

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO.**

CASE NO. 24060

EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Blair Brummell
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	Map of Non-Standard Spacing Unit
A-5	Sample Well Proposal Letter & AFEs
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Exhibit B	Self-Affirmed Statement of Laura Vargas
B-1	Location Map
B-2	Bone Spring Subsea Structure Map
B-3	Cross Section Map
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Exhibit C	Self-Affirmed Statement of Dana S. Hardy
C-1	Notice Letters to Interested Parties
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C-3	Copies of Certified Mail Receipts and Returns
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C-5	Chart of Notice to Additional Parties Offsetting Non-Standard Spacing Unit

- C-6 Copies of Certified Mail Receipts and Returns
- C-7 Affidavit of Publication for December 12, 2023

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

Case: 24060	APPLICANT'S RESPONSE
Date	January 18, 2024
Applicant	COG Operating LLC
Designated Operator & OGRID (affiliation if applicable)	OGRID No. 229137
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard Spacing Unit, Lea County, New Mexico.
Entries of Appearance/Intervenors:	None
Well Family	Akubra
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:	WC-025 G-08 S2535340; Bone Spring Pool (Code 97088)
Well Location Setback Rules:	Statewide
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	960-acre
Building Blocks:	quarter-quarter
Orientation:	South to North
Description: TRS/County	W/2 and W/2 E/2 of Sections 28 and 33, Township 25 South, Range 35 East, Lea County.
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is approval of non-standard unit requested in this application?</u>	No. Approval of a non-standard horizontal spacing unit is requested in this application.
Other Situations	
Depth Severance: Y/N. If yes, description	No.
Proximity Tracts: If yes, description	No.
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 #1	Akubra Federal Com 601H (API # ---) SHL: 280' FNL & 1205' FWL (Unit D), Section 4, T26S, R35E BHL: 50' FNL & 1511' FWL (Unit C), Section 28, T25S, R35E Completion Target: Wolfcamp (Approx. 12,290' TVD)

Well #2	Akubra Federal Com 602H (API # ---) SHL: 280' FNL & 1390' FEL (Unit B), Section 4, T26S, R35E BHL: 50' FNL & 2311' FEL (Unit B), Section 28, T25S, R35E Completion Target: Wolfcamp (Approx. 12,290' TVD)
Horizontal Well First and Last Take Points	Exhibit A-3
Completion Target (Formation, TVD and MD)	Exhibit A-5
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$8,000.00
Production Supervision/Month \$	\$800.00
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)	Exhibits C-1 through C-6
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-7
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.	Exhibit A-4
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-5
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-6
Overhead Rates In Proposal Letter	Exhibit A-5
Cost Estimate to Drill and Complete	Exhibit A-5
Cost Estimate to Equip Well	Exhibit A-5
Cost Estimate for Production Facilities	Exhibit A-5
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	N/A
Well Orientation (with rationale)	Exhibit B-1
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-3
Depth Severance Discussion	N/A

Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-3
Cross Section (including Landing Zone)	Exhibit B-4
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:	1/16/2024

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

**APPLICATION OF COG OPERATING LLC FOR
COMPULSORY POOLING AND APPROVAL OF
NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO.**

CASE NO. 24060

**SELF-AFFIRMED STATEMENT
OF BLAIR BRUMMELL**

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

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

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

4. COG seeks an order: (1) establishing a 960-acre, more or less, non-standard horizontal spacing unit comprised of the W/2 and W/2 E/2 of Sections 28 and 33, Township 25 South, Range 35 East, Lea County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the Bone Spring formation underlying the Unit.

5. The Unit will be dedicated to the following proposed wells (“Wells”), which will be completed in the WC-025 G-08 S2535340; Bone Spring Pool (Code 97088):

- The **Akubra Federal Com 601H** well, to be drilled from a surface hole location in the NW/4 NW/4 (Unit D) of Section 4 to a bottom hole location in the NE/4 NW/4 (Unit C) of Section 28; and

**COG OPERATING LLC
Case No. 24060
Exhibit A**

- The **Akubra Federal Com 602H** well, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 4 to a bottom hole location in the NW/4 NE/4 (Unit B) of Section 28.
6. The completed interval of the Wells will be orthodox.
 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 COG seeks to pool highlighted in yellow.
 9. COG 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** is a map that depicts the non-standard spacing unit in relation to the outline of a standard spacing unit. The map also identifies the interest owners in the tracts surrounding the proposed Unit, who were provided notice of COG's application.
 11. COG's request for approval of a non-standard spacing unit will allow it to consolidate surface facilities and will consequently prevent surface, environmental, and economic waste. As a result, approval of a non-standard spacing unit is necessary to prevent waste and protect correlative rights.
 12. **Exhibit A-5** contains a sample well proposal letter and AFEs sent to the 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.

13. In my opinion, COG 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-6**.

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

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

16. In my opinion, the granting of COG's application for compulsory pooling and approval of a non-standard spacing unit would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

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



Blair Brummell

1/13/2024

Date

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO.**

CASE NO. 24060

APPLICATION

In accordance with NMSA 1978, § 70-2-17 and NMAC 19.15.16.15(B)(5), COG Operating LLC (OGRID No. 229137) (“COG” or “Applicant”), through its undersigned attorneys, files this application with the Oil Conservation Division (“Division”) seeking an order: (1) establishing a 960-acre, more or less, non-standard horizontal spacing unit comprised of the W/2 and W/2 E/2 of Sections 28 and 33, Township 25 South, Range 35 East, Lea County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the Bone Spring formation underlying the Unit. In support of this application, COG 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 following wells (“Wells”):
 - a. The **Akubra Federal Com 601H** well, to be drilled from a surface hole location in the NW/4 NW/4 (Unit D) of Section 4 to a bottom hole location in the NE/4 NW/4 (Unit C) of Section 28; and
 - b. The **Akubra Federal Com 602H** well, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 4 to a bottom hole location in the NW/4 NE/4 (Unit B) of Section 28.
3. The completed intervals of the Wells will be orthodox.

**COG OPERATING LLC
Case No. 24060
Exhibit A-1**

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.

6. Approval of a non-standard horizontal spacing unit is necessary to prevent waste and protect correlative rights.

7. 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 as the operator of the Wells and Unit.

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on January 4, 2024, and, after notice and hearing as required by law, the Division enter an order:

- A. Approving a non-standard horizontal spacing unit pursuant to 19.15.16.15(B)(5) NMAC;
- B. Pooling all uncommitted interests in the Unit;
- C. Approving the initial wells in the Unit;
- D. Designating Applicant as the operator of the Unit and the horizontal wells to be drilled thereon;
- E. Authorizing Applicant to recover its costs of drilling, equipping, and completing the wells;
- F. Approving the actual operating charges and costs of supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and

G. Imposing a 200% charge for the risk assumed by Applicant in drilling and completing the wells against any working interest owner who does not voluntarily participate in the drilling of the wells.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

Counsel for COG Operating, LLC

Application of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard Spacing Unit, Lea County, New Mexico. Applicant applies for an order: (1) establishing a 960-acre, more or less, non-standard horizontal spacing unit comprised of the W/2 and W/2 E/2 of Sections 28 and 33, Township 25 South, Range 35 East, Lea County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the Bone Spring formation underlying the Unit. The Unit will be dedicated to the following proposed wells (“Wells”): **Akubra Federal Com 601H**, to be drilled from a surface hole location in the NW/4 NW/4 (Unit D) of Section 4 to a bottom hole location in the NE/4 NW/4 (Unit C) of Section 28; and **Akubra Federal Com 602H**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 4 to a bottom hole location in the NW/4 NE/4 (Unit B) of Section 28. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the cost, the designation of Applicant as the operator of the Wells and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 9.5 miles west of Jal, New Mexico.

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

DISTRICT II
511 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 746-1283 Fax: (575) 746-9720

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

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-		Pool Code 97088	Pool Name WC-025 G-08 S2535340; Bone Spring
Property Code	Property Name AKUBRA FEDERAL COM		Well Number 601H
OGRID No. 229137	Operator Name COG OPERATING LLC		Elevation 3199.1'

Surface Location

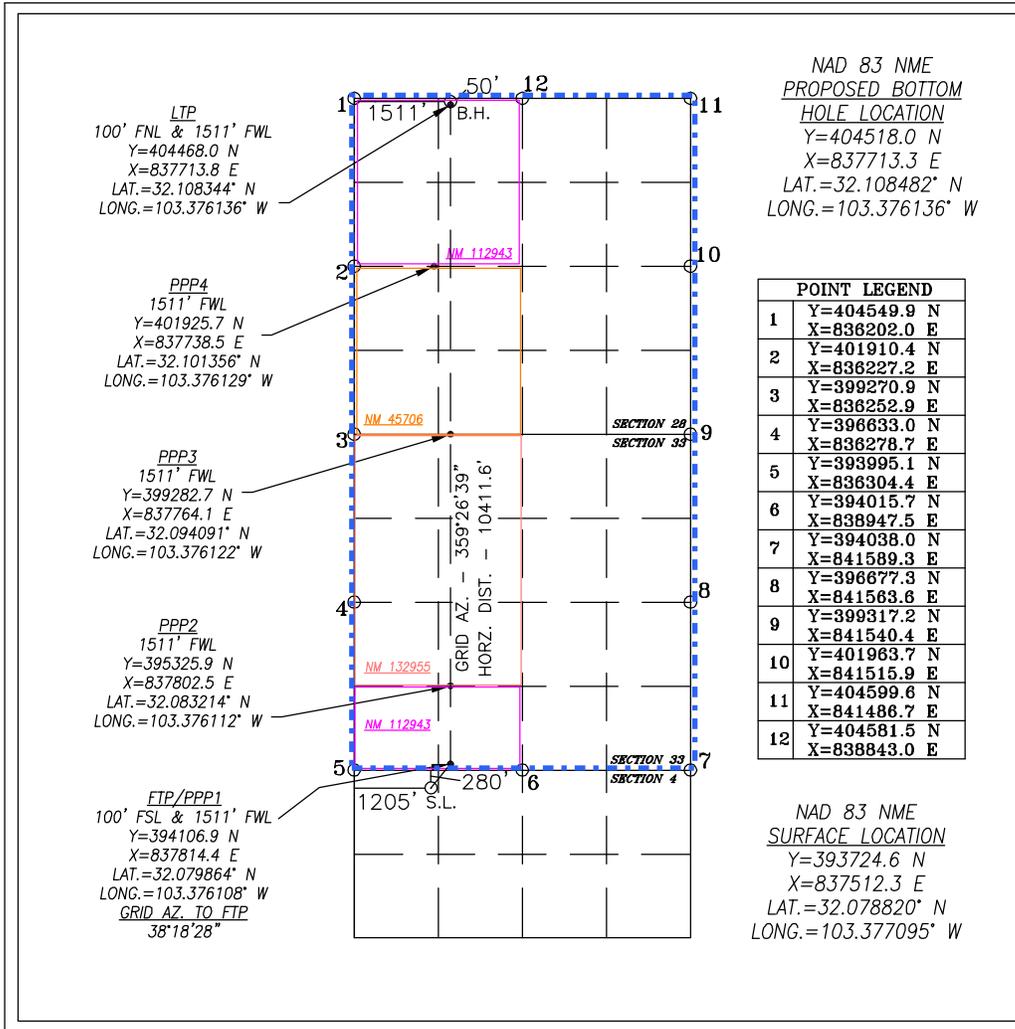
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	4	26-S	35-E		280	NORTH	1205	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	28	25-S	35-E		50	NORTH	1511	WEST	LEA

Dedicated Acres 1280	Joint or Infill	Consolidation Code Com	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

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

Stan Wagner 11/15/23
Signature Date

Stan Wagner
Printed Name

E-mail Address

SURVEYOR CERTIFICATION

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

JUNE 6, 2023
Date of Survey

Signature & Seal of Professional Surveyor

Chad Harcrow 11/6/23
Certificate No. CHAD HARCROW 17777
W.O. #23-887 DRAWN BY: WN

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

DISTRICT II
611 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 746-1283 Fax: (575) 746-9720

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

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
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Santa Fe, New Mexico 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-	Pool Code 97088	Pool Name WC-025 G-08 S2535340; Bone Spring
Property Code	Property Name AKUBRA FEDERAL COM	Well Number 602H
OGRID No. 229137	Operator Name COG OPERATING LLC	Elevation 3193.2'

Surface Location

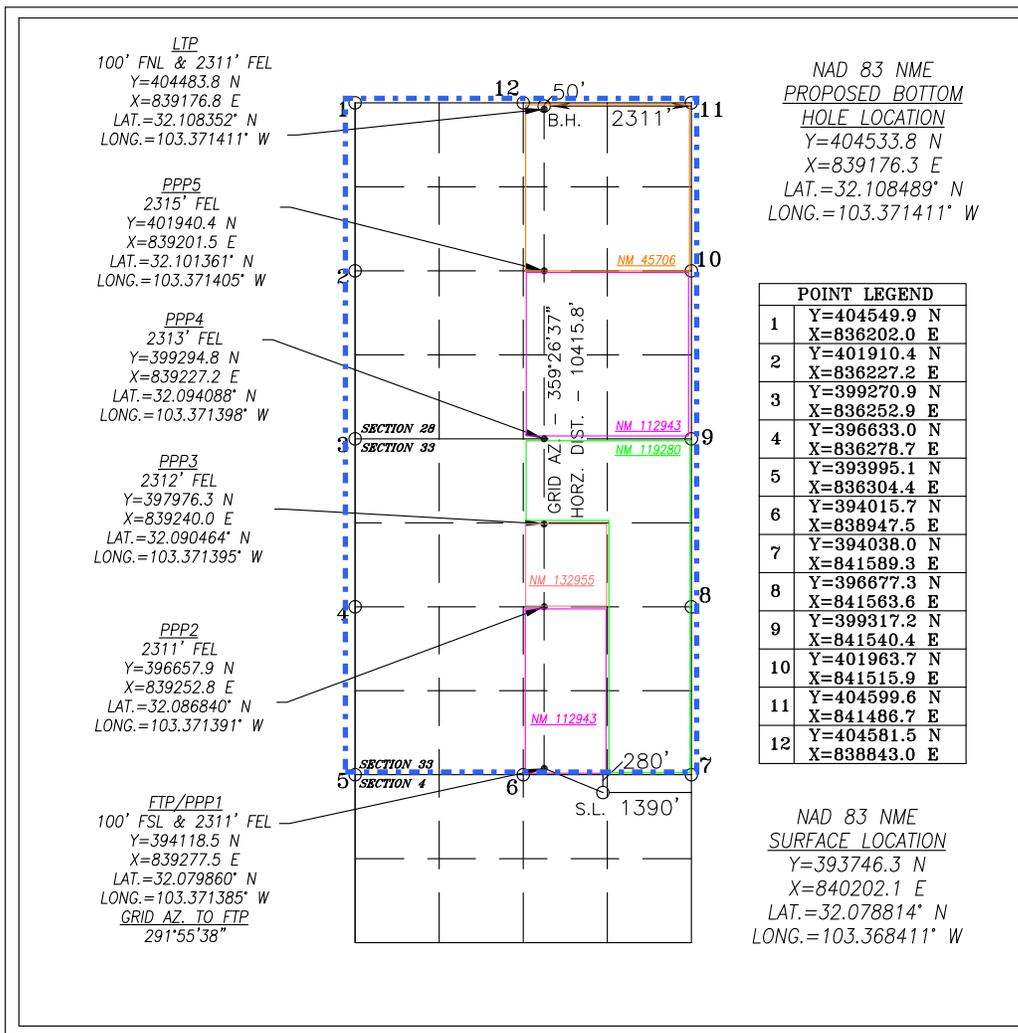
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	4	26-S	35-E		280	NORTH	1390	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	28	25-S	35-E		50	NORTH	2311	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
1280		Com	

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

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

Signature: Stan Wagner Date: 11/15/23

Printed Name: Stan Wagner

E-mail Address: _____

SURVEYOR CERTIFICATION

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

Date of Survey: JUNE 6, 2023

Signature & Seal of Professional Surveyor

Signature: Chad Harcrow Date: 11/6/23

Certificate No. CHAD HARCROW 17777
W.O. #23-890 DRAWN BY: WN

Akubra Fed Com Lease Map
Bone Spring Formation
T25S-R35E
Section 28: W2, W2E2
Section 33: W2, W2E2
Lea County, New Mexico



*Pooled parties are highlighted in yellow.

COG OPERATING LLC
Case No. 24060
Exhibit A-3

Akubra Fed Com Unit Breakdown
 Bone Spring Formation
 T25S-R35E
 Sections 28: W2, W2E2
 Section 33: W2, W2E2
 Lea County, New Mexico

Unit Working Interest

COG Operating LLC	75.000000%
COG Production LLC	4.166667%
Chevron USA Inc.	20.833333%
Total WI	100.000000%

Tract 1 - SW4NE4, NW4 & N2SW4 of Section 33, T25S-R35E

COG Operating, LLC	100.000000%
Total	100.000000%

Tract 2 - NW4NE4 of Section 33, T25S-R35E

COG Production, LLC	100.000000%
Total	100.000000%

Tract 3 - NW4, W2SE4 of Section 28 & S2SW4, W2SE4, T25S-R35E

COG Operating LLC	50.000000%
Chevron USA Inc.	50.000000%
Total	100.000000%

Tract 4 - W2NE4, SW4 of Section 28, T25S-R35E

COG Operating, LLC	100.000000%
Total	100.000000%

*Pooled parties are highlighted in yellow.

Pooling Notification List

Working Interest Owners

Chevron U.S.A. Inc
1400 Smith Street
Houston, TX 77002

Overriding Royalty Owners

Malaga Royalty, LLC
P.O. Box 2064
Midland, TX 79702

Malaga EF7, LLC
P.O. Box 2064
Midland, TX 79702

Devon Energy Production Company, L.P.
333 West Sheridan Avenue
Oklahoma City, OK 73102

Franklin Mountain Royalty Investments, LLC, a Delaware Limited Liability Company
44 Cook St., Suite 10000
Denver, CO 80206

SMP Patriot Mineral Holdings, LLC
4143 Maple Avenue, Suite 500
Dallas, TX 75219

Pegasus Resources II, LLC
P.O. Box 470698
Fort Worth, TX 76147

Bryan Bell Family LLC
213 20th St.
New Orleans, LA 70124-1235

Wells Fargo, National Association, Successor Trustee of the Robert N. Enfield Irrevocable Trust B
201 Main Street
Fort Worth, TX 76102

MerPel, LLC
4245 N. Central Expressway
Suite 320 Box 109
Dallas, TX 75225

TD Minerals, LLC
8111 Westchester Drive, Suite 900

**Pooled parties are highlighted in yellow.*

Dallas, TX 75225
Charmar, LLC
4815 Vista Del Oso Court NE
Albuquerque, NM 87109

Richard C. Deason
1301 N. Havenhurst #217
West Hollywood, CA 90046

Thomas Deason
1405 Knight Ave
Wolfforth, TX 79382

Estate of Ronald H. Mayer, Deceased
PO Box 2391
Roswell, NM 88202

SAP, LLC
4901 Whitney Lane
Roswell, NM 88203

Howard A. Rubin, Inc.
623 Camino Rancheros
Santa Fe, NM 87505-2837

Rubie Crosby Bell Family LLC
213 20th St.
New Orleans, LA 70124-1235

Occidental Permian Limited Partnership
5 Greenway Plaza
Suite 110
Houston, TX 77046-0521

GPGM, LLC
c/o Thomas Mitchell for New Mexico Bank & Trust
320 Gold Ave, Suite 100
Albuquerque, NM 87102

LCA83, LLC
8740 Cornell Ave.
Odessa, TX 79765

Strangers in Title

Cathleen Ann Adams, Trustee of Cathleen Adams Revocable Trust dated September 25, 2020, as amended and restated, successor to Cathleen Ann Adams
P.O. Box 45807

**Pooled parties are highlighted in yellow.*

Rio Rancho, NM 87074

Susan Arrott a.k.a Susan Carol Arrott, Trustee of Arrott Family Revocable Trust dated April 8, 2019, as amended and restated, successor to Susan Caorl Arrott

P.O. Box 95074

North Little Rock, AR 95074

The 1687 Foundation

PO Box 251089

Plano, TX 75025

*Pooled parties are highlighted in yellow.

Akubra Fed Com Bone Spring Unit
 Sections 28 & 33 T25S R35E
 Lea County, New Mexico

SESE 20-25S-35E NM-132951	SWSW 21-25S-35E FEE	SESW 21-25S-35E NM-112942	S2SE 21-25S-35E NM-132952	
E2E2 29-25S-35E NM-132953	Section 28-25S-35E, Lea County			E2NE 28-25S-35E NM-45706
				E2SE 28-25S-35E NM-112943
				E2E2 33-25S-35E NM-119280
E2NE 32-25S-35E VB-1834-001	Section 33-25S-35E, Lea County			
E2SE 32-25S-35E VB-1835-001				
NENE 5-26S-35E NM-013647	N2NW, NWNE 4-26S-35E NM-115000		NENE 4-26S-35E NM-137467	

NON STANDARD SPACING UNIT SECTIONS 28-25S-35E AND 33-25S-35E
SESE 20-25S-35E NM-132951 - COG OPERATING LLC - RECORD TITLE & OPERATOR
SWSW 21-25S-35E VARIOUS FEE- COG OPERATING LLC - OPERATOR
SESW 21-25S-35E NM-112942 - COG OPERATING LLC - RECORD TITLE & OPERATOR
S2SE 21-25S-35E NM-132952 - EOG RESOURCES, INC. - RECORD TITLE
E2NE 28-25S-35E NM-45706 OCCIDENTAL PERMIAN, LP - RECORD TITLE COG OPERATING LLC - OPERATOR
E2SE 28-25S-35E NM-112943 DEVON ENERGY PRODUCTION, LP & CHEVRON U.S.A., INC. - RECORD TITLE COG OPERATING LLC - OPERATOR
E2E2 33-25S-35E NM-119280 - COG OPERATING LLC - RECORD TITLE & OPERATOR
NENE 4-26S-35E NM-137467 - COG OPERATING LLC - RECORD TITLE & OPERATOR
N2NW, NWNE 4-26S-35E NM-115000 DEVON ENERGY PRODUCTION COMPANY, LP & CHEVRON U.S.A., INC. - RECORD TITLE COG OPERATING LLC - OPERATOR
NENE 5-26S-35E NM-013647 OCCIDENTAL PERMIAN, LP - RECORD TITLE MARATHON OIL PERMIAN, LLC - OPERATOR
E2SE 32-25S-35E VB-1835-001 EOG RESOURCES, INC. - RECORD TITLE COG OPERATING LLC - OPERATOR
E2NE 32-25S-35E VB-1834-001 EOG RESOURCES, INC. - RECORD TITLE COG OPERATING LLC - OPERATOR
E2E2 29-25S-35E NM-132953 - COG OPERATING LLC - RECORD TITLE & OPERATOR

COG OPERATING LLC
Case No. 24060
Exhibit A-4

Akubra Fed Com Bone Spring Unit
Sections 28 & 33 T25S R35E
Lea County, New Mexico

SESE of Section 20, T25S-R35E

Record Title

COG Operating LLC

Operator of Record

COG Operating LLC

WI Owner(s)

COG Operating LLC

Royalty Owner(s)

BLM

SWSW of Section 21, T25S-R35E

Record Title

N/A

Operator of Record

COG Operating LLC

WI Owner(s)

COG Operating LLC

Chisos, Ltd.

Royalty Owner(s)

Various Fee

SESW of Section 21, T25S-R35E

Record Title

COG Operating LLC

Operator of Record

COG Operating LLC

WI Owner(s)

COG Operating LLC

Royalty Owner(s)

BLM

S2SE of Section 21, T25S-R35E

Record Title

EOG Resources, Inc.

Operator of Record

N/A

WI Owner(s)

EOG Resources, Inc.

Royalty Owner(s)

BLM

E2NE of Section 28, T25S-R35E

Record Title

Occidental Petroleum, LP

Operator of Record

COG Operating LLC

WI Owner(s)

COG Operating LLC

Occidental Permian, LP

Franklin Mountain Energy, LLC

Franklin Mountain Energy 2, LLC

Devon Energy Production Company, LP

Royalty Owner(s)

BLM

E2SE of Section 28, T25S-R35E

Record Title

Devon Energy Production, LP

Chevron U.S.A., Inc.

Operator of Record

COG Operating LLC

WI Owner(s)

COG Operating LLC

Chevron U.S.A., Inc.

Devon Energy Production, LP

Endurance Properties, Inc.

Royalty Owner(s)

BLM

E2E2 of Section 33, T25S-R35E

Record Title

COG Operating LLC

Operator of Record

COG Operating LLC

WI Owner(s)

COG Operating LLC

Royalty Owner(s)

BLM

NENE of Section 4, T26S-R35E

Record Title

COG Operating LLC

Operator of Record

COG Operating LLC

WI Owner(s)

COG Operating LLC

Royalty Owner(s)

BLM

N2NW, NWNE of Section 4, T26S-R35E

Record Title

Chevron U.S.A., Inc.
Devon Energy Production Company, LP

Operator of Record

COG Operating LLC

WI Owner(s)

COG Operating LLC
Devon Energy Production Company, LP
Chevron U.S.A., Inc.
Marathon Oil Permian, LLC

Royalty Owner(s)

BLM

NENE of Section 5, T26S-R35E

Record Title

Occidental Permian, LP

Operator of Record

Marathon Oil Permian, LLC

WI Owner(s)

Pintail Production Co., Inc.
Marathon Oil Permian, LLC

Royalty Owner(s)

BLM

E2SE of Section 32, T25S-R35E

Record Title

EOG Resources, Inc.

Operator of Record

COG Operating LLC

WI Owner(s)

EOG Resources, Inc.
COG Operating LLC
OXY Y-1

Royalty Owner(s)

STATE OF NM

E2NE of Section 32, T25S-R35E

Record Title

EOG Resources, Inc.

Operator of Record

COG Operating LLC

WI Owner(s)

EOG Resources, Inc.
COG Operating LLC
OXY Y-1

Royalty Owner(s)

STATE OF NM

E2E2 of Section 29, T25S-R35E

Record Title

COG Operating LLC

Operator of Record

COG Operating LLC

WI Owner(s)

COG Operating LLC

Royalty Owner(s)

BLM



Blair C. Brummell, CPL
Staff Land Negotiator

600 W. Illinois Ave
Midland, TX 79701

November 1, 2023

Via Federal Express

Chevron U.S.A. Inc.
Attn: NOJV Group
5301 Deauville Blvd.
Midland, TX 79706

RE: Well Proposal – Akubra Fed Com 601H and 602H

Township 25 South, Range 35 East, N.M.P.M.
Section 28: W2, W2E2
Section 33: W2, W2E2
Lea County, New Mexico
960.0/a Bone Spring

Chevron U.S.A. Inc.:

COG Operating LLC (“COG”), as Operator, hereby proposes the drilling of the following horizontal wells with productive laterals located in the W2, W2E2 of Sections 28 and 33, T25S-R35E, Lea County, New Mexico (collectively, the “Operation”). The surface pad location will be located in Section 4, T26S-R35E (or another location chosen by Operator).

- **Akubra Federal Com 601H**, to be drilled to a depth sufficient to test the Bone Spring formation at an approximate total vertical depth of 12,290’. The estimated surface hole location for this well is proposed at 280’ FNL and 1205’ FWL of Section 4, 26S-35E, or a location in Unit Letter D of Section 4, The first take point for this well is estimated at approximately 100’ FSL, 1511’ FWL of Section 33, and the last take point is estimated at approximately 100’ FNL, 1511’ FWL of Section 28. The estimated bottom hole location for this well is proposed at approximately 50’ FNL, 1511’ FWL’, of Section 28. The dedicated horizontal spacing unit will be the W2, W2E2 of Sections 28 and 33, T25S-R35E, Lea County, New Mexico. The total estimated cost to drill and complete said well is \$10,551,502.00, and a detailed description of the cost is set out on the enclosed Authority for Expenditure (“AFE”).
- **Akubra Federal Com 602H**, to be drilled to a depth sufficient to test the Bone Spring formation at an approximate total vertical depth of 12,290’. The estimated surface hole location for this well is proposed at 280’ FNL and 1390’ FEL of Section 4, 26S-35E, or a location in Unit Letter B of Section 4, The first take point for this well is estimated at approximately 100’ FSL, 2311’ FEL of Section 33, and the last take point is estimated at approximately 100’ FNL, 2311’ FEL of Section 28. The estimated bottom hole location for this well is proposed at approximately 50’ FNL, 2311’ FEL’ of Section 28. The dedicated horizontal spacing unit will be the W2, W2E2 of Sections 28 and 33, T25S-R35E, Lea County, New Mexico. The total estimated cost to drill and complete said well is \$10,551,502.00, and a detailed description of the cost is set out on the enclosed Authority for Expenditure (“AFE”).

COG Operating LLC is a wholly owned subsidiary of ConocoPhillips

COG OPERATING LLC
Case No. 24060
Exhibit A-5

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

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

If you do not wish to participate, COG proposes to acquire your interest via term assignment. It has the following general provisions:

- 3 year primary term
- Delivering a 75% NRI, proportionately reduced
- \$10,000 per net acre bonus consideration

The Term Assignment offer terminates December 31, 2023 and is subject to the approval of COG's management and verification of title. If an agreement cannot be reached within 30 days of the receipt of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well if uncommitted at such time.

Please indicate your participation elections in the spaces provided on page 3 sign, and return this letter, along with a signed copy of the enclosed AFEs and fully executed signature pages to the JOA, in the enclosed postage paid envelope.

If you have any questions, please do not hesitate to contact me at (432) 685-4345 or Blair.C.Brummell@Conocophillips.com.

Respectfully,

Blair C. Brummell

Blair C. Brummell, CPL
Staff Land Negotiator
Delaware Basin NM, East

Participation Elections:

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

- _____ I/We hereby elect to participate in the drilling and completion of the Akubra Federal Com 602H.
- _____ I/We hereby elect **not** to participate in the drilling and completion of the Akubra Federal Com 602H.

CHEVRON U.S.A. INC.

By: _____
Name: _____
Title: _____
Date: _____

Project Cost Summary



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

Well Name: Akubra Federal Com 601H

Job Type: Drill and Complete

State: New Mexico - 30

County/Parish: Lea - 025

Cost Feature Group	Grand Total			
	Drilling	Completions	Pumping Equipment	Facilities
A000: CASING & TUBING	\$844,000.00		\$184,250.00	
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$65,000.00	\$10,000.00	\$57,200.00	
C000: COMPLETION EQUIPMENT & OTHER			\$176,200.00	\$718,197.00
D000: LOCATION (WELLSITE RELATED)	\$206,650.00	\$12,500.00	\$4,000.00	\$30,482.00
E000: RIGS & RIG RELATED	\$992,000.00		\$18,600.00	
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$275,000.00	\$933,000.00		
G000: FLUID AND CHEMICALS SERVICES	\$182,000.00	\$40,000.00		
H000: DIRECTIONAL DRILLING / MWD / LWD	\$308,000.00			
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$286,901.00			
K000: FORMATION EVALUATION	\$31,000.00			
M000: COMPLETION & TESTING		\$15,000.00		
N000: FORMATION STIMULATION & TREATING		\$2,462,000.00		
O000: CERTIFICATION, INSPECT, CONTROL & TEST				
P000: TRANSPORTATION SUPPLY & DISPOSAL	\$75,000.00	\$30,000.00	\$19,500.00	
Q000: DRLG TOOLS & EQPT RNTAL W/WO OPR	\$288,000.00	\$488,000.00	\$11,550.00	
R000: BITS & MILLS	\$70,000.00			
S000: SPECIAL SERVICES	\$125,500.00	\$304,000.00	\$17,100.00	
T000: MISCELLANEOUS	\$389,500.00	\$147,000.00	\$51,000.00	\$90,814.00
U000: PERFORATING & SLICKLINE SERVICES		\$311,000.00	\$8,500.00	
V000: ENG & CONSTRUCTION(E&C), CONSLT, R&D				
W000: GENERAL FEES	\$42,500.00			
X000: CONOCOPHILLIPS LABOR & OVERHEAD	\$6,000.00	\$22,000.00	\$8,000.00	\$3,558.00
Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$95,000.00	\$96,000.00		
Grand Total	\$4,282,051.00	\$4,870,500.00	\$555,900.00	\$843,051.00

Grand Total (\$)

10,551,502.00

Approved By: _____

Date: _____

Last Edited By: JH JV JL DD

Last Edited Date: Aug 30, 2022

Approved By: JH JV JL DD

Approved Date: Aug 30, 2022

Project Cost Summary



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

Well Name: Akubra Federal Com 602H

Job Type: Drill and Complete

State: New Mexico - 30

County/Parish: Lea - 025

Cost Feature Group	Grand Total			
	Drilling	Completions	Pumping Equipment	Facilities
A000: CASING & TUBING	\$844,000.00		\$184,250.00	
B000: WELLHEAD, XMAS TREE, AND ASST EQUIPT	\$65,000.00	\$10,000.00	\$57,200.00	
C000: COMPLETION EQUIPMENT & OTHER			\$176,200.00	\$718,197.00
D000: LOCATION (WELLSITE RELATED)	\$206,650.00	\$12,500.00	\$4,000.00	\$30,482.00
E000: RIGS & RIG RELATED	\$992,000.00		\$18,600.00	
F000: DRILLING & COMPLETION UTILITIES (ALL)	\$275,000.00	\$933,000.00		
G000: FLUID AND CHEMICALS SERVICES	\$182,000.00	\$40,000.00		
H000: DIRECTIONAL DRILLING / MWD / LWD	\$308,000.00			
J000: CEMENTING MATERIALS, SERVICES, AND CSG ACCS	\$286,901.00			
K000: FORMATION EVALUATION	\$31,000.00			
M000: COMPLETION & TESTING		\$15,000.00		
N000: FORMATION STIMULATION & TREATING		\$2,462,000.00		
O000: CERTIFICATION, INSPECT, CONTROL & TEST				
P000: TRANSPORTATION SUPPLY & DISPOSAL	\$75,000.00	\$30,000.00	\$19,500.00	
Q000: DRILG TOOLS & EQPT RNTAL W/WO OPR	\$288,000.00	\$488,000.00	\$11,550.00	
R000: BITS & MILLS	\$70,000.00			
S000: SPECIAL SERVICES	\$125,500.00	\$304,000.00	\$17,100.00	
T000: MISCELLANEOUS	\$389,500.00	\$147,000.00	\$51,000.00	\$90,814.00
U000: PERFORATING & SLICKLINE SERVICES		\$311,000.00	\$8,500.00	
V000: ENG & CONSTRUCTION(E&C), CONSLT, R&D				
W000: GENERAL FEES	\$42,500.00			
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Y000: TOTALS, CONTINGENCY & MISCELLANEOUS	\$95,000.00	\$96,000.00		
Grand Total	\$4,282,051.00	\$4,870,500.00	\$555,900.00	\$843,051.00

Grand Total (\$)

10,551,502.00

Approved By: _____

Date: _____

Last Edited By: JH JV JL DD

Last Edited Date: Aug 30, 2022

Approved By: JH JV JL DD

Approved Date: Aug 30, 2022

Name/Addresses	Proposal Mailed Date	Delivered Date	30th Day	Election	Communication
Chevron U.S.A. Inc 6301 Deauville Midland, TX 79706	11/2/2023	11/3/2023			FedEX tracking # 785882008120 Communicated via email when the proposals were received on 11/8/23 and 11/9/23. Communicated via email 11/28/23, 12/7/23, 12/11/23, 1/4/23 & 1/8/23

Name/Addresses	Ratification Drafted? BS and WC	Ratification Mailed Date	Tracking No.	Delivered Date	30th Day	Signed (Y/N)
Bryan Bell Family LLC 213 20th St. New Orleans, LA 70124-1235	Yes	11/30/2023	9414 8149 0246 9822 211263			Yes
Charmar, LLC 4815 Vista Del Oso Court NE Albuquerque, NM 87109	Yes	11/30/2023	9414 8149 0246 9822 2112 56			Yes
Devon Energy Production Company, LP 333 West Sheridan Ave, Oklahoma City, OK 73102	Yes	11/30/2023	9414 8149 0246 9822 2112 32	12/4/2023		
DMA, Inc. 8740 Cornell Avenue Odessa, TX 79765	Yes	11/30/2023	9414 9149 0246 9822 2112 49	Assigned to GPGM, LLC and LCA83, LLC		
Estate of Ronald H. Mayer, Deceased PO Box 2391 Roswell, NM 88202	Yes	11/30/2023	9414 8149 0246 9822 2113 79			
Franklin Mountain Royalty Investments, LLC, a Delaware Limited Liability Company 44 Cook St., Suite 10000 Denver, CO 80206	Yes	11/30/2023	9414 8149 0246 9822 2113 86			
GPGM, LLC% Thomas Mitchell for NM Bank & Trust 320 Fold Ave SW Albuquerque, NM 87102			9414 8149 0246 9822 2115 77			
Howard A. Rubin, Inc. 623 Camino Rancheros Santa Fe, NM 87505-2837	Yes	11/30/2023	9414 8149 0246 9822 2113 62			Yes
LCA83, LLC 8740 Cornell Ave Odessa, TX 79765			9414 8149 0246 9822 2115 60			
Malaga EF7, LLC P.O. Box 2064 Midland, TX 79702	Yes	11/30/2023	9114 8149 0246 9822 2113 48			
Malaga Royalty, LLC P.O. Box 2064 Midland, TX 79702	Yes	11/30/2023	9414 8149 0246 9822 2113 31			Yes
MerPel, LLC 4245 N. Central Expressway Suite 320 Box 109 Dallas, TX 75225	Yes	11/30/2023	9414 8149 0246 9822 2113 55			
Occidental Permian Limited Partnership, a Texas limited partnership 5 Greenway Plaza, Suite 110 Houston, TX 77046-0521	Yes	11/30/2023	9414 8149 0246 9822 2114 16			
Pegasus Resources II, LLC P.O. Box 470698 Fort Worth, TX 76147	Yes	11/30/2023	9414 8149 0246 9822 2113 24			
Richard C. Deason 1301 N. Havenhurst #217 West Hollywood, CA 90046	Yes	11/30/2023	9414 8149 0246 9822 2113 17			
Rubie Crosby Bell Family LLC 213 20th St. New Orleans, LA 70124-1235	Yes	11/30/2023	9414 8149 0246 9822 2114 23			Yes
SAP, LLC 4901 Whitney Lane Roswell, NM 88203	Yes	11/30/2023	9414 8149 0246 9822 2113 00			
SMP Patriot Mineral Holdings, LLC 4143 Maple Avenue, Suite 500 Dallas, TX 75219	Yes	11/30/2023	9414 8149 0246 9822 2112 94			Yes
TD Minerals, LLC 8111 Westchester Drive, Suite 900 Dallas, TX 75225	Yes	11/30/2023	9414 8149 0246 9822 2112 70			
Thomas Deason 1405 Knight Ave Wolfforth, TX 79382	Yes	11/30/2023	9414 8149 0246 9822 2113 93			
Wells Fargo, National Association, Successor Trustee of the Robert N. Enfield Irrevocable Trust B 201 Main Street Fort Worth, TX 76102	Yes	11/30/2023	9414 8149 0246 9822 2112 87			

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO.**

CASE NO. 24060

**SELF-AFFIRMED STATEMENT
OF LAURA VARGAS**

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

3. **Exhibit B-1** is a location map of the proposed Bone Spring horizontal spacing unit (“Unit”). The approximate wellbore paths for the proposed **Akubra Federal Com 601H** and **Akubra Federal Com 602H** wells (“Wells”) are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines.

4. **Exhibit B-2** is a subsea structure map for the Bone Spring formation that is representative of the targeted interval. The data points are indicated by solid lines. The approximate wellbore paths of the wells are depicted by dashed lines. The map demonstrates the formation is gently dipping to the south in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

5. **Exhibit B-3** is a cross section map that identifies wells penetrating the targeted intervals used to construct a structural cross-section from A to A’. I used these well logs because

**COG Operating LLC
Case No. 24060
Exhibit B**

they penetrate the targeted intervals, are of good quality, and are representative of the geology in the area.

6. **Exhibit B-4** is a stratigraphic cross-section using the representative wells identified on Exhibit B-3. It contains gamma ray, resistivity and porosity logs. The proposed landing zone for the wells are labeled on the exhibit. This cross-section demonstrates the target intervals are continuous across the Unit.

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

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

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

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

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

Laura Vargas
Laura Vargas

1/16/2023
Date

Akubra Fed Com 3rd Bone Spring



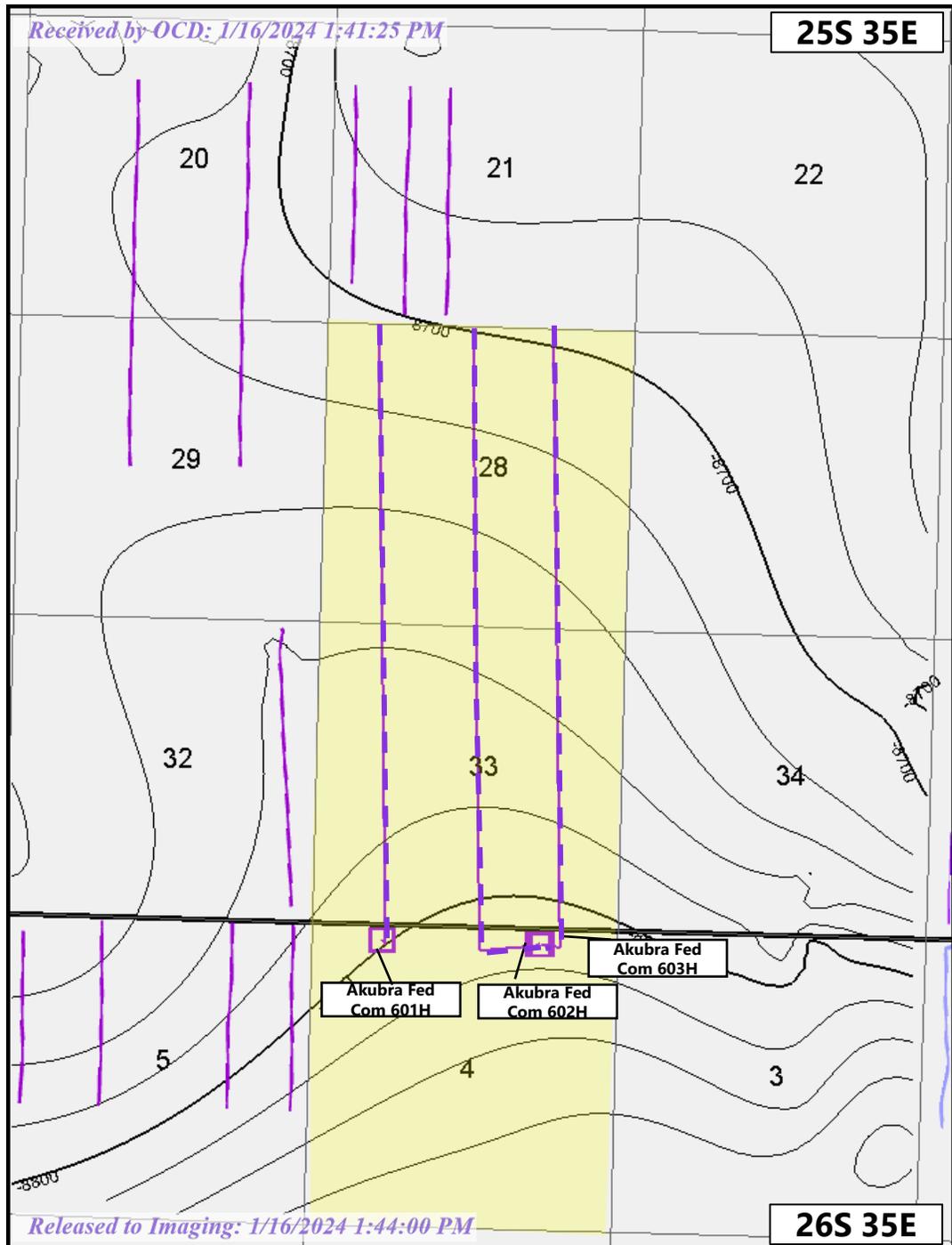
Map Legend

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

*Township/Range/Section noted in black within each section

COG OPERATING LLC
Case No. 24060
Exhibit B-1

Akubra Fed Com 3rd Bone Spring



Map Legend

-   COP – 3RD Bone Spring Horizontal Location
-  Producing 3rd Bone Spring Wells
-  COP Acreage
-  3RD Bone Spring Structure
Cl: 20'

*Township/Range/Section noted in black within each section

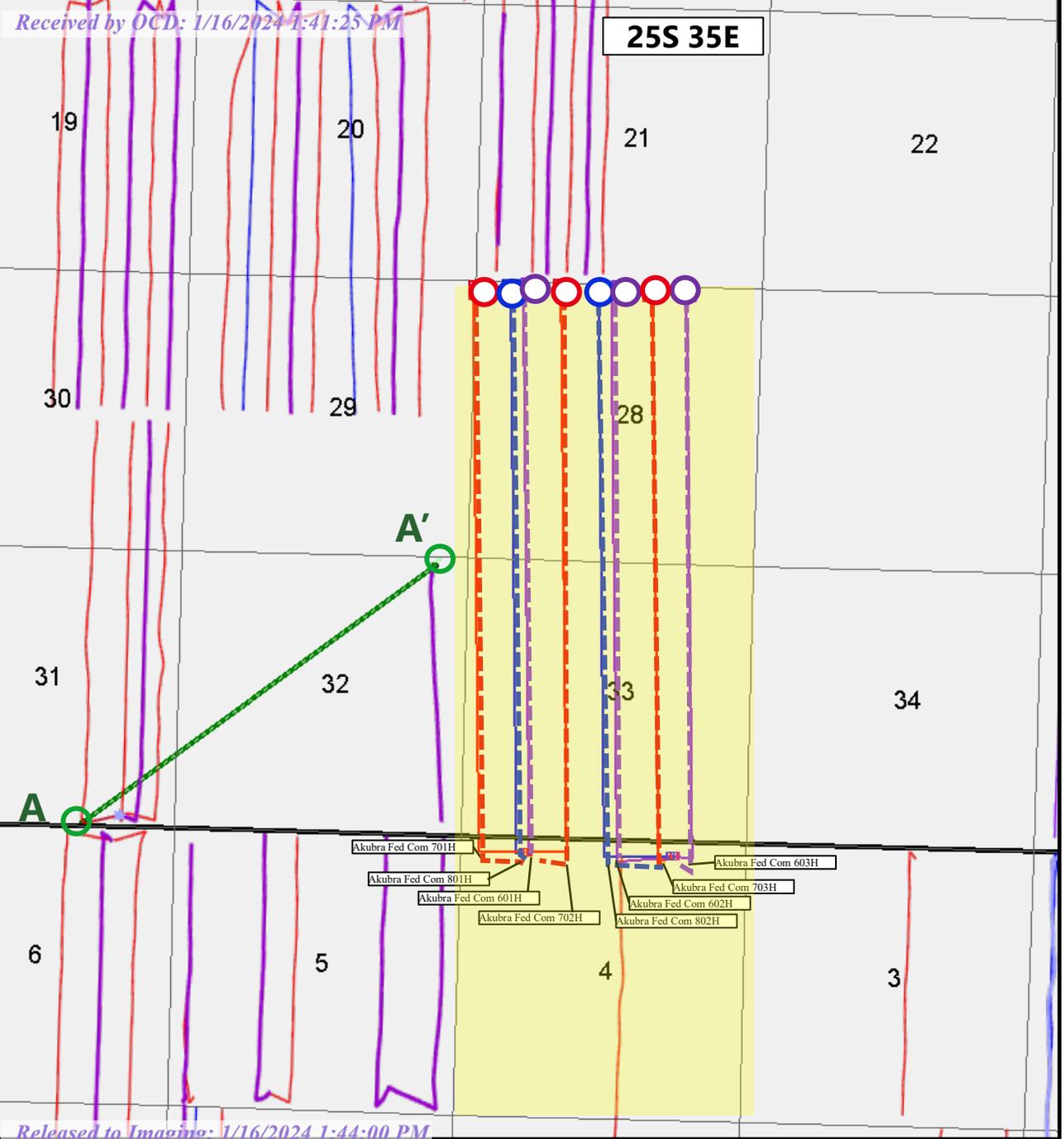
COG OPERATING LLC
Case No. 24060
Exhibit B-2



Akubra Fed Com Cross Section Map

Received by OCD: 1/16/2024 1:41:25 PM

25S 35E



Released to Imaging: 1/16/2024 1:44:00 PM

Map Legend

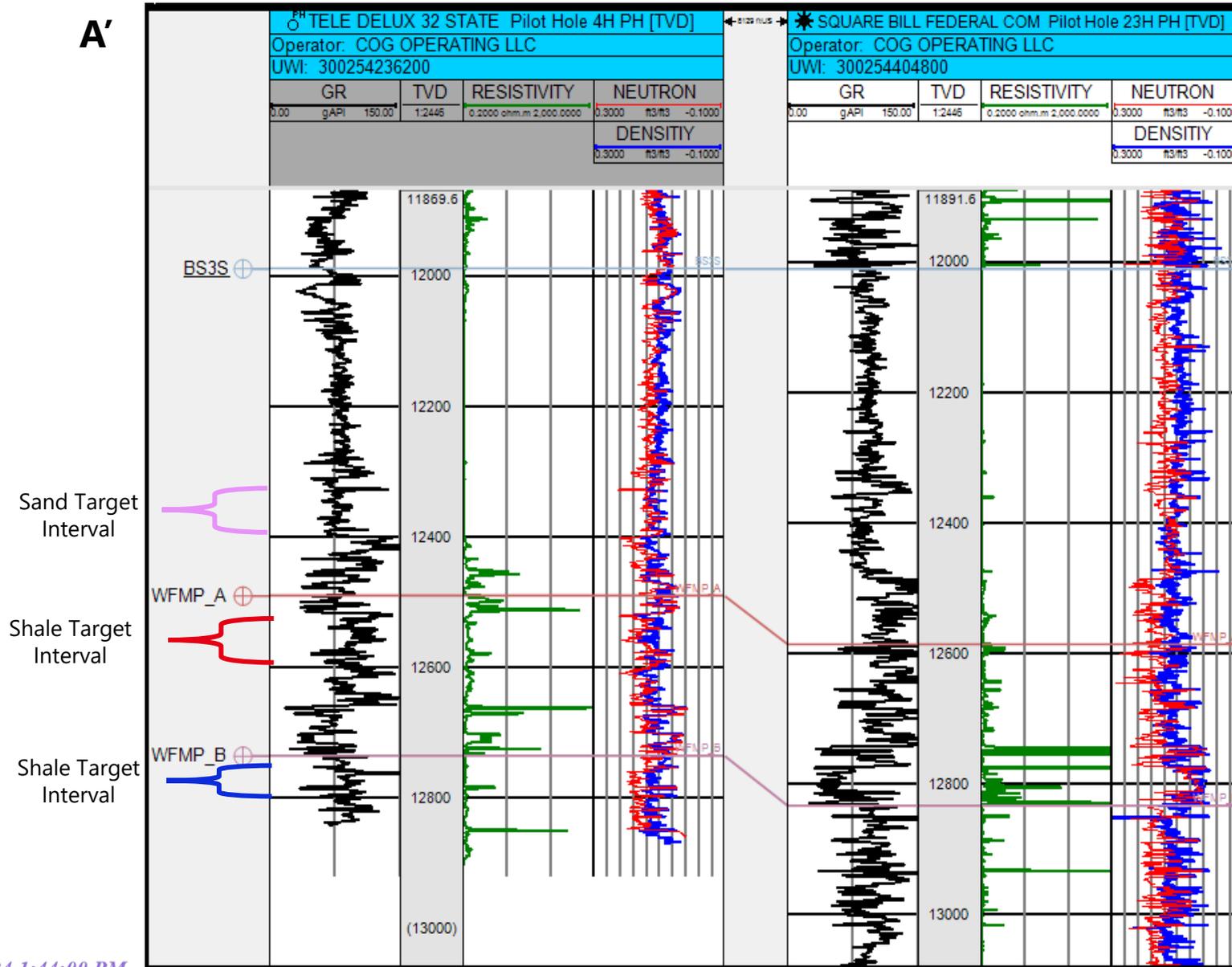
-  COP – 3RD Bone Spring Horizontal Location
-  Producing 3RD Bone Spring Wells
-  COP – Wolfcamp A Horizontal Location
-  Producing Wolfcamp A Wells
-  COP – Wolfcamp B Horizontal Location
-  COP Acreage
-  Cross Section Line

**COG
OPERATING
LLC
Case No.
24060
Exhibit B-3**

Akubra Fed Com X-section

A'

A



COG OPERATING LLC
Case No. 24060
Exhibit B-4

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO.**

CASE NO. 24060

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

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

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

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

4. Copies of the certified mail green cards and white slips are attached as **Exhibit C-3** as supporting documentation for proof of mailing and the information provided on Exhibit C-2.

5. I also caused the Notice Letters attached as **Exhibit C-4**, along with the Application in this case, to be sent to the parties offsetting the non-standard spacing unit.

6. The chart attached as **Exhibit C-5** lists the parties who were sent the Notice Letters attached as Exhibit C-4.

7. Exhibit C-5 also provides the date each Notice Letter was sent and the date each return was received.

8. Copies of the certified mail green cards and white slips are attached as **Exhibit C-6** as supporting documentation for proof of mailing and the information provided on Exhibit C-5.

**COG Operating LLC
Case No. 24060
Exhibit C**

9. On December 12, 2023, I caused a notice to be published to all interested parties in the Hobbs News-Sun. An Affidavit of Publication from the Legal Clerk of the Hobbs News-Sun, along with a copy of the notice publication, is attached as **Exhibit C-7**.

10. 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

January 15, 2024
Date



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

December 8, 2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 24059 & 24060 – Applications of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard Spacing Units, Lea County, New Mexico

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **January 18, 2024**, beginning at 8:15 a.m.

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

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. Mountain Time, on the Thursday preceding the scheduled hearing date. The statement must be submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) or via e-mail to ocd.hearings@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 Blair Brummell, CPL, Staff Land Negotiator for ConocoPhillips, by phone at (432) 685-4346 if you have any questions regarding this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

COG Operating LLC

Case No. 24060

Exhibit C-1

Enclosure

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

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

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

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

**APPLICATIONS OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNITS,
LEA COUNTY, NEW MEXICO.**

CASE NOS. 24059 & 24060

NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
The 1687 Foundation PO Box 251089 Plano, TX 75025	12/08/23	12/27/23
Cathleen Ann Adams, Trustee of Cathleen Adams Revocable Trust dated September 25, 2020, as amended and restated, successor to Cathleen Ann Adams P.O. Box 45807 Rio Rancho, NM 87074	12/08/23	12/18/23
Susan Arrott a.k.a Susan Carol Arrott, Trustee of Arrott Family Revocable Trust dated April 8, 2019, as amended and restated, successor to Susan Carol Arrott P.O. Box 95074 North Little Rock, AR 95074	12/08/23	Per USPS Tracking (Last Checked 01/12/24): 12/19/23 – Item in transit to next facility.
Bryan Bell Family LLC 213 20th St. New Orleans, LA 70124-1235	12/08/23	12/27/23
Charmar, LLC 4815 Vista Del Oso Court NE Albuquerque, NM 87109	12/08/23	12/13/23
Chevron U.S.A. Inc 1400 Smith Street Houston, TX 77002	12/08/23	01/02/24
Richard C. Deason 1301 N. Havenhurst #217 West Hollywood, CA 90046	12/08/23	Per USPS Tracking (Last Checked 01/12/24): 12/11/23 – Delivered to individual at the address.
Thomas Deason 1405 Knight Ave Wolfforth, TX 79382	12/08/23	12/14/23 Return to sender.
Devon Energy Production Company, L.P. 333 West Sheridan Avenue Oklahoma City, OK 73102	12/08/23	12/18/23

**COG Operating LLC
Case No. 24060
Exhibit C-2**

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

**APPLICATIONS OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNITS,
LEA COUNTY, NEW MEXICO.**

CASE NOS. 24059 & 24060

NOTICE LETTER CHART

Estate of Ronald H. Mayer, Deceased PO Box 2391 Roswell, NM 88202	12/08/23	12/18/23
Franklin Mountain Royalty Investments, LLC, a Delaware Limited Liability Company 44 Cook St., Suite 10000 Denver, CO 80206	12/08/23	Per USPS Tracking (Last Checked 01/12/24): 12/12/23 – Delivered to front desk, reception area, or mail room.
GPGM, LLC c/o Thomas Mitchell for NM Bank & Trust 320 Gold Ave, Suite 100 Albuquerque, NM 87102	12/08/23	12/13/23
Howard A. Rubin, Inc. 623 Camino Rancheros Santa Fe, NM 87505-2837	12/08/23	12/13/23
LCA83, LLC 8740 Cornell Ave. Odessa, TX 79765	12/08/23	12/13/23
Malaga EF7, LLC P.O. Box 2064 Midland, TX 79702	12/08/23	Per USPS Tracking (Last Checked 01/12/24): 12/14/23 – Item in transit to next facility.
Malaga Royalty, LLC P.O. Box 2064 Midland, TX 79702	12/08/23	Per USPS Tracking (Last Checked 01/12/24): 12/14/23 – Item in transit to next facility.
MerPel, LLC 4245 N. Central Expy, Ste 320 Box 109 Dallas, TX 75225	12/08/23	01/02/24 Return to sender.
Occidental Permian Limited Partnership 5 Greenway Plaza, Suite 110 Houston, TX 77046-0521	12/08/23	12/18/23
Pegasus Resources II, LLC P.O. Box 470698 Fort Worth, TX 76147	12/08/23	12/18/23

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

**APPLICATIONS OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNITS,
LEA COUNTY, NEW MEXICO.**

CASE NOS. 24059 & 24060

NOTICE LETTER CHART

Rubie Crosby Bell Family LLC 213 20th St. New Orleans, LA 70124-1235	12/08/23	12/27/23
SAP, LLC 4901 Whitney Lane Roswell, NM 88203	12/08/23	12/18/23
SMP Patriot Mineral Holdings, LLC 4143 Maple Avenue, Suite 500 Dallas, TX 75219	12/08/23	12/18/23 No signature.
TD Minerals, LLC 8111 Westchester Drive, Suite 900 Dallas, TX 75225	12/08/23	12/18/23
Wells Fargo, National Association, Successor Trustee of the Robert N. Enfield Irrevocable Trust B 201 Main Street Fort Worth, TX 76102	12/08/23	12/20/23

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DEC 27 2023
USPS SANTA NM FE 87501

7019 2970 0000 7641 7338

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

Si The 1687 Foundation

PO Box 251089

Plano, TX 75025

24059-60 - COG Akubm NSSU

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>X</i> </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Amber Ballou</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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>The 1687 Foundation PO Box 251089 Plano, TX 75025</p> <p style="font-size: 0.8em;">24059-60 - COG Akubra NSSU</p> </div> <p style="text-align: center;"> 9590 9402 7635 2122 6586 78 </p>	<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; color: green;"> RECEIVED DEC 27 2023 </div>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7641 7338</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Shanor</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <i>Santa Fe NM 87501</i> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

COG Operating LLC
Case No. 24060
Exhibit C-3

7019 2970 0000 7641 7345

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

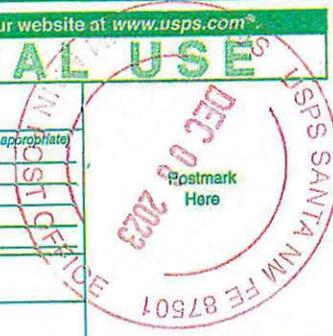
Postage \$ _____

Total Postage and Fees \$ _____

Sent To Cathleen Ann Adams, Trustee of Cathleen Adams Revocable Trust dated September 25, 2020, as amended and restated, successor to Cathleen Ann Adams P.O. Box 45807 Rio Rancho, NM 87074

24059-60 - COG Akubra VSSU

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>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Cathleen Adams</i></p> <p>C. Date of Delivery <i>12-15-23</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 DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>Cathleen Ann Adams, Trustee of Cathleen Adams Revocable Trust dated September 25, 2020, as amended and restated, successor to Cathleen Ann Adams P.O. Box 45807 Rio Rancho, NM 87074</p> <p>24059-60 COG Akubra</p> <p>9590 9402 7635 2122 6586 23</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Chaner LLC</i></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <i>Registered Mail 87501</i></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>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 7345</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
 Street: Bryan Bell Family LLC
 213 20th St.
 New Orleans, LA 70124-1235
 City: 24059-60 - COG Akubm NSSU

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

7019 2970 0000 7641 7284



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Bryan Bell Family LLC 213 20th St. New Orleans, LA 70124-1235</p> <p style="text-align: center; font-size: 0.8em;">24059-60 - COG Akubra NSSU</p> </div> <p style="text-align: center;"> 9590 9402 7635 2122 6585 93 </p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7641 7284 </p>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>12/14/23</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> <div style="border: 2px solid black; padding: 10px; text-align: center; margin: 5px 0;"> <p style="font-size: 1.5em; color: blue;">RECEIVED</p> <p style="font-size: 1.2em; color: blue;">DEC 27 2023</p> </div> <p>3. Service Type <i>Hinkie Shanor</i></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input checked="" type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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Extra Services & Fees (check box, add 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

USPS SANTA NM FE 87501

Charmar, LLC
4815 Vista Del Oso Court NE
Albuquerque, NM 87109
24059-60 - COG Akubra NSSU

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>S. Hemic</u></p> <p>C. Date of Delivery <u>12-11-23</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 DEC 13 2023</p>																
<p>1. Article Addressed to:</p> <p>Charmar, LLC 4815 Vista Del Oso Court NE Albuquerque, NM 87109 24059-60 - COG Akubra NSSU</p>  <p>9590 9402 7635 2122 6585 86</p>	<p>3. Service Type <u>Priority Mail Express®</u> <u>Santa Fe NM 87501</u></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)																	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 7291</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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Certified Mail Fee \$ _____	 <p>Postmark Here</p>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To \$ Chevron U.S.A. Inc 1400 Smith Street Houston, TX 77002 C 24059-60 - COG Akubra NSSU	

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) C. Date of Delivery</p> <p style="text-align: center;">Anish Alga 12-28-23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If YES, enter delivery address below:</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em;">Chevron U.S.A. Inc 1400 Smith Street Houston, TX 77002</p> <p style="text-align: center; font-size: 0.8em;">24059-60 - COG Akubra NSSU</p> <div style="text-align: center;">  9590 9402 7635 2122 6585 79 </div>	<p style="text-align: center; font-size: 2em; color: green;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">JAN 2, 2024</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7641 7307</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7021 0350 0001 3336 2215

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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 \$ _____

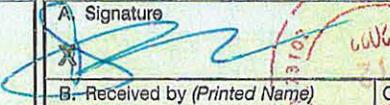
Total Postage and Fees \$ _____

Sent To

Devon Energy Production Company, L.P.
 333 West Sheridan Avenue
 Oklahoma City, OK 73102
 24059-60 – COG Akubra NSSU

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>Devon Energy Production Company, L.P. 333 West Sheridan Avenue Oklahoma City, OK 73102 24059-60 – COG Akubra NSSU</p> <p>9590 9402 7635 2122 6585 48</p>	<p>3. Service Type Priority Mail Express® Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Santa Fe NM 87504</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>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3336 2215</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

7021 0350 0001 3336 2222

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Estate of Ronald H. Mayer, Deceased
 PO Box 2391
 Roswell, NM 88202
 24059-60 - COG Akubm NSSU

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>Martha R. Mayer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Martha R. Mayer</i> 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>RECEIVED DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>Estate of Ronald H. Mayer, Deceased PO Box 2391 Roswell, NM 88202</p> <p>24059-60 - COG Akubra NSSU</p> <p>9590 9402 7635 2122 6585 31</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3336 2222</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0366 0412

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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
GPGM, LLC

Str
c/o Thomas Mitchell for NM Bank & Trust
320 Gold Ave, Suite 100

City
Albuquerque, NM 87102

24059-60 - COG Akubra NSSU

Postmark Here

DEC 13 2023

U.S.P.S. SANTA NM FE 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jaumie VanPelt</i> 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>RECEIVED DEC 13 2023</p>
<p>1. Article Addressed to:</p> <p>GPGM, LLC c/o Thomas Mitchell for NM Bank & Trust 320 Gold Ave, Suite 100 Albuquerque, NM 87102</p> <p>24059-60 - COG Akubra NSSU</p>  <p>9590 9402 7635 2122 6586 09</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</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 0366 0412</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0350 0001 3336 2246

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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
 Howard A. Rubín, Inc.
 623 Camino Rancheros
 Santa Fe, NM 87505-2837
 24059-60 - COG Akubra NSSU

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"/> <i>MC Rubin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. A. RUBIN</i> C. Date of Delivery <i>12/11/24</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 style="text-align: center;">RECEIVED DEC 13 2023</p>
<p>1. Article Addressed to:</p> <p>Howard A. Rubin, Inc. 623 Camino Rancheros Santa Fe, NM 87505-2837</p> <p>24059-60 - COG Akubra NSSU</p>  <p>9590 9402 7635 2122 6585 17</p>	<p>3. Service Type <i>First Class</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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>
<p>2. Article Number (Transfer from service label) 7021 0350 0001 3336 2246</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7641 7321

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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 _____

St LCA83, LLC
8740 Cornell Ave.
Odessa, TX 79765

24059-60 - COG Akubra NSSU

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>X <i>Carla Peterson</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>LCA83, LLC 8740 Cornell Ave. Odessa, TX 79765</p> <p>24059-60 - COG Akubra NSSU</p> <p>9590 9402 7635 2122 6586 85</p>	<p>RECEIVED</p> <p>DEC 13 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 7321</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0640 0000 0304 0862

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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
Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521
City, State, ZIP+4®
24059-60 - COG Akubm NSSU

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>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>12/18/23</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Occidental Permian Limited Partnership 5 Greenway Plaza, Suite 110 Houston, TX 77046-0521</p> <p>24059-60 - COG Akubra NSSU</p>  <p>9590 9402 7635 2122 6621 25</p>	<p>RECEIVED DEC 18 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 0862</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <u>Santa Fe NM 87501</u> <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

7020 0640 0000 0304 0770

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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

Postmark Here

Office

Postmark: SANTA FE NM 87501 DEC 18 2023

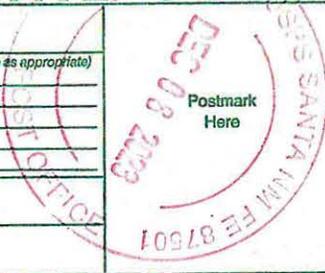
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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>Reanna Miller</i></p> <p>B. Received by (Printed Name) <i>Reanna Miller</i></p> <p>C. Date of Delivery <i>12-13-23</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>DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>Pegasus Resources II, LLC. P.O. Box 470698 Fort Worth, TX 76147</p> <p>24059-60 - COG Akubra NSSU</p>  <p>9590 9402 7635 2122 6621 18</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i> <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"/> Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 0770</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

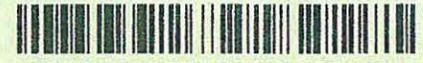
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Certified Mail Fee \$ _____	 <p>Postmark Here</p>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Rubie Crosby Bell Family LLC 213 20th St. New Orleans, LA 70124-1235 24059-60 - COG Akubra NSSU	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>[Signature]</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 style="text-align: center; font-size: 1.2em;">Rubie Crosby Bell Family LLC 213 20th St. New Orleans, LA 70124-1235</p> <p style="text-align: center; font-size: 0.8em;">24059-60 - COG Akubra NSSU</p>  <p style="text-align: center; font-size: 1.1em;">9590 9402 7635 2122 6621 01</p>	<p style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.2em;">DEC 27 2023</p>																
<p>2. Article Number (Transfer from service label) 7020 0640 0000 0304 0787</p>	<p>3. Service Type <i>Hinkie Snanor L</i></p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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Certified Mail Fee \$

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Postmark Here

SAP, LLC
4901 Whitney Lane
Roswell, NM 88203
24059-60 - COG Akubra NSSU

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>Judith Nunez</u></p> <p>C. Date of Delivery <u>12/11/23</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>RECEIVED</p> <p>DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>SAP, LLC 4901 Whitney Lane Roswell, NM 88203 24059-60 - COG Akubra NSSU</p>  <p>9590 9402 7635 2122 6621 87</p>	<p>3. Service Type <u>Priority Mail Express®</u></p> <p><input type="checkbox"/> Adult Signature <u>Santa Fe NM 87504</u> <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"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0370 8411</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0370 8428

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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 \$ _____

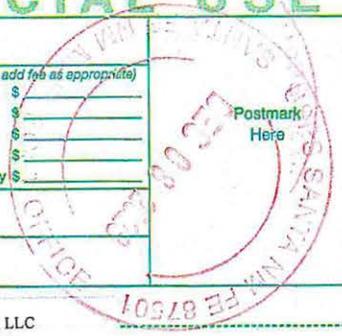
Total Postage and Fees \$ _____

Sent To

SI SMP Patriot Mineral Holdings, LLC
4143 Maple Avenue, Suite 500
Dallas, TX 75219

CI 24059-60 - COG Akubra NSSU

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 style="text-align: center;">RECEIVED DEC 18 2023</p>																
<p>1. Article Addressed to:</p> <p>SMP Patriot Mineral Holdings, LLC 4143 Maple Avenue, Suite 500 Dallas, TX 75219</p> <p>24059-60 - COG Akubra NSSU</p> <p>9590 9402 7635 2122 6621 70</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>7021 0950 0002 0370 8428</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7021 0950 0002 0370 8435

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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 _____

TD Minerals, LLC
8111 Westchester Drive, Suite 900
Dallas, TX 75225
24059-60 - COG Akubm NSSU

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>Rashed Al-Hajdari</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rashed Al-Hajdari</i> C. Date of Delivery <i>12-12-23</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>TD Minerals, LLC 8111 Westchester Drive, Suite 900 Dallas, TX 75225 24059-60 - COG Akubra NSSU</p> <p>9590 9402 7635 2122 6621 63</p>	<p>RECEIVED DEC 18 2023</p> <p>3. Service Type <i>Santa Fe NM 87504</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input 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"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0370 8435</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0370 8442

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

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

Postage \$ _____

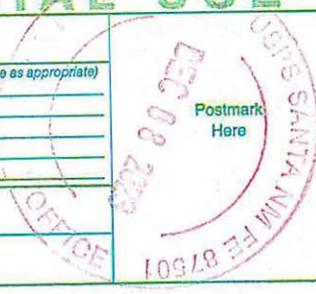
Total Postage and Fees \$ _____

Sent To

Wells Fargo, National Association, Successor Trustee of the Robert N. Enfield Irrevocable Trust B
201 Main Street
Fort Worth, TX 76102

24059-60 - COG Akubra NSSU

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Luke Connel</i> C. Date of Delivery <i>12/18/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Wells Fargo, National Association, Successor Trustee of the Robert N. Enfield Irrevocable Trust B 201 Main Street Fort Worth, TX 76102</p> <p>24059-60 - COG Akubra NSSU</p> <p>9590 9402 7635 2122 6625 07</p>	<p>RECEIVED</p> <p>DEC 20 2023</p>
<p>2. Article Number (Transfer from mailpiece)</p> <p>7021 0950 0002 0370 8442</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><i>Santa Fe NM 87501</i></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

7021 0350 0001 3336 2208

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\$

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

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

Postage
\$

Total Postage and Fees
\$

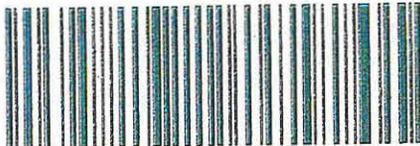
Thomas Deason
1405 Knight Ave
Wolfforth, TX 79382
24059-60 - COG Akabra NSSU

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

Postmark Here
DEC 08 2023
USPS SANTA NM FE 87501

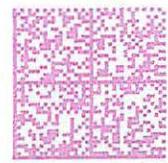
HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504

CERTIFIED MAIL®



7021 0350 0001 3336 2208

FIRST-CLASS



US POSTAGE™
ZIP 87501 \$ **008.77**
02 7H
0006052409 DEC 08 20

4
N
12/12

Thomas Deason
1405 Knight Ave
Wolfforth, TX 79382

24059-60 - COG /

INT

RECEIVED

DEC 14 2023

Hinkle Shanor LLP
Santa Fe NM 87504

871 NFE 1 12310012/08/23
RETURN TO SENDER
DEASON
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER
BC: 875042068888 -2255-00070-05-44

7021 0350 0001 3336 2277

U.S. Postal Service™
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Certified Mail Fee \$ _____

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Sent To MerPel, LLC
 Str 4245 N. Central Expy, Ste 320 Box 109
 Dallas, TX 75225
 Cit 24059-60 - COG Akubra NSSU

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

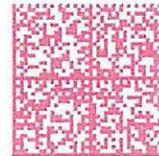
CERTIFIED MAIL®

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



7021 0350 0001 3336 2277

FIRST-CLASS



US POSTAGESM PITNEY BOWES



ZIP 87501 \$ 008.77⁰
02 7H
0006052409 DEC 08 2023

RECEIVED

JAN 2 2023

Hinkle Shanor LLP
Santa Fe NM 87504

MerPel, LLC
4245 N. Central Expy, Ste 320 Box 109
Dallas, TX 75225

24059-60 - COG

ANK

7520884888 2888

NIXIE 750 DE 1 0012/23/23

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

BC: 87504208888 * 2255-03053-08-44

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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 \$

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Send to:

Susan Arrott a.k.a Susan Carol Arrott, Trustee of Arrott

Family Revocable Trust dated April 8, 2019, as amended

and restated, successor to Susan Carol Arrott

P.O. Box 95074

24059-60

City: North Little Rock, AR 95074

COG Akubra
24059-60 - COG Akubra NSSU

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

See Reverse for Instructions

7019 2970 0000 7641 7352



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FAQs >

Tracking Number:

Remove X

7019297000076417352

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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.

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Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

December 19, 2023

Departed USPS Regional Facility

LITTLE ROCK AR DISTRIBUTION CENTER

December 13, 2023, 10:12 am

Arrived at USPS Regional Facility

LITTLE ROCK AR DISTRIBUTION CENTER

December 12, 2023, 12:42 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

December 9, 2023, 9:08 am

Feedback

- **Arrived at USPS Facility**
ALBUQUERQUE, NM 87101
December 8, 2023, 10:05 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)

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Track Another Package

Need More Help?

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FAQs

7021 0950 0002 0370 2020

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

Postmark
Here



Postage

\$

Total Postage and Fees

\$

Sent To

\$

Richard C. Deason
1301 N. Havenhurst #217
West Hollywood, CA 90046

C

24059-60 - COG Akubra NSSU

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

See Reverse for instructions

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70210950000203702020

Copy

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

Latest Update

Your item was delivered to an individual at the address at 3:26 pm on December 11, 2023 in LOS ANGELES, CA 90046.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

LOS ANGELES, CA 90046
December 11, 2023, 3:26 pm

Arrived at USPS Regional Facility

LOS ANGELES CA DISTRIBUTION CENTER
December 10, 2023, 10:59 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
December 9, 2023, 9:08 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
December 8, 2023, 10:05 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

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7021 0350 0001 3336 2239

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



Sent To	
Franklin Mountain Royalty Investments, LLC, a Delaware Limited Liability Company 44 Cook St., Suite 10000 Denver, CO 80206 24059-60 - COG Akubn NSSU	

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70210350000133362239

Copy

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

Latest Update

Your item was delivered to the front desk, reception area, or mail room at 12:23 pm on December 12, 2023 in DENVER, CO 80206.

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USPS Tracking Plus®

Feedback

Delivered

Delivered, Front Desk/Reception/Mail Room

DENVER, CO 80206

December 12, 2023, 12:23 pm

Arrived at USPS Regional Facility

DENVER CO DISTRIBUTION CENTER

December 11, 2023, 7:30 am

In Transit to Next Facility

December 10, 2023

Departed USPS Facility

ALBUQUERQUE, NM 87101

December 9, 2023, 9:08 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 8, 2023, 10:05 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

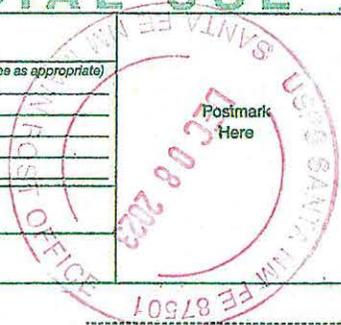
7021 0350 0001 3336 2553

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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	
St	Malaga EF7, LLC
	P.O. Box 2064
	Midland, TX 79702
City	24059-60 - COG Akubra NSSU

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70210350000133362253

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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.

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Feedback

Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

December 14, 2023

Arrived at USPS Regional Facility

MIDLAND TX DISTRIBUTION CENTER

December 10, 2023, 5:11 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

December 9, 2023, 9:08 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 8, 2023, 10:05 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

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

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7021 0350 0001 3336 2260

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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 \$ _____

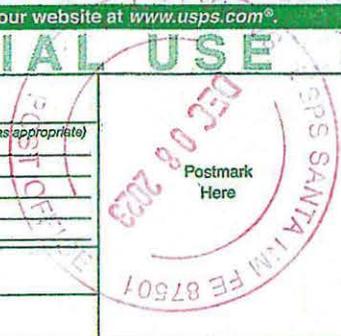
Postage

\$ _____

Total Postage and Fees

\$ _____

Sr _____
 Si Malaga Royalty, LLC _____
 P.O. Box 2064 _____
 Midland, TX 79702 _____
 C 24059-60 -- COG Akubra NSSU _____



USPS Tracking®

FAQs >

Tracking Number:

Remove X

70210350000133362260

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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.

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Feedback

Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

December 14, 2023

Arrived at USPS Regional Facility

MIDLAND TX DISTRIBUTION CENTER

December 10, 2023, 5:11 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

December 9, 2023, 9:08 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 8, 2023, 10:05 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)

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USPS Tracking Plus®



Product Information



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Track Another Package

Enter tracking or barcode numbers

Need More Help?

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FAQs



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

December 8, 2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 24060 – Application of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard Spacing Unit, Lea County, New Mexico

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **January 18, 2024**, beginning at 8:15 a.m. You are receiving this letter because you have been identified as having an interest in the tracts offsetting the proposed non-standard spacing units.

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 Blair Brummell, CPL, Staff Land Negotiator for ConocoPhillips, by phone at (432) 685-4346 if you have any questions regarding this matter.

Sincerely,
/s/ Dana S. Hardy
Dana S. Hardy

Enclosure

COG Operating LLC
Case No. 24060
Exhibit C-4

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

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

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



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

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

December 18, 2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 24060 – Application of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard Spacing Unit, Lea County, New Mexico

To whom it may concern:

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Please contact Blair Brummell, CPL, Staff Land Negotiator for ConocoPhillips, by phone at (432) 685-4346 if you have any questions regarding this matter.

Sincerely,
/s/ Dana S. Hardy
Dana S. Hardy

Enclosure

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

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

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

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO.**

CASE NO. 24060

OFFSET INTERESTS NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Bureau of Land Management 301 Dinosaur Trl Santa Fe, NM 87508	12/18/23	12/27/23
Chevron USA, Inc. 990 Town and Country Blvd Houston, TX 77024	12/08/23	12/18/23
Chisos Ltd. 131 Lamar St, Ste 1075 Houston, TX 77010	12/08/23	12/20/23 Return to sender.
Devon Energy Production Company, LP 333 W Sheridan Ave Oklahoma City, OK 73102	12/08/23	12/18/23
EOG Resources Inc. 5509 Champions Dr. Midland, TX 79706	12/08/23	12/18/23
Endurance Properties, Inc. 15455 Dallas Pkwy., Ste. 1050 Addison, TX 75001	12/08/23	12/28/23 Return to sender.
Franklin Mountain Energy, LLC 44 Cook St, Ste 1000 Denver, CO 80206	12/08/23	Per USPS Tracking (Last Checked 01/12/24): 12/12/23 – Delivered to front desk, reception area, or mail room.
Franklin Mountain Energy 2, LLC 123 W Mills Ave, Ste 600 El Paso, TX 79901	12/08/23	12/13/23
Marathon Oil Permian LLC 6301 Deauville Midland, TX 79706	12/08/23	12/13/23
New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87501	12/18/23	12/27/23
OXY Y-1 5 Greenway Plaza, Suite 110 Houston, Texas 77046	12/08/23	12/18/23

**COG Operating LLC
Case No. 24060
Exhibit C-5**

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO.**

CASE NO. 24060

OFFSET INTERESTS NOTICE LETTER CHART

Occidental Permian, LP 5 Greenway Plaza, Ste 110 Houston, TX 77046	12/08/23	12/18/23
Pintail Production Co. Inc. 3479 West Vickery Blvd. Ft. Worth, TX 76107	12/18/23	Per USPS Tracking (Last Checked 01/12/24): 01/12/24 – Item returned to sender.

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Street Bureau of Land Management
301 Dinosaur Trl
Santa Fe, NM 87508

City 24060 - COG Akubra (Offset)

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

7022 1670 0002 1188 4728

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>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> <p>1. Article Addressed to:</p> <p>Bureau of Land Management 301 Dinosaur Trl Santa Fe, NM 87508 24060 - COG Akubra (Offset)</p> <p>9590 9402 8530 3186 0588 10</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 4728</p>	<p>A. Signature X <i>R. Shanor</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 12-20-23</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>RECEIVED DEC 27 2023</p> <p>3. Service Type <i>Hinkle Shanor LLC</i> <input checked="" type="checkbox"/> Priority Mail Express® <i>Santa Fe, NM 87508</i> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" 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)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

COG Operating LLC
Case No. 24060
Exhibit C-6

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7020 0090 0000 0863 4975

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: Chevron USA, Inc.
 990 Town and Country Blvd
 Houston, TX 77024
 City: 24060 - COG Akubra (Offset)

Postmark Here: **DEC 08 2023**

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:

Chevron USA, Inc.
 990 Town and Country Blvd
 Houston, TX 77024
 24060 - COG Akubra (Offset)

9590 9402 8530 3186 0592 75

2. Article Number (Transfer from certified mail)

7020 0090 0000 0863 4975

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Hinkle Shanor LLC*

B. Received by (Printed Name): *Hinkle Shanor LLC*

C. Date of Delivery: **DEC 13 2023**

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

RECEIVED
DEC 13 2023

3. Service Type: **Hinkle Shanor LLC**

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

7021 0950 0002 0366 0573

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

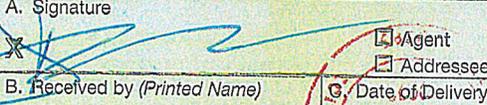
Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Devon Energy Production Company, LP
 333 W Sheridan Ave
 Oklahoma City, OK 73102
 24060 - COG Akubra (Offset)

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>Devon Energy Production Company, LP 333 W Sheridan Ave Oklahoma City, OK 73102 24060 - COG Akubra (Offset)</p> <p> 9590 9402 8299 3094 9838 42</p>	<p>3. Service Type Hinkle Shanor LLP Priority Mail Express® <input type="checkbox"/> Adult Signature Santa Fe NM 87504 Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® Delivery <input type="checkbox"/> Certified Mail Restricted Delivery Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0366 0573</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0366 0597

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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
DEC 08 2023
SANTA FE, NM 87501
POST OFFICE 10018

EOG Resources Inc.
5509 Champions Dr.
Midland, TX 79706
24060 - COG Akubra (Offset)

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery 12/18</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 DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>EOG Resources Inc. 5509 Champions Dr. Midland, TX 79706 24060 - COG Akubra (Offset)</p> <p>9590 9402 8299 3094 9838 28</p>	<p>3. Service Type <input checked="" type="checkbox"/> Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Santa Fe, NM 87501 <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"/> 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"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0366 0597</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0366 0627

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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 \$

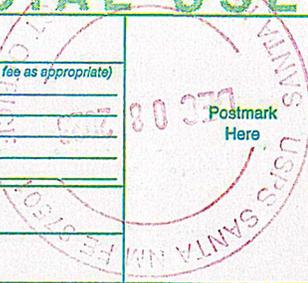
Total Postage and Fees \$

Sent to

Street Franklin Mountain Energy 2, LLC
123 W Mills Ave, Ste 600
El Paso, TX 79901

City 24060 - COG Akubra (Offset)

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Wendee Silorro</i></p> <p>C. Date of Delivery <i>DEC 13 2023</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Franklin Mountain Energy 2, LLC 123 W Mills Ave, Ste 600 El Paso, TX 79901</p> <p>24060 - COG Akubra (Offset)</p> <p>9590 9402 7635 2122 6587 84</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0366 0627</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

7021 0950 0002 0366 0498

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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 \$ _____

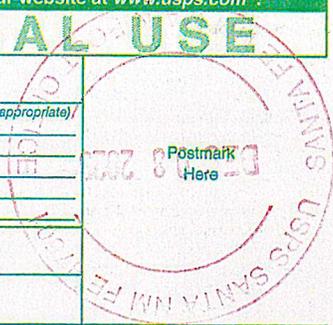
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street: Marathon Oil Permian LLC
6301 Deauville
City: Midland, TX 79706
24060 - COG Akubra (Offset)

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>AC</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Marathon Oil Permian LLC 6301 Deauville Midland, TX 79706 24060 - COG Akubra (Offset)</p> <p>9590 9402 7635 2122 6586 61</p>	<p>RECEIVED DEC 13 2023</p>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0366 0498</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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"/> 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 4735

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
 DEC 18 2023
 SANTA FE, NM 87501

Street: New Mexico State Land Office
 310 Old Santa Fe Trail
 Santa Fe, NM 87501

City: 24060 - COG Akubra (Offset)

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:

New Mexico State Land Office
 310 Old Santa Fe Trail
 Santa Fe, NM 87501

24060 - COG Akubra (Offset)

9590 9402 8530 3186 0588 27

7022 1670 0002 1188 4735

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Marcus A Barela Sr. 12/27/23

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

RECEIVED
 DEC 27 2023

3. Service Type

Adult Signature Hinkie Shanor Priority Mail Express®

Adult Signature Restricted Delivery NM 87501 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)

Domestic Return Receipt

7021 0950 0002 0366 0504

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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 \$ _____

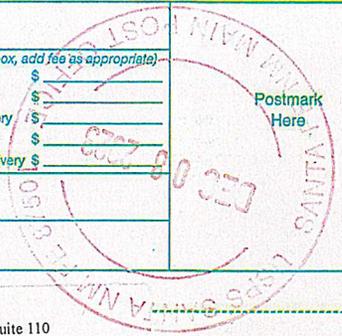
Total Postage and Fees \$ _____

Sent To

Street OXY Y-1
 5 Greenway Plaza, Suite 110
 Houston, Texas 77046

City 24060 - COG Akubra (Offset)

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 12/12/23</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</p> <p>DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>OXY Y-1 5 Greenway Plaza, Suite 110 Houston, Texas 77046</p> <p>24060 - COG Akubra (Offset)</p> <p>9590 9402 7635 2122 6586 54</p>	<p>3. Service Type Hinkle Shanor LP <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</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> 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 0366 0504</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0366 0511

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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

Occidental Permian, LP
5 Greenway Plaza, Ste 110
Houston, TX 77046
24060 - COG Akabra (Offset)

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 <u>12/18/23</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 DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>Occidental Permian, LP 5 Greenway Plaza, Ste 110 Houston, TX 77046 24060 - COG Akabra (Offset)</p> <p> 9590 9402 7635 2122 6586 47</p>	<p>3. Service Type <u>Hinkle Shanor LP</u> <input type="checkbox"/> Priority Mail Express® <u>Santa Fe NM 87508</u> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0366 0511</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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	\$

Postmark Here

DEC 08 2023
POST OFFICE 10918
USPS SANTA FE, NM

Service
Sir Chisos Ltd.
131 Lamar St, Ste 1075
Houston, TX 77010
City 24060 - COG Akubra (Offset)

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

7021 0950 0002 0366 0580

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

CERTIFIED MAIL®



7021 0950 0002 0366 0580

FIRST-CLASS



US POSTAGE IM PITNEY BOWES

ZIP 87501 \$ **008.53⁰**
02 7H
0006052409 DEC 08 2023

RECEIVED

DEC 20 2023

Hinkle Shanor LLP
Santa Fe NM 87504

Chisos Ltd.
131 Lamar St, Ste 1075
Houston, TX 77010

MIA

NIXIE 773 DE 1 0012/14/23
24060 - COG AR

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF BC: 87504206885 *2255-85033-00-44
87504206885

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

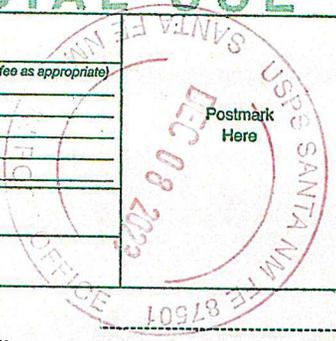
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street	Endurance Properties, Inc. 15455 Dallas Pkwy., Ste. 1050 Addison, TX 75001
City	24060 - COG Akubra (Offset)

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

7021 0950 0002 0366 0610



CERTIFIED MAIL®

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



7021 0950 0002 0366 0610

FIRST-CLASS



US POSTAGE™ IMPITNEY BOWES

ZIP 87501 \$ 008.530
02 7H
0006052409 DEC 08 2023

RECEIVED

DEC 28 2023

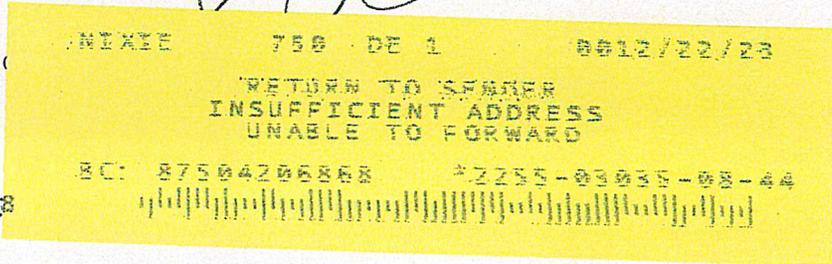
Hinkle Shanor LLP
Santa Fe NM 87504

V/N
12/20

Endurance Properties, Inc.
15455 Dallas Pkwy., Ste. 1050
Addison, TX 75001

24060 - COG Akubra (

IME



75001 0950 0002 0366 0610

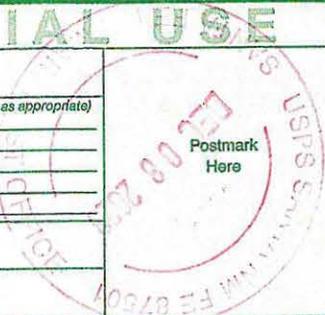
U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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



Postage

\$ _____
Total Postage and Fees

Sent to

St	Franklin Mountain Energy, LLC	_____
	44 Cook St, Ste 1000	_____
	Denver, CO 80206	_____
Ci	24060 - COG Akubra (Offset)	_____

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

7021 0950 0002 0366 0660
E090 99E0 2000 0560 T202

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70210950000203660603

Copy

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

Latest Update

Your item was delivered to the front desk, reception area, or mail room at 12:23 pm on December 12, 2023 in DENVER, CO 80206.

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USPS Tracking Plus®

Feedback

Delivered

Delivered, Front Desk/Reception/Mail Room

DENVER, CO 80206

December 12, 2023, 12:23 pm

Arrived at USPS Regional Facility

DENVER CO DISTRIBUTION CENTER

December 11, 2023, 7:30 am

In Transit to Next Facility

December 10, 2023

Departed USPS Facility

ALBUQUERQUE, NM 87101

December 9, 2023, 9:08 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 8, 2023, 10:05 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

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7022 1670 0002 1188 4773

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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	
St	Pintail Production Co. Inc. 3479 West Vickery Blvd. Ft. Worth, TX 76107
CI	24060 - COG Akabra (Offset)

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211884773

Copy

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

Latest Update

Your item was returned to the sender on January 12, 2024 at 8:22 am in FORT WORTH, TX 76107 because of an incorrect address.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Alert



No Such Number

FORT WORTH, TX 76107
January 12, 2024, 8:22 am



Arrived at Post Office

FORT WORTH, TX 76109
January 12, 2024, 8:05 am



In Transit to Next Facility

December 29, 2023



Departed USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER
December 20, 2023, 9:38 pm



Arrived at USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER
December 20, 2023, 8:52 am



Departed USPS Facility

ALBUQUERQUE, NM 87101

December 19, 2023, 3:06 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 19, 2023, 1:24 am

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



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Product Information



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Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

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

Beginning with the issue dated
December 12, 2023
and ending with the issue dated
December 12, 2023.



Publisher

Sworn and subscribed to before me this
12th day of December 2023.



Business Manager

My commission expires
January 29, 2027

(Seal) STATE OF NEW MEXICO
NOTARY PUBLIC
GUSSIE RUTH BLACK
COMMISSION # 1087526
COMMISSION EXPIRES 01/29/2027

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

LEGAL NOTICE
December 12, 2023

This is to notify all interested parties, including The 1687 Foundation; Cathleen Ann Adams, Trustee of Cathleen Adams Revocable Trust dated September 25, 2020, as amended and restated, successor to Cathleen Ann Adams; Susan Arrott a.k.a Susan Carol Arrott, Trustee of Arrott Family Revocable Trust dated April 8, 2019, as amended and restated, successor to Susan Carol Arrott; Bryan Bell Family LLC; Charmar, LLC; Chevron U.S.A. Inc.; Richard C. Deason; Thomas Deason; Devon Energy Production Company, L.P.; Estate of Ronald H. Mayer, Deceased; Franklin Mountain Royalty Investments, LLC, a Delaware Limited Liability Company; GPGM, LLC, c/o Thomas Mitchell for New Mexico; Howard A. Rubin, Inc.; LCA83, LLC; Malaga EF7, LLC; Malaga Royalty, LLC; MerPel, LLC; Occidental Permian Limited Partnership; Pegasus Resources II, LLC; Rubie Crosby Bell Family LLC; SAP, LLC; SMP Patriot Mineral Holdings, LLC; TD Minerals, LLC; Wells Fargo, National Association, Successor Trustee of the Robert N. Enfield Irrevocable Trust B; Chios Ltd.; OXY Y-1; EOG Resources Inc.; Occidental Permian, LP; Franklin Mountain Energy 2, LLC; Franklin Mountain Energy, LLC; Marathon Oil Permian LLC; Endurance Properties, LLC; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating LLC (Case No. 24060). The hearing will be conducted remotely on January 18, 2024, 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/>. COG Operating LLC ("Applicant") applies for an order: (1) establishing a 960-acre, more or less, non-standard horizontal spacing unit comprised of the W/2 and W/2 E/2 of Sections 28 and 33, Township 25 South, Range 35 East, Lea County, New Mexico ("Unit"); and (2) pooling all uncommitted interests in the Bone Spring formation underlying the Unit. The Unit will be dedicated to the following proposed wells ("Wells"): **Akubra Federal Com 601H**, to be drilled from a surface hole location in the NW/4 NW/4 (Unit D) of Section 4 to a bottom hole location in the NE/4 NW/4 (Unit C) of Section 28; and **Akubra Federal Com 602H**, to be drilled from a surface hole location in the NW/4 NE/4 (Unit B) of Section 4 to a bottom hole location in the NW/4 NE/4 (Unit B) of Section 28. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the cost, the designation of Applicant as the operator of the Wells and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 9.5 miles west of Jal, New Mexico.
#00285724

02107475

00285724

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

COG Operating LLC
Case No. 24060
Exhibit C-7