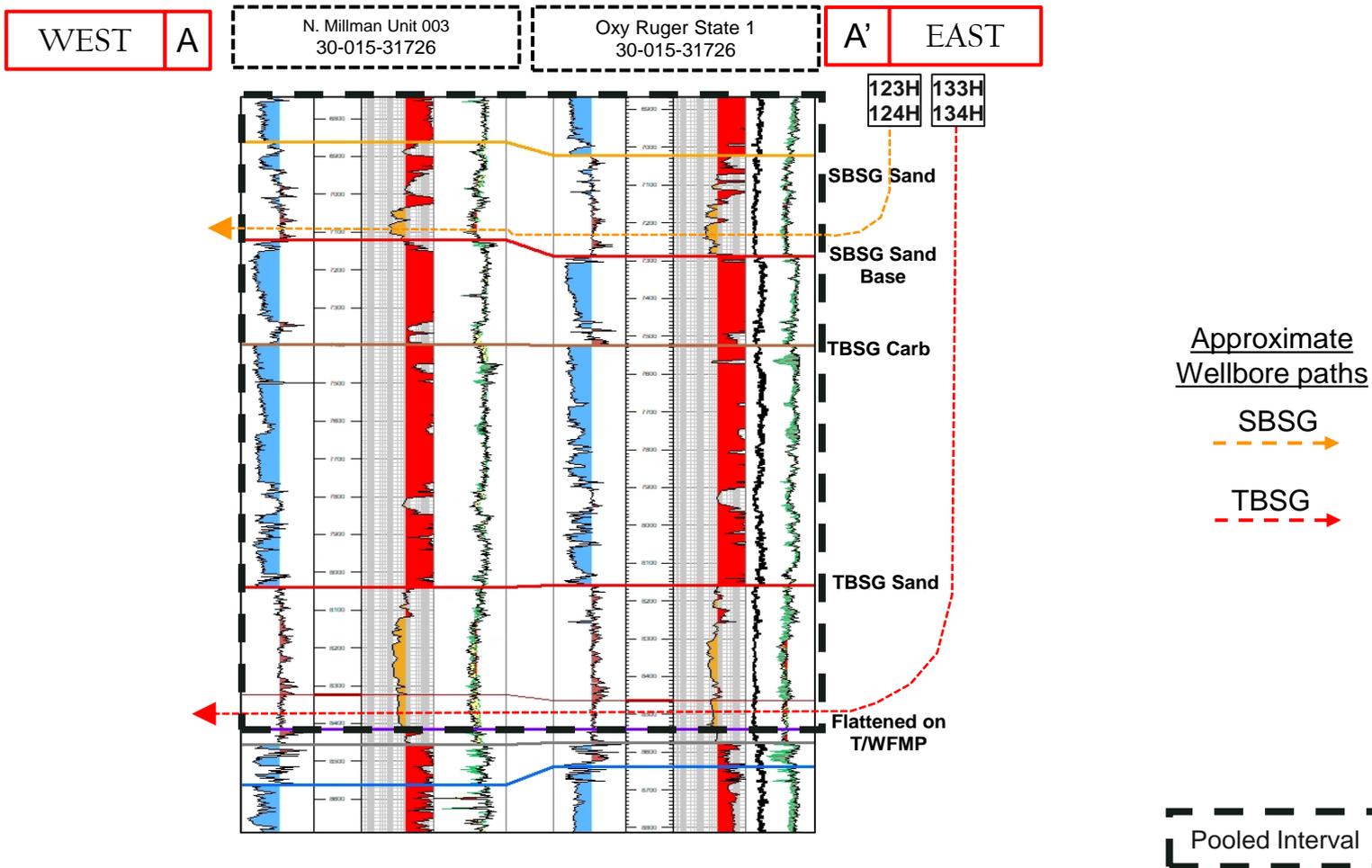
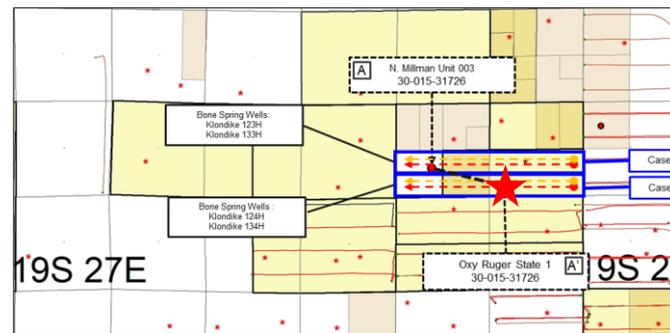
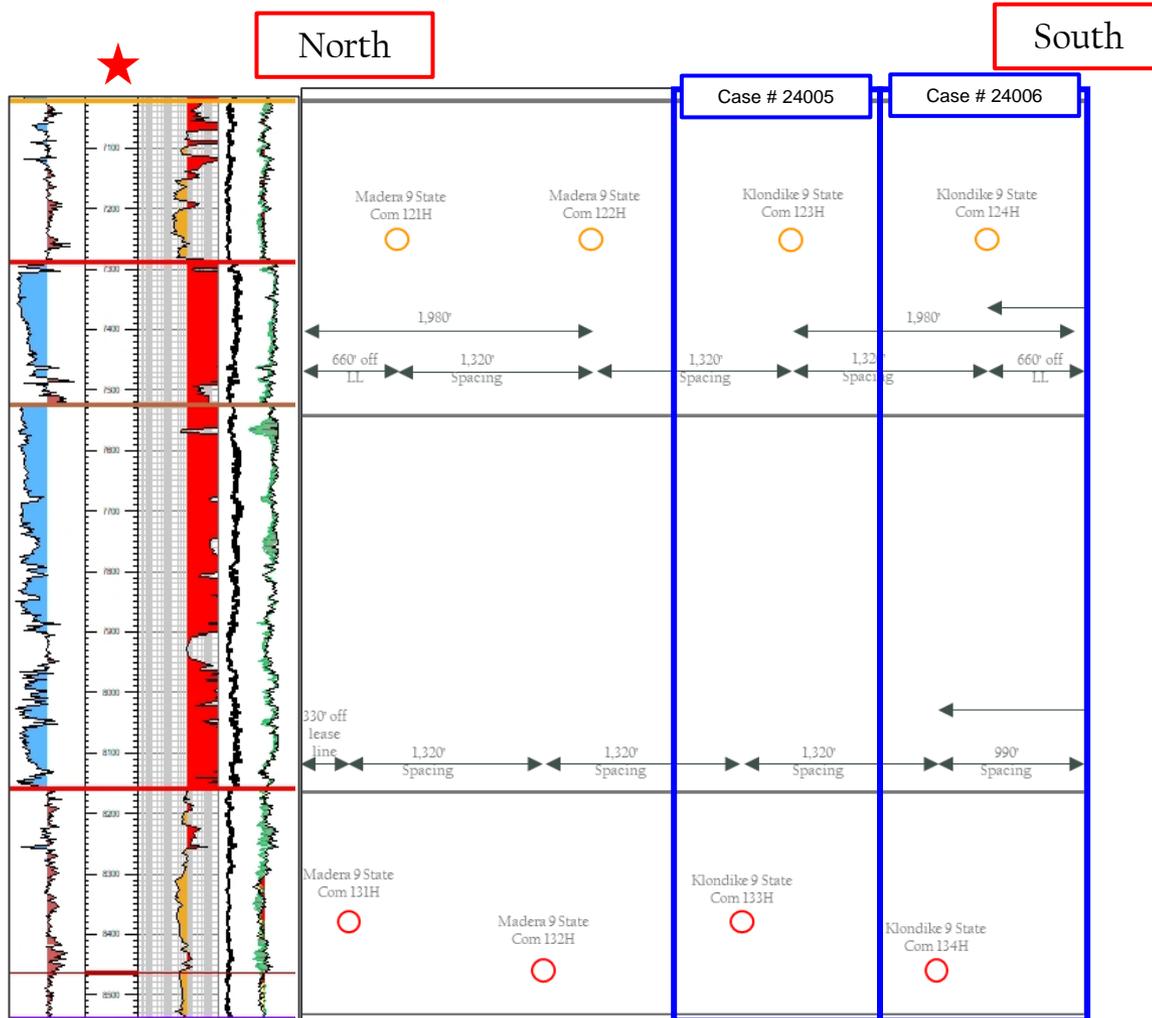




Exhibit B-6

Gun Barrel Development Plan Klondike 9 State Com



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

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

CASE NO. 24005

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

1. I am attorney in fact and authorized representative of Permian Resources Operating, LLC, the Applicant herein.

2. I am familiar with the Notice Letter 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 November 21, 2023, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-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 it 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

December 19, 2023
Date

**Permian Resources Operating, LLC
Case No. 24005
Exhibit C**



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

November 17, 2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 24005 & 24006 – Applications of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **December 7, 2023**, beginning at 8:15 a.m.

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

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. Mountain Time, on the Thursday preceding the scheduled hearing date. The statement must be submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.nm.gov/ocd/ocdpermitting/>) or via e-mail to ocd.hearings@emnrd.nm.gov and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

Please contact Mark Hajdik, Senior Staff Landman, Permian Resources, at (432) 257-3886, if you have questions regarding these matters.

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

Permian Resources Operating, LLC
Case No. 24005
Exhibit C-1

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

**APPLICATIONS OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24005 & 24006

NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Ard Oil, Ltd. Mary T. Ard, President P.O. Box 101027 Fort Worth, TX 76185	11/17/23	11/27/23
BP America Production Company 501 Westlake Park Blvd. Houston, Texas 77079	11/17/23	11/28/23
Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust 1919 North Turner Street Hobbs, New Mexico 88240	11/17/23	11/27/23
COG Operating LLC 600 West Illinois Avenue Midland, Texas 79701	11/17/23	11/29/23
Colgate Operating, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23
Colgate Production, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23
Colgate Royalties, LP 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23
Concho Oil & Gas LLC 600 West Illinois Avenue Midland, Texas 79701	11/17/23	11/29/23
Contango Resources, Inc. 111 E 5th Street, Suite 300 Fort Worth, TX 76102	11/17/23	11/27/23
D2 Resources, LLC P.O. Box 10187 Midland, Texas 79702	11/17/23	11/27/23
Irma Leota Davis 2702 58th Street Lubbock, TX 79413	11/17/23	12/04/23
Paula Raye Dooley 1006 S 2nd St Artesia, NM 88210	11/17/23	11/27/23

**Permian Resources Operating, LLC
Case No. 24005
Exhibit C-2**

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

**APPLICATIONS OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24005 & 24006

NOTICE LETTER CHART

Margaret V. Dowling, SSP 1829 Georgia Street NE Albuquerque, NM 87110	11/17/23	11/27/23
EOG Resources, Inc. 5509 Champions Drive Midland, TX 79702	11/17/23	11/29/23
Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard P.O. Box 1600 San Antonio, TX 78296	11/17/23	Per USPS Tracking (Last Checked 12/14/23): 11/23/23 – Item in transit to next facility.
Harvard Petroleum Company, LLC P.O. Box 936 Roswell, New Mexico 88202	11/17/23	11/27/23
Vergil Wesley Hopp 19 Twin Lakes Ct Arlington, TX 76016	11/17/23	Per USPS Tracking (Last Checked 12/14/23): 11/25/23 – Delivery attempted.
Francis H. Hudson, Trustee of Lindy's Living Trust 4200 S. Hulen Street, Suite 302 Fort Worth, TX 76109	11/17/23	12/04/23 Return to sender.
William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased P.O. Box 1600 San Antonio, TX 78296	11/17/23	11/27/23
Jalapeno Corporation P.O. Box 1608 Albuquerque, NM 87103	11/17/23	11/27/23
Javelina Partners 616 Texas Street Fort Worth, TX 76102-4612	11/17/23	11/27/23
Anne S. Johnson 6529 Highway 42 South Fort Valley, Georgia 31030	11/17/23	Per USPS Tracking (Last Checked 12/14/23): 11/29/23 – Item being returned to sender.

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

**APPLICATIONS OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24005 & 24006

NOTICE LETTER CHART

Delmar Hudson Lewis, MSU 6300 Ridglea Place, Suite 1005A Fort Worth, TX 76116	11/17/23	12/11/23 Return to sender.
MRC Delaware Resources, LLC 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240	11/17/23	11/27/23
Marathon Oil Permian LLC 5555 San Felipe St. Houston, TX 77056	11/17/23	12/05/23 Return to sender.
Marigold LLLP PO Box 1290 Artesia, NM 88211-1290	11/17/23	12/18/23 Return to sender.
Mark Wilson Family Partnership, LP 4501 Green Tree Boulevard Midland, TX 79707-1607	11/17/23	12/11/23 Return to sender.
Oxy USA WTP, LP 5 Greenway Plaza, Suite 110 Houston, Texas 77046	11/17/23	11/27/23
OXY Y-1 Company 5 Greenway Plaza Houston, TX 77046	11/17/23	11/27/23
Penroc Oil Corporation P.O. Box 2769 Hobbs, New Mexico 88241	11/17/23	11/27/23
Terence Patrick Perkins 3707 Rusty Spur Krum, TX 76249	11/17/23	11/27/23
Santo Legado, LLC P.O. Box 1020 Artesia, NM 88211-1020	11/17/23	11/29/23
Sharbro Energy, LLC P.O. Box 840 Artesia, NM 88211	11/17/23	11/27/23
Slash Exploration, LP P.O. Box 1973 Roswell, New Mexico 88202	11/17/23	11/27/23
Solis Energy, LLC P.O. Box 51451 Midland, Texas 79710	11/17/23	12/01/23

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

**APPLICATIONS OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24005 & 24006

NOTICE LETTER CHART

Tinian Oil & Gas LLC 319 West Main Street Artesia, NM 88210	11/17/23	12/01/23
Tulipan LLC 428 Sandoval, Suite 200 Santa Fe, NM 87501	11/17/23	12/18/23
Vladin, LLC P.O. Box 100 Artesia, NM 88211-0100	11/17/23	11/27/23
WPX Energy Permian, LLC 3500 One Williams Center, MD 38 Tulsa, Oklahoma 74172	11/17/23	12/05/23 Return to sender.
Westway Petro, a Texas Joint Venture 6440 N. Central Expy, Suite 615 Dallas, TX 75206	11/17/23	Per USPS Tracking (Last Checked 12/14/23): 11/26/23 – Item in transit to next facility.
Yates Brothers, a partnership 105 South Fourth Street Artesia, NM 88210	11/17/23	12/01/23
John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased P.O. Box 100 Artesia, NM 88211-0111	11/17/23	12/11/23 Return to sender.
ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705	11/17/23	11/27/23
Zorro Partners, Ltd. 616 Texas Street Fort Worth, TX 76102-4612	11/17/23	11/27/23

7015 1520 0000 6842 1448

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

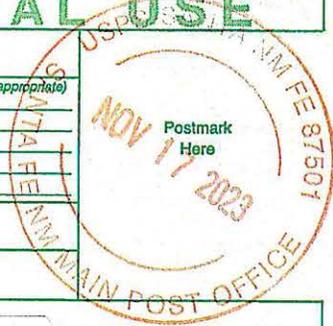
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To Ard Oil, Ltd.

Sti Mary T. Ard, President

P.O. Box 101027

City Fort Worth, TX 76185

24005-06 - PRO Klondike

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>J. G. F.</u></p> <p>C. Date of Delivery <u>11/26/2022</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Ard Oil, Ltd. Mary T. Ard, President P.O. Box 101027 Fort Worth, TX 76185 24005-06 - PRO Klondike</p>	<h1>RECEIVED</h1> <p>NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1520 0000 6842 1448</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"/> Certified Mail Restricted Delivery <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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

Permian Resources Operating, LLC
Case No. 24005
Exhibit C-3

7021 0950 0002 0370 8459

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

BP America Production Company
501 Westlake Park Blvd.
Houston, Texas 77079

24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Jesse Morales</u></p> <p>C. Date of Delivery <u>11-22-23</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>NOV 28 2023</p>
<p>1. Article Addressed to:</p> <p>BP America Production Company 501 Westlake Park Blvd. Houston, Texas 77079</p> <p>24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6622 48</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0370 8459</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
 Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust
 1919 North Turner Street
 Hobbs, New Mexico 88240
 24005-06 - PRO Klondike

Postmark Here
 NOV 17 2023
 SANTA FE NM FE 87501
 SANTA FE NM MAIN POST OFFICE

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>J. S. P. H.</u></p> <p>C. Date of Delivery <u>10-20-23</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>RECEIVED NOV 27 2023</p>
<p>1. Article Addressed to: Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust 1919 North Turner Street Hobbs, New Mexico 88240 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6587 77</p>	<p>3. Service Type <u>Flinkle Shanor LLP</u> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) <u>9589 0710 5270 0104 1942 06</u></p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

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

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here
NOV 17 2023
MIDLAND POST OFFICE 1087301

Ser _____
Str COG Operating LLC
600 West Illinois Avenue
Midland, Texas 79701
Cit 24005-06 - PRO Klondike

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Isaac Mahana</u> C. Date of Delivery <u>11-21</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>RECEIVED NOV 29 2023</p>																
<p>1. Article Addressed to:</p> <p>COG Operating LLC 600 West Illinois Avenue Midland, Texas 79701</p> <p>24005-06 - PRO Klondike</p>  <p>9590 9402 8299 3094 9836 75</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 type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td><td></td></tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0104 1940 91</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7022 1670 0002 1190 4686

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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 \$ _____

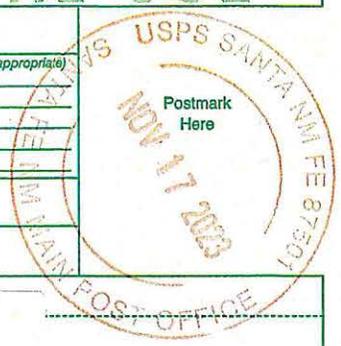
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 \$ _____

Colgate Operating, LLC
 300 N Marienfeld, Suite 1000
 Midland, TX 79701
 24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>L Kalisch</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <i>11/20/23</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>Colgate Operating, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701 24005-06 - PRO Klondike</p>	<p>RECEIVED NOV 27 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1190 4686</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0496 9563 69

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OFFICIAL USE

Certified Mail Fee \$ _____

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

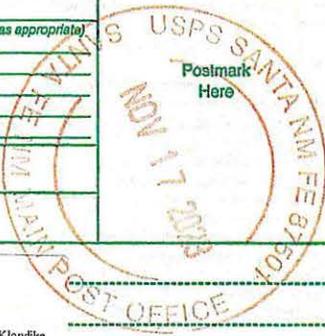
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

City: Colgate Production, LLC
300 N Marienfeld, Suite 1000
Midland, TX 79701
24005-06 - PRO Klondike

PS Form 3800, January 2023 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:

Colgate Production, LLC
300 N Marienfeld, Suite 1000
Midland, TX 79701
24005-06 - PRO Klondike



9590 9402 7635 2122 6587 60

2. Article Number (Transfer from service label)
9589 0710 5270 0496 9563 69

COMPLETE THIS SECTION ON DELIVERY

A. Signature L. Kalisick Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 11/20/23

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

RECEIVED

NOV 27 2023

3. Service Type Hinkle Sharon, TX Santa Fe NM 87510

Adult Signature Registered 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

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

St. Colgate Royalties, LP
300 N Marienfeld, Suite 1000
Midland, TX 79701

24005-06 - PRO Klondike

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0104 1941 76

USPS SANTA FE NM FE 87501
Postmark Here
NOV 17 2023

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>L. Kalisch</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>11/20/23</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>RECEIVED NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p>Colgate Royalties, LP 300 N Marienfeld, Suite 1000 Midland, TX 79701</p> <p>24005-06 - PRO Klondike</p>  <p>9590 9402 8299 3094 9837 05</p>	<p>3. Service Type <i>Priority Mail Express®</i></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 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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0104 1941 76</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 \$ _____

Send To:

Si Concho Oil & Gas LLC
600 West Illinois Avenue
Midland, Texas 79701

CI 24005-06 - PRO Klondike

PS Form 3800, January 2023 PSN 7530-02-000-3047 See Reverse for Instructions

USPS SANTA FE NM FE 87501
NOV 17 2023
POST OFFICE

9589 0710 5270 0104 1941 90

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ulane Williams</i> C. Date of Delivery <i>11-21</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>Concho Oil & Gas LLC 600 West Illinois Avenue Midland, Texas 79701</p> <p>24005-06 - PRO Klondike</p>  <p>9590 9402 8299 3094 9836 82</p>	<p>RECEIVED NOV 29 2023</p> <p><i>Ulane Williams</i></p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0104 1941 90</p>	<p>3. Service Type <i>Santa Fe NM 87501</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0090 0000 0863 5019

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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 \$

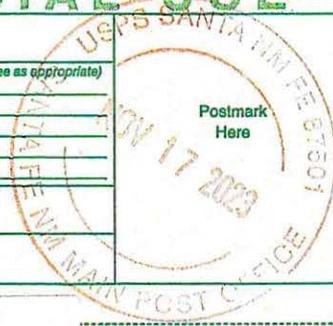
Postage

Total Postage and Fees

Sent To

\$ Contango Resources, Inc.
111 E 5th Street, Suite 300
Fort Worth, TX 76102
24005-06 - PRO Klondike

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:

Contango Resources, Inc.
111 E 5th Street, Suite 300
Fort Worth, TX 76102

24005-06 - PRO Klondike



9590 9402 7635 2122 6743 19

2. Article Number (Transfer from service label)

7020 0090 0000 0863 5019

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Caroline May*

- Agent
 Addressee

B. Received by (Printed Name)

Caroline May

C. Date of Delivery

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

- Yes
 No

RECEIVED

NOV 27 2023

3. Service Type *Minkie Snator LLP Santa Fe NM 87504*

- Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7022 1670 0002 1188 6418

USPS Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To D2 Resources, LLC
 Street at P.O. Box 10187
 Midland, Texas 79702
 City, Sta 24005-06 - PRO Klondike

Postmark Here 87501

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>DENVER</u></p> <p>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>D2 Resources, LLC P.O. Box 10187 Midland, Texas 79702 24005-06 - PRO Klondike</p>	<p>RECEIVED NOV 27 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6418</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u> <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 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</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

7022 1670 0002 1188 6401

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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 Ap _____
City, State, Zi _____

Irma Leota Davis
2702 58th Street
Lubbock, TX 79413
24005-06 - PRO Klondike

Postmark Here
NOV 17 2023
SANTA FE NM FE 87507

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Irma Leota Davis</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Irma Leota Davis 2702 58th Street Lubbock, TX 79413 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6624 46</p>	<p>RECEIVED NOV 29 2023 DEC 4 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6401</p>	<p>3. Service Type Hinkle Shanor LLP Priority Mail Express® Santa Fe NM 87507 Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</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

7022 1670 0002 1188 6395

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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. Paula Raye Dooley
1006 S 2nd St
Artesia, NM 88210

City, State, ZIP+4® Artesia, NM 88210 24005-06 - PRO Klondike

USPS SANKER VALLEY NM
NOV 17 2023
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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Paula Raye Dooley</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Paula Raye Dooley 1006 S 2nd St Artesia, NM 88210</p> <p>24005-06 - PRO Klondike</p>  <p>9590 9402 7635 2122 6624 53</p>	<p>RECEIVED</p> <p>NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6395</p>	<p>3. Service Type Hinkle Shanor LLC Priority Mail Express®</p> <p>Santa Fe NM 87504 Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> 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</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

7022 1670 0002 1188 6487

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

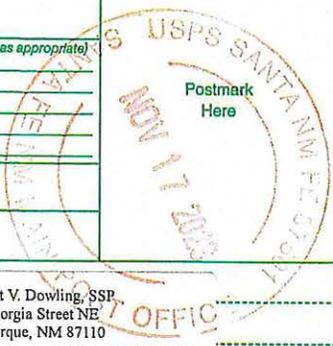
Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or _____ Margaret V. Dowling, SSP,
 1829 Georgia Street NE
 City, State, ZIP+4® _____ Albuquerque, NM 87110
 24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery MARGARET V. DOWLING 11/20/23</p> <p>D. Is delivery address different from Item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Margaret V. Dowling, SSP 1829 Georgia Street NE Albuquerque, NM 87110</p> <p>24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6624 60</p>	<p>RECEIVED NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6487</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <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"/> 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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7022 1670 0002 1188 6470

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

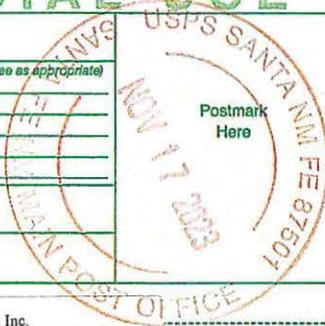
Total Postage and Fees \$

Sent To

Street and Ap. EOG Resources, Inc.
5509 Champions Drive
Midland, TX 79702

City, State, Zi 24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 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>RECEIVED</p> <p>NOV 29 2023</p>
<p>1. Article Addressed to:</p> <p>EOG Resources, Inc. 5509 Champions Drive Midland, TX 79702</p> <p>24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6624 77</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLP <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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6470</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 6463

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

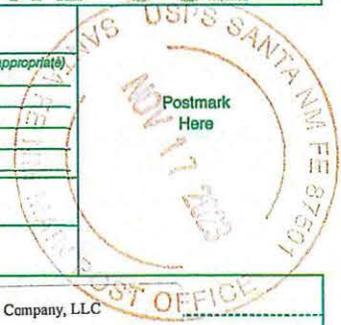
Total Postage and Fees \$ _____

Sent To

Street and Apt. No., c Harvard Petroleum Company, LLC
 P.O. Box 936
 Roswell, New Mexico 88202

City, State, ZIP+4® 24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Harvard Petroleum Company, LLC P.O. Box 936 Roswell, New Mexico 88202</p> <p>24005-06 - PRO Klondike</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p> <p>RECEIVED</p> <p>NOV 27 2023</p>
<p>9590 9402 7635 2122 6624 84</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6463</p>	<p>3. Service Type <input checked="" type="checkbox"/> Hinkle Shanor LLC <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Santa Fe NM 87501 <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</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

7022 1670 0002 1188 6517

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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 \$ _____

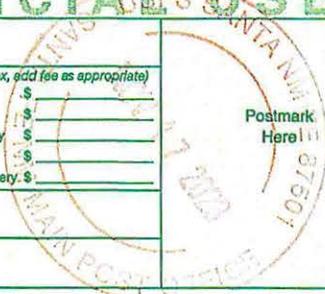
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 William A. Hudson II, Sole Executor of the
 Estate of Josephine T. Hudson, deceased
 P.O. Box 1600
 San Antonio, TX 78296
 24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased P.O. Box 1600 San Antonio, TX 78296 24005-06 - PRO Klondike</p>		<p>B. Received by (Printed Name) <u>Hinkle Shanor</u> C. Date of Delivery <u>11-22-23</u></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>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6517</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <u>Hinkle Shanor</u> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <u>Santa Fe NM 87501</u> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

RECEIVED

NOV 27 2023

7022 1670 0002 1188 6500

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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 \$ _____

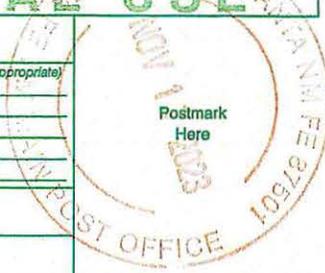
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and Ap. Jalapeno Corporation
 P.O. Box 1608
 Albuquerque, NM 87103

City, State, Zi. 24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name), <i>Maja Slavnic</i></p> <p>C. Date of Delivery <i>11/20/23</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>Jalapeno Corporation P.O. Box 1608 Albuquerque, NM 87103</p> <p>24005-06 - PRO Klondike</p>  <p>9590 9402 7635 2122 6622 00</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express® <i>Santa Fe NM 87504</i> <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"/> 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>7022 1670 0002 1188 6500</p>	<p>RECEIVED NOV 27 2023</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 3843

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street Javelina Partners
616 Texas Street
City Fort Worth, TX 76102-4612
24005-06 - PRO Klondike

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Corri Cunniff <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>RECEIVED NOV 20 2023 BY: NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p>Javelina Partners 616 Texas Street Fort Worth, TX 76102-4612 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6461 87</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Registered Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 3843</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 2839

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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	MRC Delaware Resources, LLC 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240
City, State, ZIP+4®	24005-06 - PRO Klondike

Postmark Here
NOV 17 2023
SANTA FE NM 87501
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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>NOV 20 2023</i></p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>MRC Delaware Resources, LLC 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240</p> <p>24005-06 - PRO Klondike</p>  <p>9590 9402 7635 2122 6745 00</p>		<p>B. Received by (Printed Name) <i>Brown</i></p> <p>C. Date of Delivery <i>NOV 27 2023</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 2839</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>NOV 27 2023</p>	
<p>3. Service Type <i>Hinkle Shanor LLC</i></p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

7022 1670 0002 1189 2808

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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: Oxy USA WTP, LP
 5 Greenway Plaza, Suite 110
 City, St: Houston, Texas 77046
 24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>C. Shanor</u> C. Date of Delivery <u>11/27/23</u></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 style="text-align: center;">RECEIVED NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Oxy USA WTP, LP 5 Greenway Plaza, Suite 110 Houston, Texas 77046 24005-06 - PRO Klondike</p> <p style="text-align: center;"> 9590 9402 7635 2122 6744 63</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7022 1670 0002 1189 2808</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 2815

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

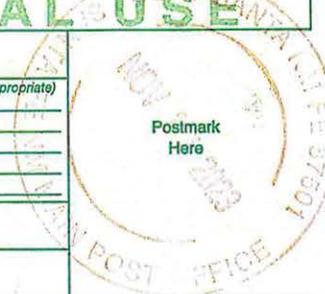
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. OXY Y-1 Company
 5 Greenway Plaza
 City, State, Zi. Houston, TX 77046
 24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u></p> <p>C. Date of Delivery <u>11/27/23</u></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>OXY Y-1 Company 5 Greenway Plaza Houston, TX 77046</p> <p>24005-06 - PRO Klondike</p>	<p>RECEIVED</p> <p>NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 2815</p>	
<p>3. Service Type <u>Hinkle Shanor LLP</u></p> <p><input type="checkbox"/> Adult Signature <u>Santa Fe NM 87504</u> <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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 2822

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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 Penroc Oil Corporation
 P.O. Box 2769
 City, St Hobbs, New Mexico 88241
 24005-06 - PRO Klondike

Postmark Here

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

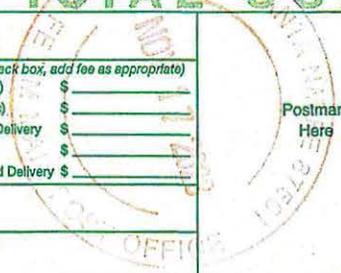
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Penroc Oil Corporation P.O. Box 2769 Hobbs, New Mexico 88241 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6744 49</p>	<p>B. Received by (Printed Name) Age Hee</p>	<p>C. Date of Delivery NOV 27 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 2822</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>RECEIVED NOV 27 2023</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>3. Service Type Hinkle Shanor LE Santa Fe NM 87501 <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Domestic Return Receipt</p>	

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7022 1670 0002 1189 2785

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	Terence Patrick Perkins 3707 Rusty Spur
City, State	Krum, TX 76249
24005-06 - PRO Klondike	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Charles Perkins</i> <input 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>Terence Patrick Perkins 3707 Rusty Spur Krum, TX 76249</p> <p>24005-06 - PRO Klondike</p>  <p>9590 9402 7635 2122 6744 32</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>RECEIVED</p> <p>NOV 27 2023</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 2785</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td></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"/> 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"/> 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"/> 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"/> 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																

7022 1670 0002 1189 2792

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street or P.O. Box _____

City, Sta _____

24005-06 - PRO Klondike

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Shanor</i></p> <p>B. Received by (Printed Name) <i>Shanor</i></p> <p>C. Date of Delivery <i>11/29/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>NOV 29 2023</p>
<p>1. Article Addressed to:</p> <p>Santo Legado, LLC P.O. Box 1020 Artesia, NM 88211-1020</p> <p>24005-06 - PRO Klondike</p>  <p>9590 9402 7635 2122 6744 25</p>	<p>3. Service Type <i>Mike Shanor LLP</i> <i>Santa Fe NM 87504</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 2792</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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7020 0090 0000 0863 4630

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

Street

City, State, ZIP+4™

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

24005-06 - PRO Klondike

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:

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

24005-06 - PRO Klondike



9590 9402 7635 2122 6744 18

2. Article Number (Transfer from service label)

7020 0090 0000 0863 4630

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Christen

C. Date of Delivery

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

RECEIVED

NOV 27 2023

3. Service Type

- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7020 0090 0000 0863 4647

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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: Slash Exploration, LP
P.O. Box 1973

City, St: Roswell, New Mexico 88202
24005-06 - PRO Klondike

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

Postmark Here: SANTA FE NM 87501 NOV 27 2023

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Ethiah</i></p> <p>B. Received by (Printed Name) <i>Ethiah</i></p> <p>C. Date of Delivery <i>11/20/23</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>RECEIVED</p> <p>NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p>Slash Exploration, LP P.O. Box 1973 Roswell, New Mexico 88202 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6744 01</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <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"/> 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 0090 0000 0863 4647</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0090 0000 0863 4654

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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 \$ _____

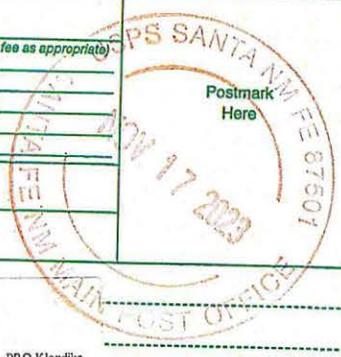
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street Solis Energy, LLC
 P.O. Box 51451
 City Midland, Texas 79710
 24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) [Signature]</p> <p>C. Date of Delivery 11/28/23</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>Solis Energy, LLC P.O. Box 51451 Midland, Texas 79710 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6743 95</p>	<p>RECEIVED DEC 01 2023</p>
<p>2. Article Number (Transfer from service label) 7020 0090 0000 0863 4654</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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0090 0000 0863 4609

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street Tinian Oil & Gas LLC
319 West Main Street
City, Artesia, NM 88210
24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) 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>Tinian Oil & Gas LLC 319 West Main Street Artesia, NM 88210 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6743 88</p>	<p>RECEIVED DEC 01 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0000 0863 4609</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LLC <input type="checkbox"/> Adult Signature Restricted Delivery Santa Fe, NM 87501 <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and # Tulipan LLC
 428 Sandoval, Suite 200
 Santa Fe, NM 87501
 City, State, ZIP+4® 24005-06 - PRO Klondike

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

7020 0090 0000 0863 4616

USPS SANTA FE NM 87501
 17 2023
 MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Esma Yozguez</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery _____ 12/14/23</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>Tulipan LLC 428 Sandoval, Suite 200 Santa Fe, NM 87501 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6743 71</p>	<p>RECEIVED DEL 18 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0000 0863 4616</p>	<p>3. Service Type <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"/> 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</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

7020 0090 0000 0863 4623

Certified Mail Fee \$

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

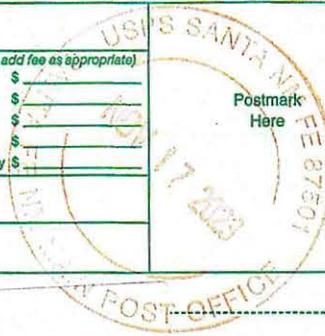
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To

Street an Vladin, LLC
P.O. Box 100

City, State Artesia, NM 88211-0100
24005-06 - PRO Klondike

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>D Chavarria</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D Chavarria</i> C. Date of Delivery <i>11-21-23</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>Vladin, LLC P.O. Box 100 Artesia, NM 88211-0100 24005-06 - PRO Klondike</p>	<p>RECEIVED NOV 27 2023</p>
<p>2. Article Number (Transfer from service label) 7020 0090 0000 0863 4623</p>	<p>3. Service Type <i>Linkle Shamor LLP Santa Fe NM 87501</i></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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

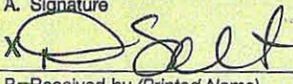
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Postmark Here

Yates Brothers, a partnership
 105 South Fourth Street
 Artesia, NM 88210
 24005-06 - PRO Klondike

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) D Solit</p> <p>C. Date of Delivery DEC 01 2023</p>
<p>1. Article Addressed to:</p> <p>Yates Brothers, a partnership 105 South Fourth Street Artesia, NM 88210 24005-06 - PRO Klondike</p>  <p>9590 9402 7635 2122 6701 68</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>RECEIVED DEC 01 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 3980</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 4000

U.S. Postal Service™
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 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

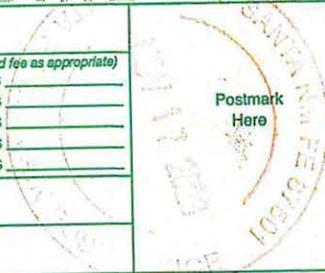
Total Postage and Fees \$ _____

Se _____

St ZPZ Delaware I LLC
 303 Veterans Airpark Lane, Suite 1000
 Midland, Texas 79705

City 24005-06 - PRO Klondike

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Erin Bur</i> C. Date of Delivery <i>11/20</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>RECEIVED NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p>ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705</p> <p>24005-06 - PRO Klondike</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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7635 2122 6701 75</p> <p>7022 1670 0002 1189 4000</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

7022 1670 0002 1189 3904

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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	\$

Postmark Here

Office

Send To
 Zorro Partners, Ltd.
 616 Texas Street
 Fort Worth, TX 76102-4612
 24005-06 - PRO Klondike

PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Corri Cummins</i></p> <p>C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Zorro Partners, Ltd. 616 Texas Street Fort Worth, TX 76102-4612 24005-06 - PRO Klondike</p>  <p>9590 9402 7635 2122 6645 49</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>RECEIVED NOV 20 2023 NOV 27 2023 BY: <i>Hinkle Shanor LLC</i></p>	
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 3904</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

7022 1670 0002 1188 6449

CERTIFIED MAIL® 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 Apt. Francis H. Hudson, Trustee of
Lindy's Living Trust
4200 S. Hulen Street, Suite 302

City, State, Zip Fort Worth, TX 76109
24005-06 - PRO Klondike

Postmark Here

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



7022 1670 0002 1188 6449

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US POSTAGE IM PITNEY BOWES

ZIP 87501 \$ 008.770
02 7H
0006052409 NOV 17 2023

RECEIVED

DEC 4 2023

Hinkle Shanor LLP
Santa Fe NM 87504

Francis H. Hudson, Trustee of
Lindy's Living Trust
4200 S. Hulen Street, Suite 302
Fort Worth, TX 76109

24005-06 - PRO Klondike

NIXIE 750 DE 1 0811/23/23

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

IA
RC: 875042206868 *0268-01218-17-43

7022 1670 0002 1189 3867

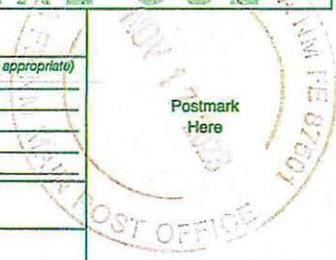
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

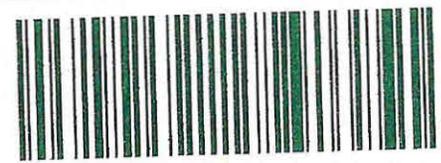
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street	Delmar Hudson Lewis, MSU 6300 Ridglea Place, Suite 1005A Fort Worth, TX 76116
City, State, ZIP+4®	Fort Worth, TX 76116 24005-06 - PRO Klondike

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



7022 1670 0002 1189 3867

FIRST-CLASS



US POSTAGE IM PITNEY BOWES

ZIP 87501 \$ 008.770
02 7H
0006052409 NOV 17 2023

RECEIVED

DEC 11 2023
Hinkle Shanor LLP
Santa Fe NM 87504

Delmar Hudson Lewis, MSU
6300 Ridglea Place, Suite 1005A
Fort Worth, TX 7611

NIXIE 750 FE 1 0011/30/23

NOT RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BT

EC: 87084200000 *0000101100111100

7022 1670 0002 1189 2853

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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

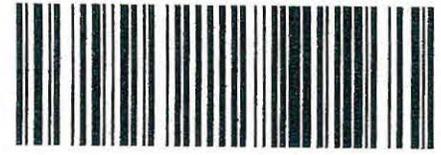
Total Postage and Fees
 \$ _____

Sent To
 Street: Marigold LLLP
 PO Box 1290
 City, S: Artesia, NM 88211-1290

24005-06 - PRO Klondike
 PS Form 3800, April 2015 PSN 7530-02-000-9000 See Reverse for Instructions

USPS SANTA FE NM FE 87501
 NOV 17 2023
 POST OFFICE

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



7022 1670 0002 1189 2853

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US POSTAGE™ PITNEY BOWES
 ZIP 87501 \$ **008.77⁰**
 02 7H
 0006052409 NOV 17 2023

RECEIVED

12/15

DEC 18 2023
 Marigold LLLP
 PO Box 1290
 Hinkle Shanor LLP
 Santa Fe NM 87504
 Artesia, NM 88211

NIXIE 750 FE 1 8812/89/23

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

BC: 87504206868 *1882-03637-09-17

875042068

7022 1670 0002 1189 2860

U.S. POSTAL SERVICE
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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent to: Mark Wilson Family Partnership, LP
Street: 4501 Green Tree Boulevard
City: Midland, TX 79707-1607
24005-06 - PRO Klondike

Postmark Here: NOV 17 2023

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

CERTIFIED MAIL®



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ZIP 87501 \$ 008.770
02 7H
0006052409 NOV 17 2023

RECEIVED

DEC 11 2023

Hinkle Shanor LLP
Santa Fe NM 87504

Mark Wilson Family Partnership, LP
4501 Green Tree Boulevard
Midland, TX 79707

WFS

NIXIE 799 4E 1 ZZ12/01/23

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTP MANUAL PROC REQ *6268-09416-17-42

7070491509 9110

7015 1520 0000 6842 1509

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street _____

City, State, ZIP+4® _____

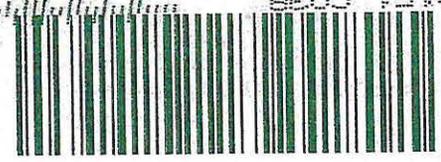
Postmark Here

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



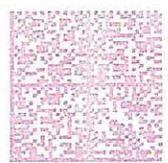
HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504

CERTIFIED MAIL®



7015 1520 0000 6842 1509

FIRST-CLASS



US POSTAGE (M) PITNEY BOWES

ZIP 87501 \$ 008.71
02 7H
0006052409 NOV 17

RECEIVED

DEC 5 2023

Handwritten initials

Hinkle Shanor LLP
Santa Fe NM 87504

WPX Energy Permian, LLC
3500 One Williams Center, MD 38
Tulsa, Ok 74172

NIXIE 731 FE 1 0011/30/23

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504206868 *0557-06282-30-19

UTF
875042068

7022 1670 0002 1189 3997

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

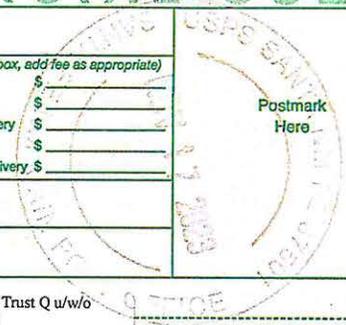
For delivery information, visit our website at www.usps.com®

OFFICIAL USE

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

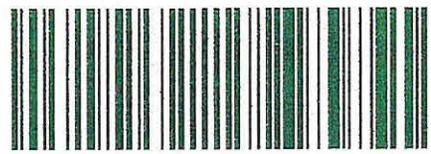
Sent To: John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased
P.O. Box 100
Artesia, NM 88211-0111
24005-06 - PRO Klondike

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



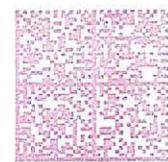
HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504

CERTIFIED MAIL®



7022 1670 0002 1189 3997

FIRST-CLASS



US POSTAGE IM/PITNEY BOWES
ZIP 87501 \$ **008.77**⁰
02 7H
0006052409 NOV 17 2023

RECEIVED

DEC 11 2023

Hinkle Shanor LLP
Santa Fe NM 87504

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

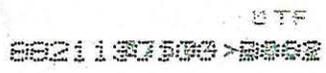
UTP

24005-06

NIXIE 150 PM 1 0011/28/23

RETURN TO SENDER
NOT DELIVERABLE TO ADDRESSEE
ENABLE TO FORWARDED

00112823



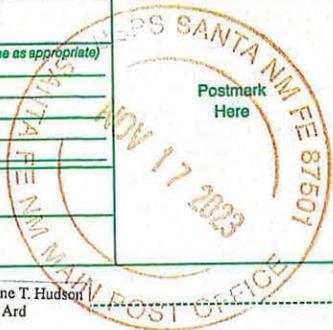
9589 0710 5270 0104 1941 83

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Domestic Mail Only

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

OFFICIAL USE

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



Ser Str Cit	Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard P.O. Box 1600 San Antonio, TX 78296 24005-06 - PRO Klendike
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PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700104194183

Copy

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

Latest Update

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

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

November 23, 2023

Arrived at USPS Regional Facility

SAN ANTONIO TX DISTRIBUTION CENTER

November 19, 2023, 12:43 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 9:39 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 8:45 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

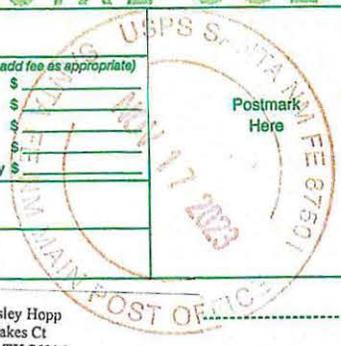
Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7022 1670 0002 1188 6456

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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	
<i>Street and Ap.</i>	Vergil Wesley Hopp 19 Twin Lakes Ct Arlington, TX 76016
<i>City, State, Zi.</i>	24005-06 - PRO Klondike
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211886456

Copy

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

Latest Update

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

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivery Attempt

Reminder to Schedule Redelivery of your item

November 25, 2023

Notice Left (No Authorized Recipient Available)

ARLINGTON, TX 76016

November 20, 2023, 1:36 pm

Arrived at USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER

November 19, 2023, 8:49 am

In Transit to Next Facility

November 18, 2023

Departed USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 9:39 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 8:45 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 1189 3850

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<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	
<i>Street and</i>	Anne S. Johnson 6529 Highway 42 South Fort Valley, Georgia 31030
<i>City, State</i>	24005-06 - PRO Klondike
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211893850

Copy

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

Latest Update

Your item could not be delivered on November 29, 2023 at 10:36 am in FORT VALLEY, GA 31030. It was held for the required number of days and is being returned to the sender.

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USPS Tracking Plus®

Feedback

Alert

Unclaimed/Being Returned to Sender

FORT VALLEY, GA 31030
November 29, 2023, 10:36 am

Available for Pickup

FORT VALLEY
111 ANDERSON AVE
FORT VALLEY GA 31030-9998
M-F 0830-1700; SAT 0900-1200
November 29, 2023, 9:09 am

Reminder to Schedule Redelivery of your item

November 27, 2023

Notice Left (No Authorized Recipient Available)

FORT VALLEY, GA 31030
November 22, 2023, 3:06 pm

In Transit to Next Facility

November 21, 2023

- **Departed USPS Regional Facility**
MACON GA DISTRIBUTION CENTER ANNEX
November 20, 2023, 2:39 pm
- **Arrived at USPS Regional Facility**
MACON GA DISTRIBUTION CENTER ANNEX
November 20, 2023, 2:12 pm
- **Departed USPS Facility**
ALBUQUERQUE, NM 87101
November 17, 2023, 9:39 pm
- **Arrived at USPS Facility**
ALBUQUERQUE, NM 87101
November 17, 2023, 8:45 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

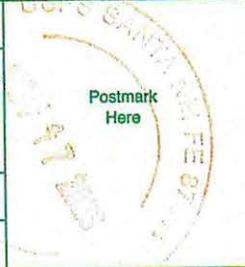
7022 1670 0002 1189 3973

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
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<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	\$

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St	Westway Petro, a Texas Joint Venture 6440 N. Central Expy, Suite 615 Dallas, TX 75206
Ci	24005-06 - PRO Klondike

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211893973

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

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

Get More Out of USPS Tracking:

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Feedback

Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

November 26, 2023

Departed USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER
November 22, 2023, 5:00 am

Arrived at USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER
November 20, 2023, 7:51 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
November 17, 2023, 9:39 pm

- Arrived at USPS Facility
ALBUQUERQUE, NM 87101
November 17, 2023, 8:45 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



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Track Another Package

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

Carlsbad Current Argus.

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Affidavit of Publication

Ad # 0005860112

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HINKLE SHANOR, LLP
POBOX 2068

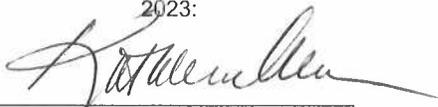
SANTA FE, NM 87504

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:

11/21/2023


Legal Clerk

Subscribed and sworn before me this November 21, 2023:



State of WI, County of Brown
NOTARY PUBLIC

1-7-25

My commission expires

This is to notify all interested parties, including Ard Oil, Ltd., Mary T. Ard, President; BP America Production Company; Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard; Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust; COG Operating LLC; Colgate Operating, LLC; Colgate Production, LLC; Colgate Royalties, LP; Concho Oil & Gas LLC; Contango Resources, Inc.; D2 Resources, LLC; Irma Leota Davis; Paula Raye Dooley; Margaret V. Dowling, SSP; EOG Resources, Inc.; Harvard Petroleum Company, LLC; Vergil Wesley Hopp; Francis H. Hudson, Trustee of Lindy's Living Trust; William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased; Jalapeno Corporation; Javelina Partners; Anne S. Johnson; Delmar Hudson Lewis, MSU; MRC Delaware Resources, LLC; Marathon Oil Permian LLC; Mari-gold LLLP; Mark Wilson Family Partnership, LP; Oxy USA WTP, LP; OXY Y-1 Company; Penroc Oil Corporation; Terence Patrick Perkins; Santo Legado, LLC; Sharbro Energy, LLC; Slash Exploration, LP; Solis Energy, LLC; Tinian Oil & Gas LLC; Tulipan LLC; Vladin, LLC; WPX Energy Permian, LLC; Westway Petro, a Texas Joint Venture; Yates Brothers, a partnership; John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased; ZPZ Delaware I LLC; Zorro Partners, Ltd.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Permian Resources Operating, LLC (Case No. 24005). The hearing will be conducted remotely on December 7, 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 interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Klondike 9 State Com #123H and Klondike 9 State Com #133H wells** ("Wells"), which will be drilled from surface hole locations in the NE/4 SE/4 (Unit I) of Section 9 to bottom hole locations in the NW/4 SW/4 (Unit L) of Section 8. The completed interval 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 operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico.
#5860112, Current Argus, November 21, 2023

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005860112
PO #: Klondike 24005
of Affidavits 1

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Permian Resources Operating, LLC
Case No. 24005
Exhibit C-4