

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

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

CASE NO. 24061

EXHIBIT INDEX

Compulsory Pooling Checklist

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

Case: 24061	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, 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)	320-acre
Building Blocks:	quarter-quarter
Orientation:	South to North
Description: TRS/County	E/2 E/2 of Sections 28 and 33, Township 25 South, Range 35 East, Lea County, New Mexico.
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is approval of non-standard unit requested in this application?</u>	Yes.
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 603H (API # ---) SHL: 280' FNL & 1330' FEL (Unit B), Section 4, T26S, R35E BHL: 50' FNL & 330' FEL (Unit A), Section 28, T25S, R35E Completion Target: Bone Spring (Approx. 12,290' TVD)

Horizontal Well First and Last Take Points	Exhibit A-3
Completion Target (Formation, TVD and MD)	Exhibit A-4
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)	Exhibit C-1, Exhibit C-2, Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
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	
Released to Imaging: 1/16/2024 1:44:24 PM	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,
LEA COUNTY, NEW MEXICO**

CASE NO. 24061

**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 320-acre, more or less, standard horizontal spacing unit comprised of the E/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 **Akubra Federal Com 603H** well (“Well”), which will 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 NE/4 NE/4 (Unit A) of Section 28. The proposed Well will be completed in the WC-025 G-08 S2535340; Bone Spring Pool (Code 97088).

6. The completed interval of the Well will be orthodox.

**COG OPERATING LLC
Case No. 24061
Exhibit A**

7. **Exhibit A-2** contains the C-102s for the Well.
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. 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.
11. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to the working interest owners for the Well. 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.
12. In my opinion, COG made a good-faith effort to reach voluntary joinder of uncommitted interests in the Well as indicated by the chronology of contact described in **Exhibit A-5**.
13. COG requests overhead and administrative rates of \$8,000 per month while the Well is being drilled and \$800 per month while the Well is producing. These rates are fair and are comparable to the rates charged by COG and other operators in the vicinity.
14. The attached exhibits were either prepared by me or under my supervision or were compiled from company business records.

15. In my opinion, the granting of COG's application 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.

16. 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
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

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

CASE NO. 24061

APPLICATION

In accordance with NMSA 1978, § 70-2-17, COG Operating LLC (“COG” or “Applicant”), through its undersigned attorneys, files this application with the Oil Conservation Division (“Division”) seeking an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2 E/2 of Sections 28 and 33, Township 25 South, Range 35 East, Lea County, New Mexico (“Unit”). In support of this application, COG states the following.

1. Applicant (OGRID No. 229137) is a working interest owner in the Unit and has the right to drill wells thereon.
2. Applicant seeks to dedicate the Unit to the **Akubra Federal Com 603H** well (“Well”) which will 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 NE/4 NE/4 (Unit A) of Section 28.
3. The completed interval of the Well will be orthodox.
4. Applicant has sought and been unable to obtain voluntary agreement for the development of these lands from all of the interest owners in the Unit.
5. The pooling of interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

**COG OPERATING LLC
Case No. 24061
Exhibit A-1**

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

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

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

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
Facsimile: (505) 98208623
dhardy@hinklelawfirm.com
jmclean@hinklelawfirm.com
Counsel for COG Operating LLC

Application of COG Operating LLC for Compulsory Pooling, Lea County, New Mexico. COG Operating LLC seeks an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2 E/2 of Sections 28 and 33, Township 25 South, Range 35 East, Lea County, New Mexico (“Unit”). Applicant seeks to dedicate the Unit to the **Akubra Federal Com 603H** well (“Well”), which will 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 NE/4 NE/4 (Unit A) of Section 28. The completed interval of the Well will be orthodox. Also to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 9.5 miles west of Jal, New Mexico.

Case No. 24061

Exhibit A-2

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
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 603H
OGRID No. 229137	Operator Name COG OPERATING LLC	Elevation 3192.3'

Surface Location

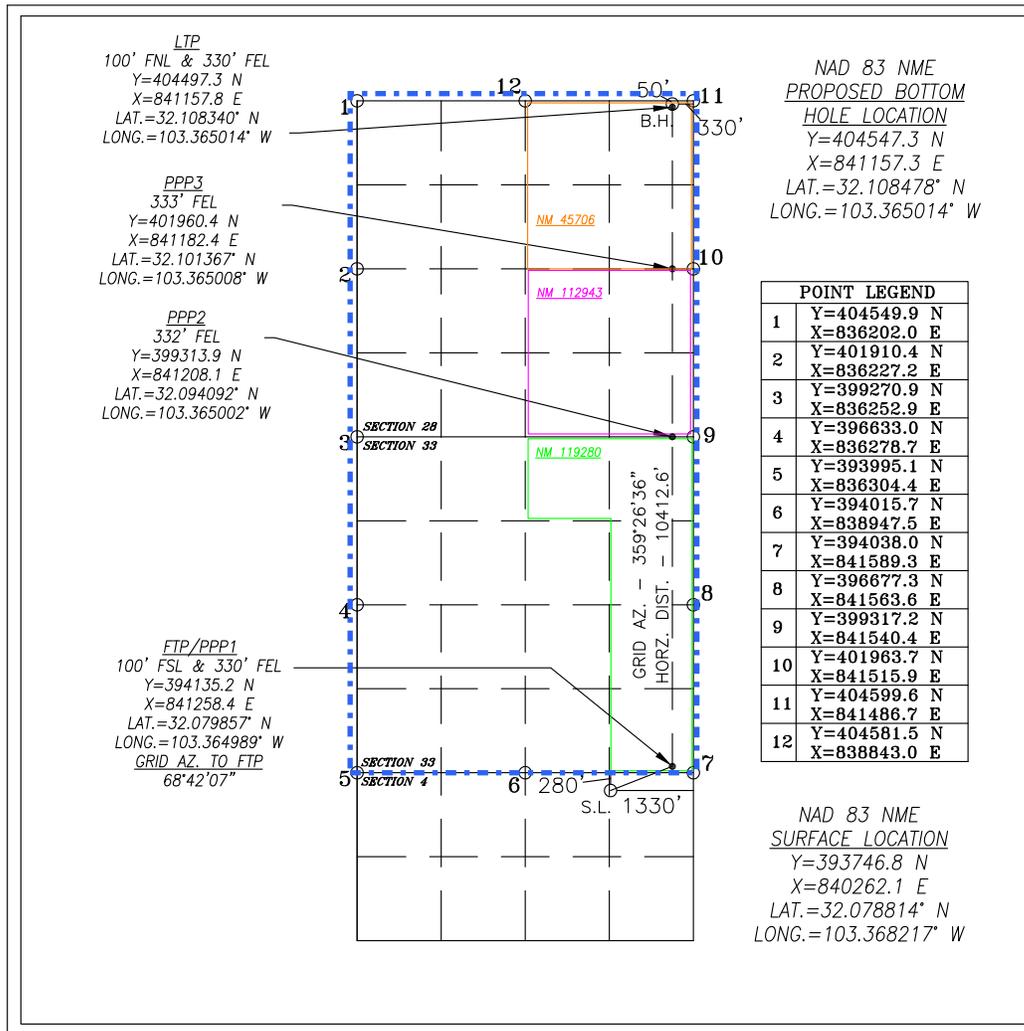
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	4	26-S	35-E		280	NORTH	1330	EAST	LEA

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
A	28	25-S	35-E		50	NORTH	330	EAST	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

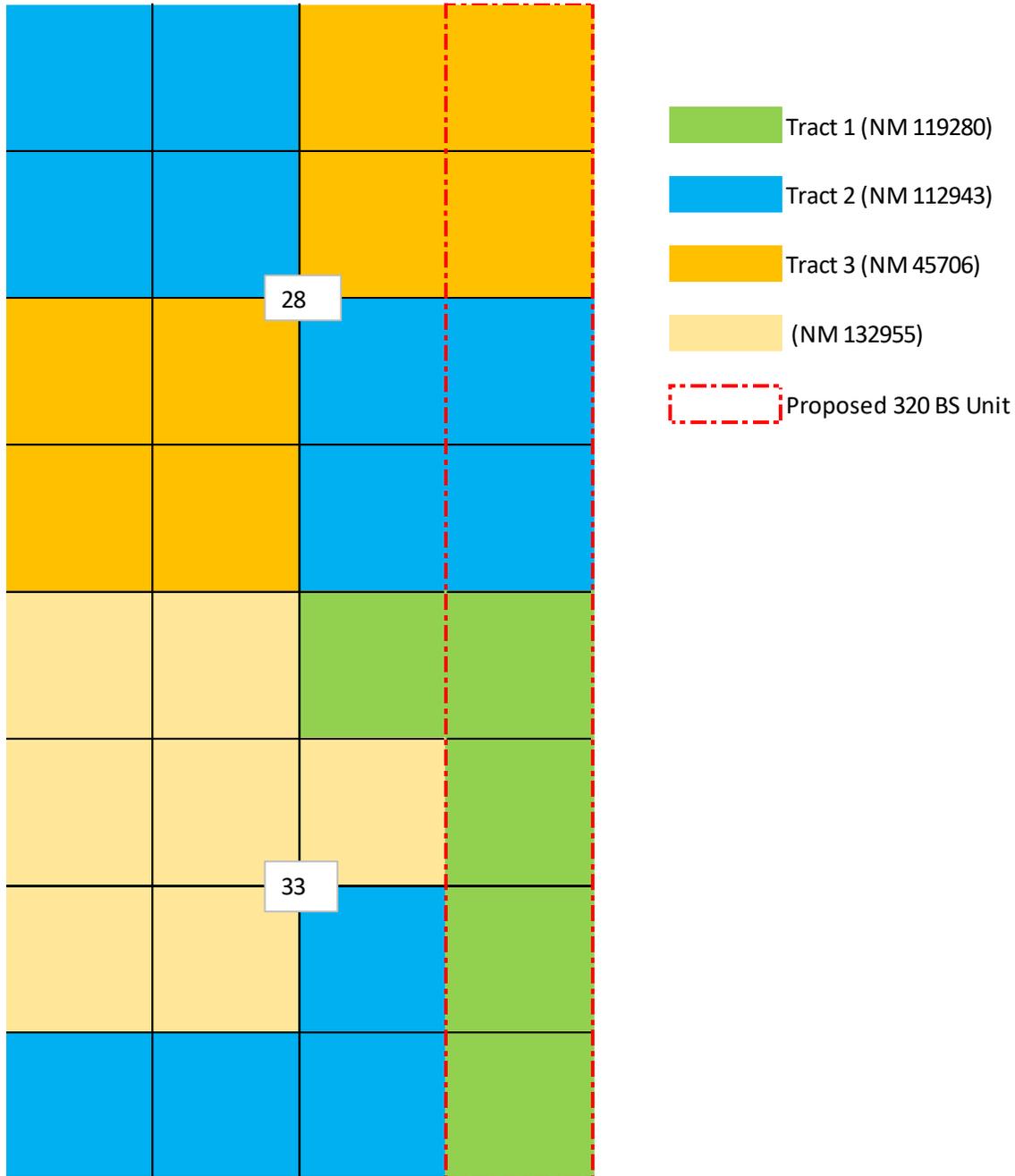
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

JUNE 6, 2023
Date of Survey

Signature & Seal of Professional Surveyor

Chad Harcrow 11/6/23
Certificate No. CHAD HARCROW 17777
W.O. #23-892 DRAWN BY: WN

Akubra Fed Com Lease Map
Bone Spring Formation
T25S-R35E
Section 28: E2
Section 33: E2
Lea County, New Mexico



*Pooled parties highlighted in yellow.

COG OPERATING LLC
Case No. 24061
Exhibit A-3

Akubra Fed Com Unit Breakdown
 Bone Spring Formation
 T25S-R35E
 Sections 28: E2
 Section 33: E2
 Lea County, New Mexico

Unit Working Interest

COG Operating LLC	65.625000%
COG Production LLC	15.625000%
Chevron USA Inc.	18.750000%
Total WI	100.000000%

Tract 1 - E2E2 of Section 33, T25S-R35E

COG Production, LLC	100.000000%
Total	100.000000%

Tract 2 - E2SE4 of Section 28, T25S-R35E

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

Tract 3 - E2NE4 of Section 28, T25S-R35E

COG Operating, LLC	100.000000%
Total	100.000000%

*Pooled parties 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
Dallas, TX 75225

**Pooled parties highlighted in yellow.*

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
Rio Rancho, NM 87074

**Pooled parties highlighted in yellow.*

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 highlighted in yellow.*



Blair C. Brummell, CPL
Staff Land Negotiator

600 W. Illinois Ave
Midland, TX 79701

Via Federal Express

November 1, 2023

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

RE: Well Proposal – Akubra Fed Com 603H
Township 25 South, Range 35 East, N.M.P.M.
Section 28: E2E2
Section 33: E2E2
Lea County, New Mexico
320.0/a Bone Spring

Chevron U.S.A. Inc.:

COG Operating LLC (“COG”), as Operator, hereby proposes the drilling of the following horizontal well with productive laterals located in the E2E2 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 603H, 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 1330’ 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, 330’ FEL of Section 33, and the last take point is estimated at approximately 100’ FNL, 330’ FEL of Section 28. The estimated bottom hole location for this well is proposed at approximately 50’ FNL, 330’ FEL’, of Section 28. The dedicated horizontal spacing unit will be the E2E2 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 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.

COG Operating LLC is a wholly owned subsidiary of ConocoPhillips

COG OPERATING LLC
Case No. 24061
Exhibit A-4

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) 685-4346 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 603H.
_____ I/We hereby elect **not** to participate in the drilling and completion of the Akubra Federal Com 603H.

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 603H

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

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

COG OPERATING LLC
Case No. 24061
Exhibit A-5

Name/Addresses	Ratification Drafted? BS and WC	Ratification Mailed Date		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			Yes
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,
LEA COUNTY, NEW MEXICO.**

CASE NO. 24061

**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 path for the proposed **Akubra Federal Com 603H** well (“Well”) is 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 well 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. 24061
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 well 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 well is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and the lack of preferred fracture orientation in this portion of the trend.

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

9. In my opinion, the granting of 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

1/16/2024
Date

Akubra Fed Com 3rd Bone Spring



Map Legend

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

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

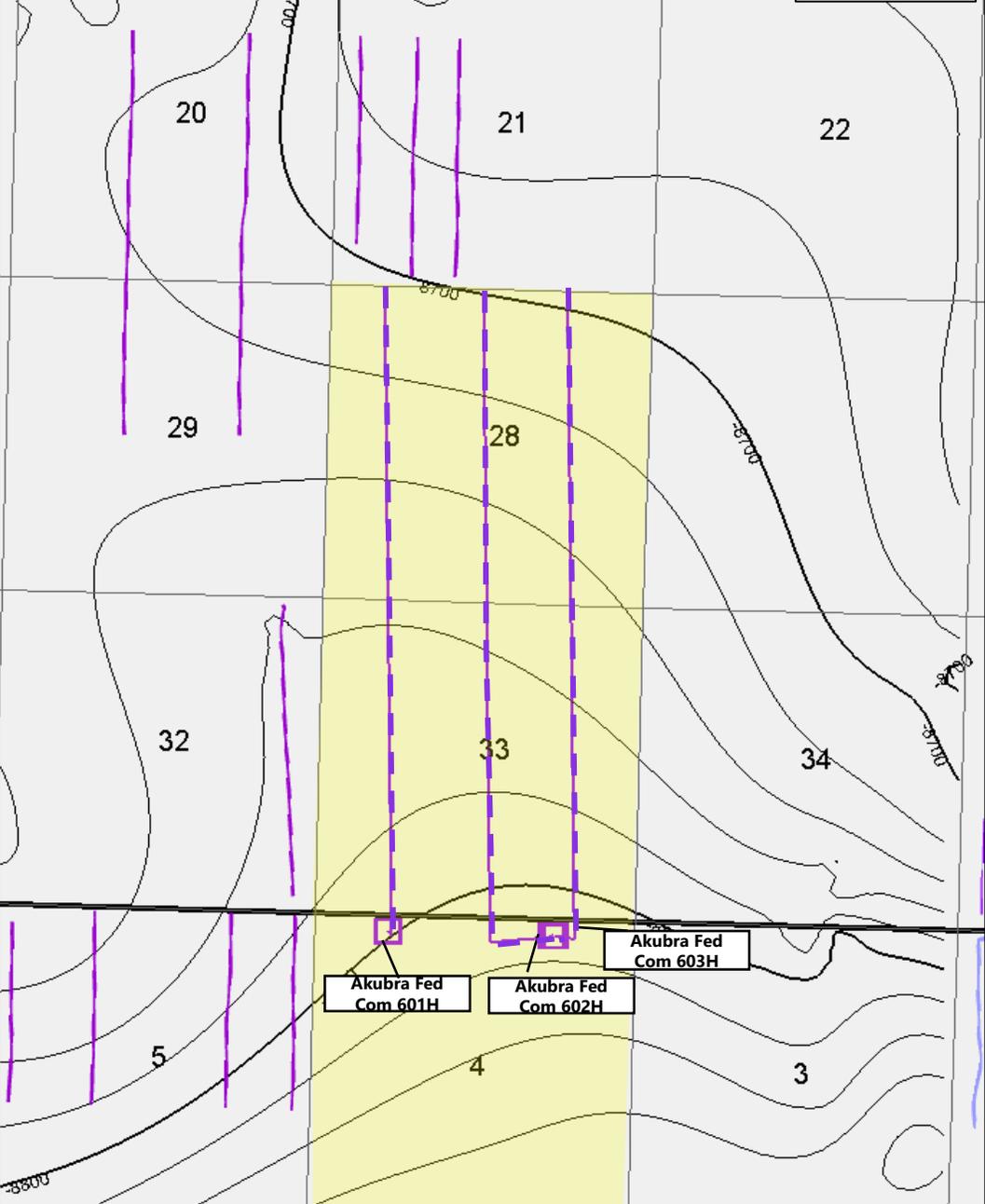
COG OPERATING LLC
Case No. 24061
Exhibit B-1



Akubra Fed Com 3rd Bone Spring

Received by OCD: 1/16/2024 1:42:54 PM

25S 35E



Released to Imaging: 1/16/2024 1:44:24 PM

26S 35E

Map Legend

- SHL** COP – 3RD Bone Spring Horizontal Location
- BHL** 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. 24061
Exhibit B-2



Akubra Fed Com Cross Section Map

Received by OCD: 1/16/2024 1:42:54 PM

25S 35E



Released to Imaging: 1/16/2024 1:44:24 PM

Map Legend

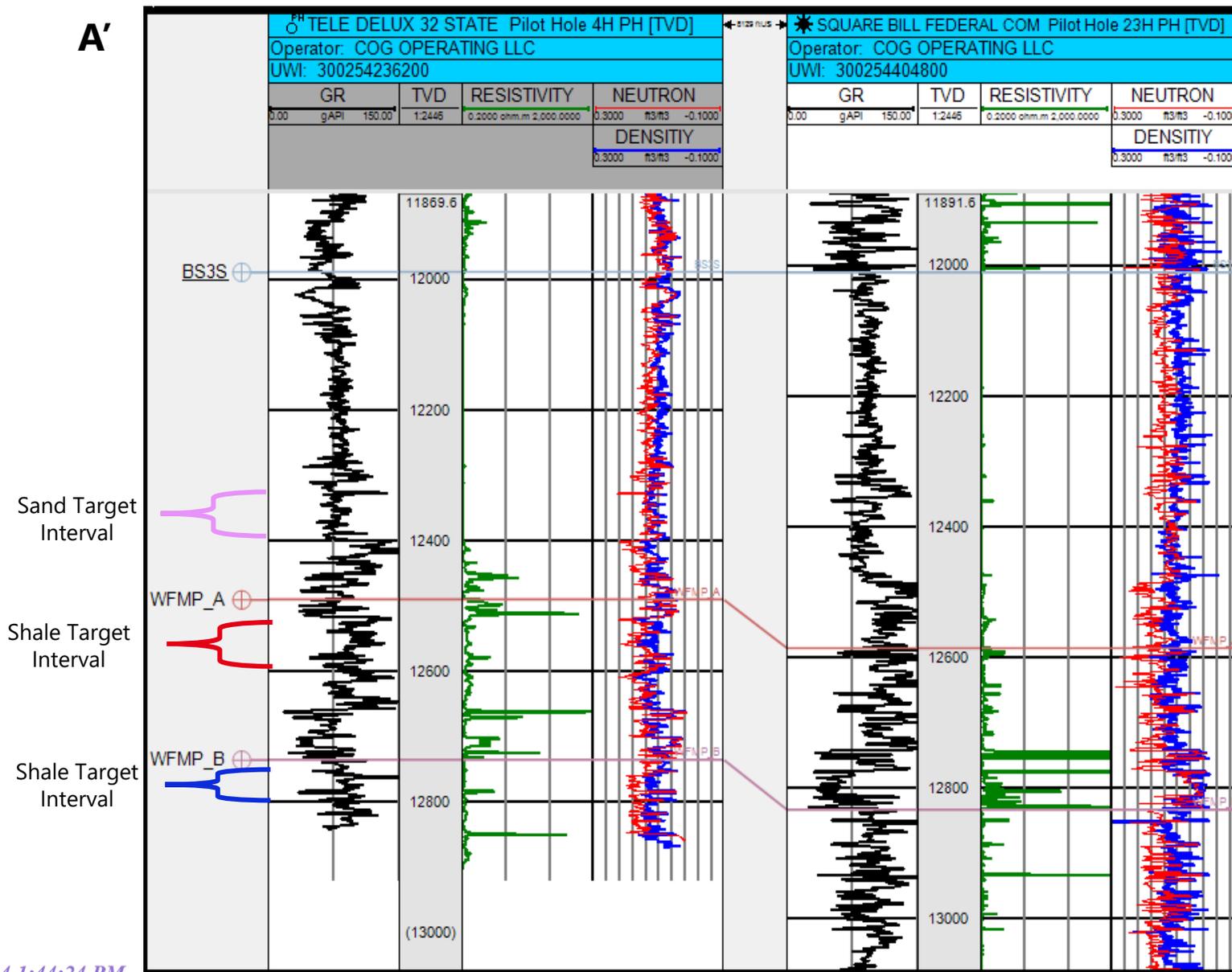
- COP – 3RD Bone Spring Horizontal Location
- Producing 3RD Bone Spring Wells
- COP – Wolfcamp A Horizontal Location
- Producing Wolfcamp A Wells
- COP – Wolfcamp B Horizontal Location
- COP Acreage
- Cross Section Line

**COG
OPERATING
LLC
Case No. 24061
Exhibit B-3**

Akubra Fed Com X-section

A'

A



COG OPERATING LLC
Case No. 24061
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,
LEA COUNTY, NEW MEXICO**

CASE NO. 24061

**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. 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-4**.

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

/s/ Dana S. Hardy
Dana S. Hardy

January 15, 2024
Date

**COG OPERATING LLC
Case No. 24061
Exhibit C**



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

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

December 8, 2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 24061 – Application of COG Operating LLC for Compulsory Pooling, Lea County, New Mexico

To whom it may concern:

This letter is to advise you that the enclosed 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.

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

Enclosure

COG OPERATING LLC
Case No. 24061
Exhibit C-1

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
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

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

CASE NO. 24061

NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
The 1687 Foundation PO Box 251089 Plano, TX 75025	12/08/23	01/02/24
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	12/27/23
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
Estate of Ronald H. Mayer, Deceased PO Box 2391 Roswell, NM 88202	12/08/23	12/20/23

**COG OPERATING LLC
Case No. 24061
Exhibit C-2**

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

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

CASE NO. 24061

NOTICE LETTER CHART

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	Per USPS Tracking (Last Checked 01/12/24): 12/11/23 – Delivered to P.O. Box.

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

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

CASE NO. 24061

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	12/14/23
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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7020 0090 0000 0863 5033

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

Post Office: SANTA FE NM 87501

City: The 1687 Foundation
PO Box 251089
Plano, TX 75025

City: 24061 - COG Akubra

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">The 1687 Foundation PO Box 251089 Plano, TX 75025</p> <p style="text-align: right; font-size: small;">24061 - COG Akubra</p> </div> <p style="text-align: center;">9590 9402 7635 2122 6696 67</p> <p style="font-size: 1.5em; font-weight: bold; text-align: center;">7020 0090 0000 0863 5033</p>	<p>A. Signature X </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) AMBER GALLOWAY</p> <p>C. Date of Delivery JAN 2, 2024</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold; background-color: #eee; padding: 10px;">RECEIVED</p> <p style="text-align: center; font-size: small;">Hinkle Shanon LLP Santa Fe NM 87501</p> <p>3. Service Type Santa Fe NM 87501</p> <table style="width: 100%; font-size: small;"> <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																

COG OPERATING LLC
Case No. 24061
Exhibit C-3

7020 0090 0000 0863 5026

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
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

City
Rio Rancho, NM 87074

24061 - COG Akubra

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>Shirley 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 style="text-align: center;">RECEIVED DEC 18 2023</p>
<p>1. Article Addressed 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</p> <p style="text-align: right;">24061 COG Akubra</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <i>Hinkle Shanor</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <i>5 NM 87074</i> <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>
<p>2. Article Number (Transfer from service label) 7020 0090 0000 0863 5026</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 7384

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Certified Mail Fee \$ _____

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: 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
 City: North Little Rock, AR 95074 24061 - COG Akubra

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>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</p> <p>24061 COG Akubra</p>	<p>RECEIVED DEC 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 7384</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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SANTA FE NM FE 87801
USPS SANTA NM FE 87801
POST OFFICE
DEC 27 2023

7022 1670 0002 1189 7360

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street	Bryan Bell Family LLC 213 20th St. New Orleans, LA 70124-1235
City	24061 - COG Akubra

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>FRANK JAWA</i></p> <p>C. Date of Delivery <i>12/27/2023</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 style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">DEC 27 2023</p>																
<p>1. Article Addressed to:</p> <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;">24061 - COG Akubra</p> <p style="text-align: center; font-size: 1.2em;">9590 9402 7635 2122 6743 26</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7022 1670 0002 1189 7360</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

7022 1670 0002 1189 7377

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OFFICIAL

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: Charmar, LLC
 4815 Vista Del Oso Court NE
 City: Albuquerque, NM 87109
 24061 - COG Akubra

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 S. Hinkle Shanor LLC 12-11-23</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 13 2023</p>
<p>1. Article Addressed to:</p> <p>Charmar, LLC 4815 Vista Del Oso Court NE Albuquerque, NM 87109 24061 - COG Akubra</p> <p>9590 9402 7635 2122 6743 33</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLC <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 7377</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7022 1670 0002 1189 7353

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	Chevron U.S.A. Inc
	1400 Smith Street
City	Houston, TX 77002
	24061 - COG Akabra

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Chevron U.S.A. Inc 1400 Smith Street Houston, TX 77002</p> <p style="text-align: right; font-size: 0.8em;">24061 - COG Akabra</p> </div> <div style="text-align: center; margin: 5px 0;"> <p>9590 9402 7635 2122 6743 40</p> </div> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 7353</p>	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Amber Alley</i> <i>12/28/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; font-weight: bold; color: green;">RECEIVED</p> <p style="font-size: 1.5em; color: blue;">JAN 24 2024</p> </div> <p>3. Service Type <i>Hinkle Shanor</i> <input type="checkbox"/> Priority Mail Express® <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 7438

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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 \$

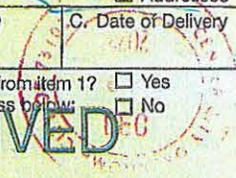
Postage \$
 Total Postage and Fees \$

Sent To
 St Devon Energy Production Company, L.P.
 333 West Sheridan Avenue
 Oklahoma City, OK 73102
 Ci 24061 - COG Akubra

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. 	A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Devon Energy Production Company, L.P. 333 West Sheridan Avenue Oklahoma City, OK 73102 24061 - COG Akubra 9590 9402 7635 2122 6696 43	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No RECEIVED DEC 18 2023
2. Article Number (Transfer from service label) 7022 1670 0002 1189 7438	3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)



7022 1670 0002 1189 7421

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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

Post Office: SANTA FE NM 87501

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

City: 24061 - COG Akubra

PS Form 3800, April 2015 PSN 7630-02-000-9047 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>Ronald H. Mayer</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ronald H. Mayer</i></p> <p>C. Date of Delivery <i>DEC 20 2023</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 20 2023</p>
<p>1. Article Addressed to:</p> <p>Estate of Ronald H. Mayer, Deceased PO Box 2391 Roswell, NM 88202</p> <p>24061 - COG Akubra</p> <p>9590 9402 7635 2122 6743 02</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i> <input checked="" type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe, NM 87501</i> <input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" 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>7022 1670 0002 1189 7421</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 7407

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

24061 - COG Akubra

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>Jaimie Vanfeld</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p> <p>RECEIVED 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>24061 - COG Akubra</p> <p>9590 9402 7635 2122 6697 42</p>	<p>3. Service Type <i>Priority Mail Express®</i></p> <p><input type="checkbox"/> Adult Signature <input checked="" 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 (ove: \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 7407</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

7022 1670 0002 1189 7391

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

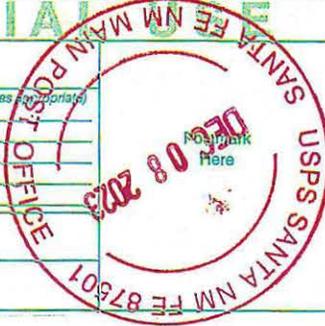
Total Postage and Fees \$ _____

Sent To: _____

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

City 24061 - COG Akubra

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>MC Rubin</i></p> <p>B. Received by (Printed Name) <i>MC RUBIN</i></p> <p>C. Date of Delivery <i>12/11/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>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>24061 - COG Akubra</p> <p>9590 9402 7635 2122 6697 97</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input checked="" 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"/> Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 7391</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 7483

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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

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

City 24061 - COG Akubra

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>LCA83, LLC 8740 Cornell Ave. Odessa, TX 79765</p> <p>24061 - COG Akubra</p>	<p>RECEIVED</p> <p>DEC 13 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 7483</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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 7469

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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 \$ _____

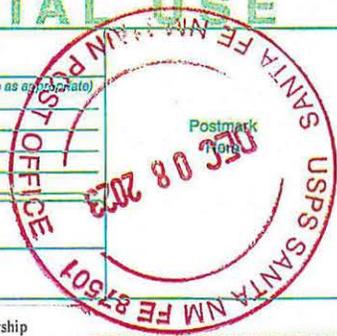
Adult Signature Restricted Delivery \$ _____

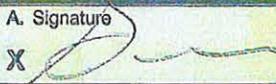
Postage \$ _____

Total Postage and Fees \$ _____

Sent to: Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521
City: 24061 - COG Akubra

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



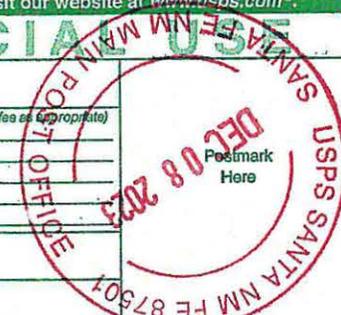
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 12/18/23</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 DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>Occidental Permian Limited Partnership 5 Greenway Plaza, Suite 110 Houston, TX 77046-0521 24061 - COG Akubra</p> <p>9590 9402 7635 2122 6697 66</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>7022 1670 0002 1189 7469</p>	
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OFFICIAL RECEIPT

7019 2970 0000 7641 7376

Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fees as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage and Fees		
\$		
Sent To		
Street Rubie Crosby Bell Family LLC		
213 20th St.		
City New Orleans, LA 70124-1235		
City 24061 - COG Akabra		

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Rubie Crosby Bell Family LLC 213 20th St. New Orleans, LA 70124-1235</p> <p style="text-align: right; font-size: 0.8em;">24061 - COG Akabra</p> </div> <div style="text-align: center; margin: 5px 0;">  9590 9402 7635 2122 6587 39 </div> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7641 7376</p>	<p>A. Signature</p> <p>X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Hinkle Shanor, LLC</i> 12/14/2023</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">DEC 27 2023</p> <p>3. Service Type <i>Hinkle Shanor LLC</i> <input checked="" type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" 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

7019 2970 0000 7641 7383

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

SAP, LLC
4901 Whitney Lane
Roswell, NM 88203

24061 - COG Akubra

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) Judith Nunez</p> <p>C. Date of Delivery 12/14/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>SAP, LLC 4901 Whitney Lane Roswell, NM 88203</p> <p>24061 - COG Akubra</p> <p>9590 9402 7635 2122 6587 22</p>	<p>RECEIVED DEC 14 2023</p>
<p>2. Article Number (Transfer from service label) 7019 2970 0000 7641 7383</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7641 7390

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

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent to
 SMP Patriot Mineral Holdings, LLC
 4143 Maple Avenue, Suite 500
 Dallas, TX 75219
 24061 - COG Akubra

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</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>SMP Patriot Mineral Holdings, LLC 4143 Maple Avenue, Suite 500 Dallas, TX 75219</p> <p>24061 - COG Akubra</p>  <p>9590 9402 7635 2122 6587 15</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> 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>7019 2970 0000 7641 7390</p>	<p>RECEIVED</p> <p>DEC 18 2023</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7641 7406

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

St TD Minerals, LLC
 8111 Westchester Drive, Suite 900
 Dallas, TX 75225

City 24061 - COG Akubra

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>Rashed Al-Hudaybi</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rashed Al-Hudaybi</i></p> <p>C. Date of Delivery <i>12-12-23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>TD Minerals, LLC 8111 Westchester Drive, Suite 900 Dallas, TX 75225</p> <p>24061 - COG Akubra</p>  <p>9590 9402 7635 2122 6587 08</p>	<p>RECEIVED DEC 18 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 7406</p>	<p>3. Service Type <i>Hinkle Shanor Int. Santa Fe NM 87501</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7641 7314

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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 \$ _____

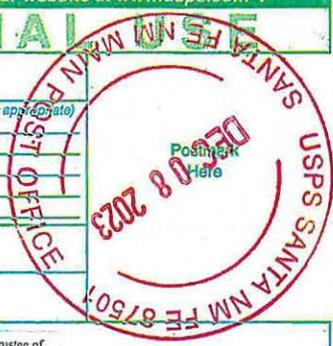
Service Wells Fargo, National Association, Successor Trustee of the Robert N. Enfield Irrevocable Trust B

Street 201 Main Street

City Fort Worth, TX 76102

24061 - COG Akabra

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>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Luke Cumme</i></p> <p>C. Date of Delivery <i>12/20/23</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>RECEIVED</p> <p>DEC 20 2023</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>24061 - COG Akabra</p>	<p>3. Service Type <i>Priority Mail Express®</i></p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87504</i></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> 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>9590 9402 7635 2122 6586 92</p> <p>Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 7314</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 7445

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street Thomas Deason
1405 Knight Ave
Wolforth, TX 79382

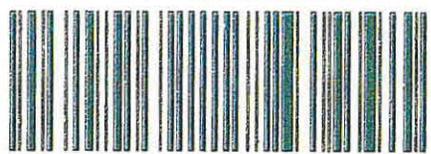
City, State, ZIP+4® 24061 - COG Akubra

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



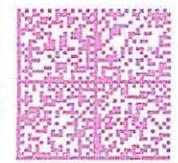
HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504

CERTIFIED MAIL®



7022 1670 0002 1189 7445

FIRST-CLASS



US POSTAGE™
ZIP 87501 \$ 008.53
02 7H
0006052409 DEC 08 2023

RECEIVED

DEC 14 2023

Hinkle Shanor LLP
Santa Fe NM 87504

Thomas Deason
1405 Knight Ave
Wolforth, TX 79

7530-02-000-9047

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 St MerPel, LLC
 4245 N. Central Expy, Ste 320 Box 109
 Dallas, TX 75225
 Ci 24061 - COG Akubra

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

7022 1670 0002 1189 7490



CERTIFIED MAIL®

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



7022 1670 0002 1189 7490

FIRST-CLASS



US POSTAGE™ PITNEY BOWES
 ZIP 87501 \$ **008.53**⁰
 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

Handwritten:
 12/29

NIXIE 750 DE 1 0012/23/23
 RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 ANK BC: 87504206868 *2255-03016-08-44

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

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OFFICIAL USE

7022 1670 0002 1189 7346

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	Richard C. Deason
	1301 N. Havenhurst #217
	West Hollywood, CA 90046
City	24061 - COG Akubra

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211897346

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



See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

Certified Mail Fee

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

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

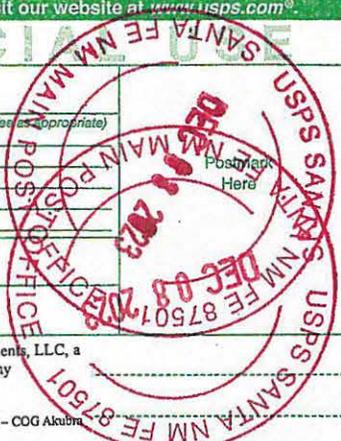
Postmark Here

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

24061 - COG Akubra



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

See Reverse for Instructions

7022 1670 0002 1189 7414

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211897414

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.

Get More Out of USPS Tracking:

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>)

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

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

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

Postage

Total Postage and Fees

Sent To

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

24061 - COG Akubra



Postmark Here

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

See Reverse for Instructions

7022 1670 0002 1189 7476

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211897476

Copy

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

Latest Update

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

Get More Out of USPS Tracking:

USPS Tracking Plus®

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

Feedback

● Hide Tracking History

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

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7022 1670 0002 1189 7452

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

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	\$



Malaga Royalty, LLC	
P.O. Box 2064	
Midland, TX 79702	
24061 - COG Akubm	

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211897452

Copy

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

Latest Update

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

Get More Out of USPS Tracking:

USPS Tracking Plus®

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

Feedback

● 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

U.S. Postal Service
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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	
Address	Pegasus Resources II, LLC
	P.O. Box 470698
	Fort Worth, TX 76147
City	24061 - COG Akubra



7019 2970 0000 7641 7369

USPS Tracking®

FAQs >

Tracking Number:

Remove X

7019297000076417369

Copy

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

Latest Update

Your item has been delivered and is available at a PO Box at 10:23 am on December 11, 2023 in FORT WORTH, TX 76147.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, PO Box

FORT WORTH, TX 76147
December 11, 2023, 10:23 am

Arrived at Post Office

FORT WORTH, TX 76107
December 11, 2023, 10:22 am

Arrived at USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER
December 10, 2023, 12:06 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



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

Affidavit of Publication

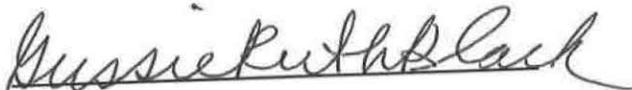
STATE OF NEW MEXICO
COUNTY OF LEA

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
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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 NM Bank & Trust; 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; 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. 24061). 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") seeks an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2 E/2 of Sections 28 and 33, Township 25 South, Range 35 East, Lea County, New Mexico ("Unit"). Applicant seeks to dedicate the Unit to the **Akubra Federal Com 603H** well ("Well"), which will 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 NE/4 NE/4 (Unit A) of Section 28. The completed interval of the Well will be orthodox. Also to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 9.5 miles west of Jal, New Mexico.
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COG OPERATING LLC
Case No. 24061
Exhibit C-4