

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

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

**CASE NO. 24004**

**EXHIBIT INDEX**

Compulsory Pooling Checklist

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

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

<b>Case: 24004</b>	<b>APPLICANT'S RESPONSE</b>
<b>Hearing Date</b>	<b>February 15, 2024</b>
Applicant	<b>Permian Resources Operating, LLC</b>
Designated Operator & OGRID (affiliation if applicable)	<b>OGRID No. 372165</b>
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.
Entries of Appearance/Intervenors:	MRC Permian Company
Well Family	Madera
<b>Formation/Pool</b>	
Formation Name(s) or Vertical Extent:	Bone Spring
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Bone Spring
Pool Name and Pool Code:	Winchester; Bone Spring, West (Code 97569)
Well Location Setback Rules:	Statewide
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acres
Building Blocks:	Quarter-quarter
Orientation:	East to West
Description: TRS/County	S/2 N/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is approval of non-standard unit requested in this application?</u>	Yes
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	No.
Proximity Tracts: If yes, description	N/A
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit A-3
<b>Well(s)</b>	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Madera 9 State Com #122H (API # ---) SHL: 1525' FNL & 413' FEL (Unit H), Section 9, T19S, R28E BHL: 1710' FNL & 10' FWL (Unit E), Section 8, T19S, R28E Completion Target: Second Bone Spring (7,330' TVD)

Well #2	Madera 9 State Com #132H (API # ---) SHL: 1497' FNL & 397' FEL (Unit H), Section 9, T19S, R28E BHL: 1650' FNL & 10' FWL (Unit E), Section 8, T19S, R28E Completion Target: Third Bone Spring (8,572' TVD)
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	\$10,000.00
Production Supervision/Month \$	\$1,000.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-1, Exhibit C-2, Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
<b>Ownership Determination</b>	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	Exhibit A-3
<b>Joinder</b>	
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
<b>Geology</b>	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-6
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A

<b>Forms, Figures and Tables</b>	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-2
Structure Contour Map - Subsea Depth	Exhibit B-3, B-4
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-5
<b>Additional Information</b>	
Special Provisions/Stipulations	N/A
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name</b> (Attorney or Party Representative):	Dana S. Hardy
<b>Signed Name</b> (Attorney or Party Representative):	/s/ Dana S. Hardy
<b>Date:</b>	2/13/2024

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

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

**CASE NO. 24004**

**SELF-AFFIRMED STATEMENT  
OF MARK HAJDIK**

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

2. Copies of Permian Resources’ application and proposed hearing notice are attached as **Exhibit A-1**.

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

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

5. The Unit will be dedicated to the **Madera 9 State Com #122H** and **Madera 9 State Com #132H** wells (“Wells”), which will be drilled from surface hole locations in the SE/4 NE/4 (Unit H) of Section 9 to bottom hole locations in the NW/4 SW/4 (Unit E) of Section 8. The Wells will be completed in the [97569] WINCHESTER; BONE SPRING, WEST.

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

**Permian Resources Operating, LLC  
Case No. 24004  
Exhibit A**

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

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

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

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

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

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

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

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

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



---

Mark Hajdik

12/19/23

Date

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

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

**CASE NO.** 24004

**APPLICATION**

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

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Madera 9 State Com #122H** well and **Madera 9 State Com #132H** well (“Wells”), which will be drilled from surface hole locations in the SE/4 NE/4 (Unit H) of Section 9 to bottom hole locations in the NW/4 SW/4 (Unit E) of Section 8.
3. The completed intervals of the Wells will be orthodox.
4. Applicant has undertaken diligent, good faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all interest owners.
5. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

**Permian Resources Operating, LLC  
Case No. 24004  
Exhibit A-1**

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

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

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

Respectfully submitted,

HINKLE SHANOR LLP

*/s/ Dana S. Hardy* \_\_\_\_\_

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

[dhardy@hinklelawfirm.com](mailto:dhardy@hinklelawfirm.com)

[jmclean@hinklelawfirm.com](mailto:jmclean@hinklelawfirm.com)

*Counsel for Permian Resources Operating,  
LLC*

**Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.** Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Madera 9 State Com #122H** and the **Madera 9 State Com #132H** wells ("Wells"), which will be drilled from surface hole locations in the SE/4 NE/4 (Unit H) of Section 9 to bottom hole locations in the SW/4 NW/4 (Unit E) of Section 8. The completed interval of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico.

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-54323		<sup>2</sup> Pool Code [97569]		<sup>3</sup> Pool Name WINCHESTER; BONE SPRING, WEST	
<sup>4</sup> Property Code 334791		<sup>5</sup> Property Name MADERA 9 STATE COM		<sup>6</sup> Well Number 132H	
<sup>7</sup> OGRID No. 372165		<sup>8</sup> Operator Name PERMIAN RESOURCES OPERATING, LLC		<sup>9</sup> Elevation 3533.0'	

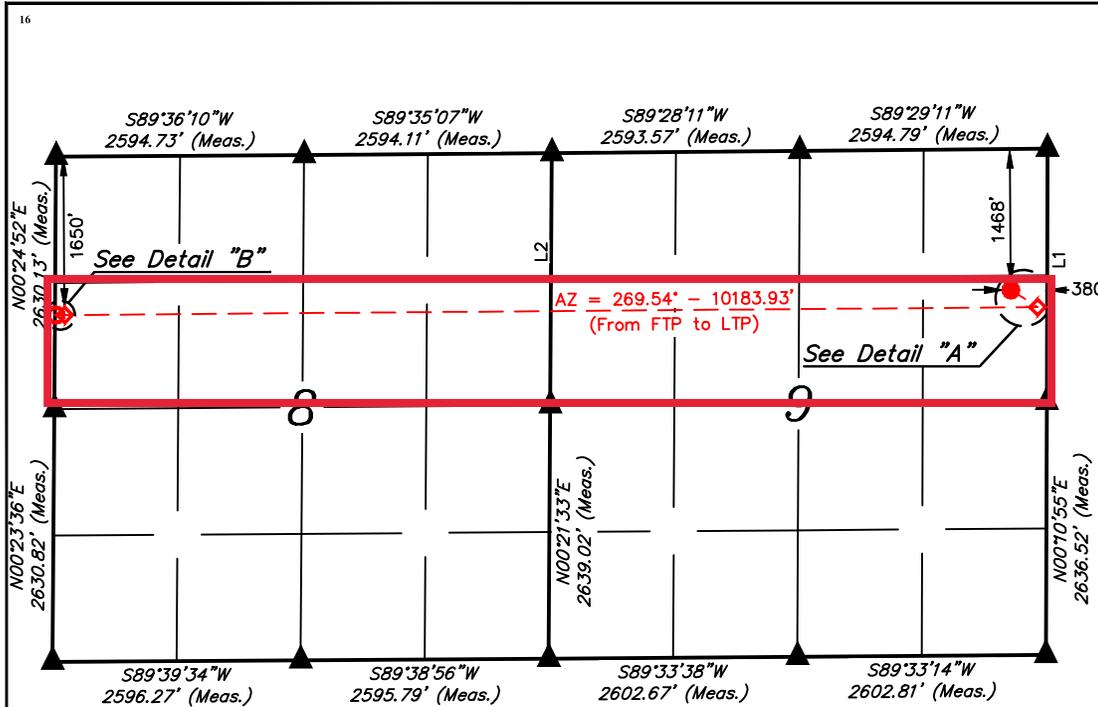
<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	9	19S	28E		1468	NORTH	380	EAST	EDDY

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	8	19S	28E		1650	NORTH	10	WEST	EDDY
<sup>12</sup> Dedicated Acres 320.00		<sup>13</sup> Joint or Infill		<sup>14</sup> Consolidation Code		<sup>15</sup> Order No.			

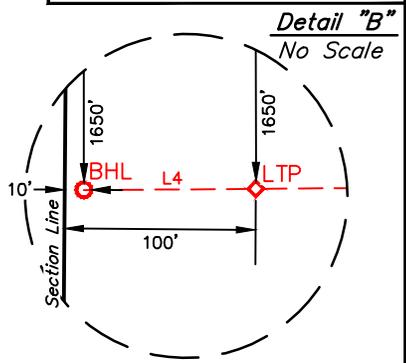
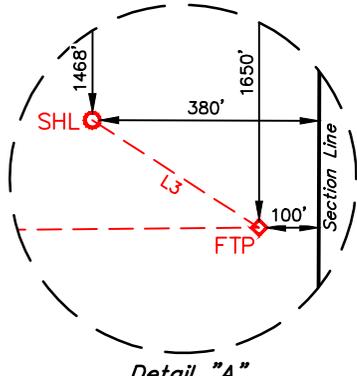
No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



LINE TABLE		
LINE	DIRECTION	LENGTH
L1	N00°10'48\"E	2636.80'
L2	N00°22'37\"E	2627.33'

WELL BORE LINE TABLE		
LINE	DIRECTION	LENGTH
L3	AZ = 122.66°	331.82'
L4	AZ = 269.60°	90.01'

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



**<sup>17</sup> OPERATOR CERTIFICATION**  
 I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.  
 Signature: Ashley Brown Date: 2/5/2024  
 Printed Name: Ashley Brown  
 E-mail Address: ashley.brown@permianres.com

**<sup>18</sup> SURVEYOR CERTIFICATION**  
 I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  
 Date of Survey: July 10, 2023  
 Signature and Seal of Professional Surveyor:  
 Certificate Number:



<b>NAD 83 (SURFACE HOLE LOCATION)</b> LATITUDE = 32°40'42.10" (32.678362°) LONGITUDE = -104°10'25.69" (-104.173803°)	<b>NAD 83 (FIRST TAKE POINT)</b> LATITUDE = 32°40'40.34" (32.677872°) LONGITUDE = -104°10'22.42" (-104.172893°)
<b>NAD 27 (SURFACE HOLE LOCATION)</b> LATITUDE = 32°40'41.68" (32.678246°) LONGITUDE = -104°10'23.86" (-104.173293°)	<b>NAD 27 (FIRST TAKE POINT)</b> LATITUDE = 32°40'39.92" (32.67756°) LONGITUDE = -104°10'20.58" (-104.172384°)
<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 610556.16' E: 590422.61'	<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 610378.32' E: 590702.66'
<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 610493.93' E: 549242.98'	<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 610316.10' E: 549523.02'
<b>NAD 83 (LAST TAKE POINT)</b> LATITUDE = 32°40'39.23" (32.677565°) LONGITUDE = -104°12'21.54" (-104.205982°)	<b>NAD 83 (BOTTOM HOLE LOCATION)</b> LATITUDE = 32°40'39.22" (32.677562°) LONGITUDE = -104°12'22.59" (-104.206274°)
<b>NAD 27 (LAST TAKE POINT)</b> LATITUDE = 32°40'38.81" (32.677449°) LONGITUDE = -104°12'19.70" (-104.205472°)	<b>NAD 27 (BOTTOM HOLE LOCATION)</b> LATITUDE = 32°40'38.81" (32.677446°) LONGITUDE = -104°12'20.75" (-104.205764°)
<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 610252.71' E: 580521.85'	<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 610251.71' E: 580431.87'
<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 610190.57' E: 539342.21'	<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 610189.56' E: 539252.23'



DRAWN BY: N.D.T. 07-20-23  
 REV: 3 01-31-24 L.T.T.  
 (SHL CHANGE)

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
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Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-54321		<sup>2</sup> Pool Code [97569]		<sup>3</sup> Pool Name WINCHESTER; BONE SPRING, WEST	
<sup>4</sup> Property Code 334791		<sup>5</sup> Property Name MADERA 9 STATE COM			<sup>6</sup> Well Number 122H
<sup>7</sup> OGRID No. 372165		<sup>8</sup> Operator Name PERMIAN RESOURCES OPERATING, LLC			<sup>9</sup> Elevation 3533.5'

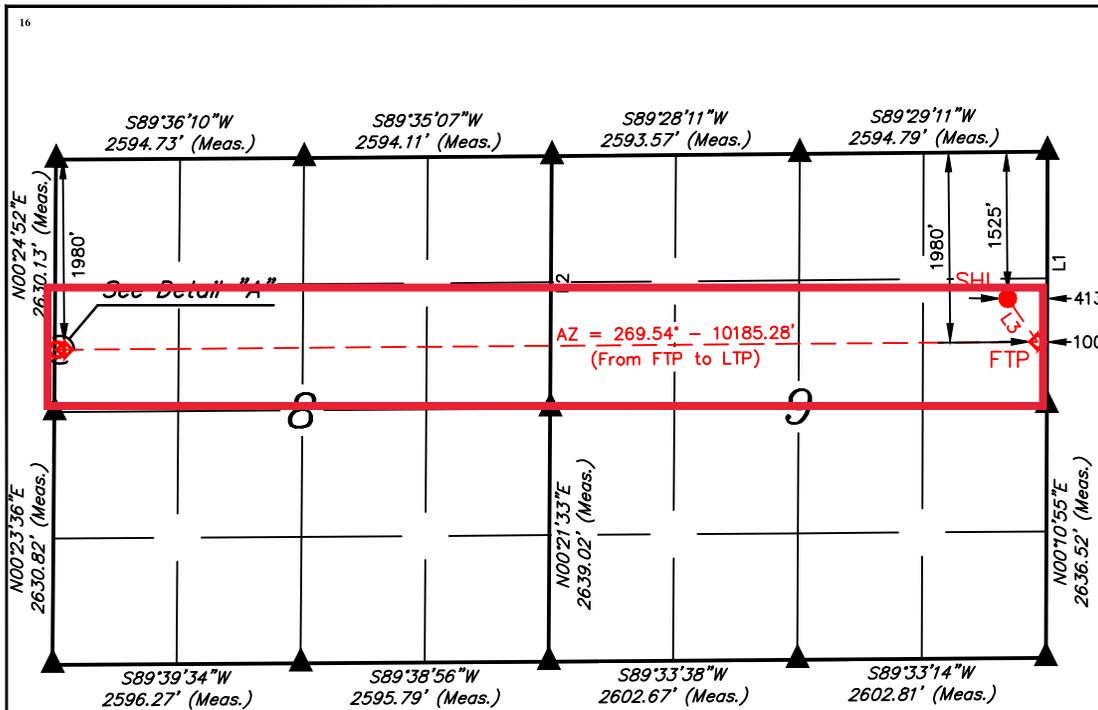
<sup>10</sup> Surface Location

UL or lot no. H	Section 9	Township 19S	Range 28E	Lot Idn	Feet from the 1525	North/South line NORTH	Feet from the 413	East/West line EAST	County EDDY
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no. E	Section 8	Township 19S	Range 28E	Lot Idn	Feet from the 1980	North/South line NORTH	Feet from the 10	East/West line WEST	County EDDY
<sup>12</sup> Dedicated Acres 320.00		<sup>13</sup> Joint or Infill		<sup>14</sup> Consolidation Code		<sup>15</sup> Order No.			

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



LINE TABLE		
LINE	DIRECTION	LENGTH
L1	N00°10'48"E	2636.80'
L2	N00°22'37"E	2627.33'

WELL BORE LINE TABLE		
LINE	DIRECTION	LENGTH
L3	AZ = 145.40°	549.54'
L4	AZ = 269.60°	90.01'

**NOTE:**

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

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

*Ashley Brown* 2/5/2024  
Signature Date

Ashley Brown  
Printed Name  
ashley.brown@permianres.com  
E-mail Address

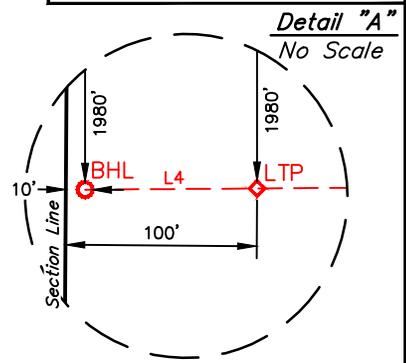
**<sup>18</sup> SURVEYOR CERTIFICATION**  
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

July 10, 2023  
Date of Survey

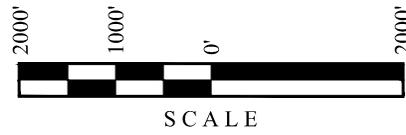
Signature and Seal of Professional Surveyor:



Certificate Number:



<b>NAD 83 (SURFACE HOLE LOCATION)</b> LATITUDE = 32°40'41.54" (32.678206°) LONGITUDE = -104°10'26.08" (-104.173912°)	<b>NAD 83 (FIRST TAKE POINT)</b> LATITUDE = 32°40'37.07" (32.676965°) LONGITUDE = -104°10'22.42" (-104.172894°)
<b>NAD 27 (SURFACE HOLE LOCATION)</b> LATITUDE = 32°40'41.12" (32.678089°) LONGITUDE = -104°10'24.25" (-104.173402°)	<b>NAD 27 (FIRST TAKE POINT)</b> LATITUDE = 32°40'36.65" (32.676849°) LONGITUDE = -104°10'20.58" (-104.172384°)
<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 610499.30' E: 590389.13'	<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 610048.37' E: 590703.02'
<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 610437.07' E: 549209.50'	<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 609986.16' E: 549523.38'
<b>NAD 83 (LAST TAKE POINT)</b> LATITUDE = 32°40'35.97" (32.676658°) LONGITUDE = -104°12'21.55" (-104.205986°)	<b>NAD 83 (BOTTOM HOLE LOCATION)</b> LATITUDE = 32°40'35.96" (32.676655°) LONGITUDE = -104°12'22.60" (-104.206279°)
<b>NAD 27 (LAST TAKE POINT)</b> LATITUDE = 32°40'35.55" (32.676542°) LONGITUDE = -104°12'19.71" (-104.205476°)	<b>NAD 27 (BOTTOM HOLE LOCATION)</b> LATITUDE = 32°40'35.54" (32.676539°) LONGITUDE = -104°12'20.77" (-104.205769°)
<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 609922.76' E: 580520.87'	<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 609921.75' E: 580430.88'
<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 609860.62' E: 539341.22'	<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 609859.61' E: 539251.24'



DRAWN BY: N.D.T. 07-20-23  
REV: 5 01-31-24 L.T.T.  
(SHL & WELL BORE CHANGES)

WI OWNER - Madera 122H 132H	TRACT	NET	WI	FORCE POOL INTEREST
Colgate Production, LLC	4, 5	64.5545	20.17%	Operator
Northern Oil and Gas	4	24.7	7.72%	Yes
Santo Legado	1, 2	6.66	2.08%	Yes
MRC Delaware Resources	1, 2	8.56	2.68%	Yes
Jalapeno Corporation	1, 2	2.239	0.70%	Yes
Sharbro Energy	1, 2	15	4.69%	Yes
Yates Industries	1	1.25	0.39%	Yes
Margaret V. Dowling	1	4	1.25%	Yes
OXY USA WTP	4, 5	43.45	13.58%	Yes
Oxy Y-1	1	3.5	1.09%	Yes
Vladin	1	4.25	1.33%	Yes
Tinian Oil and Gas	1	4.25	1.33%	Yes
Occidental Permian	5	2.5	0.78%	Yes
Harvard Petroleum Corporation	5	1.25	0.39%	Yes
Roy G. Barton, Jr., as Trustee of the Roy G. Barton Trust u/t/a January 28, 1982	5	0.31248	0.10%	Yes
Anne S. Johnson	5	0.4166	0.13%	Yes
Linda E Schwartz	5	0.4166	0.13%	Yes
Slash Exploration	5	0.625	0.20%	Yes
Esther L. Kelly	5	0.3125	0.10%	Yes
Joseph J. Kelly	5	0.0781	0.02%	Yes

*Parties to be pooled are highlighted in yellow.*

Permian Resources Operating, LLC  
Case No. 24004  
Exhibit A-3





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

OFFICE 432.695.4222  
FAX 432.695.4063

September 5, 2023

*Via Certified Mail*

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

**RE: Well Proposals: Madera 9 State Com #121H, 122H, 131H, 132H;**

Section 8: N2  
Section 9: N2  
T19S-R28E, Eddy County, New Mexico  
Bone Spring Formation

To Whom It May Concern:

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

**1. Madera 9 State Com #121H**

SHL: 220' FEL & 1567' FNL or at a legal location of Lot H of Section 9  
BHL: 10' FWL & 660' FNL of Section 8  
FTP: 100' FEL & 660' FNL of Section 9  
LTP: 100' FWL & 660' FSL of Section 8  
TVD: 7,328'  
TMD: Approximately 17,613'  
Proration Unit: N/2N/2 of Sections 8 & 9  
Targeted Interval: 2<sup>nd</sup> Bone Spring  
Total Cost: See attached AFE

**2. Madera 9 State Com #122H**

SHL: 220' FEL & 1633' FNL or at a legal location of Lot H of Section 9  
BHL: 10' FWL & 1980' FNL of Section 8  
FTP: 100' FEL & 1980' FNL of Section 9  
LTP: 100' FWL & 1980' FSL of Section 8  
TVD: 7,330'  
TMD: Approximately 17,615'  
Proration Unit: S/2N/2 of Sections 8 & 9  
Targeted Interval: 2<sup>nd</sup> Bone Spring  
Total Cost: See attached AFE

**Permian Resources Operating, LLC  
Case No. 24004  
Exhibit A-4**



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

OFFICE 432.695.4222  
FAX 432.695.4063

**3. Madera 9 State Com #131H**

SHL: 220' FEL & 1600' FNL or at a legal location of Lot H of Section 9

BHL: 10' FWL & 330' FNL of Section 8

FTP: 100' FEL & 330' FNL of Section 9

LTP: 100' FWL & 330' FNL of Section 8

TVD: 8,464'

TMD: Approximately 18,749'

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

Targeted Interval: 3<sup>rd</sup> Bone Spring

Total Cost: See attached AFE

**4. Madera 9 State Com #132H**

SHL: 220' FEL & 1666' FNL or at a legal location of Lot H of Section 9

BHL: 10' FWL & 1650' FNL of Section 8

FTP: 100' FEL & 1650' FNL of Section 9

LTP: 100' FWL & 1650' FNL of Section 8

TVD: 8,572'

TMD: Approximately 18,857'

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

Targeted Interval: 3<sup>rd</sup> Bone Spring

Total Cost: See attached AFE

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

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

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

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



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

OFFICE 432.695.4222  
FAX 432.695.4063

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

Respectfully,

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

Mark Hajdik  
Senior Staff  
Landman  
*Enclosures*



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

OFFICE 432.695.4222  
FAX 432.695.4063

<b>Well Elections:</b> <i>(Please indicate your responses in the spaces below)</i>		
<b>Well(s)</b>	<b>Elect to Participate</b>	<b>Elect to <u>NOT</u> Participate</b>
<b>Madera 9 State Com #121H</b>		
<b>Madera 9 State Com #122H</b>		
<b>Madera 9 State Com #131H</b>		
<b>Madera 9 State Com #132H</b>		

*Company / Working Interest Owner Name:*

\_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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



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

OFFICE 432.695.4222  
FAX 432.695.4063

**Participate / Rejection Declaration**

Please return this page to Permian Resources Operating, LLC (“Permian”) by the date specified in the letter, signed indicating your election to either participate in or reject this insurance program. If you reject the insurance coverage arranged by Permian, then, to the extent that Permian has an obligation to secure any such insurance on your behalf under any applicable agreements or otherwise, Permian will be relieved of such obligation, and Permian will assume that you maintain appropriate levels of insurance and will provide a current Certificate of Insurance upon request. If you fail to make an election within 30 days from receipt of this notice, you will be deemed a participant in the program as detailed on the attached and billed for your percentage participation as such.

- I hereby elect to participate in the insurance coverage arranged by Permian Resources Operating, LLC and understand that I will be charged for such participation.
- I hereby elect to reject the insurance coverage arranged by Permian Resources Operating, LLC.

*Company Name (If Applicable):*

\_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

v



# Authorization for Expenditure

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

**AFE Description**

9500' Lateral SBSG

<b>Property Name</b>	Madera 9 State Com 122H	<b>State</b>	NM
<b>AFE Type</b>	Drill and Complete		
<b>Operator</b>	Permian Resources Operating, LLC	<b>Field</b>	Delaware Basin - NM

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

**Non Operator Approval**

Company \_\_\_\_\_

Approved By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Cost Estimate**

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

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



# Authorization for Expenditure

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

**AFE Description**

9500' Lateral SBSG

Property Name	Madera 9 State Com 132H	State	NM
AFE Type	Drill and Complete		
Operator	Permian Resources Operating, LLC	Field	Delaware Basin - NM

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

**Non Operator Approval**

Company \_\_\_\_\_

Approved By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Cost Estimate**

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

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

## Communication Timeline

**October 2023** – Well proposals sent for Madera 9 State Com wells

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

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

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

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

**Permian Resources Operating, LLC  
Case No. 24004  
Exhibit A-5**

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

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

CASE NOS. 24003 & 24004

SELF-AFFIRMED STATEMENT  
OF CHRISTOPHER CANTIN

1. I am a geologist with Permian Resources Operating, LLC (“Permian Resources”). I am over 18 years of age, have personal knowledge of the matters addressed herein, and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division (“Division”) and my credentials as an expert in geology were accepted and made a matter of record.

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

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

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing units (“Units”) within the Bone Spring formation. The approximate wellbore paths for the proposed **Madera 9 State Com #121H, Madera 9 State Com #131H, Madera 9 State Com #122H, Madera 9 State Com #132H** wells (“Wells”) are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section wells name and a black line in proximity to the proposed Wells. The pooling units area is defined by blue boxes and are labeled with their respective case numbers.

Permian Resources Operating, LLC  
Case No. 24004  
Exhibit B

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

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

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

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

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

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

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

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

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

  
\_\_\_\_\_  
Christopher Cantin

12/18/2023  
Date

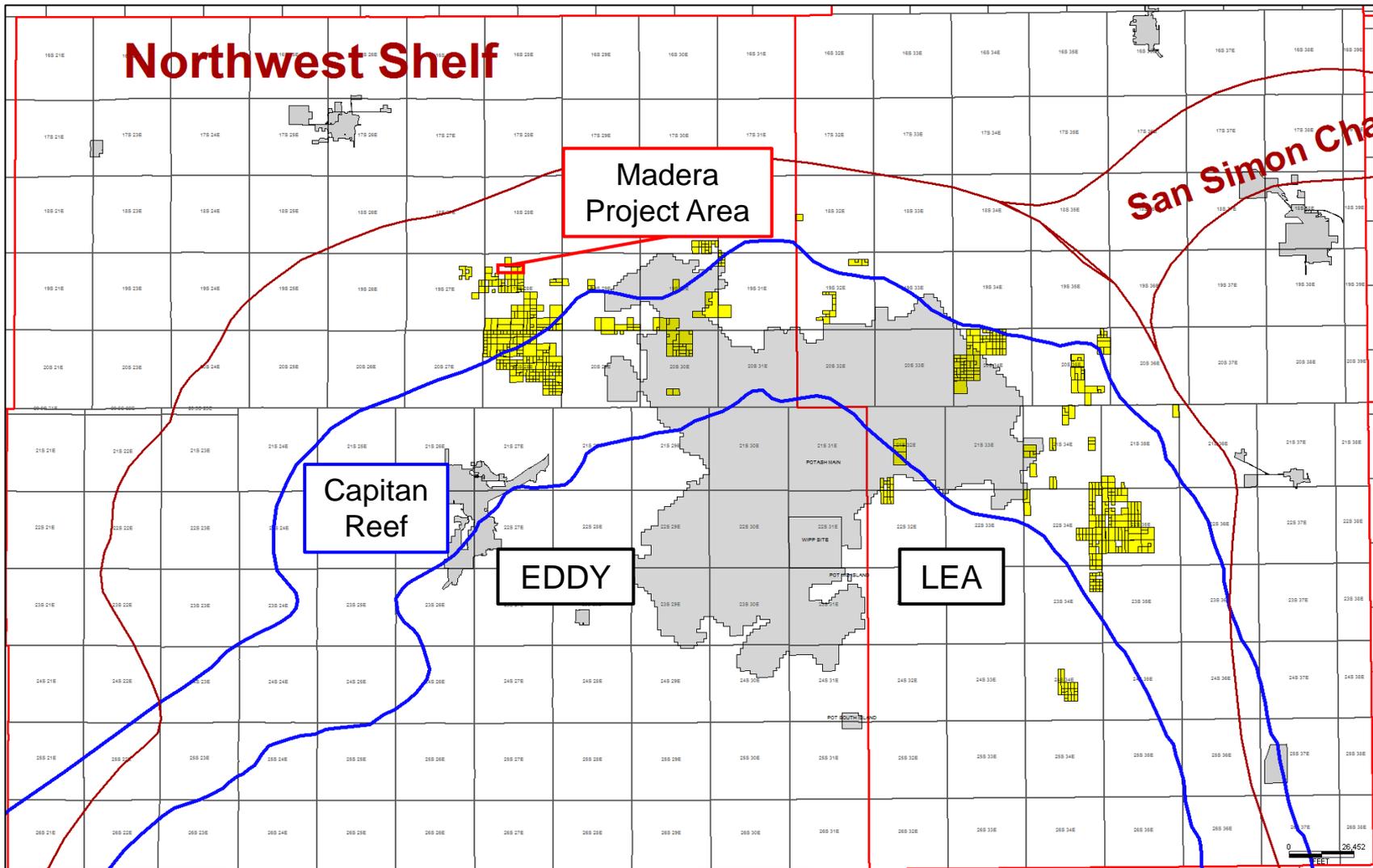
# Regional Locator Map

Klondike 9 State Com

Case No. 24004

Exhibit B-1

**Exhibit B-1**



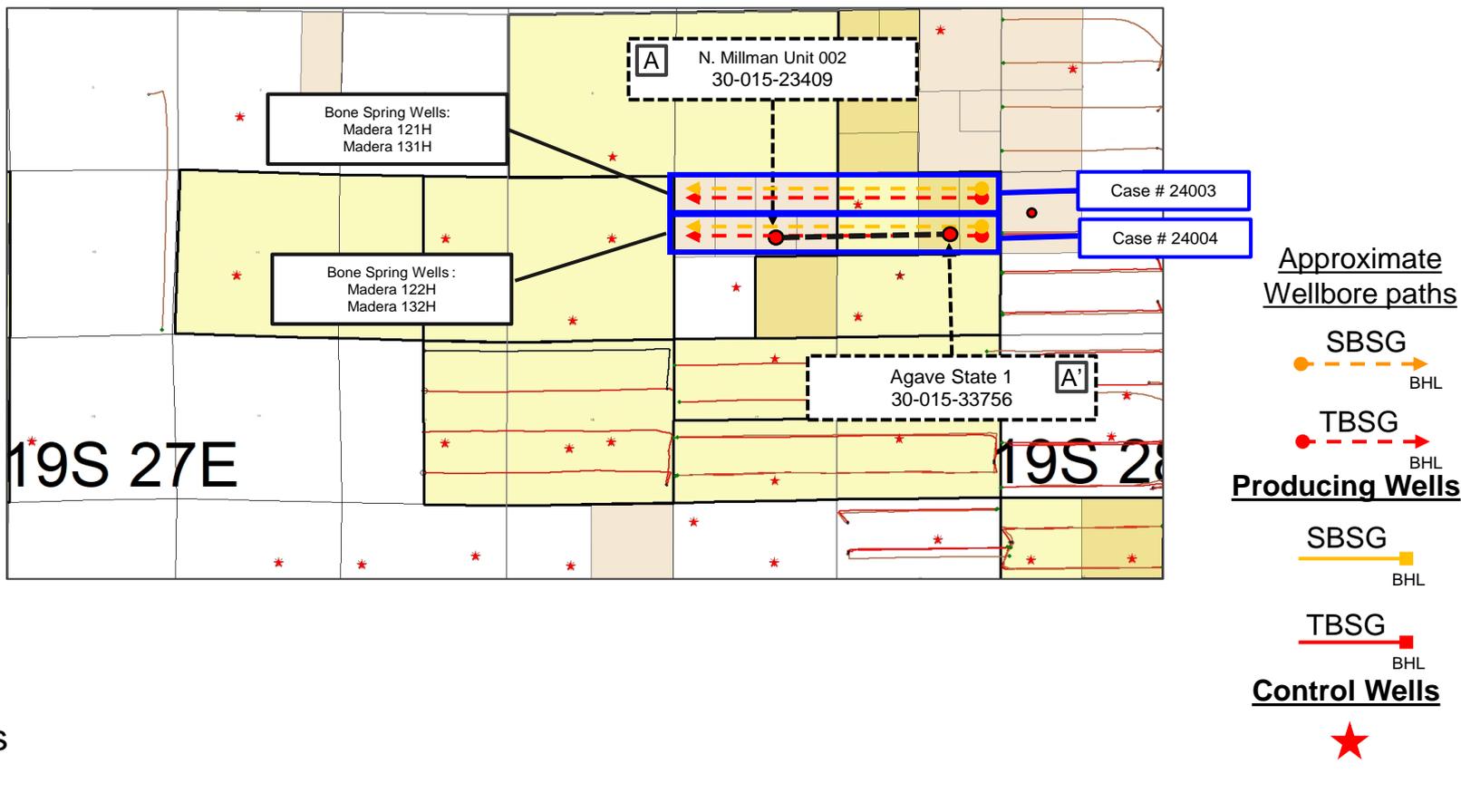
# Cross-Section Locator Map

Madera 9 State Com

Case No. 24004

Exhibit B-2

**Exhibit B-2**



Permian Resources



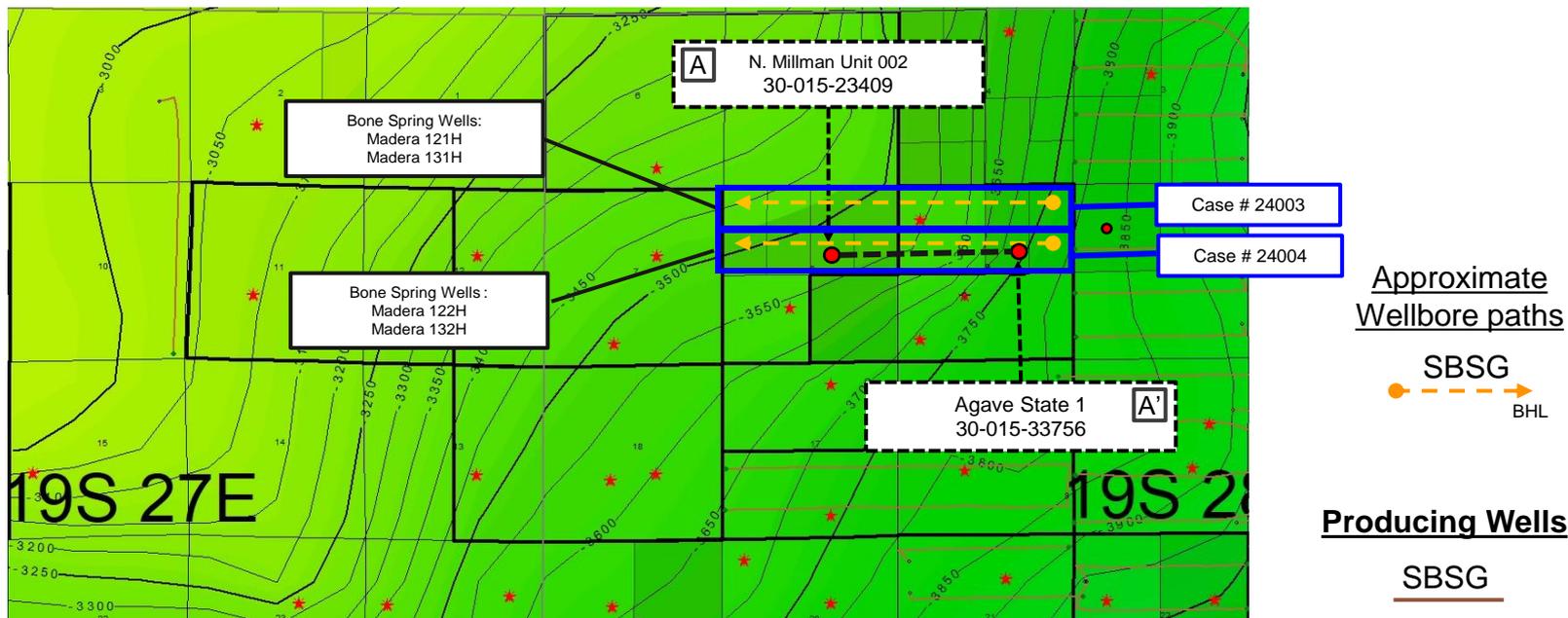
# Base Second Bone Spring– Structure Map (50' CI)

Madera 9 State Com

Case No. 24004

Exhibit B-3

**Exhibit B-3**



Permian Resources



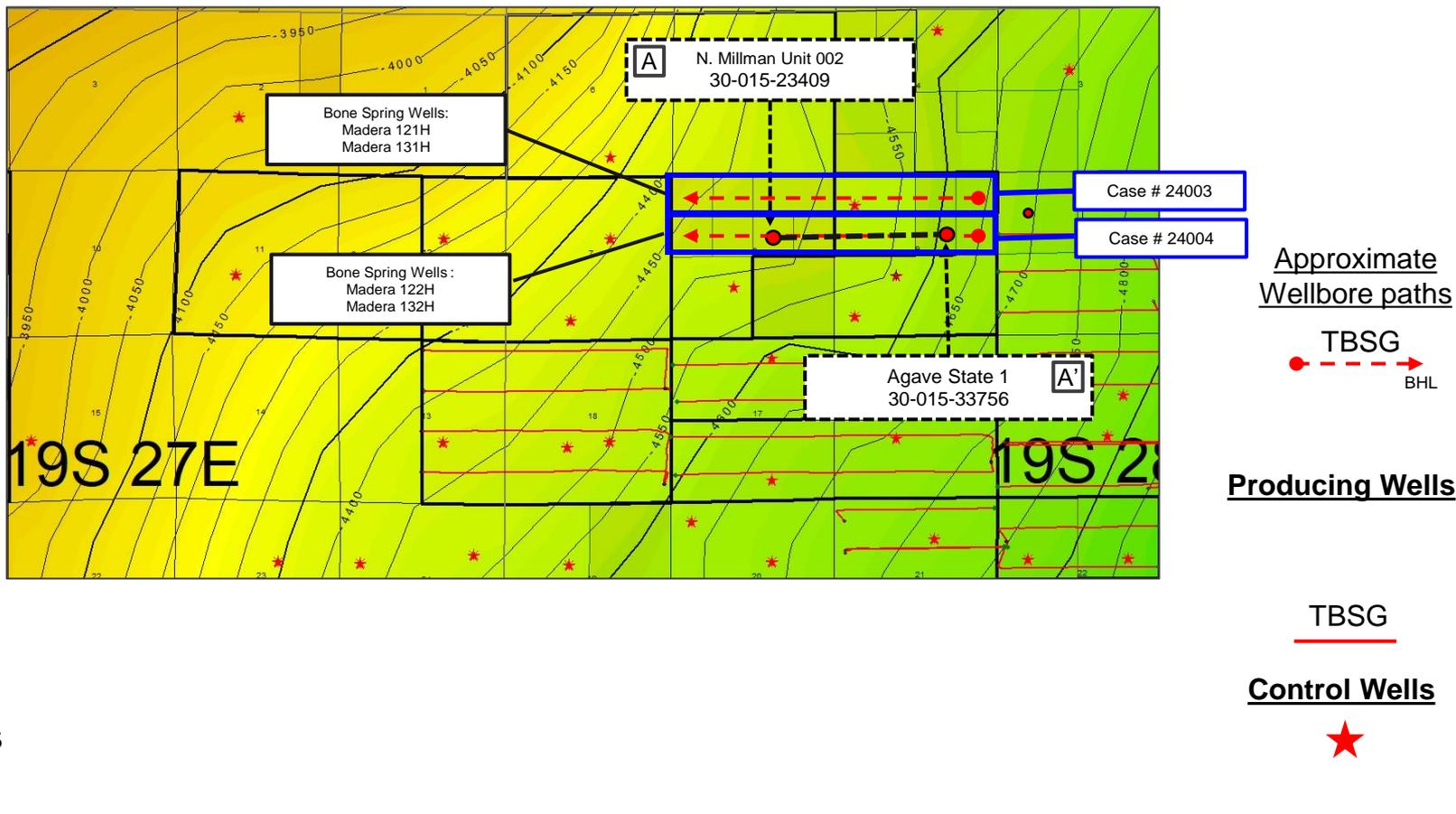
# Top Third Bone Spring– Structure Map (50' C.I.)

Madera 9 State Com

Case No. 24004

Exhibit B-4

**Exhibit B-4**



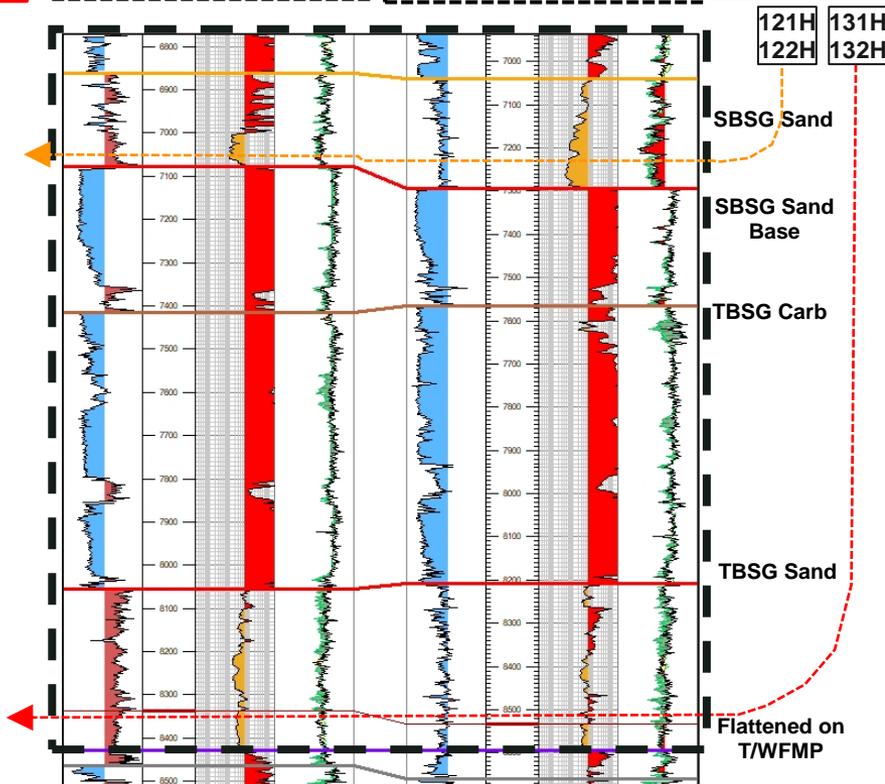
# Stratigraphic Cross-Section A-A'

Madera 9 State Com

Case No. 24004

Exhibit B-5

**Exhibit B-5**



Approximate Wellbore paths

SBSG →

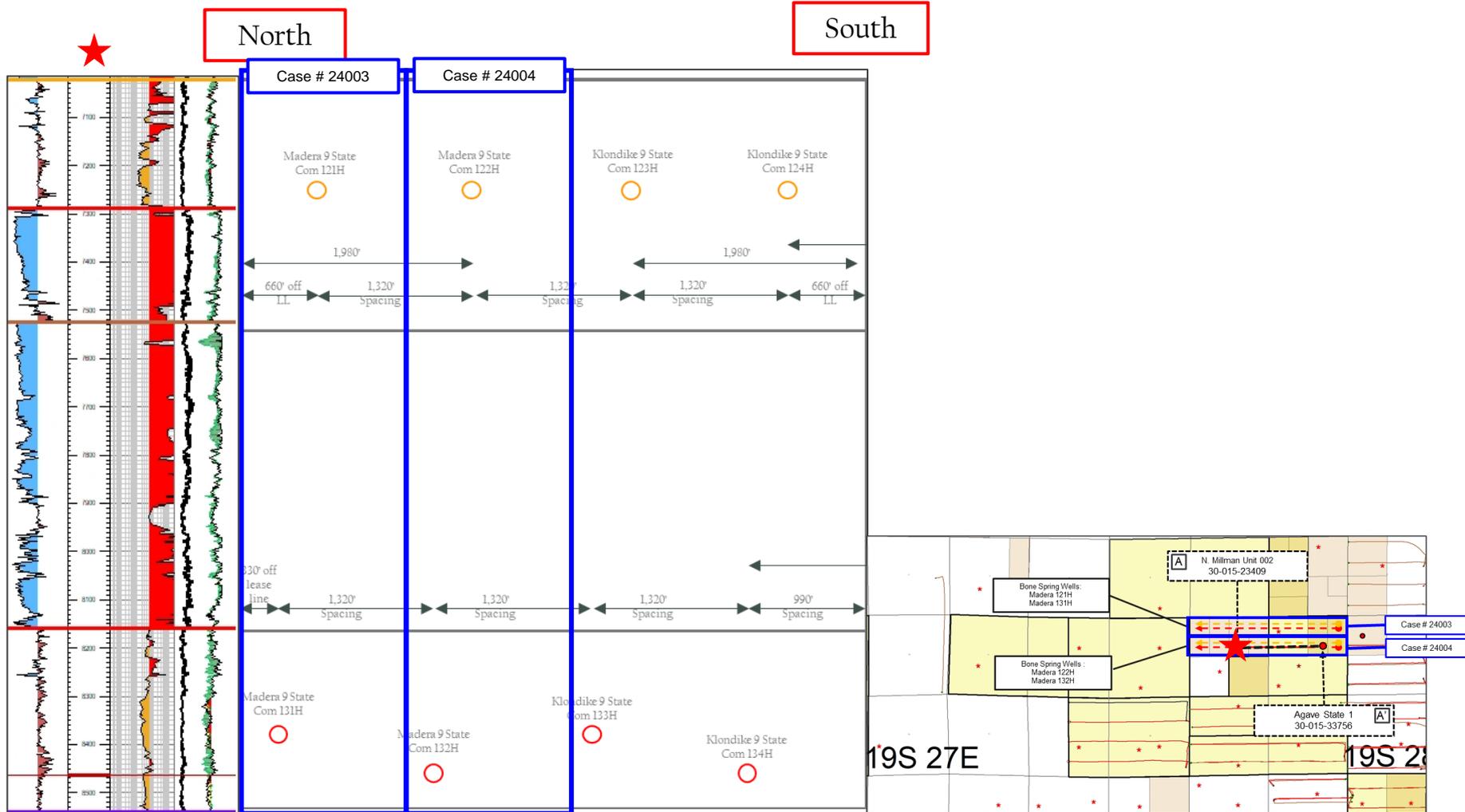
TBSG →



# Gun Barrel Development Plan Madera 9 State Com

Permian Resources Operating, LLC  
Case No. 24004  
Exhibit B-6

**Exhibit B-6**



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

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

**CASE NO. 24004**

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

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

2. I am familiar with the Notice 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 January 3, 2024, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-4**.

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

/s/ Dana S. Hardy  
Dana S. Hardy

January 26, 2024  
Date

**Permian Resources Operating, LLC  
Case No. 24004  
Exhibit C**



hinklelawfirm.com

# HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

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

November 17, 2023

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

## TO ALL PARTIES ENTITLED TO NOTICE

**Re: Case Nos. 24003 & 24004 – Applications of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

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

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

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

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

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

**Permian Resources Operating, LLC**  
**Case No. 24004**  
**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



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 29, 2023

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

## TO ALL PARTIES ENTITLED TO NOTICE

**Re: Case Nos. 24003 & 24004 – Applications of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **January 4, 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/oed/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

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

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

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

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

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

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

**CASE NOS. 24003 & 24004**

**NOTICE LETTER CHART**

<b>PARTY</b>	<b>NOTICE LETTER SENT</b>	<b>RETURN RECEIVED</b>
Andersen-Malone, LLC 128 W 2nd St Roswell, NM 88201	12/28/23	01/18/24  Return to sender.
Ard Oil, Ltd. Mary T. Ard, President P.O. Box 101027 Fort Worth, TX 76185	11/17/23	11/27/23
BP America Production Company 501 Westlake Park Blvd. Houston, Texas 77079	11/17/23	11/28/23
Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust 1919 North Turner Street Hobbs, New Mexico 88240	11/17/23	11/27/23
Bean Family Limited Company 2303 Sallee Loop Roswell, NM 88201-6408	11/17/23	12/11/23  Return to sender.
Bean Family Limited Company 803 Ulysses Dr Ballston Spa, NY 12020-4601	12/28/23	01/08/24
COG Operating LLC 600 West Illinois Avenue Midland, Texas 79701	11/17/23	11/29/23
Charles F. Malone Living Trust dated August 1, 1987 2701 Chrysler Dr Roswell, NM 88201	12/28/23	01/05/24
Cheryl W. Derrick, Estate of 11 Oakgrove Irvine, CA, 92604	12/28/23	01/10/24  Return to sender.
Coille Limited Partnership, LP 1508 Wilimington Ave Richmond, VA 23227	12/28/23	01/10/24
Cokelan Corporation (address unknown)		
Colgate Operating, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23

**Permian Resources Operating, LLC  
Case No. 24004  
Exhibit C-2**

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

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

**CASE NOS. 24003 & 24004**

**NOTICE LETTER CHART**

Colgate Production, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23
Colgate Royalties, LP 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23
Concho Oil & Gas LLC 600 West Illinois Avenue Midland, Texas 79701	11/17/23	11/29/23
Constaplenty Energy Corporation 2308 Sierra Vista Rd Artesia, NM 88210	12/28/23	01/08/24
Contago Resources, LLC 111 E 5th Street, Suite 300 Fort Worth, TX 76102	11/17/23	11/27/23
D2 Resources, LLC P.O. Box 10187 Midland, Texas 79702	11/17/23	12/14/23
D2 Royalties, LLC P.O. Box 10187 Midland, Texas 79702	12/28/23	01/11/24
Irma Leota Davis 2702 58th Street Lubbock, TX 79413	11/17/23	12/04/23
William J. Derrick, as Trustee of the Gretchen S. White Testamentary Trust 11 Oakgrove Irvine, CA 92604	12/28/23	01/10/24  Return to sender.
Paula Raye Dooley 1006 S 2nd St Artesia, NM 88210	11/17/23	11/27/23
Margaret V. Dowling, SSP 1829 Georgia Street NE Albuquerque, NM 87110	11/17/23	11/27/23
Lisa L. Durban 1970 Tincup Ct Boulder, CO 80305	12/28/23	Per USPS Tracking (Last Checked 02/09/24):  01/04/24 – Delivered to neighbor as requested.

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

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

**CASE NOS. 24003 & 24004**

**NOTICE LETTER CHART**

EOG Resources, Inc. 5509 Champions Drive Midland, TX 79702	11/17/23	11/29/23
Elizabeth Eaton 9657 Marmot Ridge Cir Littleton, CO 80125	12/28/23	01/08/24
Gilbert J. Eaton 48 Arizona State Dr Newark, DE 19713	12/28/23	01/12/24
Elk Oil Company P.O. Box 1973 Roswell, New Mexico 88202	12/28/23	01/05/24
Pamela Anne Evans 7625 Parkview Circle Austin, TX 78731	12/28/23	01/26/24
Explorers Petroleum Corporation 400 N Pennsylvania, Ste 550 Roswell, NM 88201	12/28/23	02/09/24 Return to sender.
Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard P.O. Box 1600 San Antonio, TX 78296	11/17/23	Per USPS Tracking (Last Checked 02/09/24):  11/23/23 – Item in transit to next facility.
James Gebel, Trustee of the James R. Gebel Revocable Living Trust 58 Road 2335 Aztec, NM 87410	12/28/23	Per USPS Tracking (Last Checked 02/09/24):  01/04/24 – Item in transit to next facility.
Hanaco, LLC Po Box 824 Holliday, TX 76366	12/28/23	01/09/24
Hanagan Investment, LLC PO Box 1737 Roswell, NM 88202	12/28/23	01/11/24
Harvard Petroleum Company, LLC P.O. Box 936 Roswell, New Mexico 88202	11/17/23	11/27/23  No signature.

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

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

**CASE NOS. 24003 & 24004**

**NOTICE LETTER CHART**

Heyco Development Corporation P.O. Box 1933 Roswell, NM 88202	12/28/23	01/12/24
Vergil Wesley Hopp 19 Twin Lakes Ct Arlington, TX 76016	11/17/23	12/01/23
Edward R. Hudson, Jr. and wife, Ann F. Hudson 616 Texas Street Fort Worth, TX 76102	11/17/23	11/27/23
Francis H. Hudson, Trustee of Lindy's Living Trust 4200 S. Hulen Street, Suite 302 Fort Worth, TX 76109	11/17/23	12/11/23  Return to sender.
William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased P.O. Box 1600 San Antonio, TX 78296	11/17/23	11/27/23
Jalapeno Corporation P.O. Box 1608 Albuquerque, NM 87103	11/17/23	11/27/23
Jareed Partners, Ltd. 6804 Island Circle Midland, TX 79707	12/28/23	01/11/24
Javelina Partners 616 Texas Street Fort Worth, TX 76102-4612	11/17/23	11/27/23
Anne S. Johnson 6529 Highway 42 South Fort Valley, Georgia 31030	11/17/23	Per USPS Tracking (Last Checked 02/09/24):  11/29/23 – Item being returned to sender.
Esther L. Kelly (address unknown)		
Joseph J. Kelly PO Box 310 Roswell, NM 88202	12/28/23	01/05/24

**STATE OF NEW MEXICO  
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OIL CONSERVATION DIVISION**

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

**CASE NOS. 24003 & 24004**

**NOTICE LETTER CHART**

Dan M. Leonard, as Trustee of the DML Revocable Trust dated January 10, 2007 (address unknown)		
Robert K. Leonard PO Box 294928 Kerrville, TX 78029	12/28/23	01/08/24
Delmar Hudson Lewis, MSU 6300 Ridglea Place, Suite 1005A Fort Worth, TX 76116	11/17/23	12/11/23  Return to sender.
Lime Rock Resources A, LP 1111 Bagby St Ste 4600 Houston, TX 77002	11/17/23	Per USPS Tracking (Last Checked 02/09/24):  11/25/23 – Item in transit to next facility.
Constance White Lloyd (address unknown)		
MRC Delaware Resources, LLC 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240	11/17/23	11/27/23
Marathon Oil Permian, LLC 5555 San Felipe Street Houston, TX 77056	11/17/23	12/05/23  Return to sender.
Marathon Oil Permian, LLC 990 Town and Country Boulevard Houston, TX 77024	12/28/23	01/12/24
Marigold LLLP PO Box 1290 Artesia, NM 88211-1290	11/17/23	01/03/24  Return to sender.
Mark Wilson Family Partnership, LP 4501 Green Tree Boulevard Midland, TX 79707-1607	11/17/23	12/05/23  Return to sender.
Laura Lynn McCampbell 6023 Weymouth Dr Dallas, TX 75252	12/28/23	01/08/24
Mongoose Minerals, LLC 600 West Illinois Avenue Midland, Texas 79701	12/28/23	01/11/24

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

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

**CASE NOS. 24003 & 24004**

**NOTICE LETTER CHART**

Nadel and Gussman Capitan, LLC 15 E 5th St #3300 Tulsa, OK 74103	12/28/23	01/08/24
Elizabeth White Nelson 1022 Potomac Dr Houston, TX 77057	12/28/23	Per USPS Tracking (Last Checked 02/09/24):  01/08/24 – Individual picked up at postal facility.
Nestegg Energy Corporation 2308 Sierra Vista Rd Artesia, NM 88210	12/28/23	01/08/24
New Mexico Western Minerals, Inc. PO Box 45750 Rio Rancho, NM 87174	12/28/23	01/08/24
Nilo Operating Company 5509 Champions Drive Midland, TX 79702	12/28/23	01/12/24
NonDarcy Oil & Gas, Inc. PO Box 310 Roswell, NM 88202	12/28/23	01/05/24  No signature.
Northern Oil and Gas 4350 Baker Road, Ste 400 Minnetonka, MN 55343	12/28/23	Per USPS Tracking (Last Checked 02/09/24):  01/03/24 – Delivered to agent for final delivery.
OXY USA WTP, LP 5 Greenway Plaza, Suite 110 Houston, Texas 77046	11/17/23	11/27/23
OXY Y-1 Company 5 Greenway Plaza Houston, TX 77046	11/17/23	11/27/23
Occidental Permian, Ltd. 5 Greenway Plaza Houston, TX 77046	12/28/23	01/09/24
Penroc Oil Corporation P.O. Box 2769 Hobbs, New Mexico 88241	11/17/23	12/01/23

**STATE OF NEW MEXICO  
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OIL CONSERVATION DIVISION**

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

**CASE NOS. 24003 & 24004**

**NOTICE LETTER CHART**

Terence Patrick Perkins 3707 Rusty Spur Krum, TX 76249	11/17/23	11/27/23
Santo Legado, LLC P.O. Box 1020 Artesia, NM 88211-1020	11/17/23	11/29/23
Linda E. Schwartz 7337 Granville Dr Fort Lauderdale, FL 33321	12/28/23	01/08/24
Sharbro Energy, LLC P.O. Box 840 Artesia, NM 88211	11/17/23	11/27/23
Slash Exploration, LP P.O. Box 1973 Roswell, New Mexico 88202	11/17/23	11/27/23
Solis Energy, LLC P.O. Box 51451 Midland, Texas 79710	11/17/23	12/01/23
Spiral, Inc. 400 N Pennsylvania, Ste 550 Roswell, NM 88201	12/28/23	01/30/24  Return to sender.
Theodore P. White, Est 575 S Virginia Hills Dr Unit 2701 Mckinney, TX 75072	12/28/23	Per USPS Tracking (Last Checked 02/09/24):  01/05/24 – Item in transit to next facility.
Tinian Oil & Gas LLC 319 West Main Street Artesia, NM 88210	11/17/23	12/01/23
Tulipan LLC 428 Sandoval, Suite 200 Santa Fe, NM 87501	11/17/23	12/18/23
Mary Ann Kelly Twitty 26989 Sea Vista Dr Malibu, CA 90265	12/28/23	01/08/24  No signature.
Vladin, LLC P.O. Box 100 Artesia, NM 88211-0100	11/17/23	11/27/23

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

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

**CASE NOS. 24003 & 24004**

**NOTICE LETTER CHART**

Vladin, LLC, a NM LLC 319 West Main Street Artesia, NM 88210	12/28/23	01/08/24
WPX Energy Permian, LLC 333 West Sheridan Avenue Oklahoma City, OK 73102-5015	12/28/23	01/09/24
WPX Energy Permian, LLC 3500 One Williams Center, MD 38 Tulsa, Oklahoma 74172	11/17/23	12/04/23 Return to sender.
Western Reserves Oil Company 4305 N Garfield Suite 235 Midland, TX 79707	12/28/23	01/04/24
J. Phelps White, III 4001 Southwest 33rd Ct Ocala, FL 34474	12/28/23	01/18/24 Return to sender.
J. Phelps White, IV PO Box 1433 Roswell, NM 88202	12/28/23	01/19/24 Return to sender.
Keith Williams (address unknown)		
Yates Brothers, a partnership 105 South Fourth Street Artesia, NM 88210	11/17/23	12/01/23
Yates Industries, LLC 403 W San Francisco St Santa Fe, NM 87501	12/28/23	01/05/24
Yates Industries, LLC PO Box 1091 Artesia, NM 88211-1091	11/17/23	11/27/23
John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased P.O. Box 100 Artesia, NM 88211-0111	11/17/23	12/11/23 Return to sender.
ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705	11/17/23	11/27/23
Zorro Partners, Ltd. 616 Texas Street Fort Worth, TX 76102-4612	11/17/23	11/27/23

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Ard Oil, Ltd.  
 Street and Ap Mary T. Ard, President  
 P.O. Box 101027  
 City, State, Zi Fort Worth, TX 76185

24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jo Graf</i></p> <p>C. Date of Delivery <i>11/20/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Ard Oil, Ltd.          Mary T. Ard, President          P.O. Box 101027          Fort Worth, TX 76185</p> <p>24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6649 90</p>	<p><b>RECEIVED</b></p> <p>NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)          7022 1670 0002 1188 6173</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i>  <i>Santa Fe NM 87504</i></p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

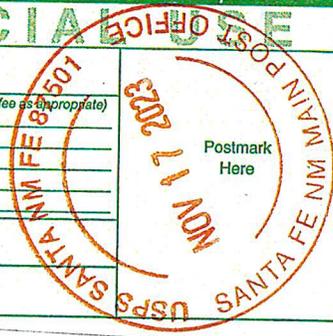
**Total Postage and Fees \$**

Sent To

Street and A1 BP America Production Company  
501 Westlake Park Blvd.  
City, State, z Houston, Texas 77079

24003-04 - PRO Madem

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



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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) <u>Jesse Morales</u> C. Date of Delivery <u>11-28-23</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><b>RECEIVED</b></p> <p>NOV 28 2023</p>
<p>1. Article Addressed to:</p> <p>BP America Production Company 501 Westlake Park Blvd. Houston, Texas 77079</p> <p>24003-04 - PRO Madera</p> <p></p> <p>9590 9402 7635 2122 6650 03</p>	<p>3. Service Type <u>Hinkle Shanor LLC</u> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <u>Santa Fe NM 87504</u> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6272</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

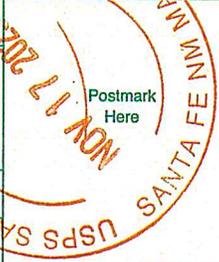
7022 1670 0002 1188 6258

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<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: Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust  
 1919 North Turner Street  
 Hobbs, New Mexico 88240  
 24003-04 - PRO Madera

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            J. ISBELL</p> <p>C. Date of Delivery            11-20-23</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>1. Article Addressed to:</p> <p>Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust            1919 North Turner Street            Hobbs, New Mexico 88240            24003-04 - PRO Madera</p>	<p><b>RECEIVED</b></p> <p>NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6258</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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

Postage \$

Total Postage and Fees \$

Sent To

Street: Bean Family Limited Company  
803 Ulysses Dr  
City: Ballston Spa, NY 12020-4601  
24003-04 - Pro Madera

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



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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>JAMES C. BEAN</i></p> <p>C. Date of Delivery: <i>1/8/24</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;"><b>RECEIVED</b></p> <p style="text-align: center;">JAN 8 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Bean Family Limited Company 803 Ulysses Dr Ballston Spa, NY 12020-4601 24003-04 - Pro Madera</p> <p style="text-align: center;">9590 9402 8595 3244 3696 57</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Shanor</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <i>Santa Fe NM 87508</i> <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 style="text-align: center;">7022 1670 0002 1188 4575</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

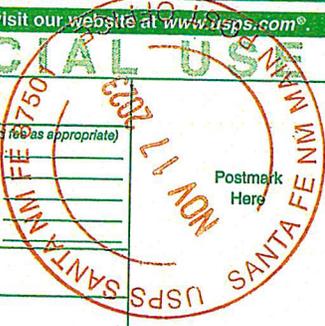
Total Postage and Fees \$

Sent To

Street and COG Operating LLC  
600 West Illinois Avenue  
Midland, Texas 79701

City, State, 24003-04 - PRO Madera

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



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

1. Article Addressed to:

COG Operating LLC  
600 West Illinois Avenue  
Midland, Texas 79701  
24003-04 - PRO Madera

9590 9402 7635 2122 6622 86

2. Article Number (Transfer from service label)  
7022 1670 0002 1188 6234

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* 11-21

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

**RECEIVED**  
NOV 29 2023

3. Service Type *Tracie Shanor LLP*  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Signature Confirmation™  
 Certified Mail Restricted Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7022 1670 0002 1188 4582

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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 Charles F. Malone Living Trust dated August 1, 1987

Street and Apt. 1 2701 Chrysler Dr Roswell, NM 88201

City, State, ZIP+4 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>CF Malone</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CF MALONE JR</i> C. Date of Delivery <i>1/2/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below</p> <p><b>RECEIVED</b>          JAN 5 2024</p>
<p>Article Addressed to:</p> <p>Charles F. Malone Living Trust          dated August 1, 1987          2701 Chrysler Dr          Roswell, NM 88201</p> <p>24003-04 - Pro Madera</p> <p>          9590 9402 8595 3244 3696 40</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i>  <i>Santa Fe NM 87501</i></p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2 Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 4582</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 4520

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

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

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

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

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

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

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

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

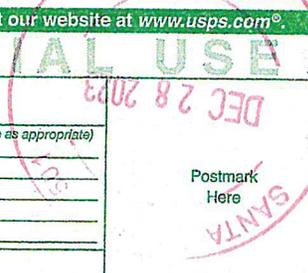
Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street and Ap Coille Limited Partnership, LP  
 1508 Wilimington Ave  
 Richmond, VA 23227

City, State, Zi Richmond, VA 23227 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>X M Carner</i></p> <p>B. Received by (Printed Name)  <i>M Carner</i></p> <p>C. Date of Delivery  <i>01/05/24</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>Coille Limited Partnership, LP        1508 Wilimington Ave        Richmond, VA 23227</p> <p>24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3696 19</p>	<p><b>RECEIVED</b></p> <p>JAN 10 2024</p>
<p>2. Article Number (Transfer from service label)        7022 1670 0002 1188 4520</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Santa Fe NM 87504 <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 6333

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

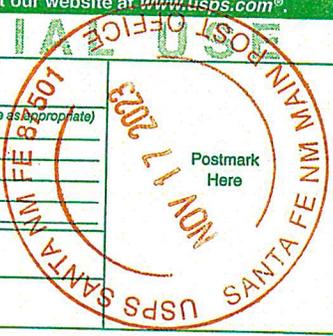
Total Postage and Fees \$

Sent To

Street and City, State Colgate Operating, LLC  
 300 N Marienfeld, Suite 1000  
 Midland, TX 79701

24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <u>L. Kalisek</u> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>11/20/23</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Colgate Operating, LLC          300 N Marienfeld, Suite 1000          Midland, TX 79701</p> <p>24003-04 - PRO Madera</p>	<p><b>RECEIVED</b></p> <p>NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)          7022 1670 0002 1188 6333</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <u>Hinkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <u>NOV 8 7506</u> <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

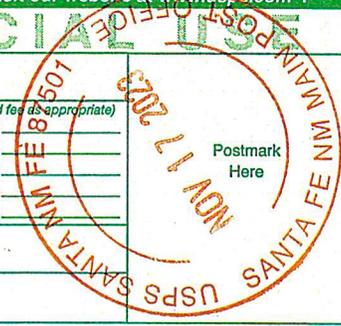
7022 1670 0002 1188 6326

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

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## OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add 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	\$
<b>Total Postage and Fees</b>	\$



Sent To

Street and: Colgate Production, LLC  
300 N Marienfeld, Suite 1000

City, State: Midland, TX 79701

24003-04 - PRO Madem

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

### SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Colgate Production, LLC  
300 N Marienfeld, Suite 1000  
Midland, TX 79701

24003-04 - PRO Madem



9590 9402 7635 2122 6623 09

2. Article Number (Transfer from service label)  
7022 1670 0002 1188 6326

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X L. Kalisek  Agent  Addressee

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

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

# RECEIVED

NOV 27 2023

3. Service Type

<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

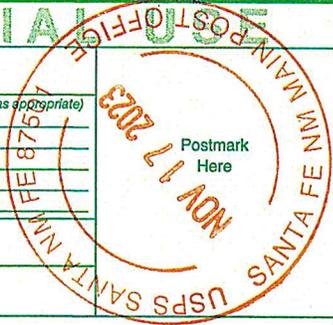
7022 1670 0002 1188 6319

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



Sent To

Street and, Colgate Royalties, LP  
300 N Marienfeld, Suite 1000  
City, State, Midland, TX 79701  
24003-04 - PRO Madera

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Colgate Royalties, LP  
300 N Marienfeld, Suite 1000  
Midland, TX 79701  
24003-04 - PRO Madera



2. Article Number (Transfer from service label)

7022 1670 0002 1188 6319

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  L. Kalisek  Agent  Addressee

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

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



3. Service Type:  Certified Mail®  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail Restricted Delivery  Registered Mail Restricted Delivery  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7022 1670 0002 1188 6302

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

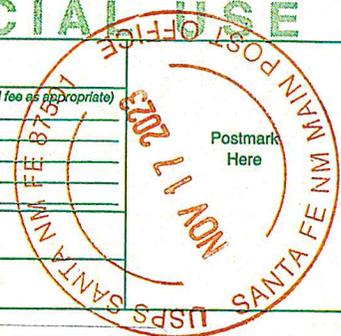
**Total Postage and Fees** \$

Sent To

Street and A Concho Oil & Gas LLC  
600 West Illinois Avenue  
City, State, & Zip Midland, Texas 79701

24003-04 - PRO Madem

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>11-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Concho Oil &amp; Gas LLC 600 West Illinois Avenue Midland, Texas 79701</p> <p>24003-04 - PRO Madem</p> <p>9590 9402 7635 2122 6623 23</p>	<p><b>RECEIVED</b> NOV 29 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6302</p>	<p>3. Service Type <i>Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 4537

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

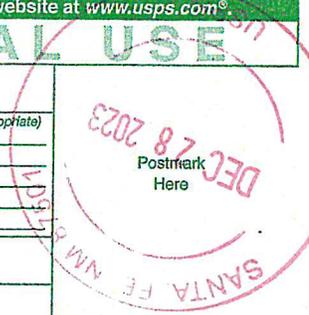
**Total Postage and Fees** \$ \_\_\_\_\_

Sent To

Street and \_\_\_\_\_  
 Constaplenty Energy Corporation  
 2308 Sierra Vista Rd  
 Artesia, NM 88210

City, State \_\_\_\_\_  
 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Roy Miller</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Roy Miller</i> C. Date of Delivery <i>1-8-24</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>Constaplenty Energy Corporation        2308 Sierra Vista Rd        Artesia, NM 88210        24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3696 02</p>	<p><b>RECEIVED</b></p> <p>JAN 8 2024</p>
<p>2. Article Number (Transfer from service label)        7022 1670 0002 1188 4537</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <i>Santa Fe NM 87504</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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

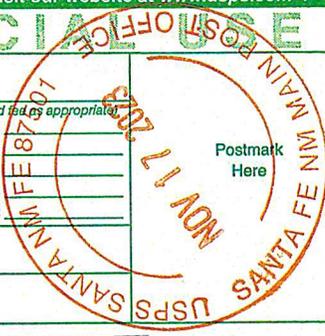
7022 1670 0002 1188 6296

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OFFICIAL USE

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



Sent To

Street and: Contago Resources, LLC  
111 E 5th Street, Suite 300  
Fort Worth, TX 76102

City, State: Fort Worth, TX 76102  
24003-04 - PRO Madera

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Caroline May</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Caroline May</i> 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>Contago Resources, LLC 111 E 5th Street, Suite 300 Fort Worth, TX 76102 24003-04 - PRO Madera</p>		<p><b>RECEIVED</b></p> <p>NOV 17 2023</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6296</p>			
<p>9590 9402 7635 2122 6623 30</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> 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>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

7022 1670 0002 1188 6289

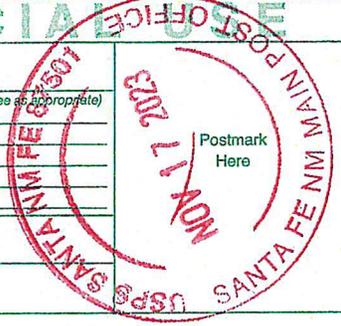
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## OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and #	D2 Resources, LLC
	P.O. Box 10187
City, State, .	Midland, Texas 79702
	24003-04 - PRO Madera

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



### SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

D2 Resources, LLC  
 P.O. Box 10187  
 Midland, Texas 79702

24003-04 - PRO Madera



9590 9402 7635 2122 6623 47

2. Article Number (Transfer from service label)  
 7022 1670 0002 1188 6289

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

DALE DOWDAS

C. Date of Delivery

12-14-23

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

If YES, enter delivery address below:

# RECEIVED

DEC 14 2023

3. Service Type *links Shanor LLP*
- Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

7022 1670 0002 1188 4544

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

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

Sent To D2 Royalties, LLC

Street and Apt P.O. Box 10187

City, State, Zip Midland, Texas 79702 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>D. W. G. A. S.</u></p> <p>C. Date of Delivery <u>1-4-24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">JAN 11 2024</p>
<p>D2 Royalties, LLC          P.O. Box 10187          Midland, Texas 79702</p> <p style="text-align: right;">24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3695 96</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 4544</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 6388

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

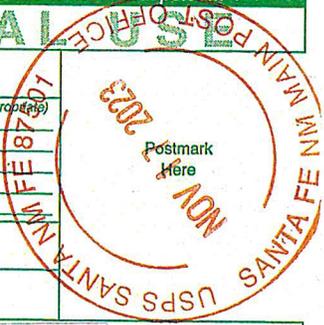
Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Ap. \_\_\_\_\_  
Irma Leota Davis  
2702 58th Street  
Lubbock, TX 79413

City, State, Zi \_\_\_\_\_  
24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Irma Leota Davis</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Irma Leota Davis 2702 58th Street Lubbock, TX 79413</p> <p>24003-04 - PRO Madera</p>	<p><b>RECEIVED</b> NOV 29 2023 DEC 4 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6388</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>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><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 1188 6371

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**OFFICIAL RECEIPT**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

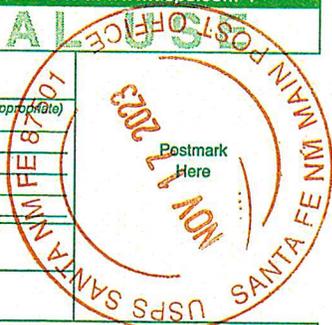
**Total Postage and Fees** \$

Sent To

Street and: Paula Raye Dooley  
1006 S 2nd St  
City, State: Artesia, NM 88210

24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Paula Raye Dooley</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Paula Raye Dooley 1006 S 2nd St Artesia, NM 88210</p> <p>24003-04 - PRO Madera</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below</p> <p><b>RECEIVED</b> NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6371</p>	<p>3. Service Type <input checked="" type="checkbox"/> Santa Fe NM 87501</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

Domestic Return Receipt

7022 1670 0002 1188 6364

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

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

Sent To

Street and City, State, ZIP+4®  
Margaret V. Dowling, SSP  
1829 Georgia Street NE  
Albuquerque, NM 87110  
24003-04 - PRO Madera

Postmark Here  
NOV 7 2023  
SANTA FE NM 87507

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            MARGARET V. DOWLING</p> <p>C. Date of Delivery            11/20/23</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><b>RECEIVED</b> NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p>Margaret V. Dowling, SSP 1829 Georgia Street NE Albuquerque, NM 87110</p> <p>24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6623 78</p>	<p>3. Service Type <b>Hinkle Sharior LLP</b>  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)            7022 1670 0002 1188 6364</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 6722

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**OFFICIAL USE**

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

Postage \$  
 Total Postage and Fees \$

Sent To  
 Street and Apt. No. EOG Resources, Inc.  
 5509 Champions Drive  
 Midland, TX 79702  
 City, State, ZIP+4® 24003-04 - PRO Madem

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



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

EOG Resources, Inc.  
 5509 Champions Drive  
 Midland, TX 79702  
 24003-04 - PRO Madera

2. Article Number (Transfer from service label)  
 7022 1670 0002 1188 6722

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 11/21

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

**RECEIVED**  
 NOV 29 2023

3. Service Type *inkle Shanor LLP*  Priority Mail Express®  
 Adult Signature *Santa Fe NM 87504*  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Signature Confirmation™  
 Certified Mail Restricted Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7022 1670 0002 1188 5077

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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 Elizabeth Eaton  
 Street and A1 9657 Marmot Ridge Cir  
 Littleton, CO 80125  
 City, State, Z. 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>E. EATON</u></p> <p>C. Date of Delivery <u>1-3-24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        If YES, enter delivery address below:</p> <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">JAN 8 2024</p>
<p>1. Article Addressed to:</p> <p>Elizabeth Eaton          9657 Marmot Ridge Cir          Littleton, CO 80125          24003-04 - Pro Madera</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 1188 5077</p>	<p>9590 9402 8595 3244 3695 72</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7020 0640 0000 0304 0510

OFFICIAL USE

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



Postage	\$
Total Postage and Fees	\$

Sent To  
 Street and Apt. # Gilbert J. Eaton  
 48 Arizona State Dr  
 Newark, DE 19713  
 City, State, ZIP+4 24003-04 - Pro Madera

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          If Yes, enter delivery address below.</p>
<p>Gilbert J. Eaton          48 Arizona State Dr          Newark, DE 19713          24003-04 - Pro Madera</p>	<p><b>RECEIVED</b></p> <p>JAN 12 2024</p> <p>Hinkle Shanor LLP          Santa Fe NM 97504</p>
<p>9590 9402 8595 3244 3695 65</p> <p>2 Article Number (Transfer from service label)          7020 0640 0000 0304 0510</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Insured Mail</li> <li><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</li> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Return Receipt

7022 1670 0002 1188 4490

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

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

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

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

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

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

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

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

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

Sent To  
 Street address: Elk Oil Company  
 P.O. Box 1973  
 Roswell, New Mexico 88202

City, State: Roswell, NM 87501

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>B. Maese</u></p> <p>C. Date of Delivery <u>1/3/24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No      If YES, enter delivery address below:</p>
<p>Elk Oil Company          P.O. Box 1973          Roswell, New Mexico 88202          24003-04 - Pro Madera</p>	<p><b>RECEIVED</b>          JAN 5 2024</p>
<p>9590 9402 8595 3244 3695 58</p> <p>2 Article Number (Transfer from service label)          7022 1670 0002 1188 4490</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <u>Santa Fe NM 87501</u> <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

7022 1670 0002 1188 4780

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

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

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

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

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

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

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

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

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

Sent To  
 Street and /  
 City, State, .

Hanaco, LLC  
 Po Box 824  
 Holliday, TX 76366

24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Hanaco, LLC          Po Box 824          Holliday, TX 76366</p> <p>24003-04 - Pro Madera</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><b>RECEIVED</b>          JAN 9 2024</p>
<p>9590 9402 8530 3186 0587 35</p> <p>2. Article Number (Transfer from service label)          7022 1670 0002 1188 4780</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 <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 1188 4698

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

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

Sent To  
 Street and: Hanagan Investment, LLC  
 PO Box 1737  
 City, State: Roswell, NM 88202 24003-04 - Pro Madera

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>[Signature]</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>Hanagan Investment, LLC          PO Box 1737          Roswell, NM 88202</p> <p>24003-04 - Pro Madera</p> <p></p> <p>9590 9402 8595 3244 3700 04</p>	<p><b>RECEIVED</b>          JAN 08 2024          JAN 11 2024</p>
<p>2. Article Number (Transfer from service label)          7022 1670 0002 1188 4698</p>	<p>3. Service Type <i>Hinkle Shanor LLC Santa Fe NM 87504</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 6357

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

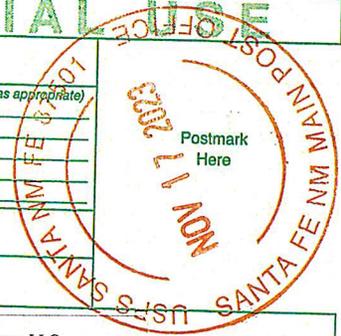
Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Sent To Harvard Petroleum Company, LLC  
Street and Apt P.O. Box 936  
City, State, ZIP Roswell, New Mexico 88202 24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Harvard Petroleum Company, LLC P.O. Box 936 Roswell, New Mexico 88202 24003-04 - PRO Madera</p>	<p><b>RECEIVED</b> NOV 27 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6357</p>	<p>3. Service Type <b>Mike Shanor LLP</b> <b>Santa Fe NM 87501</b></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 4704

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

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

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

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

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

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

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

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

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

Sent To \_\_\_\_\_

Street and Ap. Heyco Development Corporation  
 P.O. Box 1933  
 Roswell, NM 88202

City, State, Zi 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>SM SANDERS</i> C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Heyco Development Corporation          P.O. Box 1933          Roswell, NM 88202</p> <p>24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3699 92</p>	<p>2. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          YES enter delivery address below: _____</p> <p><b>RECEIVED</b></p> <p>JAN 12 2024</p> <p>Hinkle Shanor LLP          Santa Fe, NM 87504</p>
<p>2. Article Number (Transfer from sorting label)</p> <p>7022 1670 0002 1188 4704</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 6340

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

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

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

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

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

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

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

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

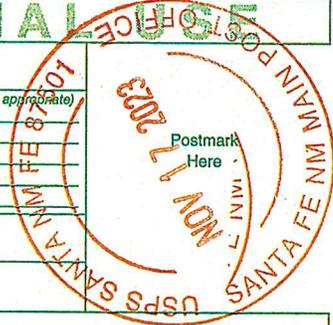
Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and \_\_\_\_\_ Vergil Wesley Hopp  
19 Twin Lakes Ct

City, State, \_\_\_\_\_ Arlington, TX 76016  
24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Vergil Wesley Hopp</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Vergil Wesley Hopp</i></p> <p>C. Date of Delivery <i>11-27-23</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;"><b>RECEIVED</b> DEC 01 2023</p>
<p>1. Article Addressed to:</p> <p>Vergil Wesley Hopp 19 Twin Lakes Ct Arlington, TX 76016 24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6623 92</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 1188 6340</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 6432

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

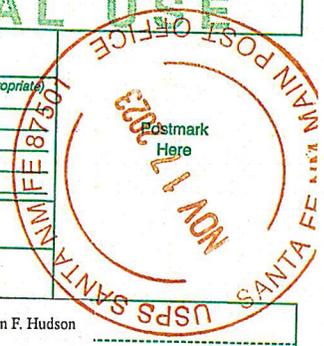
Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Sent To Edward R. Hudson, Jr. and wife, Ann F. Hudson  
 Street and A 616 Texas Street  
 Fort Worth, TX 76102  
 City, State, & ZIP+4® 24003-04 - PRO Madern

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Corri Cummings <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Edward R. Hudson, Jr. and wife,          Ann F. Hudson          616 Texas Street          Fort Worth, TX 76102          24003-04 - PRO Madern</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><b>RECEIVED</b>          NOV 20 2023          BY: NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)          7022 1670 0002 1188 6432</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Santa Fe NM 87504 <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 <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 7635 2122 6624 15</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

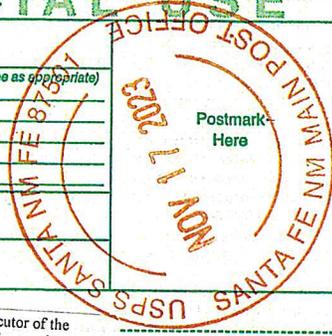
Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$



Sent To: William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased

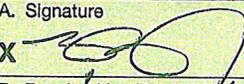
Street: P.O. Box 1600

City, St: San Antonio, TX 78296

24003-04 - PRO Madera

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

7015 1520 0000 6842 1516

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased P.O. Box 1600 San Antonio, TX 78296</p> <p>24003-04 - PRO Madera</p>  <p>9590 9402 7635 2122 6700 76</p>	<p>B. Received by (Printed Name)</p> <p>Hinkle Shanor</p>	<p>C. Date of Delivery</p> <p>11-22-23</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1520 0000 6842 1516</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><b>RECEIVED</b></p> <p>NOV 27 2023</p>	
<p>3. Service Type Hinkle Shanor LLC Priority Mail Express®</p> <p>Santa Fe NM 87500 Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

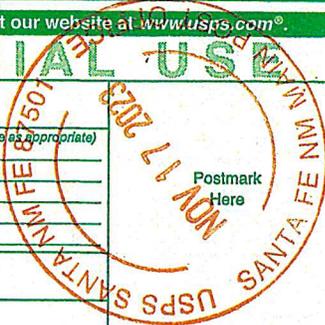
7015 1520 0000 6842 1523

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street	Jalapeno Corporation P.O. Box 1608
City, State	Albuquerque, NM 87103 24003-04 - PRO Madera



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jalapeno Corporation  
P.O. Box 1608  
Albuquerque, NM 87103

24003-04 - PRO Madera



9590 9402 7635 2122 6700 69

2. Article Number (Transfer from service label)

7015 1520 0000 6842 1523

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

X

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

Maja Slavnic 11/20/23

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

If YES, enter delivery address below:



3. Service Type Hinkle Shanor LLC Priority Mail Express®

Adult Signature Santa Fe NM 87501 Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7022 1670 0002 1188 4711

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

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

Sent To  
 Street or \_\_\_\_\_  
 City, Sta. \_\_\_\_\_

Jareed Partners, Ltd.  
 6804 Island Circle  
 Midland, TX 79707

24003-04 - Pro Madera

Postmark Here  
 JAN 18 2024  
 SANTA FE

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>M. Writing</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Writing</i> C. Date of Delivery <i>1/18/24</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RECEIVED</b>          JAN 18 2024          Hinkle Shanor LLP</p>
<p>1. Article Addressed to:</p> <p>Jareed Partners, Ltd.          6804 Island Circle          Midland, TX 79707</p> <p>24003-04 - Pro Madera</p> <p>          9590 9402 8595 3244 3699 85</p>	<p>3. Service Type <i>Santa Fe NM 87504</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 4711</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7015 1520 0000 6842 1530

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

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

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

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

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

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

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

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

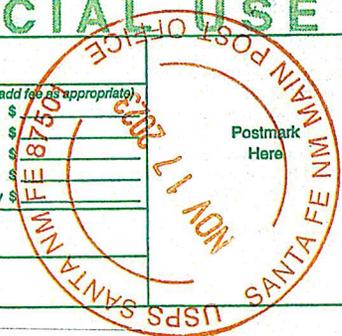
Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street Javelina Partners  
616 Texas Street

City, State, ZIP+4® Fort Worth, TX 76102-4612  
24003-04 - PRO Madera

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



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Javelina Partners  
616 Texas Street  
Fort Worth, TX 76102-4612

24003-04 - PRO Madera

9590 9402 7635 2122 6700 52

2. Article Number (Transfer from service label)  
7015 1520 0000 6842 1530

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
 X *Corri Cumings*

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

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

**RECEIVED**  
 NOV 20 2023  
 BY: NOV 27 2023

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Hinkle Shanor LLP  
Santa Fe, NM 87504

Domestic Return Receipt

7022 1670 0002 1188 4599

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

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

Sent To

Street and A, Joseph J. Kelly  
 PO Box 310  
 Roswell, NM 88202

City, State, Z 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JOE KELLY</u></p> <p>C. Date of Delivery <u>1-3-24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Joseph J. Kelly          PO Box 310          Roswell, NM 88202</p> <p>24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3699 78</p>	<p>3. Service Type <input checked="" type="checkbox"/> Priority Mail Express® <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"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 4599</p>	<p>RECEIVED</p> <p>JAN 5 2024</p> <p>Hinkle Shanor LLP          Santa Fe NM 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 4605

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

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

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

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

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

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

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

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

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

Sent To

Street and PO Box 294928  
 City, State Kerrville, TX 78029 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>ROBERT K. LEONARD</i></p> <p>C. Date of Delivery  <i>1/5/2023</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robert K. Leonard          PO Box 294928          Kerrville, TX 78029          24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3699 61</p>	<p><b>RECEIVED</b>          JAN 8 2024</p>
<p>2. Transfer from another label:          7022 1670 0002 1188 4605</p>	<p>3. Service Type <i>Hinkle Shanor LE Santa Fe, NM 87504</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0090 0000 0863 2117

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

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

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

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

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

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

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

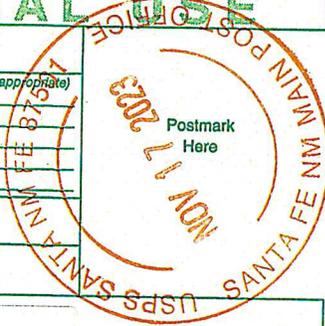
Postage  
 \$ \_\_\_\_\_

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

Sent To  
 Street MRC Delaware Resources, LLC  
 5400 LBJ Freeway, Suite 1500  
 Dallas, TX 75240

City, State, ZIP+4® 24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Brown</i></p> <p>C. Date of Delivery  <b>NOV 27 2023</b></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><b>RECEIVED</b>  <b>NOV 27 2023</b></p>
<p>1. Article Addressed to:</p> <p>MRC Delaware Resources, LLC          5400 LBJ Freeway, Suite 1500          Dallas, TX 75240</p> <p>24003-04 - PRO Madera</p>	
<p>2. Article Number (Transfer from service label)  <b>7020 0090 0000 0863 2117</b></p>	<p>3. Service Type: <i>Hinkle Shanor LLP</i></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 4629

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

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

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

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

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

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

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

Sent To  
 Street and A1 Marathon Oil Permian, LLC  
 990 Town and Country Boulevard  
 Houston, TX 77024

City, State, Z 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Mailroom <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JAN</u> Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Marathon Oil Permian, LLC          990 Town and Country Boulevard          Houston, TX 77024</p> <p>24003-04 - Pro Madera</p>	<p><b>RECEIVED</b>          JAN 12 2024          JAN - 2 2024</p>
<p>2. Article Number (Transfer from service label)          7022 1670 0002 1188 4629</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 4612

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

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

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

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

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

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

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

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

Sent To

Street and Apt. Laura Lynn McCampbell  
 6023 Weymouth Dr  
 City, State, Z Dallas, TX 75252

24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)        LAURA LYNN McCAMPBELL</p> <p>C. Date of Delivery        01/04/24</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><b>RECEIVED</b>        JAN 8 2024</p>
<p>1. Article Addressed to:</p> <p>Laura Lynn McCampbell          6023 Weymouth Dr          Dallas, TX 75252</p> <p>24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3699 54</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <b>Hinkle Shanor LLC</b> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <b>Santa Fe NM 87504</b> <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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 4612</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 4636

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

Sent To: Mongoose Minerals, LLC  
 Street and: 600 West Illinois Avenue  
 City, State: Midland, Texas 79701 24003-04 - Pro Madera

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

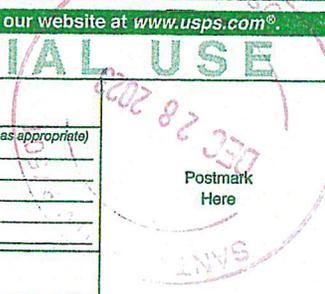
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Addressee  <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name)        Isaac Villalobos</p> <p>C. Date of Delivery        1-3-24</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>Article Addressed to:</p> <p>Mongoose Minerals, LLC          600 West Illinois Avenue          Midland, Texas 79701</p> <p>24003-04 - Pro Madera</p>		<p><b>RECEIVED</b></p> <p>JAN 11 2024</p>	
<p>9590 9402 8595 3244 3699 30</p> <p>Article Number (Transfer from carrier label)          7022 1670 0002 1188 4636</p>			
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature Hinkle Shanor LLC  <input checked="" type="checkbox"/> Adult Signature Santa Fe NM 87504  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	 Postmark Here
Sent To Street and Number Nadel and Gussman Capitan, LLC 15 E 5th St #3300 City, State Tulsa, OK 74103 24003-04 - Pro Madera	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>R. Skidmore</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R. Skidmore</i> C. Date of Delivery <i>1-2-24</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; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; margin: 5px 0;">JAN 8 2024</div>
<p>1. Article Address</p> <p style="text-align: center;">Nadel and Gussman Capitan, LLC 15 E 5th St #3300 Tulsa, OK 74103</p> <p style="text-align: right; font-size: 0.8em;">24003-04 - Pro Madera</p> <div style="text-align: center; margin: 10px 0;">             9590 9402 8595 3244 3699 23         </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)           </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery           </div> </div> <p style="font-size: 0.8em; margin-top: 5px;"> <input type="checkbox"/> <i>Denkle Shanor LLP</i>  <input type="checkbox"/> <i>Santa Fe NM 87504</i> </p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7022 1670 0002 1188 4643</p>	<p style="text-align: right; font-size: 0.8em;">Domestic Return Receipt</p>

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

7022 1670 0002 1188 4667

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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  
 Nestegg Energy Corporation  
 Street and A 2308 Sierra Vista Rd  
 City, State, 24003-04 - Pro Madera  
 Artesia, NM 88210

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Raye Miller</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Raye Miller</i></p> <p>C. Date of Delivery  <i>1-2-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If <input checked="" type="checkbox"/> Yes, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Nestegg Energy Corporation          2308 Sierra Vista Rd          Artesia, NM 88210          24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3699 09</p>	<p><b>RECEIVED</b></p> <p>JAN 8 2024</p> <p><i>Minkie Shanon LLP</i>          Santa Fe NM 87504</p>
<p>2. Article Number (Transfer from service label)          7022 1670 0002 1188 4667</p>	<p>3. Service Type  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 4674

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

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

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

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

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

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

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

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

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

Sent To \_\_\_\_\_

Street and, New Mexico Western Minerals, Inc. \_\_\_\_\_

PO Box 45750 \_\_\_\_\_

City, State, Rio Rancho, NM 87174 \_\_\_\_\_

24003-04 - Pro Madera

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



<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <i>Michael Carrico</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael Carrico</i></p> <p>C. Date of Delivery <i>1/5/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        If YES, enter delivery address below:</p>
<p>New Mexico Western Minerals, Inc.        PO Box 45750        Rio Rancho, NM 87174</p> <p>24003-04 - Pro Madera</p>	<p><b>RECEIVED</b></p> <p>JAN 8 2024</p>
<p>9590 9402 8595 3244 3698 93</p> <p>2. Article Number (Transfer from service label)        7022 1670 0002 1188 4674</p>	<p>3. Service Type <b>Hinkle Shanor LLP</b> <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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

7022 1670 0002 1188 4681

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

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

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

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

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

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

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

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

Sent To

Street and Apt. Nilo Operating Company  
5509 Champions Drive  
Midland, TX 79702

City, State, Z. 24003-04 - Pro Madera

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Nilo Operating Company 5509 Champions Drive Midland, TX 79702</p> <p>24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3698 86</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 4681</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>To Recd</i> C. Date of Delivery <i>1/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p><b>RECEIVED</b></p> <p>JAN 12 2024</p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

**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

Street or PO Box NonDarcy Oil & Gas, Inc.  
PO Box 310

City, Sta Roswell, NM 88202 24003-04 - Pro Madera

Postmark Here

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

7022 1670 0002 1188 4551

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>														
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> <p style="text-align: center;">NonDarcy Oil &amp; Gas, Inc. PO Box 310 Roswell, NM 88202</p> <p style="text-align: right; font-size: 0.8em;">24003-04 - Pro Madera</p> </div> <p style="text-align: center; margin: 5px 0;">             9590 9402 8595 3244 3698 79         </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> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; margin: 5px 0;">JAN 5 2024</p> </div>														
<p>2. Article Number (Transfer from mailpiece)</p> <p style="font-size: 1.2em; font-weight: bold; text-align: center;">7022 1670 0002 1188 4551</p>	<p>3. Service Type <b>Hinkle Shanor LLP Santa Fe NM 87504</b></p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail														
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)														
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>															

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**OFFICIAL USE**

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

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

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

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

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

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

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

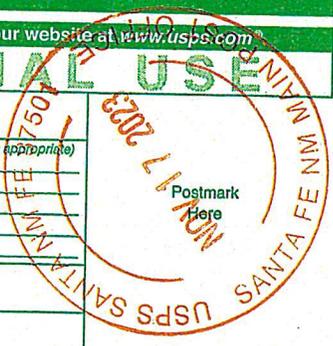
Postage \$ \_\_\_\_\_

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

Sent To  
 Street and City, State, ZIP+4®  
 Oxy USA WTP, LP  
 5 Greenway Plaza, Suite 110  
 Houston, Texas 77046  
 24003-04 - PRO Madera

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

7020 0090 0000 0863 2155



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Oxy USA WTP, LP  
 5 Greenway Plaza, Suite 110  
 Houston, Texas 77046  
 24003-04 - PRO Madera

9590 9402 7635 2122 6702 29

2. Article Number (Transfer from service label)  
 7020 0090 0000 0863 2155

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 11/27/23

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

**RECEIVED**  
 NOV 27 2023

3. Service Type

Adult Signature Restricted Delivery  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Insured Mail

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

Hinkle Shanor LLC  
 Santa Fe, NM 87507

Domestic Return Receipt

7020 0090 0000 0863 2162

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

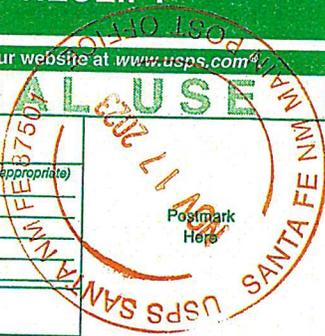
Sent To \_\_\_\_\_

Street OXY Y-1 Company  
5 Greenway Plaza  
Houston, TX 77046

City, St. \_\_\_\_\_

24003-04 - PRO Madera

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



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

OXY Y-1 Company  
5 Greenway Plaza  
Houston, TX 77046

24003-04 - PRO Madera

9590 9402 7635 2122 6702 12

2. Article Number (Transfer from service label)  
7020 0090 0000 0863 2162

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 11/2/23

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

**RECEIVED**  
NOV 27 2023

3. Service Type Hinkle Shanor LLC  Priority Mail Express®  Registered Mail™  Registered Mail Restricted Delivery  Certified Mail®  Certified Mail Restricted Delivery  Signature Confirmation™  Signature Confirmation Restricted Delivery  Collect on Delivery  Collect on Delivery Restricted Delivery  Insured Mail  Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

9589 0710 5270 0725 3416 45

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

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

Sent To  
 Street and # Occidental Permian, Ltd.  
 5 Greenway Plaza  
 Houston, TX 77046  
 City, State, ZIP+4® 24003-04 – Pro Madera

Postmark Here  
 DEC 28 2023

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery      1/2/24</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>Occidental Permian, Ltd.          5 Greenway Plaza          Houston, TX 77046</p> <p>24003-04 – Pro Madera</p> <p>9590 9402 8595 3244 3698 55</p>	<p><b>RECEIVED</b></p> <p>JAN 9 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3416 45</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p>Hinkle Shanor LLP          Santa Fe NM 87504</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0090 0000 0863 2063

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**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

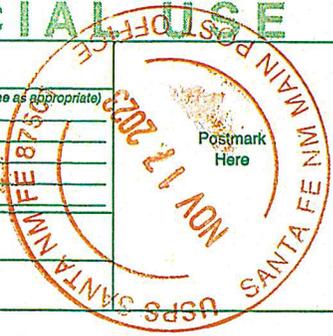
Total Postage and Fees \$

Sent To

Street Penroc Oil Corporation  
 P.O. Box 2769  
 City, St Hobbs, New Mexico 88241

24003-04 - PRO Madera

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  <i>Hinkle Shanor LLC</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><b>Penroc Oil Corporation</b>  <b>P.O. Box 2769</b>  <b>Hobbs, New Mexico 88241</b></p> <p>24003-04 - PRO Madera</p>	<p><b>RECEIVED</b>  <b>DEC 01 2023</b></p>
<p>2. Article Number (Transfer from service label)  <b>7020 0090 0000 0863 2063</b></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LLC <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$750 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 7635 2122 6702 05</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0090 0000 0863 2070

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**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street Terence Patrick Perkins  
 3707 Rusty Spur  
 City, State Krum, TX 76249 24003-04 - PRO Madera

Postmark Here  
 NOV 17 2023  
 SANTA FE NM

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Terence Patrick Perkins  
 3707 Rusty Spur  
 Krum, TX 76249  
 24003-04 - PRO Madera

9590 9402 7635 2122 6701 99

2. Article Number (Transfer from service label)  
 7020 0090 0000 0863 2070

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Terence Patrick Perkins*  Agent  Addressee

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

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

**RECEIVED**  
 NOV 27 2023

3. Service Type **Hinkle Shanor LLP**  Priority Mail Express®  
 Adult Signature Restricted Delivery **Santa Fe NM 87502**  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Signature Confirmation™  
 Certified Mail Restricted Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

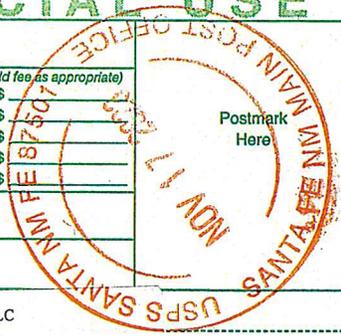
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 0090 0000 0863 2087

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**OFFICIAL USE**

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	Postmark Here
Postage	\$	
Total Postage and Fees	\$	
Sent To	Santo Legado, LLC	
Street and	P.O. Box 1020	
City, State,	Artesia, NM 88211-1020	
	24003-04 - PRO Madera	

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Santo Legado, LLC  P.O. Box 1020  Artesia, NM 88211-1020  24003-04 - PRO Madera</p>  <p>9590 9402 7635 2122 6745 86</p>		<p>B. Received by (Printed Name) <i>Felipe</i> C. Date of Delivery <i>11/27/23</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><b>RECEIVED</b>  NOV 29 2023</p>	
<p>2. Article Number (Transfer from service label)  7020 0090 0000 0863 2087</p>		<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87509</i> <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

9589 0710 5270 0725 3416 52

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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  
 Linda E. Schwartz  
 7337 Granville Dr  
 Fort Lauderdale, FL 33321  
 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C/ Date of Delivery            Steven Schwartz 1-3-24</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><b>RECEIVED</b></p> <p>JAN 8 2024</p> <p>Hinkle Shanor LLP            Santa Fe NM 87504</p>
<p>Linda E. Schwartz            7337 Granville Dr            Fort Lauderdale, FL 33321            24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3698 48</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>Article Number (Transfer from service label)            9589 0710 5270 0725 3416 52</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0090 0000 0863 2094

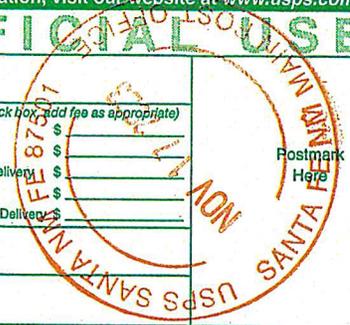
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee		\$
Extra Services & Fees (check box, add fee as appropriate)		
<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 an	Sharbro Energy, LLC P.O. Box 840 Artesia, NM 88211	
City, Stat	Artesia, NM	24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION, ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>[Signature]</i> <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<p>Sharbro Energy, LLC P.O. Box 840 Artesia, NM 88211 24003-04 - PRO Madera</p>  <p>9590 9402 7635 2122 6745 79</p>	<p><i>Artesia</i></p>	<p>NOV 27 2023</p>
2. Article Number (Transfer from service label)	3. Service Type	
7020 0090 0000 0863 2094	<input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery (over \$500) <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)	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

7015 1520 0000 6842 1493

# CERTIFIED MAIL® RECEIPT

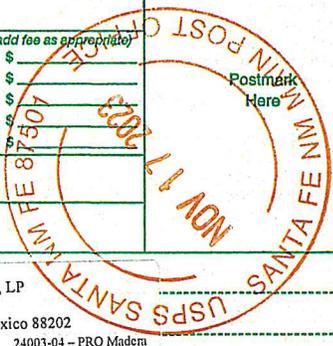
Domestic Mail Only

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

## OFFICIAL USE

Certified Mail Fee	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Slash Exploration, LP P.O. Box 1973 Roswell, New Mexico 88202 24003-04 - PRO Madera
City, Sta	

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



### SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Slash Exploration, LP  
P.O. Box 1973  
Roswell, New Mexico 88202

24003-04 - PRO Madera



9590 9402 7635 2122 6745 62

2. Article Number (Transfer from service label)

7015 1520 0000 6842 1493

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

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  Agent  
 E. Shanor  Addressee

C. Date of Delivery  
 11/20/23

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

# RECEIVED

NOV 27 2023

3. Service Type **Hinkle Shanor LLP** Priority Mail Express®  
**Santa Fe NM 87506** Registered Mail™

Adult Signature Restricted Delivery  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Registered Mail Restricted Delivery  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1520 0000 6842 1486

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

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

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

Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

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

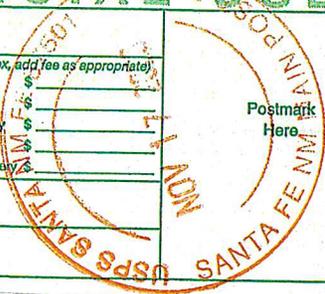
Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street Solis Energy, LLC  
P.O. Box 51451  
City, St Midland, Texas 79710

24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p>X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Daniela Finch</i> C. Date of Delivery <i>11/28/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Solis Energy, LLC P.O. Box 51451 Midland, Texas 79710</p> <p>24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6745 55</p>	<p>RECEIVED DEC 01 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1520 0000 6842 1486</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe, NM 87501</i> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

# CERTIFIED MAIL® RECEIPT

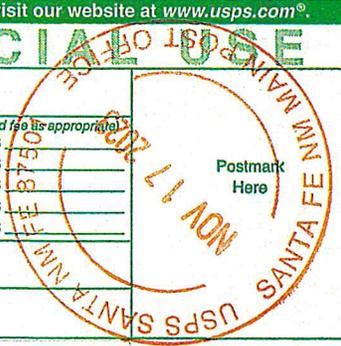
Domestic Mail Only

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

## OFFICIAL USE

7015 1520 0000 6842 1479

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Postage and Fees</b>	\$
Sent To Tinian Oil & Gas LLC 319 West Main Street Artesia, NM 88210 24003-04 - PRO Madera	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><b>RECEIVED</b> DEC 01 2023</p>
<p>1. Article Addressed to:</p> <p>Tinian Oil &amp; Gas LLC 319 West Main Street Artesia, NM 88210 24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6745 48</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1520 0000 6842 1479</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 3911

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

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

**OFFICIAL USE**

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

Extra Services & Fees (check box, add 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 Tulipan LLC  
 428 Sandoval, Suite 200  
 City Santa Fe, NM 87501  
 24003-04 -- PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>Sima Inguay</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ 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><b>RECEIVED</b>        DEC 18 2023</p>
<p>1. Article Addressed to:</p> <p>Tulipan LLC        428 Sandoval, Suite 200        Santa Fe, NM 87501        24003-04 -- PRO Madera</p> <p>9590 9402 7635 2122 6461 56</p> <p>2. Article Number (Transfer from service label)        7022 1670 0002 1189 3911</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3416 83

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

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OFFICIAL USE

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

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

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

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

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

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

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

Postmark Here

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

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

Sent To \_\_\_\_\_

Street and \_\_\_\_\_  
Mary Ann Kelly Twitty  
26989 Sea Vista Dr

City, State, \_\_\_\_\_  
Malibu, CA 90265

24003-04 - Pro Madera

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Ann Kelly Twitty  
26989 Sea Vista Dr  
Malibu, CA 90265

24003-04 - Pro Madera



9590 9402 8595 3244 3698 17

2. Article Number (Transfer from service label)

9589 0710 5270 0725 3416 83

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
**X**  Agent  Addressee

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

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

**RECEIVED**

JAN 8 2024

3. Service Type **Hinkle Shanor**  Priority Mail Express®

Adult Signature  Registered Mail™

Adult Signature Restricted Delivery  Registered Mail Restricted Delivery

Certified Mail®  Signature Confirmation™

Certified Mail Restricted Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

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

7022 1670 0002 1189 3935

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USPS MAIL**

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

Santa Fe, NM 87504  
 NOV 17 2023

Service

Str Vladin, LLC  
 P.O. Box 100  
 Artesia, NM 88211-0100

City Artesia, NM 88211-0100  
 24003-04 - PRO Madera

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>D Chavarria</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D Chavarria</i> C. Date of Delivery <i>11-21-23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RECEIVED</b>        NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p>Vladin, LLC          P.O. Box 100          Artesia, NM 88211-0100</p> <p>24003-04 - PRO Madera</p>  <p>9590 9402 7635 2122 6461 01</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 <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 3935</p>	<p>Santa Fe, NM 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3416 90

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

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

Sent To

Street ar Vladin, LLC, a NM LLC  
 319 West Main Street

City, Sta: Artesia, NM 88210 24003-04 - Pro Madera

Postmark Here  
 DEC 28 2023  
 SANTA FE, NM 87501

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>D Chavarria</i></p> <p>B. Received by (Printed Name)  <i>D Chavarria</i></p> <p>C. Date of Delivery  <i>1-3-24</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;"><b>RECEIVED</b></p> <p style="text-align: center;">JAN 8 2024</p>
<p>1. Article Addressed to:</p> <p>Vladin, LLC, a NM LLC          319 West Main Street          Artesia, NM 88210</p> <p style="text-align: right;">24003-04 - Pro Madera</p> <p>          9590 9402 8595 3244 3698 00</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3416 90</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3417 06

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

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## OFFICIAL USE

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



Sent To:

Street and Ap. WPX Energy Permian, LLC  
333 West Sheridan Avenue  
City, State, Zi Oklahoma City, OK 73102-5015  
24003-04 - Pro Madera

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ 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><b>RECEIVED</b> JAN 9 2024</p>
<p>1. Article Addressed to:</p> <p>WPX Energy Permian, LLC 333 West Sheridan Avenue Oklahoma City, OK 73102-5015 24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3697 94</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3417 06</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

9589 0710 5270 0725 3417 13

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

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

Sent To

Street and City, State \_\_\_\_\_

Western Reserves Oil Company  
 4305 N Garfield Suite 235  
 Midland, TX 79707  
 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Sheri Collins <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Sheri Collins</p> <p>C. Date of Delivery            1-2-24</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>Western Reserves Oil Company            4305 N Garfield Suite 235            Midland, TX 79707            24003-04 - Pro Madera</p>	<p><b>RECEIVED</b>            JAN 4 2024</p>
<p>9590 9402 8595 3244 3697 87</p> <p>2. Article Number (Transfer from service label)            9589 0710 5270 0725 3417 13</p>	<p>3. Service Type  <input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Santa Fe NM 87504 <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 3942

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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: Yates Brothers, a partnership  
105 South Fourth Street  
Artesia, NM 88210  
24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Yates Brothers, a partnership 105 South Fourth Street Artesia, NM 88210 24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6460 88</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><b>RECEIVED</b> DEC 01 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 3942</p>	<p>3. Service Type Hinkle Shanor LLP Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Santa Fe NM 87504 Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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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 Yates Industries, LLC  
 Street a 403 W San Francisco St  
 City, State, ZIP+4® Santa Fe, NM 87501 24003-04 - Pro Madera

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <b>X</b></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery  <b>1/5/24</b></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><b>RECEIVED</b>  <b>JAN 5 2024</b></p>
<p>1. Article Addressed to:</p> <p>Yates Industries, LLC          403 W San Francisco St          Santa Fe, NM 87501          24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3697 63</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 7743</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 3959

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

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

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

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

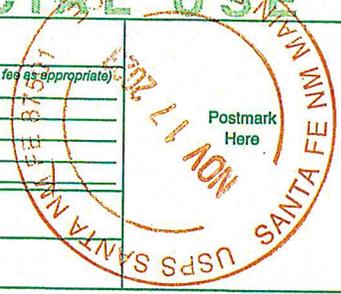
Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Yates Industries, LLC  
 PO Box 1091  
 Artesia, NM 88211-1091  
 24003-04 - PRO Madera

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



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Yates Industries, LLC  
 PO Box 1091  
 Artesia, NM 88211-1091  
 24003-04 - PRO Madera

9590 9402 7635 2122 6460 95

7022 1670 0002 1189 3959

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*Frances Moreau*

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

FRANCES MOREAU 11-22-23

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

**RECEIVED**

NOV 27 2023

3. Service Type  Priority Mail Express®  Registered Mail™

Adult Signature Restricted Delivery  Registered Mail Restricted Delivery

Certified Mail®  Signature Confirmation™

Certified Mail Restricted Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Hinkle Shanor LLC Santa Fe, NM 87504

Domestic Return Receipt

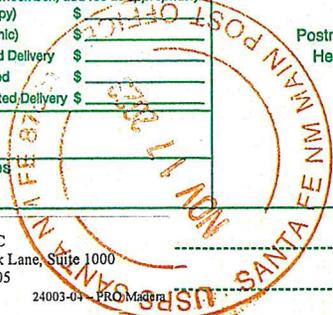
7022 1670 0002 1189 3881

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705 24003-04 - PRO Madera	



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705 24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6461 32</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 3881</p>	<p>B. Received by (Printed Name) Gon But</p> <p>C. Date of Delivery 11/5</p>	<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p>RECEIVED NOV 27 2023</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

7022 1670 0002 1189 3898

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
\$	Zorro Partners, Ltd.
	616 Texas Street
¢	Fort Worth, TX 76102-4612
	24003-04 - PRO Madera

Postmark Here

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Corri Cuninga <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Zorro Partners, Ltd.          616 Texas Street          Fort Worth, TX 76102-4612          24003-04 - PRO Madera</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><b>RECEIVED</b>          NOV 20 2023          NOV 27 2023          BY:</p>	
<p>2. Article Number (Transfer from service label)          7022 1670 0002 1189 3898</p>	<p>3. Service Type <b>Hinkle Shanor LP</b>  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

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

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

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

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

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

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

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

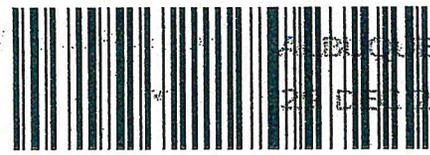
Total Postage and Fees \$ \_\_\_\_\_

Sent To Andersen-Malone, LLC  
Street and A/ 128 W 2nd St  
City, State, Z Roswell, NM 88201 24003-04 - Pro Madera

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7022 1670 0002 1188 4568

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ALBUQUERQUE NM 870  
29 DEC 2023 PM 2 L

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ZIP 87501 \$ 008.77<sup>0</sup>  
02 7H  
0006052409 DEC 29 2023

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

**RECEIVED**

JAN 18 2024

Hinkle Shanor LLP  
Santa Fe NM 87504

AN/S

Andersen-Malone, LLC  
128 W 2nd St  
Roswell, NM 88201

NIXIE 750 FE 1 6601/03/24  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
KEL 8/11/04/080008 5000-01/11-02-02

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

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

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

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

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

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

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

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

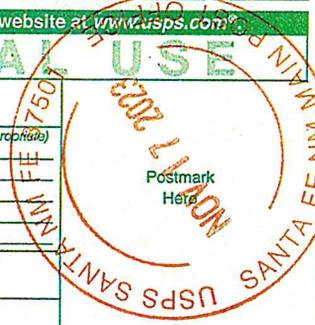
Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street and Apt. Bean Family Limited Company  
2303 Sallee Loop  
Roswell, NM 88201-6408

City, State, ZIP+4® 24003-04 - PRO Madera

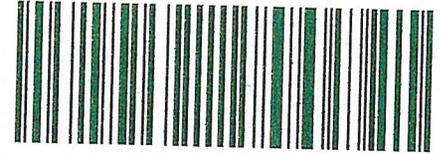
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7022 1670 0002 1188 6241

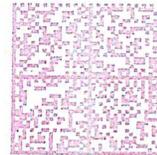
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POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504



7022 1670 0002 1188 6241

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PITNEY BOWES  
ZIP 87501 \$ 008.77<sup>0</sup>  
02 7H  
0006052409 NOV 17 2023

**RECEIVED**

DEC 11 2023  
Hinkle Shanor LLP  
Santa Fe NM 87504

ANK  
C-31  
11-20-23

W/N  
12/6

Bean Family Limited Company  
2303 Sallee Loop  
Roswell, NM 88201-6408

NIXIE 758 FE 1 0011/28/23

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

RC: 87504205802 \*0268-01231-17-41

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

Postage \$  
 Total Postage and Fees \$

Sent To  
 Street and, Cheryl W. Derrick, Estate of  
 11 Oakgrove  
 Irvine, CA, 92604  
 City, State, 24003-04 - Pro Madera

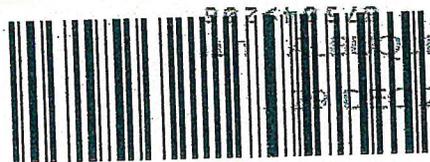
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7022 1670 0002 1188 4506



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



7022 1670 0002 1188 4506

ERQUE NM 870  
DEC 29 2023 PM 2 L

FIRST CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501 \$ 008.77<sup>0</sup>  
 02 7H  
 0006052409 DEC 29 2023

1/22/10

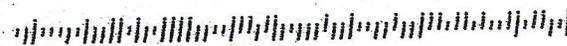
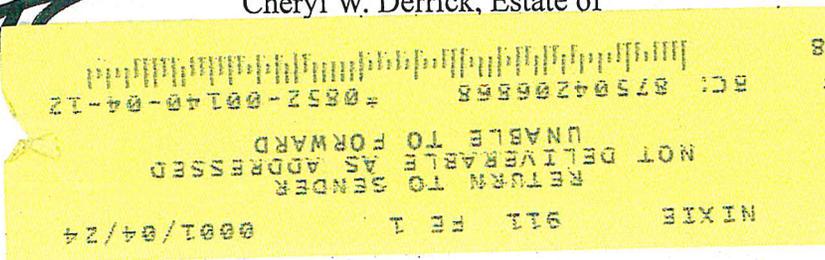
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**RECEIVED**

JAN 10 2024

Hinkle Shanor LLP  
 Santa Fe NM 87504

92604-461444

Cheryl W. Derrick, Estate of



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Certified Mail Fee \$

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

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

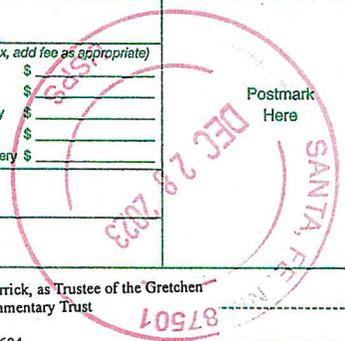
Postage \$

Total Postage and Fees \$

Sent To William J. Derrick, as Trustee of the Gretchen S. White Testamentary Trust  
 Street and Apt 11 Oakgrove  
 City, State, Zip Irvine, CA 92604 24003-04 - Pro Madera

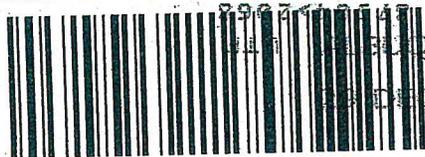
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 1670 0002 1188 5060



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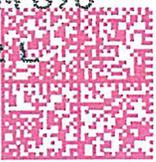
**HINKLE SHANOR LLP**  
 ATTORNEYS AT LAW  
 POST OFFICE BOX 2068  
 SANTA FE, NEW MEXICO 87504



7022 1670 0002 1188 5060

QUERQUE NM 870  
 DEC 2023 PM 2 L

FIRST-CLASS



**US POSTAGE™ PITNEY BOWES**

ZIP 87501 \$ 008.77<sup>0</sup>  
 02 7H  
 0006052409 DEC 29 2023

**I/A**  
**RECEIVED**

JAN 10 2024

Hinkle Shanor LLP  
 Santa Fe NM 87504

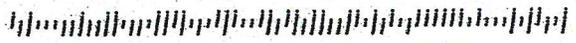
**Ri**

William J. Derrick, as Trustee of the

RETURN TO SENDER  
 NOT DELIVERABLE AND ADDRESS UNKNOWN  
 UNABLE TO FORWARD  
 BC: 875042088888  
 \* 00002-00141-94-12

NIXIE 911 FEB 1 0001/04/24

92604-461411



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

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

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

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

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

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

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

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

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

Sent To \_\_\_\_\_

Street and \_\_\_\_\_ Pamela Anne Evans  
 7625 Parkview Circle  
 Austin, TX 78731

City, State \_\_\_\_\_ 24003-04 - Pro Madera

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

7022 1670 0002 1189 2549



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

**CERTIFIED MAIL®**



7022 1670 0002 1189 2549

FIRST-CLASS



**US POSTAGE™** IMPITNEY BOWES

ZIP 87501 **\$ 008.770**  
 02 7H  
 0006052409 DEC 29 2023

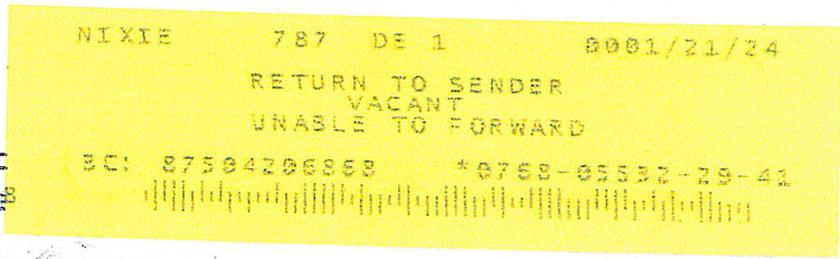
**RECEIVED**

JAN 26 2024

Hinkle Shanor LLP  
 Santa Fe NM 87504

Pamela Anne Evans  
 7625 Parkview Circle  
 Austin, TX 78731

24003-04 - Pro Madera



*Handwritten:*  
 1/26

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**OFFICIAL USE**

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

Postmark Here  
DEC 28 2023  
SANTA FE, NM 87501

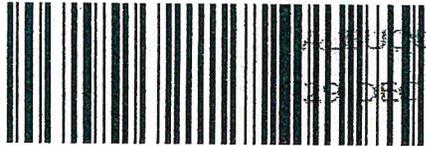
Sent To: Explorers Petroleum Corporation  
400 N Pennsylvania, Ste 550  
Roswell, NM 88201  
City, State: 24003-04 - Pro Madera

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

7022 1670 0002 1189 2532

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



7022 1670 0002 1189 2532

SANTA FE, NM 87501  
28 DEC 2023 PM 2

FIRST-CLASS



**US POSTAGE** IMPITNEY BOWES  
ZIP 87501 \$ **008.77<sup>0</sup>**  
02 7H  
0006052409 DEC 29 2023

LN  
1-2-24

**RECEIVED**

FEB 9 2024

Hinkle Shanor  
Santa Fe NM 87504

Explorers Petroleum Corporation  
400 N Pennsylvania, Ste 550  
Roswell, NM 88201

24003-04 - Pro Madera

NIXIE 750 SE 1 2201/25/24  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 87504206868 \*0568-01754-29-42

UNC  
88201 87504 2068



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Certified Mail Fee \$

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

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

Postage \$

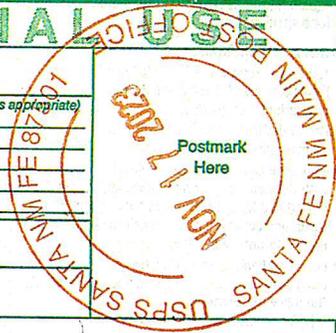
**Total Postage and Fees** \$

Sent to: **Delmar Hudson Lewis, MSU**  
6300 Ridglea Place, Suite 1005A  
Fort Worth, TX 76116

City, State, ZIP+4: **Fort Worth, TX 76116** 24003-04 - PRO Madam

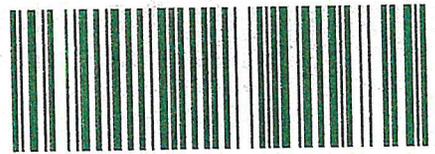
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7015 1520 0000 6842 1554



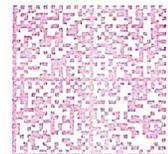
**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504

**CERTIFIED MAIL®**



7015 1520 0000 6842 1554

FIRST-CLASS



**US POSTAGE** IMPITNEY BOWES

ZIP 87504 **\$ 008.77<sup>0</sup>**  
02 7H  
0006052409 NOV 17 2023

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DEC 11 2023

Hinkle Shanor LLP  
Santa Fe NM 87504



Delmar Hudson Lewis, MSU  
6300 Ridglea Place, Suite 1005A  
Fort Worth, TX 76116

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

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

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

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

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

Sent To \_\_\_\_\_

Street Marathon Oil Permian, LLC  
5555 San Felipe Street

City, State Houston, TX 77056

24003-04 - PRO Madam

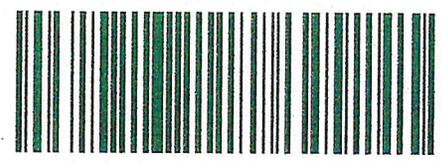
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 0090 0000 0863 2124



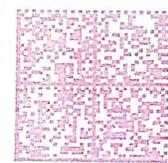
**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504

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7020 0090 0000 0863 2124

FIRST-CLASS



US POSTAGE PAID BY PITNEY BOWES

ZIP 87501 \$ **008.77**  
02 7H  
0006052409 NOV 17 2023

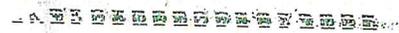
**RECEIVED**

DEC 5 2023

Hinkle Shanor LLP  
Santa Fe NM 87504

Marathon Oil Permian, LLC  
5555 San Felipe Street  
Houston, TX 77056

*[Handwritten initials]*



ANK BCI  
7020 0090 0000 0863 2124

NOV 17 2023

RETURN TO SENDER  
UNDELIVERED TO ADDRESSEE

NOV 17 2023

NOV 17 2023

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

Postage \$  
 Total Postage and Fees \$

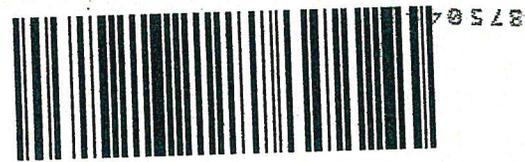
Sent To  
 Street Marigold LLLP  
 PO Box 1290  
 City Artesia, NM 88211-1290  
 24003-04 - PRO Madera

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

7020 0090 0000 0863 2131

NOV 17 2023  
 SANTA FE NM MAIN POST OFFICE 87504

**CERTIFIED MAIL**



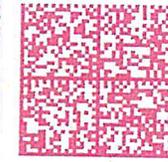
7020 0090 0000 0863 2131

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

Handwritten: *1/3*

Marigold LLLP  
 PO Box 1290  
 Artesia, NM 88211-1290

FIRST-CLASS



**US POSTAGE**™  
 ZIP 87501 \$ **008.77**<sup>0</sup>  
 02 7H  
 0006052409 NOV 17 2023

Handwritten: *HS*

**RECEIVED**

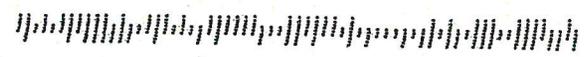
JAN 3 2024

Hinkle Shanor LLP  
 Santa Fe NM 87504

NIXIE 750 FE 1 0012/26/23 24003-04 - PRO Madera

RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
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TF 068 RC: 87504000000 \*2182-01155-25-04



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

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

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

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

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

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

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

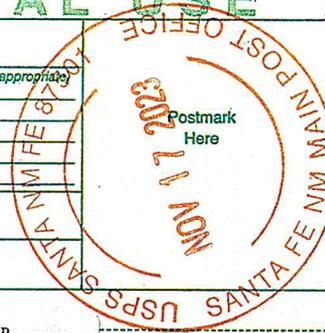
Sent To \_\_\_\_\_

Street or PO Box \_\_\_\_\_ Mark Wilson Family Partnership, LP  
4501 Green Tree Boulevard  
Midland, TX 79707-1607

City, State, ZIP+4® \_\_\_\_\_ 24003-04 - PRO Madem

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

7020 0090 0000 0863 2148



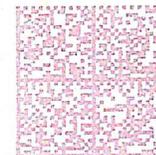
**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504

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7020 0090 0000 0863 2148

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02 7H  
0006052409 NOV 17 2023

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DEC 5 2023

Hinkle Shanor LLP  
Santa Fe NM 87504

*CLS*

Mark Wilson Family Partnership, LP  
4501 Green Tree Boulevard  
Midland, TX 79707-1607

*4/N*

*12/5*

NIXIE 799 FE 1 202311/27/23  
RETURN TO SENDER  
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UNABLE TO FORWARD  
BC: 875042000000 01072-28-37

*1027*

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

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

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

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

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

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

Sent To

Street and City, State \_\_\_\_\_

Spiral, Inc.  
 400 N Pennsylvania, Ste 550  
 Roswell, NM 88201

City, State \_\_\_\_\_ 24003-04 - Pro Madera

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

9589 0710 5270 0725 3416 69



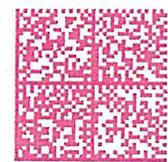
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 SANTA FE, NEW MEXICO 87504



9589 0710 5270 0725 3416 69

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ZIP 87501 \$ **008.770**  
 02 7H  
 0006052409 DEC 29 2023

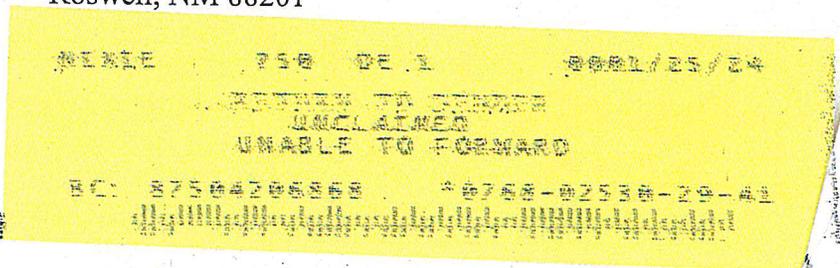
LN  
 1-2-24

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JAN 30 2024

Hinkle Shanor LLP  
 Santa Fe NM 87504

Spiral, Inc.  
 400 N Pennsylvania, Ste 550  
 Roswell, NM 88201



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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

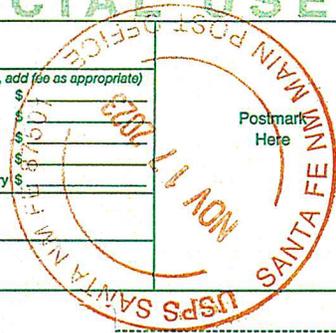
Postage \$

**Total Postage and Fees** \$

Postmark Here

WPX Energy Permian, LLC  
 3500 One Williams Center, MD 38  
 Tulsa, Oklahoma 74172  
 24003-04 - PRO Madem

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



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 Santa Fe NM 87504

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

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UTC BC: 87504206868 \*0268-01256-17-41

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

Sent To  
 Street a J. Phelps White, III  
 4001 Southwest 33rd Ct  
 City, St Ocala, FL 34474 24003-04 - Pro Madera

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

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02 7H  
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Santa Fe NM 87504

*Red*

J. Phelps White, III  
4001 Southwest 33rd Ct  
Ocala, FL 34474

24003-04 - Pro Madera

RETURNS DE 1 0001/07/24

RETURN TO SENDER  
 REFUSED  
 UNABLE TO FORWARD

BC: 87504206888 \*0238-05422-07-34

*1/2  
1/17*

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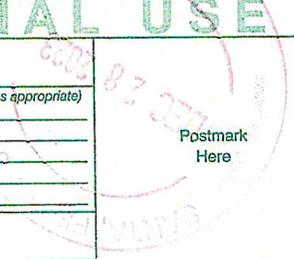
Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total Postage and Fees \$

Sent To  
 Street and Apt J. Phelps White, IV  
 PO Box 1433  
 Roswell, NM 88202  
 City, State, Zip 24003-04 - Pro Madem

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

7022 1670 0002 1189 1894



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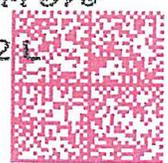
**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504



7022 1670 0002 1189 1894

BUQUERQUE NM 870  
29 DEC 2023 PM 2 L

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ZIP 87501 \$ 008.770  
02 7H  
0006052409 DEC 29 2023

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Santa Fe, NM 87504

J. Phelps White, IV  
PO Box 1433  
Roswell, NM 88202

NIXIE 750 FE 1 0001/10/24  
RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD  
ANK BC: 87504206868 \*0568-02444-28-42

7022 1670 0002 1189 3874

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

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

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

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

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

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

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

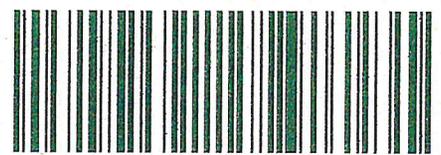
Postmark Here  
NOV 17 2023 SANTA FE NM

John A. Yates, Trustee of Trust Q u/w/o  
Peggy A. Yates, deceased  
P.O. Box 100  
Artesia, NM 88211-0111  
24003-04 - PRO Madem

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DEC 11 2023

Y/N

12/8

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Santa Fe NM 87504

John A. Yates, Trustee of Trust Q  
u/w/o Peggy A. Yates, deceased  
P.O. Box 100  
Artesia, NM 88

UTP

NIXIE 750 FB 1 0011/28/23

RETURN TO SENDER  
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- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

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

**Total Postage and Fees**

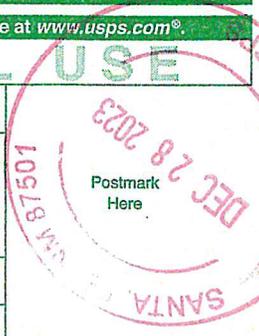
\$ \_\_\_\_\_

**Sent To**

Street and A Lisa L. Durban  
1970 Tincup Ct  
Boulder, CO 80305

City, State, & 24003-04 - Pro Madera

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



# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 70221670000211884513

Copy

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### Latest Update

Your item was delivered to a neighbor as requested at 2:04 pm on January 4, 2024 in BOULDER, CO 80305.

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USPS Tracking Plus®

Feedback

#### Delivered

Delivered, Neighbor as Requested

BOULDER, CO 80305

January 4, 2024, 2:04 pm

#### In Transit to Next Facility

January 3, 2024

#### Arrived at USPS Regional Facility

DENVER CO DISTRIBUTION CENTER

January 2, 2024, 9:12 am

#### Departed USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 9:38 pm

#### Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 9:12 pm

● **Hide Tracking History**

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

---

**Text & Email Updates**



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**USPS Tracking Plus®**



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**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

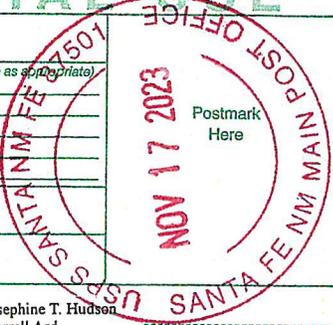
7022 1670 0002 1188 6265

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



Sent To  
 Frost Bank, Trustee of the Josephine T. Hudson  
 Testamentary Trust f/b/o J. Terrell Ard  
 P.O. Box 1600  
 San Antonio, TX 78296  
 24003-04 - PRO Madera

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

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 70221670000211886265

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### 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.

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Feedback

Delivered

Out for Delivery

Preparing for Delivery

### Moving Through Network

**In Transit to Next Facility**

November 23, 2023

**Arrived at USPS Regional Facility**

SAN ANTONIO TX DISTRIBUTION CENTER

November 19, 2023, 12:43 pm

**Departed USPS Facility**

ALBUQUERQUE, NM 87101

November 17, 2023, 9:39 pm

**Arrived at USPS Facility**

ALBUQUERQUE, NM 87101

November 17, 2023, 8:46 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**

7022 1670 0002 1189 2556

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

Sent To	James Gebel, Trustee of the James R. Gebel	
	Revocable Living Trust	
Street an	58 Road 2335	
	Aztec, NM 87410	
City, State	24003-04 - Pro Madera	

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 70221670000211892556

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### 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:

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Feedback

Delivered

Out for Delivery

Preparing for Delivery

### Moving Through Network

**In Transit to Next Facility**

January 4, 2024

**Departed USPS Facility**

ALBUQUERQUE, NM 87101  
December 29, 2023, 9:38 pm

**Arrived at USPS Facility**

ALBUQUERQUE, NM 87101  
December 29, 2023, 8:42 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**

7015 1520 0000 6842 1547

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**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

**OFFICIAL RECEIPT**

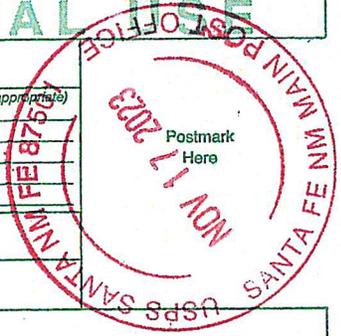
Certified Mail Fee \$ \_\_\_\_\_

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

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

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

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



Sent To

Anne S. Johnson  
 6529 Highway 42 South  
 Fort Valley, Georgia 31030

24003-04 - PRO Madem

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

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 7015152000068421547

Copy

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

### Latest Update

Your item could not be delivered on November 29, 2023 at 10:35 am in FORT VALLEY, GA 31030. It was held for the required number of days and is being returned to the sender.

### Get More Out of USPS Tracking:

**USPS Tracking Plus®**

Feedback

#### Alert

**Unclaimed/Being Returned to Sender**

FORT VALLEY, GA 31030  
November 29, 2023, 10:35 am

**Available for Pickup**

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

**Reminder to Schedule Redelivery of your item**

November 27, 2023

**Notice Left (No Authorized Recipient Available)**

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

**In Transit to Next Facility**

November 21, 2023

- **Departed USPS Regional Facility**  
MACON GA DISTRIBUTION CENTER ANNEX  
November 20, 2023, 2:39 pm
- **Arrived at USPS Regional Facility**  
MACON GA DISTRIBUTION CENTER ANNEX  
November 20, 2023, 2:12 pm
- **Departed USPS Facility**  
ALBUQUERQUE, NM 87101  
November 17, 2023, 9:39 pm
- **Arrived at USPS Facility**  
ALBUQUERQUE, NM 87101  
November 17, 2023, 8:46 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

Page 139 of 152  
7020 0090 0000 0863 2100

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**OFFICIAL USE**

Certified Mail Fee

\$

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

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

Postage

\$

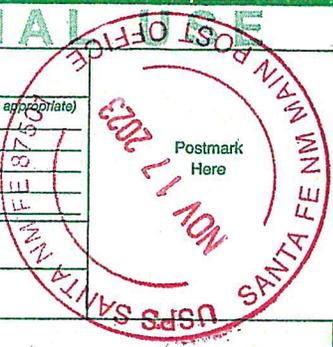
Total Postage and Fees

\$

Sent To

Street Lime Rock Resources A, LP  
1111 Bagby St Ste 4600  
City, Houston, TX 77002

24003-04 - PRO Madera



Postmark  
Here

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

Received by OCD: 2/13/2024 3:12:27 PM

Released to Imaging: 2/14/2024 8:59:05 AM

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 70200090000008632100

Copy

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

### Latest Update

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

#### Get More Out of USPS Tracking:

**USPS Tracking Plus®**

Feedback

Delivered

Out for Delivery

Preparing for Delivery

#### Moving Through Network

**In Transit to Next Facility**

November 25, 2023

**Arrived at USPS Regional Facility**

NORTH HOUSTON TX DISTRIBUTION CENTER

November 20, 2023, 11:17 am

**Departed USPS Facility**

ALBUQUERQUE, NM 87101

November 17, 2023, 9:39 pm

**Arrived at USPS Facility**

ALBUQUERQUE, NM 87101

November 17, 2023, 8:46 pm

● Hide Tracking History

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

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

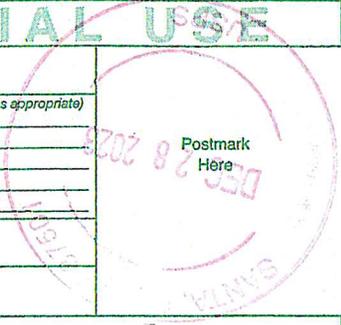
7022 1670 0002 1188 4650

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



Sent To	
Street and Apt.	Elizabeth White Nelson 1022 Potomac Dr Houston, TX 77057
City, State, ZIP	24003-04 - Pro Madera

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

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 70221670000211884650

Copy

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

### Latest Update

Your item was picked up at a postal facility at 2:17 pm on January 8, 2024 in HOUSTON, TX 77057.

Get More Out of USPS Tracking:

**USPS Tracking Plus®**

Feedback

#### Delivered

**Delivered, Individual Picked Up at Postal Facility**

HOUSTON, TX 77057

January 8, 2024, 2:17 pm

#### Reminder to Schedule Redelivery of your item

January 7, 2024

#### Notice Left (No Authorized Recipient Available)

HOUSTON, TX 77057

January 4, 2024, 2:14 pm

#### Notice Left (No Authorized Recipient Available)

HOUSTON, TX 77057

January 2, 2024, 5:46 pm

#### Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

January 1, 2024, 12:00 pm

#### In Transit to Next Facility

December 31, 2023

**Departed USPS Facility**

ALBUQUERQUE, NM 87101  
December 29, 2023, 9:38 pm

**Arrived at USPS Facility**

ALBUQUERQUE, NM 87101  
December 29, 2023, 8:41 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**

9589 0710 5270 0725 3416 38

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

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

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

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

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

Sent To \_\_\_\_\_

Street and # Northern Oil and Gas  
4350 Baker Road, Ste 400  
Minnetonka, MN 55343

City, State, & ZIP+4® 24003-04 - Pro Madra



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

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700725341638

Copy

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

### Latest Update

Your item has been delivered to an agent for final delivery in HOPKINS, MN 55343 on January 3, 2024 at 10:39 am.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

#### Delivered to Agent

Delivered to Agent for Final Delivery

HOPKINS, MN 55343

January 3, 2024, 10:39 am

#### Arrived at USPS Regional Facility

MINNEAPOLIS MN DISTRIBUTION CENTER

January 2, 2024, 6:30 am

#### In Transit to Next Facility

January 1, 2024

#### Departed USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 9:38 pm

#### Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 9:06 pm

● **Hide Tracking History**

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

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**Text & Email Updates**



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**USPS Tracking Plus®**



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**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

9589 0710 5270 0725 3416 76

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Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street an Theodore P. White, Est  
575 S Virginia Hills Dr Unit 2701  
Mckinney, TX 75072

City, State 24003-04 - Pro Madera

DEC 28 2023

Postmark  
Here

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700725341676

Copy

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

### Latest Update

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

#### Get More Out of USPS Tracking:

**USPS Tracking Plus®**

Feedback

Delivered

Out for Delivery

Preparing for Delivery

### Moving Through Network

**In Transit to Next Facility**

January 5, 2024

#### Arrived at USPS Regional Facility

COPPELL TX DISTRIBUTION CENTER

December 31, 2023, 2:16 pm

#### Departed USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 9:38 pm

#### Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 8:57 pm

● **Hide Tracking History**

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

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**Text & Email Updates**



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**USPS Tracking Plus®**



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**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

# Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

## Affidavit of Publication

Ad # 0005860107

This is not an invoice

**HINKLE SHANOR, LLP**  
POBOX 2068

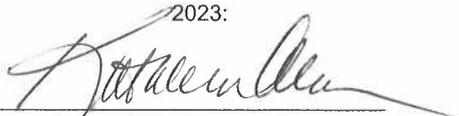
**SANTA FE, NM 87504**

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

11/21/2023

  
Legal Clerk

Subscribed and sworn before me this November 21, 2023:



State of WI, County of Brown  
NOTARY PUBLIC

1-7-25

My commission expires

This is to notify all interested parties, including Ard Oil, Ltd., Mary T. Ard, President; BP America Production Company; Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard; Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust; Bean Family Limited Company; COG Operating LLC; Colgate Opearting, LLC; Colgate Production, LLC; Colgate Royalties, LP; Concho Oil & Gas LLC; Contago Resources, LLC; D2 Resources, LLC; Irma Leota Davis; Paula Raye Dooley; Margaret V. Dowling, SSP; EOG Resources, Inc.; Harvard Petroleum Company, LLC; Vergil Wesley Hopp; Edward R. Hudson, Jr. and wife, Ann F. Hudson; Francis H. Hudson, Trustee of Lindy's Living Trust; William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased; Jalapeno Corporation; Javelina Partners; Anne S. Johnson; Delmar Hudson Lewis, MSU; Lime Rock Resources A, LP; MRC Delaware Resources, LLC; Marathon Oil Permian, LLC; Marigold LLLP; Mark Wilson Family Partnership, LP; Oxy USA WTP, LP; OXY Y-1 Company; Penroc Oil Corporation; Terence Patrick Perkins; Santo Legado, LLC; Sharbro Energy, LLC; Slash Exploration, LP; Solis Energy, LLC; Tinian Oil & Gas LLC; Tulipan LLC; Vladin, LLC; WPX Energy Permian, LLC; Yates Brothers, a partnership; Yates Industries, LLC; John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased; ZPZ Delaware I LLC; Zorro Partners, Ltd.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Permian Resources Operating, LLC (Case No. 24004). The hearing will be conducted remotely on December 7, 2023, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <https://www.emnrd.nm.gov/ocd/hearing-info/>. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Madera 9 State Com #122H** and the **Madera 9 State Com #132H** wells ("Wells"), which will be drilled from surface hole locations in the SE/4 NE/4 (Unit H) of Section 9 to bottom hole locations in the SW/4 NW/4 (Unit E) of Section 8. The completed interval of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico. #5860107, Current Argus, November 21, 2023

KATHLEEN ALLEN  
Notary Public  
State of Wisconsin

Ad # 0005860107  
PO #: Madera 24004  
# of Affidavits 1

This is not an invoice

**Permian Resources Operating, LLC**  
**Case No. 24004**  
**Exhibit C-4**

# Carlsbad Current Argus.

MEMBER OF THE USA TODAY NETWORK

## Affidavit of Publication

Ad # 0005870385

This is not an invoice

HINKLE SHANOR, LLP  
POBOX 2068

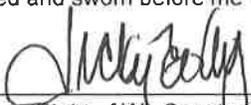
SANTA FE, NM 87504

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

01/03/2024

  
Legal Clerk

Subscribed and sworn before me this January 3, 2024:

  
State of WI, County of Brown  
NOTARY PUBLIC  
9192  
My commission expires

VICKY FELTY  
Notary Public  
State of Wisconsin

This is to notify all interested parties, including Andersen--Malone, LLC; Ard Oil, Ltd., Mary T. Ard, President; BP America Production Company; Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard; Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust; Bean Family Limited Company; COG Operating LLC; Charles F. Malone Living Trust dated August 1, 1987; Cheryl W. Derrick, Estate of; Coille Limited Partnership, LP; Cokelan Corporation; Colgate Operating, LLC; Colgate Production, LLC; Colgate Royalties, LP; Concho Oil & Gas LLC; Contago Resources, LLC; Constaplenty Energy Corporation; D2 Resources, LLC; D2 Royalties, LLC; Irma Leota Davis; William J. Derrick, as Trustee of the Gretchen S. White Testamentary Trust; Paula Raye Dooley; Margaret V. Dowling, SSP; Lisa L. Durban; EOG Resources, Inc.; Elizabeth Eaton; Gilbert J. Eaton; Elk Oil Company; Pamela Anne Evans; Explorers Petroleum Corporation; James Gebel, Trustee of the James R. Gebel Revocable Living Trust; Hanaco, LLC; Hanagan Investment, LLC; Harvard Petroleum Company, LLC; Heyco Development Corporation; Vergil Wesley Hopp; Edward R. Hudson, Jr. and wife, Ann F. Hudson; Francis H. Hudson, Trustee of Lindy's Living Trust; William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased; Jalapeno Corporation; Jareed Partners, Ltd.; Javelina Partners; Anne S. Johnson; Esther L. Kelly; Joseph J. Kelly; Delmar Hudson Lewis, MSU; Lime Rock Resources A, LP; Dan M. Leonard, as Trustee of the DML Revocable Trust dated January 10, 2007; Robert K. Leonard; Constance White Lloyd; MRC Delaware Resources, LLC; Laura Lynn McCampbell; Marathon Oil Permian, LLC; Marigold LLLP; Mark Wilson Family Partnership, LP; Mongoose Minerals, LLC; Nadel and Gussman Capitan, LLC; Elizabeth White Nelson; Nestegg Energy Corporation; New Mexico Western Minerals, Inc.; Nilo Operating Company; NonDarcy Oil & Gas, Inc.; Northern Oil and Gas; Oxy USA WTP, LP; OXY Y-1 Company; Occidental Permian, Ltd.; Penroc Oil Corporation; Terence Patrick Perkins; Santo Legado, LLC; Linda E. Schwartz; Sharbro Energy, LLC; Slash Exploration, LP; Spiral, Inc.; Solis Energy, LLC; Tinian Oil & Gas LLC; Tulipan LLC; Theodore P. White, Est; Mary Ann Kelly Twitty; Vladin, LLC, a NM LLC; WPX Energy Permian, LLC; Western Reserves Oil Company; J. Phelps White, III; J. Phelps White, IV; Keith Williams; WPX Energy Permian, LLC; Yates Brothers, a partnership; Yates Industries, LLC; John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased; ZPZ Delaware I LLC; Zorro Partners, Ltd.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Permian Resources Operating, LLC (Case No. 24004). The hearing will be conducted remotely on January 4, 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/>. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Madera 9 State Com #122H and the Madera 9 State Com #132H wells ("Wells"), which will be drilled from surface hole locations in the SE/4 NE/4 (Unit H) of Section 9 to bottom hole locations in the SW/4 NW/4 (Unit E) of Section 8. The completed interval of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico.  
#5870385, Current Argus, January 3, 2024

Ad # 0005870385

PO #:  
# of Affidavits 1

This is not an invoice