

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO**

CASE NO. 24170

EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Taylor Warren
A-1	Application & Proposed Notice of Hearing
A-2	C-102
A-3	Plat of Tracts and Overlapping Spacing Unit, Tract Ownership, Applicable Lease Numbers, Unit Recapitulation, Pooled Parties
A-4	Sample Well Proposal Letter & AFE
A-5	Chronology of Contact
Exhibit B	Self-Affirmed Statement of Shane Seals
B-1	Location Map, Subsea Structure Map, Gunbarrel Diagram
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Exhibit C	Self-Affirmed Statement of Dana S. Hardy
C-1	Notice Letters to All Interested Parties
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C-4	Affidavit of Publication for February 13, 2024

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

Case: 24170	APPLICANT'S RESPONSE
Date	March 7, 2024
Applicant	Steward Energy II, LLC
Designated Operator & OGRID (affiliation if applicable)	OGRID # 371682
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Steward Energy II, LLC for Compulsory Pooling and Approval of Overlapping Spacing Unit, Lea County, New Mexico.
Entries of Appearance/Intervenors:	None.
Well Family	Broken Bar
Formation/Pool	
Formation Name(s) or Vertical Extent:	San Andres
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	San Andres
Pool Name and Pool Code:	Bronco; San Andres South Pool (Code 7500)
Well Location Setback Rules:	Statewide
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	402.18-acre
Building Blocks:	quarter-quarter
Orientation:	North/South
Description: TRS/County	W/2 W/2 of Sections 2 and 11, Township 14 South, Range 38 East, and the W/2 SW/4 of Section 35, Township 13 South, Range 38 East, Lea County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and</u> is approval of non-standard unit requested in this application?	Yes.
Other Situations	
Depth Severance: Y/N. If yes, description	No.
Proximity Tracts: If yes, description	No.
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit A-3
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Broken Bar State 6H (API # pending) SHL: 685' FNL & 346' FWL (Unit D), Section 14, T14S-R38E BHL: 2545' FSL & 267' FWL (Unit L), Section 22, T13S-R38E Completion Target: San Andres (Approx. 5,357' TVD)

Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$7,000.00
Production Supervision/Month \$	\$700.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-1, Exhibit C-2, Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit C-2
Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-1
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-1
Depth Severance Discussion	N/A
Forms, Figures and Tables	

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

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
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**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO**

CASE NO. 24170

**SELF-AFFIRMED STATEMENT
OF TAYLOR WARREN**

1. I am a Vice President of Land, Permian North with Steward Energy II, LLC (“Steward”). I am over the age of 18, 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. I am familiar with the land matters involved in the above-referenced case. Copies of Steward’s Application and proposed hearing notice are attached as **Exhibit A-1**.

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

4. Steward seeks an order pooling all uncommitted interests in Bronco; San Andres, South Pool (Code 7500) within the San Andres formation underlying a 402-acre, more or less, standard, overlapping horizontal spacing unit comprised of the W/2 W/2 of Sections 2 and 11, Township 14 South, Range 38 East, and the W/2 SW/4 of Section 35, Township 13 South, Range 38 East, Lea County, New Mexico (“Unit”).

5. The Unit will be dedicated to the **Broken Bar State 6H** well (“Well”), which will be drilled from a surface hole location in the NW/4 NW/4 (Unit D) of Section 14, Township 14

**Steward Energy II, LLC
Case No. 24170
Exhibit A**

South, Range 38 East, to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 35, Township 13 South, Range 38 East.

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

7. The Unit will partially overlap with the spacing unit for the Broken Spoke State Com 5H well (API #30-025-45530), which is located in the W/2 of Section 2, Township 14 South, Range 38 East and the SW/4 of Section 35, Township 13 South, Range 38 East, Lea County, and produce from the Bronco; San Andres, South Pool (Code 7500).

8. The Unit will also partially overlap with the spacing unit for the Dog Bar 11 Fee 3H well (API #30-025-42622), which is located in the W/2 of Section 11, Township 14 South, Range 38 East, Lea County and produces from the Bronco; San Andres, South Pool (Code 7500).

9. **Exhibit A-2** contains the C-102 for the Well.

10. **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 Steward seeks to pool highlighted in yellow. Exhibit A-3 also identifies the overlapping spacing units.

11. Steward located an address for each party it seeks to pool, but it is unclear whether each address is valid since some of the hearing notice letters were returned as undeliverable. As discussed below, Steward conducted extensive research to locate the parties it seeks to pool.

12. With respect to Steward's efforts to locate parties, Steward conducted a diligent search of all relevant county public records, phone directories and computer databases a landman in the normal course of business would search. Over the course of several years since leasing activity began, the lease broker, Shaw Interests, Inc., and our in-house Landman, Cooper Newlan, each conducted their own diligent searches, and worked in conjunction, to locate unlocatable parties.

Each used <https://www.google.com/> to obtain as many details as possible prior to conducting searching on websites that included the following:

<https://accurint.com/> (a Lexis-Nexis paid subscription search service)

<https://www.ancestry.com/>

<https://www.familysearch.org/en/>

<https://www.findagrave.com/>

<https://www.legacy.com/>

<https://www.newspapers.com/>

<https://www.whitepages.com/>

13. Steward sent correspondence and lease offers to confirmed and prospective addresses. Additionally, telephone calls were made in an attempt to reach the relatives/heirs.

14. **Exhibit A-4** contains a sample well proposal letter and AFE sent to working interest owners for the Well. The estimated costs reflected on the AFE 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.

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

16. Steward requests overhead and administrative rates of \$7,000.00 per month while the Well is being drilled and \$700.00 per month while the Well is producing. These rates are fair and are comparable to the rates charged by Steward and other operators in the vicinity.

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

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

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


Taylor Warren

02/16/2024
Date

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NO. 24170

APPLICATION

In accordance with NMSA 1978, § 70-2-17 and NMAC 19.15.16.15(B)(5), Steward Energy II, LLC (“Steward” or “Applicant”), through its undersigned attorneys, files this application with the Oil Conservation Division (“Division”) seeking an order: (1) establishing a 402-acre, more or less, standard, overlapping horizontal spacing unit comprised of the W/2 W/2 of Sections 2 and 11, Township 14 South, Range 38 East, and the W/2 SW/4 of Section 35, Township 13 South, Range 38 East, Lea County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the San Andres formation underlying the Unit. In support of this application, Steward states the following.

1. Applicant (OGRID No. 371682) is a working interest owner in the Unit and has the right to drill thereon.
2. Applicant seeks to dedicate the Unit to the **Broken Bar State 6H** well (“Well”), which will be drilled from a surface hole location in the NW/4 NW/4 (Unit D) of Section 14, Township 14 South, Range 38 East, to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 35, Township 13 South, Range 38 East.
3. The completed interval of the Well will be orthodox.
4. The Unit will partially overlap with the spacing unit for the Broken Spoke State Com 5H well (API #30-025-45530), which is located in the W/2 of Section 2, Township 14 South,

**Steward Energy II, LLC
Case No. 24170
Exhibit A-1**

Range 38 East and the SW/4 of Section 35, Township 13 South, Range 38 East, Lea County and produces from the Bronco; San Andres, South Pool (Code 7500).

5. The Unit will also partially overlap with the spacing unit for the Dog Bar 11 Fee 3H well (API #30-025-42622), which is located in the W/2 of Section 11, Township 14 South, Range 38 East, Lea County and produces from the Bronco; San Andres, South Pool (Code 7500).

6. Applicant has sought and been unable to obtain voluntary agreement for the development of these lands from all of the interest owners in the Unit.

7. The pooling of interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

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

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on March 7, 2024, and, after notice and hearing as required by law, the Division enter an order:

- A. Approving the proposed overlapping spacing unit;
- B. Pooling all uncommitted interests in the Unit;
- C. Approving the initial well in the Unit;
- D. Designating Applicant as the operator of the Unit and the horizontal well to be drilled thereon;
- E. Authorizing Applicant to recover its costs of drilling, equipping, and completing the well;

- F. Approving the actual operating charges and costs of supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- G. Imposing a 200% charge for the risk assumed by Applicant in drilling and completing the well against any working interest owner who does not voluntarily participate in the drilling of the well.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy_____

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

Facsimile: (505) 98208623

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

Counsel for Steward Energy II, LLC

Application of Steward Energy II, LLC for Compulsory Pooling and Approval of Overlapping Spacing Unit, Lea County, New Mexico. Steward Energy II, LLC (“Applicant”) seeks an order: (1) establishing a 402-acre, more or less, standard, overlapping horizontal spacing unit comprised of the W/2 W/2 of Sections 2 and 11, Township 14 South, Range 38 East, and the W/2 SW/4 of Section 35, Township 13 South, Range 38 East, Lea County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the San Andres formation underlying the Unit. Applicant seeks to dedicate the Unit to the **Broken Bar State 6H** well (“Well”), which will be drilled from a surface hole location in the NW/4 NW/4 (Unit D) of Section 14, Township 14 South, Range 38 East, to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 35, Township 13 South, Range 38 East. The completed interval of the Well will be orthodox. The Unit will partially overlap with the spacing units for the Broken Spoke State Com 5H well (API #30-025-45530) and the Dog Bar 11 Fee 3H well (API #30-025-42622). Also to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 17.1 miles southeast of Tatum, 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

API Number	Pool Code 7500	Pool Name Bronco; San Andres, South Pool
Property Code	Property Name BROKEN BAR STATE	Well Number #6H
OGRID No. 371682	Operator Name STEWARD ENERGY II, LLC	Elevation 3766'

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	14	14 S	38 E		685	NORTH	346	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	35	13 S	38 E		2545	SOUTH	267	WEST	LEA

Dedicated Acres 402.18	Joint or Infill	Consolidation Code	Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

APPROXIMATE WELL BORE DISTANCE FROM FTP TO LTP	
SECTION 11	5185.84'
V091890002	5332.65'
SECTION 35	2545.15'
TOTAL	13063.64'

OPERATOR CERTIFICATION

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

Signature _____ Date _____

Printed Name _____

E-mail Address _____

DETAIL "A" N.T.S.

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.

FEBRUARY 02, 2024

Date of Survey

Signature and Seal of Professional Surveyor:

Job No.: 24-01-3856
MATTHEW B. TOMERLIN, N.M.P.L.S.
Certificate Number 23203

NAD 83 (SHL) 685' FNL & 346' FWL	NAD 83 (FTP) 100' FSL & 330' FWL
LATITUDE = 33.109808° LONGITUDE = -103.075044°	LATITUDE = 33.111964° LONGITUDE = -103.075096°
NAD 27 (SURFACE HOLE LOCATION)	NAD 27 (FTP)
LATITUDE = 33.109701° LONGITUDE = -103.074546°	LATITUDE = 33.111857° LONGITUDE = -103.074598°
STATE PLANE NAD 83 (N.M. EAST)	STATE PLANE NAD 83 (N.M. EAST)
N: 769799.10' E: 926633.53'	N: 770583.51' E: 926608.14'
STATE PLANE NAD 27 (N.M. EAST)	STATE PLANE NAD 27 (N.M. EAST)
N: 769737.19' E: 885457.48'	N: 770521.58' E: 885432.09'

NOTES

- ALL COORDINATES, BEARINGS, AND DISTANCES CONTAINED HEREIN ARE GRID, BASED UPON THE NEW MEXICO STATE PLANE COORDINATES SYSTEM, NORTH AMERICAN DATUM 83, NEW MEXICO EAST (3001), NAVD 88.
- THIS DOCUMENT IS BASED UPON AN ON THE GROUND SURVEY PERFORMED DURING FEBRUARY, 2024. CERTIFICATION OF THIS DOCUMENT IS ONLY TO THE LOCATION OF THIS EASEMENT IN RELATION TO RECORDED MONUMENT OF DEEDS PROVIDED BY THE CLIENT.
- ELEVATIONS MSL, DERIVED FROM G.N.S.S. OBSERVATION AND DERIVED FROM SAID ON-THE-GROUND SURVEY.

NAD 83 (LTP/BHL) 2545' FSL & 267' FWL
LATITUDE = 33.147864° LONGITUDE = -103.075200°
NAD 27 (LTP/BHL)
LATITUDE = 33.147757° LONGITUDE = -103.074701°
STATE PLANE NAD 83 (N.M. EAST)
N: 783645.79' E: 926419.62'
STATE PLANE NAD 27 (N.M. EAST)
N: 783583.48' E: 885243.63'

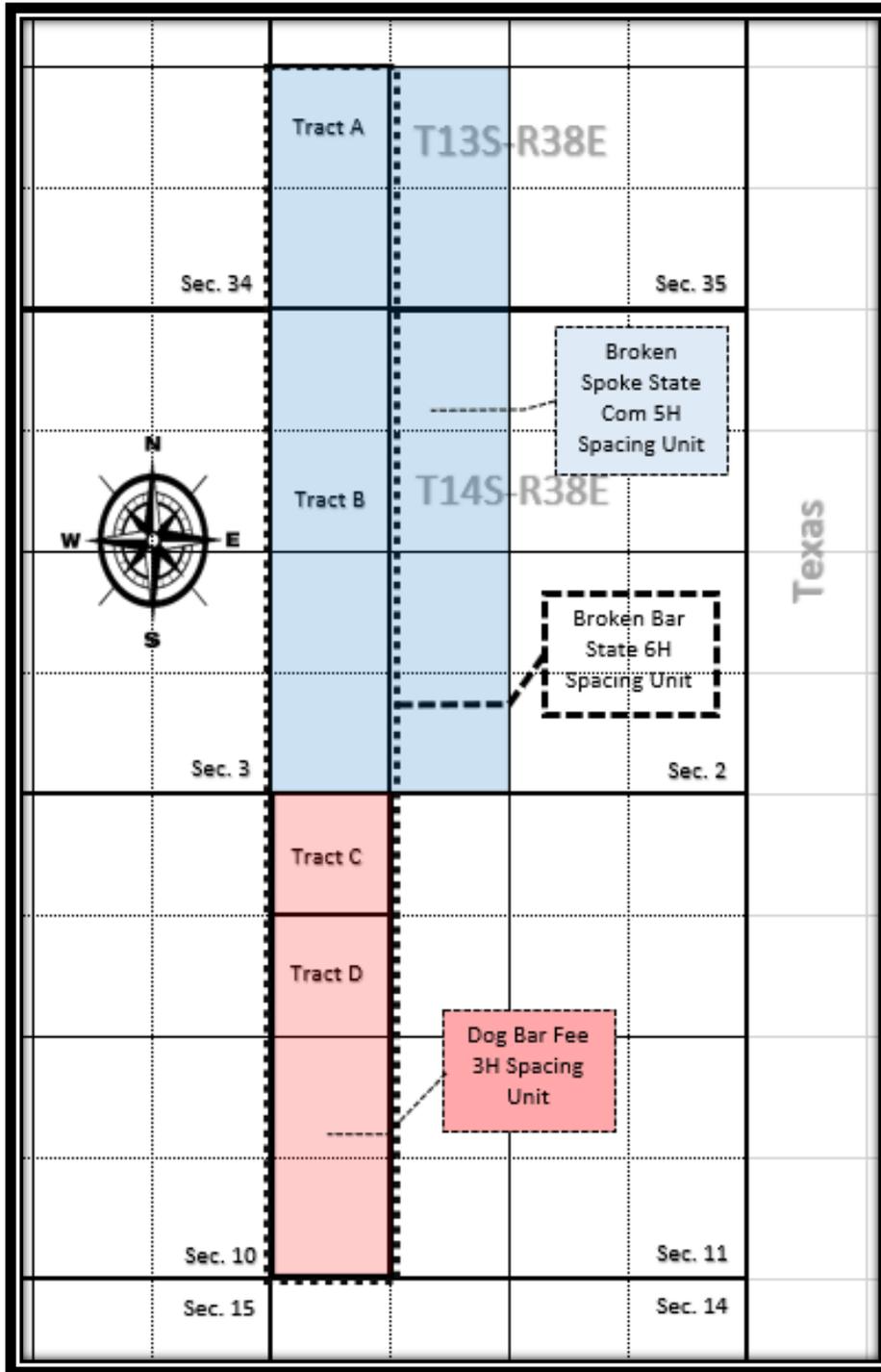
Steward Energy II, LLC
Case No. 24170
Exhibit A-2

Legend:

- ⊗ FND. U.S.G.L.O. MON. UNLESS OTHERWISE NOTED
- ⊠ CALC. CORNER
- SHL/ KOP/ FTP / PPP/ LTP / BHL
- ▭ STATE OIL & GAS LEASE
- ▭ BLM OIL & GAS LEASE
- ▭ HORIZONTAL SPACING UNIT

Scale: 1" = 3000'

Broken Bar State 6H
W/2SW/4 of Section 35, T13S-R38E, N.M.P.M
W/2W/2 of Section 2, and the W/2W/2 of Section 11, T14S-R38E, N.M.P.M
Lea Co., NM



Steward Energy II, LLC
Case No. 24170
Exhibit A-3

Tract A

(W/2SW/4 of Section 35, T13S-R38E, being 80.00 Acres)

Committed

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	98.808595%	Committed - JOA Executed
Totals:		98.808595%	

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
Bailey, Rose Marie	ULMI	0.136719%	Uncommitted
Leta M. Loflin, d/b/a Loflin Oil Company	ULMI	0.781250%	Uncommitted
Popplewell, Mary E.	ULMI	0.091146%	Uncommitted
Randall, David E.	ULMI	0.091146%	Uncommitted
Randall, Patricia Ann	ULMI	0.091146%	Uncommitted
Totals:		1.191407%	
Grand Totals:		100.000000%	

Overriding Royalty Interest Owners

<u>Owner</u>	<u>Type</u>
PetroVen Inc.	ORRI
William C. Bahlburg	ORRI

Tract B

(W/2W/2, also described as Lot 3, W/2S/2NW/4 and the W/2SW/4, of Section 2, T14S-R38E, being 162.18 Acres)

Committed

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	100.000000%	Committed - JOA Executed
Totals:		100.000000%	

Overriding Royalty Interest Owners

<u>Owner</u>	<u>Type</u>
PetroVen Inc.	ORRI
William C. Bahlburg	ORRI

Tract C

(W/2N/2NW/4, also described as the NW/4NW/4, of Section 11, T14S-R38E, being 40.00 Acres)

Committed

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	100.000000%	Committed - JOA Executed
Totals:		100.000000%	

Overriding Royalty Interest Owners

<u>Owner</u>	<u>Type</u>
PetroVen Inc.	ORRI
William C. Bahlburg	ORRI

Tract D

(W/2SW/4 and SW/4NW/4 of Section 11, T14S-R38E, being 120.00 Acres)

Committed

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	100.000000%	Committed - JOA Executed
Totals:		100.000000%	

Recapitulation

Committed

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>
Steward Energy II, LLC	WI	99.763011%
Totals:		99.763011%

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>
PetroVen Inc.	ORRI	0.000000%
William C. Bahlburg	ORRI	0.000000%
Bailey, Rose Marie	ULMI	0.027196%
Leta M. Loflin, d/b/a Loflin Oil Company	ULMI	0.155403%
Popplewell, Mary E.	ULMI	0.018130%
Randall, David E.	ULMI	0.018130%
Randall, Patricia Ann	ULMI	0.018130%
Totals:		0.236990%
Grand Totals:		100.000000%



*****VIA CERTIFIED U.S.P.S. MAIL #7022 0410 0003 4658 6316*****

January 3, 2024

Patricia Ann Randall
5109 Tree Top Lane
Garland, TX 75044-5569

**Re: Well Proposal
Broken Bar State 6H
W/2W/2 of Sections 2 and 11, T14S-R38E & W/2SW/4 of Section 35, T13S-R38E
Lea County, New Mexico**

Dear Owner,

Steward Energy II, LLC (“Steward”) hereby proposes to drill and complete the **Broken Bar State 6H** as a horizontal well (“Well”), at the following locations, formation, and depth referenced below, which are subject to change based on final determination:

SHL: 334’ FWL & 674’ FNL of Sec. 14, T14S-R38E
FTP: 334’ FWL & 100’ FSL of Sec. 11, T14S-R38E
BHL: 334’ FWL & 2,540’ FSL of Section 35, T13S-R38E
Formation: San Andres
Total Vertical Depth and Measured Depth: ~ 5,357’ / 18,907’

Steward proposes the formation of a Horizontal Spacing Unit (“HSU”), covering the W/2W/2 of Sections 2 and 11, T14S-R38E and the W/2SW/4 of Section 35, T13S-R38E, Lea County, New Mexico, containing 402.18 acres, more or less. Portions of these lands may be covered by an existing Joint Operating Agreements (“JOAs”), also covering the San Andres formation, and Steward hereby submits for your consideration, a new Joint Operating Agreement, dated December 1, 2023, being a modified AAPL Form 610 – 1989 Model Form Operating Agreement (“NJOA”), to govern proposals and operations within the HSU. The NJOA shall supersede any existing operations under any JOAs. The NJOA has the following general provisions:

Effective Date: December 1, 2023
Operator: Steward Energy II, LLC
Contract Area: 402.18 acres, more or less, being the W/2W/2 of Sections 2 and 11, T14S-R38E & W/2SW/4 of Section 35, T13S-R38E, Lea County, New Mexico
Non-Consent Penalty: 300%
Overhead Rate: \$7,000 / \$700 (drilling / producing monthly)

**Steward Energy II, LLC
Case No. 24170
Exhibit A-4**

Well Proposal
Broken Bar State 6H
January 3, 2024

Enclosed are documents for your review and execution. Please see detailed Authorization for Expenditure (“AFE”), reflecting estimated costs that will be incurred to drill, complete, and equip the Well associated with this proposal.

If you intend to participate, please execute in the appropriate box on the AFE, and return to the undersigned within 30 days of receipt of this proposal. The AFE represents an estimated cost and is subject to change once the Well is drilled/completed and actual costs are incurred. Parties electing to participate are responsible for their proportionate share of actual costs.

Should you elect to participate in the Well, your execution of the NJOA is required. Please execute in the appropriate line, notarize, and return to the undersigned within 30 days of receipt of this proposal.

Your interest can be found on the AFE and Exhibit A to the proposed NJOA. Please note that this interest is subject to change pending further title verification.

Steward will submit an application for a Compulsory Pooling Order with the New Mexico Oil Conservation Division within 30 days of your receipt of this letter. This will allow Steward to move forward with planning and drilling the Wells while allowing time to properly execute a NJOA amongst the parties.

Please note that Steward is open to discuss possible trades, assignments, etc. of your interest in the subject acreage. Should you be interested or have any questions, please feel free to contact me at the information listed below.

Failure to respond within 30 days shall be deemed an election NOT to participate.

Please send your election and all communication to:

Steward Energy II, LLC
Land Department
2600 Dallas Parkway, Suite 400
Frisco, Texas 75034

For questions regarding this well proposal please contact the Land Department via email land@stewardenergy.net or call (214) 297-0500.

Respectfully,

Cooper Newlan
Sr. Landman

Attachments



AUTHORIZATION FOR EXPENDITURE

Well Name:	Broken Bar State 6H		
Operator:	Steward Energy II, LLC		AFE Number: 2404020DR
Well Type:	Oil	AFE Type:	Development Drig/Comp
Legal:	Section 11: W/2W/2, Section 2 W/2W/2 Township 13 South, Range 38 East & Section 35: SW/4, Township 12 South, Range 38 East	Prop. Depth:	5361.00 TVD, 18880.00 MD
		Field:	Bronco; San Andres, South
County, State:	Lea, NM		
Prep. By:	Tim Hilton		
Surface Location:	334' FWL & 674' FNL of Sec. 14, T14S-R38E		
Bottom Hole Location:	334' FWL & 2,540' FSL of Section 35, T13S-R38E		
Project Description:	Drill & Complete a 2.5 mile San Andres Horizontal		

Account #	Cost Breakdown	Drilling	Dry Hole	Completion Cost	Workover	Total
8200.100	Land, Surveying & Legal	\$8,000	\$8,000			\$8,000
8200.101	Abstract, Title & Permit	\$55,000	\$55,000			\$55,000
8200.102	ROW & Surface Damages	\$20,000	\$20,000			\$20,000
8200.103	Road, Pad Location & Pit Building	\$58,500	\$58,500			\$58,500
8200.104	Environ, Reg & Safety	\$4,000	\$4,000			\$4,000
8200.105	Well Insurance	\$6,200	\$6,200			\$6,200
8200.113	Contract Labor	\$12,850	\$12,850			\$12,850
8200.114	Consulting Services & Contract Supervision	\$105,500	\$105,500			\$105,500
8200.120	Vacuum & Pump Truck	\$8,500	\$8,500			\$8,500
8200.122	Material Transportation	\$18,400	\$18,400			\$18,400
8200.126	Fuel	\$105,600	\$105,600			\$105,600
8200.131	Chemical-Downhole Treating	\$10,160	\$10,160			\$10,160
8200.132	Mud & Additives	\$98,000	\$98,000			\$98,000
8200.140	Mob/Demob	\$90,000	\$90,000			\$90,000
8200.141	Mud Disposal/Pit Closure	\$210,000	\$210,000			\$210,000
8200.142	Trailer Rental, Camp & Catering	\$47,700	\$47,700			\$47,700
8200.144	Drilling Rig - Daywork or Footage	\$313,200	\$313,200			\$313,200
8200.149	Bits, Mills & Reamers	\$50,500	\$50,500			\$50,500
8200.151	Directional Services	\$178,200	\$178,200			\$178,200
8200.160	Casing Crews & Services	\$42,700	\$42,700			\$42,700
8200.161	Cementing Services	\$190,000	\$190,000			\$190,000
8200.169	Water Transfer	\$12,500				\$12,500
8200.170	Water Purchase	\$38,000	\$38,000			\$38,000
8200.175	Surface Equipment Rental & Services	\$205,800	\$205,800			\$205,800
8200.176	Downhole Equipment Rental & Services	\$60,000	\$60,000			\$60,000
8200.193	Downhole Inspection/Testing - Casing, Tubing & Rods	\$86,650	\$86,650			\$86,650
8200.301	Overhead	\$20,000	\$20,000			\$20,000
	IDC Total:	\$2,055,960	\$2,043,460			\$2,055,960
8250.200	Conductor/Drive Pipe	\$20,600	\$20,600			\$20,600
8250.201	Surface Casing	\$68,149	\$68,149			\$68,149
8250.203	Production Casing	\$714,400	\$714,400			\$714,400
8250.205	Wellhead Equipment, Flow Tee & Meter Run	\$20,880	\$20,880			\$20,880
8250.214	Other Downhole Equipment	\$545,854	\$545,854			\$545,854
	TDC Total:	\$1,369,883	\$1,369,883			\$1,369,883
	Development Drig/Comp Total:	\$3,425,843	\$3,413,343			\$3,425,843
8300.110	Company Labor					\$78,000
8300.114	Consulting Services & Contract Supervision					\$68,000
8300.120	Vacuum & Pump Truck					\$54,000
8300.122	Material Transportation					\$36,000
8300.126	Fuel					\$15,500

Account #	Cost Breakdown	Drilling	Dry Hole	Completion Cost	Workover	Total
8300.131	Chemicals - Downhole Treating					\$6,500
8300.133	Completion Fluid					\$90,000
8300.142	Trailer Rental, Camp & Catering					\$10,500
8300.143	Well Control - BOP, Isolation Assy					\$155,000
8300.146	Completion/Workover Rig					\$158,450
8300.148	Reverse Unit					\$70,000
8300.149	Bits, Mills & Reamers					\$8,500
8300.169	Water Transfer	\$146,000				\$146,000
8300.170	Water Purchase					\$400,250
8300.171	Stimulation - Frac, Acid, Gravel Pack					\$3,240,000
8300.175	Surface Equipment Rental & Services					\$128,000
8300.176	Downhole Equipment Rental & Services					\$152,000
ICC Total:						\$4,816,700
8350.205	Wellhead Equipment, Flow Tee & Meter Run	\$20,000				\$20,000
8350.206	Tubing					\$38,000
8350.211	Electric Submersible Pumps					\$305,500
8350.221	Surface VSD, Transformer, POC & Associated Equipment					\$38,000
8350.224	Electrical Installation & Power Generation					\$55,000
8350.234	Surface Pump & LACT's					\$1,500
TCC Total:						\$458,000
8600.100	Land, Surveying, & Legal	\$1,000				\$1,000
8600.102	ROW & Surface Damages	\$16,000				\$16,000
8600.111	Company Supervision	\$6,500				\$6,500
8600.120	Vaccum & Pump Truck	\$7,500				\$7,500
8600.122	Material Transportation	\$1,800				\$1,800
8600.175	Surface Equipment Rental & Services	\$1,500				\$1,500
IFC Total:						\$34,300
8650.222	Instrumentation & Meters	\$11,000				\$11,000
8650.223	SCADA & Communications	\$5,000				\$5,000
8650.224	Electrical Installation & Power Generation	\$10,000				\$10,000
8650.229	Prod & SWD Facility Inst.	\$95,000				\$95,000
8650.231	Separator, Heater Treater, FWKO	\$79,000				\$79,000
8650.233	Flowline & Gathering Lines	\$14,500				\$14,500
8650.235	Miscellaneous Non-Controllable - Pipe, Valves & Fittings	\$75,000				\$75,000
TFC Total:						\$289,500
Development Drlg/Comp Total:						\$5,598,500
Totals:						\$9,024,343

The undersign elects to / not to participate in the Broken Bar State 6H well with their proportionate working interest.

Owner Name: **Patricia Ann Randall** Working Interest (%): **0.018130%** Amount(\$): **\$15,019**

Approved by: _____ Title: _____

Signature: _____ Date: _____

This AFE is an estimate only and non-operator, by execution of same, commits to pay its proportionate share of actual cost incurred.

Communication Timeline

Chronology of contact with locatable uncommitted interest:

- August 1, 2016 – Steward Energy II, LLC (“Steward”) acquires title to forty-two (42) oil and gas leases, from Manzano, LLC et al, effective 8/1/2016, covering Tracts A through D. At the time of this acquisition, Tracts B, C, and D were fully leased and / or held by production from the Broken Spoke 2 State 1H (API 30-025-41004), Dog Bar Fee 1H (API 30-025-42873), Dog Bar Fee 2H (API 30-025-42121) and Dog Bar Fee 3H (API 30-025-42622). Up until present, Steward has maintained and extended the acquired leases located as necessary or perpetuated the leases from production in paying quantities.
- August 1, 2016 – At the time of this acquisition, Tract A is originally composed of forty-eight (48) unique mineral owners, Tract B is composed of one (1) unique mineral owner, while Tracts C and D are each composed of twelve (12) unique mineral owners.
- January 1, 2017 – Steward begins to acquire oil and gas leases from the remaining unleased mineral owners in Tract A.
- May 2, 2019 – Steward spuds the Broken Spoke State Com 5H (API 30-025-45530) and completes said well on 5/15/2019. The Broken Spoke State Com 5H has continually produced since being completed.
- December 22, 2023 – Steward Energy II, LLC sends the Broken Bar State 6H joint operating agreements and well proposals to all uncommitted owners via certified U.S. Mail.
- January 22, 2024 – Steward Energy II, LLC has not yet received any executed well proposals, and/or joint operating agreements, from uncommitted owners who chose to participate in the drilling and completion of the Broken Bar State 6H.

Steward Energy II, LLC
Case No. 24170
Exhibit A-5

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO**

CASE NO. 24170

**SELF-AFFIRMED STATEMENT
OF SHANE SEALS**

1. I am a geologist at Steward Energy II, LLC (“Steward”) and am over 18 years of age. I 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 geology matters were accepted and made a matter of record.

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

3. **Exhibit B-1** is a location map of the proposed horizontal spacing unit (“Unit”) within the San Andres formation. The approximate wellbore path for the proposed **Broken Bar State 6H** well (“Well”) is represented by a light green dashed line. Existing producing wells in the targeted interval are represented by thin, light blue solid lines.

4. **Exhibit B-1** also contains a subsea structure map for the top of the Pi Marker in the San Andres formation that is representative of the targeted interval within the formation. The data points are indicated by red circles. The approximate wellbore path for the Well is depicted by a light green dashed line. The map demonstrates the formation is gently dipping to the south in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

**Steward Energy II, LLC
Case No. 24170
Exhibit B**

5. **Exhibit B-1** identified three wells penetrating the targeted interval I used to construct a stratigraphic cross-section from A to A'. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area.

6. **Exhibit B-2** is a stratigraphic cross-section using the representative wells identified on **Exhibit B-1**. It contains gamma ray, resistivity, and porosity logs. The proposed landing zone for the Well is labeled on the exhibit. This cross-section demonstrated the target interval is continuous across the Unit.

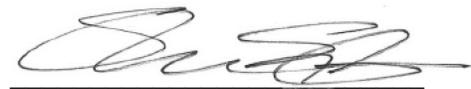
7. In my opinion, a standup orientation for the Well is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and slightly dominant stress regime that yields a preferred fracture orientation in this portion of the trend.

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

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

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

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

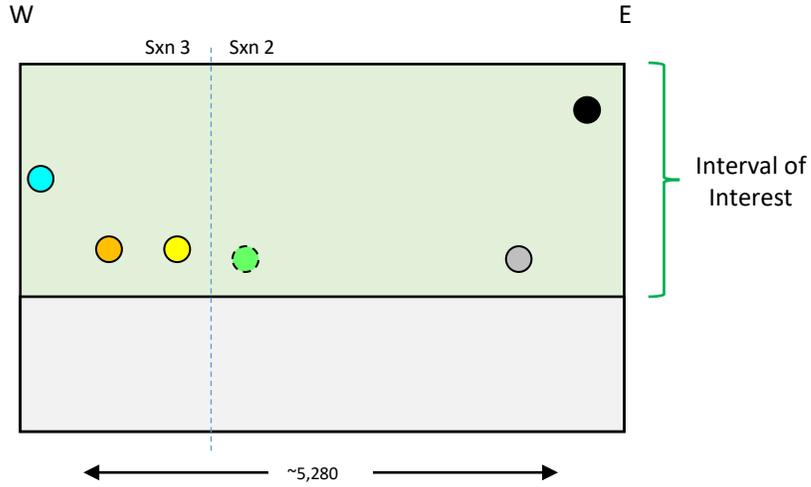

Shane Seals

02/15/2024
Date

Steward Energy II, LLC
Case No. 24170
Exhibit B-1

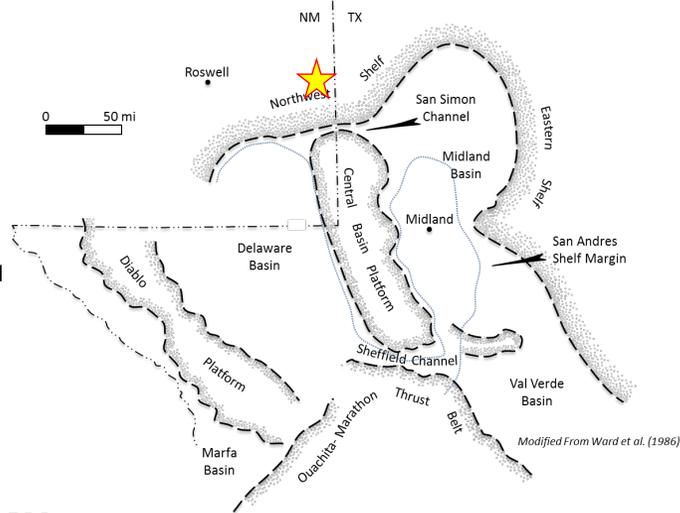
Gun Barrel

(Not to scale - Refer to map for orientation)



- Heisenberg State Com #3H (Steward Energy)
- Heisenberg State Com #2H (Steward Energy)
- Heisenberg State Com #1H (Steward Energy)
- Proposed Broken Bar State #6H
- Broken Spoke 2 State #2H (Steward Energy)
- Broken Spoke 2 State #1H (Manzano)

Permian Basin System



Top San Andres Pi
Marker Present



Proposed Broken Bar State #6H
(Arrow towards BHL)



Steward Energy
(Broken Bar) Acreage



Producing Horizontal San
Andres Well
(Well Symbol at BHL)

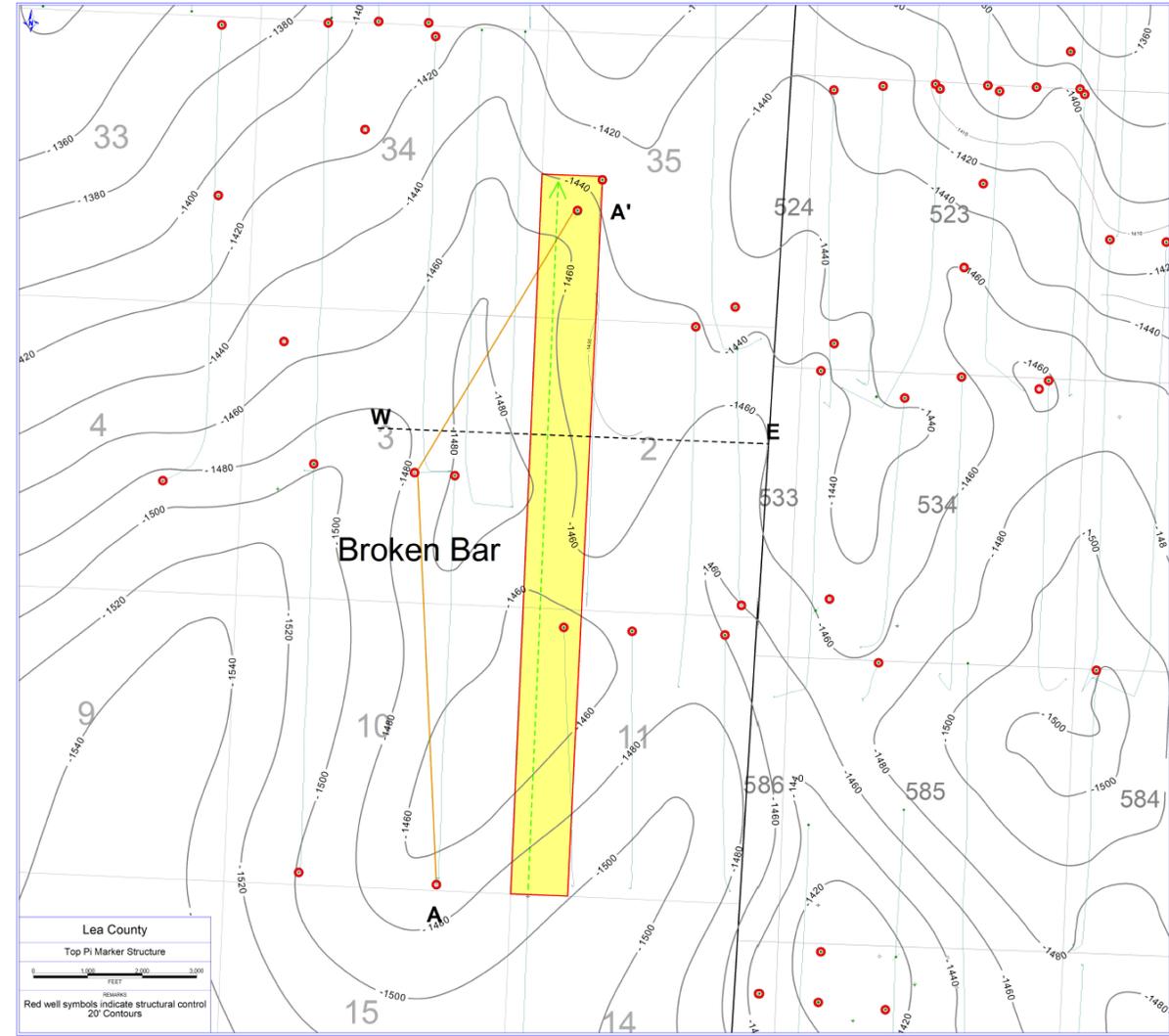
0 ft 2,000 ft



Gun Barrel



Cross Section



POLLOS HERMANOS STATE (Pilot) 2H
30025440380001

~7,650'

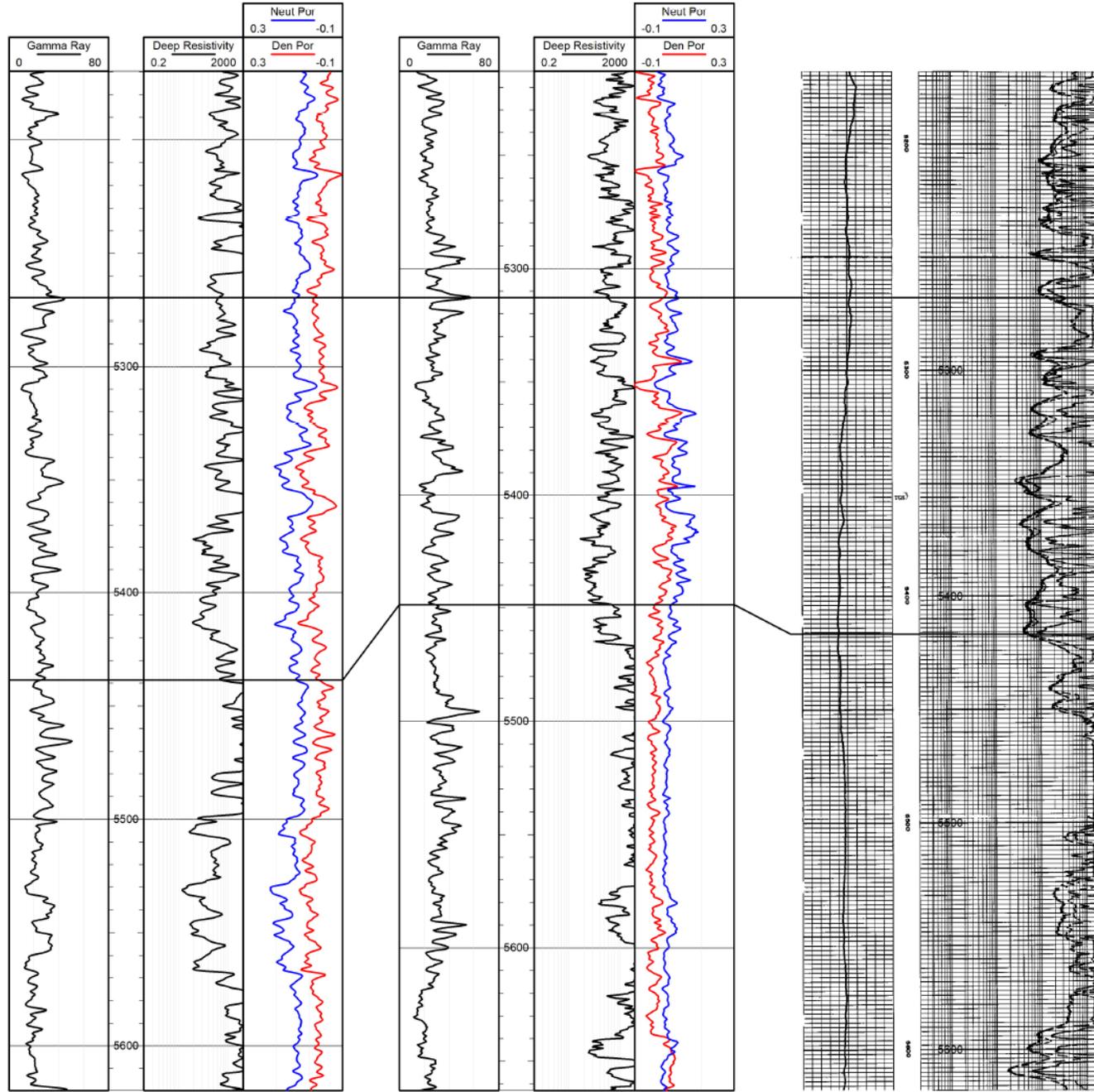
HEISENBERG STATE (Pilot) 3H
30025437530001

~5,700'

LOWE LAND 001
30025230880000

A'

Interval
of
Interest



Steward Energy II, LLC
Case No. 24170
Exhibit B-2

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

APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,

CASE NO. 24170

SELF-AFFIRMED STATEMENT
OF DANA S. HARDY

1. I am attorney in fact and authorized representative of Steward Energy II, 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**. This includes the interest owners in the overlapping spacing unit.
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 February 13, 2024, I caused a notice to be published to all interested parties in the Hobbs News-Sun. An Affidavit of Publication from the Legal Clerk of the Hobbs News-Sun, along with a copy of the notice publication, is attached as **Exhibit C-4**.
6. I understand this Self-Affirmed Statement will be used as written testimony in the subject cases. I affirm that my testimony above is true and correct and it made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

/s/ Dana S. Hardy
Dana S. Hardy

March 3, 2024
Date

Steward Energy II, LLC
Case No. 24170
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

February 7, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 24170 – Application of Steward Energy II, LLC for Compulsory Pooling and Approval of Overlapping Spacing Unit, Lea County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **March 7, 2024**, beginning at 8:15 a.m.

The hearing will be conducted in a hybrid fashion, both in-person at the Energy, Minerals, Natural Resources Department, Wendell Chino Building, Pecos Hall, 1220 South St. Francis Drive, 1st Floor, Santa Fe, NM 87505 and via the WebEx virtual meeting platform. To participate virtually, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/o cd/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/o cd/o cdpermitting/>) or via e-mail to ocd.hearings@emnrd.nm.gov and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

Please contact Cooper Newlan, Senior Landman at Steward Energy II, LLC, via email at cooper.newlan@stewardenergy.net if you have questions regarding these matters.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Steward Energy II, LLC
Case No. 24170
Exhibit C-1

Enclosure

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

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

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

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NO. 24170

NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Anselmi, Vivian Lowe 4904 97th Street Lubbock, TX 79424-4804	02/07/24	02/12/24
William C. Bahlburg PO Box 560430 The Colony, TX 75056-0430	02/07/24	02/23/24
Bailey, Rose Marie 716 N. 5th St. Rogers, AR 72756	02/07/24	02/22/24 Return to sender.
Bowman, Shain 21581 Megan Drive Frenchtown, MT 59834-8704	02/07/24	02/21/24
CTH Royalties, LLC PO Box 1761 Aledo, TX 76008-1761	02/07/24	02/16/24
Christmann Mineral Company 7822 Orlando Avenue Lubbock, TX 79423	02/07/24	02/14/24
Cockrell, Chaney Conine PO Box 5321 Granbury, TX 76049	02/07/24	02/15/24
Collins Permian LP 3824 Cedar Springs Road #414 Dallas, TX 75219	02/07/24	02/16/24
Conine, Chad S. 310 N. 40th Street Waco, TX 76710	02/07/24	02/15/24
Conine, Shana Lowe PO Box 5883 Granbury, TX 76049	02/07/24	02/22/24
Davis, Ann E. 6216 Thicket Street, NW Albuquerque, NM 87120	02/07/24	02/12/24

**Steward Energy II, LLC
Case No. 24170
Exhibit C-2**

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NO. 24170

NOTICE LETTER CHART

Davis, Joel Glenn 2308 Vancouver Circle Columbia, MO 65203-8492	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/12/24 – Delivered to individual at the address.
Durant, Calley Conine 2419 Rock Church Highway Tolar, TX 76476	02/07/24	02/29/24
Elk Range Royalties II, LP 2110 Farrington Street Dallas, TX 75207	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/10/24 – Delivered to individual at the address.
Elk Range Royalties, LP 2110 Farrington Street Dallas, TX 75207	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/10/24 – Delivered to individual at the address.
Erdlen, Haley Day Lowe 7 Meadowood Road Bryn Mawr, PA 19010	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/12/24 – Delivered to agent for final delivery.
Estate of Ouida Spears PO Box 984 Lovington, NM 88260	02/07/24	02/26/24
Estate of Ronny Paul Lowe PO Box 549 Tombstone, AZ 85638	02/07/24	02/20/24
F. Schuman - R. Kaye Company, LLP c/o Marlene Adelman 3395 Mountain Breeze Way #325 Thousand Oaks, CA 91360	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/12/24 – Delivered to individual at the address.
Field Minerals, LLC PO Box 1105 Lovington, NM 88260	02/07/24	02/15/24

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NO. 24170

NOTICE LETTER CHART

Fisher, Berry Alvin 2595 West Houghton Lake Road Lake City, MI 49651	02/07/24	02/20/24
Fisher, Charles Kenneth 4524 CR 4119 Campbell, TX 75422	02/07/24	02/14/24
Frank T. Fleet, Inc. PO Box 729 Ada, OK 74821	02/07/24	02/20/24
Daniel Fleet Freeman, Trustee of Trust "A" created u/w/o Margaret Helen Kalmar, deceased PO Box 729 Ada, OK 74821-0729	02/07/24	02/20/24
Futch, Cecil Paul 3637 Fieldcrest Circle Garland, TX 75042	02/07/24	02/15/24
J.M. Welborn Trust, dated 10/23/1992, f/b/o Ernestine Welborn c/o Prosperity Bank, Trustee 1401 Avenue Q Lubbock, TX 79401	02/07/24	02/14/24
JWD Resources, LLC PO Box 51908 Midland, TX 79710	02/07/24	02/14/24
Jackson, Kimberly M. 254 White Cedar Street Houston, TX 77015	02/07/24	02/14/24
Jones II, Archer Lee 215 West Road Portsmouth, VA 23707	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/21/24 – Delivered to individual at the address.
Jones, Ligon Loflin 11000 East Quaker Road Disputanta, VA 23842	02/07/24	02/21/24

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

**APPLICATION OF STEWARD ENERGY II, LLC
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APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NO. 24170

NOTICE LETTER CHART

Katy Pipeline & Production Corporation 104 Audubon Lane Lufkin, TX 75904	02/07/24	02/16/24
Kay Lowe Atcheson Trust, dtd 12/11/2019 PO Box 64595 Lubbock, TX 79464-4595	02/07/24	02/15/24
LDL Lowe Family Partnership, Ltd. 1200 Barton Creek Blvd, Apt 2. Austin, TX 78735	02/07/24	02/20/24
Leta M. Loflin, d/b/a Loflin Oil Co. PO Box 3315 Lubbock, TX 79452	02/07/24	02/20/24
Lowe Family, Ltd. PO Box 5883 Granbury, TX 76049	02/07/24	02/20/24
Lowe, Loretta D. 1200 Barton Creek Blvd, Apt. 2 Austin, TX 78735	02/07/24	02/20/24
Lowe, Martin Dion 7801 Espanola Trail Austin, TX 78737	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/12/24 – Delivery attempted.
Lowe Minerals and Land Family Partnership, Ltd. 2313 Broadway Lubbock, TX 79401	02/07/24	02/14/24
Loretta D. Lowe Trust, dtd 11/1/1974 1200 Barton Creek Blvd, Apt. 2 Austin, TX 78735	02/07/24	02/20/24
Marshall & Winston, Inc. PO Box 50880 Midland, TX 79710-0880	02/07/24	02/16/24

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NO. 24170

NOTICE LETTER CHART

Matthews, Lauren Lowe 3613 Hamilton Avenue Fort Worth, TX 76107	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/10/24 – Delivered to individual at the address.
Mekusukey Oil Company, LLC PO Box 816 Wewoka, OK 74884-0816	02/07/24	02/15/24
NM Royalty, LLC PO Box 51908 Midland, TX 79710	02/07/24	02/14/24
New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87504	02/07/24	02/15/24
Newton, Kathryn Calloway 5004 Woodrow Road Lubbock, TX 79424-6609	02/07/24	02/12/24
NuView IRA, f/b/o Rebecca W. Sutton 280 S. Ronald Reagan Blvd., Suite 200 Longwood, FL 32750	02/07/24	02/20/24
Onstead, Lewanda Jean Crumpton 9900 Northshore Blvd., #3106 Coriscana, TX 75109	02/07/24	03/01/24
Osborne Family Properties, Ltd. PO Box 8206 Wichita Falls, TX 76307	02/07/24	02/15/24
P.A.W.N. Enterprises, Ltd. PO Box 729 Ada, OK 74821-0729	02/07/24	02/20/24
Permian Development, LLC PO Box 136879 Fort Worth, TX 76136	02/07/24	02/15/24
PetroVen Inc. Quorum Place 14901 Quorum Drive, Suite 850 Dallas, TX 75254	02/07/24	02/16/24

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NO. 24170

NOTICE LETTER CHART

Phillips, Kathryn M. 11445 Crossno Drive Cleveland, TX 77328	02/07/24	02/20/24
Pilcher, Susan Renee Spears PO Box 756 Eunice, NM 88231	02/07/24	02/15/24
Popplewell, Mary E. 161 Moose Road Calera, OK 74730	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 03/01/24 – Item in transit to the destination.
Randall, David E. 13408 Northwest Court Haslet, TX 76052	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 03/01/24 – Item in transit to the destination.
Randall, Patricia Ann 5109 Tree Top Lane Garland, TX 75044-5569	02/07/24	02/14/24
Read, Kelly Lowe 302 Country Club Lane Levelland, TX 79336	02/07/24	02/12/24
Robak, Theresa Marie 2056 Bancroft Lane Mt. Pleasant, SC 29466	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 03/02/24 – Item in transit to the destination.
Robert Thomas Hartley, L.L.C. PO Box 1024 Clovis, NM 88102	02/07/24	02/15/24
Rock House Resources, LLC 316 Bailey Avenue, Suite 113 Fort Worth, TX 76107	02/07/24	02/15/24
Schuman, Charlotte 2300 Riverside Dr., Unit 9G Tulsa, OK 74114	02/07/24	02/13/24

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NO. 24170

NOTICE LETTER CHART

Shaw, Clarice Fay Futch 28600 Corby Drive Livingston, LA 70754	02/07/24	02/13/24 No signature.
Sorenson, David J. PO Box 1453 Roswell, NM 88202	02/07/24	02/15/24
Spears, Jimmy Lester PO Box 1017 Carlsbad, NM 88220	02/07/24	02/20/24
Spears, Priscilla PO Box 829 Corvallis, OR 97339	02/07/24	02/20/24
Spears, Virginia C. 307 North 7th Street Lovington, NM 88260	02/07/24	02/23/24
Suberg, Renae LaJean Futch 340 Friendlywood Drive Canyon Lake, TX 78133	02/07/24	02/15/24
Sugarberry Minerals LP 5950 Cedar Springs Rd Ste 200 Dallas, TX 75235	02/07/24	02/20/24
Sutton, Rebecca W. 100 Spieth Ct. Granbury, TX 76048	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/14/24 – Item in transit to the next facility.
Teddy Lowe Hartley, L.L.C. 863 Lamont Lane Houston, TX 77018	02/07/24	02/14/24
Thompson, Joseph Scott 3309 West Lamar Street, Unit B Houston, TX 77019	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/10/24 – Delivered to individual at the address.

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NO. 24170

NOTICE LETTER CHART

Thompson, Timothy Reed 25500 Westheimer Pkwy #6105 Katy, TX 77494	02/07/24	Per USPS Tracking (Last Checked 03/02/24): 02/13/24 – Item in transit to the next facility.
Triune, LLC 2313 Broadway Lubbock, TX 79401	02/07/24	02/14/24
Vesowate, Debra Lowe 3823 84th Street Lubbock, TX 79423	02/07/24	02/14/24
Vora Lowe Hartley Mineral Trust c/o Robert T. Hartley, Trustee PO Box 1024 Clovis, NM 88102	02/07/24	02/15/24
WBA Resources, Ltd. PO Box 50468 Midland, TX 79710-0468	02/07/24	02/14/24
Walker, Charles David PO Box 372 Granbury, TX 75078	02/07/24	02/22/24 Return to sender.
Wallace Family Partnership, LP 508 West Wall Street, Suite 1200 Midland, TX 79701	02/07/24	02/14/24

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9589 0710 5270 0725 3408 77

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 Street and Apt. No., or PO Box No. _____ Anselmi, Vivian Lowe 4904 97th Street City, State, ZIP+4® _____ Lubbock, TX 79424-4804 24170 - Steward Broken Bar	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ 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> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Anselmi, Vivian Lowe 4904 97th Street Lubbock, TX 79424-4804</p> <p style="font-size: 0.8em;">24170 - Steward Broken Bar</p>  <p>9590 9402 8595 3244 3763 96</p> </div>	<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <p style="font-size: 1.5em; font-weight: bold;">FEB 12 2024</p>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3408 77</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

Steward Energy II, LLC
Case No. 24170
Exhibit C-3

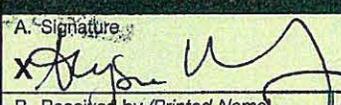
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Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail 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. No., or PO Box No. William C. Bahlburg PO Box 560430 City, State, ZIP+4® The Colony, TX 75056-0430 24170 - Steward Broken Bar	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature:  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): <u>Alysha Haney</u> C. Date of Delivery: <u>2-14-2024</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: <div style="text-align: center; padding: 10px;"> William C. Bahlburg PO Box 560430 The Colony, TX 75056-0430 <small>24170 - Steward Broken Bar</small> </div>	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.5em; margin-bottom: 10px;">FEB 23 2024</div>
<div style="text-align: center;">  9590 9402 8595 3244 3764 02 </div>	3. Service Type: <u>Hinkle Shanor HP</u> <input type="checkbox"/> Adult Signature <u>Santa Fe NM 87501</u> <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)
2. Article Number (Transfer from service label) 9589 0710 5270 0725 3408 60	PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

9589 0710 5270 0725 3408 46

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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. No., or PO Box No.	Bowman, Shain 21581 Megan Drive
City, State, ZIP+4®	Frenchtown, MT 59834-8704 24170 - Steward Broken Bar

PS Form 3800, January 2023 PSN 7630-02-000-9047. See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Leanne Bowman</p> <p>C. Date of Delivery Feb 21 2024</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED FEB 21 2024</p>
<p>1. Article Addressed to:</p> <p>Bowman, Shain 21581 Megan Drive Frenchtown, MT 59834-8704 24170 - Steward Broken Bar</p>  <p>9590 9402 8595 3244 3764 26</p>	<p>3. Service Type <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>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3408 46</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

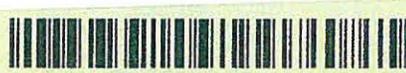
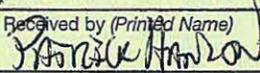
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<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____</p>	 <p>CTH Royalties, LLC PO Box 1761 Aledo, TX 76008-1761 24170 - Steward Broken Bar</p>
--	--

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>CTH Royalties, LLC PO Box 1761 Aledo, TX 76008-1761</p> <p style="font-size: 0.8em;">24170 - Steward Broken Bar</p> </div> <p style="text-align: center;">  9590 9402 8595 3244 3765 87 </p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3410 41 </p>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery RECEIVED FEB 16 2024 </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p> <p>3. Service Type <input checked="" type="checkbox"/> Adult Signature Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery Santa Fe NM 87501 <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>

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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 Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	
Christmann Mineral Company 7822 Orlando Avenue Lubbock, TX 79423 <small>24170 - Steward Broken Bar</small>	

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Ashley Marcades</i></p> <p>B. Received by (Printed Name) <i>Ashley Marcades</i></p> <p>C. Date of Delivery <i>2/12/24</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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Christmann Mineral Company 7822 Orlando Avenue Lubbock, TX 79423</p> <p style="font-size: 0.8em;">24170 - Steward Broken Bar</p> </div> <p style="text-align: center;">  9590 9402 8595 3244 3764 33 </p>	<p style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">FEB 14 2024</p>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3411 64</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
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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. No., or PO Box No. Cockrell, Chaney Conine
 PO Box 5321
 City, State, ZIP+4® Granbury, TX 76049
 24170 – Steward Broken Bar

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Chaney Conine</i> C. Date of Delivery <i>2/15/24</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>RECEIVED FEB 15 2024</p>
<p>1. Article Addressed to:</p> <p>Cockrell, Chaney Conine PO Box 5321 Granbury, TX 76049 24170 – Steward Broken Bar</p> <p>9590 9402 8595 3244 3764 40</p>	<p>3. Service Type <i>First Class Mail</i></p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87504</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</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 3411 57</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <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 Street and Apt. No., or PO Box No. Collins Permian LP 3824 Cedar Springs Road #414 Dallas, TX 75219	
City, State, ZIP+4® 24170 - Steward Broken Bar	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Ann W Rose</i></p> <p>B. Received by (Printed Name) <i>Ann W Rose</i></p> <p>C. Date of Delivery <i>2/13/24</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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Collins Permian LP 3824 Cedar Springs Road #414 Dallas, TX 75219</p> <p style="font-size: 0.8em;">24170 - Steward Broken Bar</p> </div>	<div style="border: 2px solid black; padding: 10px; font-size: 1.5em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <p style="font-size: 1.2em; font-weight: bold;">FEB 16 2024</p>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3411 40</p>	<p>3. Service Type Santa Fe NM 87501</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></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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9589 0710 5270 0725 3411 33

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. No., or PO Box No. _____ City, State, ZIP+4® _____	Conine, Chad S. 310 N. 40th Street Waco, TX 76710 24170 - Steward Broken Bar _____

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Conine, Chad S. 310 N. 40th Street Waco, TX 76710</p> <p style="font-size: 0.8em;">24170 - Steward Broken Bar</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">FEB 15 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0725 3411 33</p>	<p>3. Service Type Inkle Shanor LLP <input type="checkbox"/> Priority Mail Express® 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"/> 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 3411 26

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

Conine, Shana Lowe
 PO Box 5883
 Granbury, TX 76049
 24170 - Steward Broken Bar

Postmark Here
 SANTA FE, NM 87501
 FEB - 7 2024

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED FEB 22 2024</p>
<p>1. Article Addressed to:</p> <p>Conine, Shana Lowe PO Box 5883 Granbury, TX 76049 24170 - Steward Broken Bar</p>  <p>9590 9402 8595 3244 3764 71</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 3411 26</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 \$ _____ Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	 Davis, Ann E. 6216 Thicket Street, NW Albuquerque, NM 87120 24170 - Steward Broken Bar
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PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0725 3410 34

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <u>A. Paul</u> C. Date of Delivery <u>2-9-24</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; text-align: center;"> Davis, Ann E. 6216 Thicket Street, NW Albuquerque, NM 87120 <small>24170 - Steward Broken Bar</small> </div>  9590 9402 8595 3244 3765 94	<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; color: green;"> RECEIVED </div> <div style="font-size: 1.5em; font-weight: bold; color: green;"> FEB 12 2024 </div>
2. Article Number (Transfer from service label) 9589 0710 5270 0725 3410 34	3. Service Type <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) <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

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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 \$ _____	
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Sent To
 Street and Apt. No., or PO Box No. Durant, Calley Conine
 2419 Rock Church Highway
 Tolar, TX 76476
 City, State, ZIP+4® 24170 - Steward Broken Bar

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Calley Durant</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Calley Durant</i> C. Date of Delivery <i>2/20/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">FEB 29 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;"> Durant, Calley Conine 2419 Rock Church Highway Tolar, TX 76476 24170 - Steward Broken Bar </p> <p style="text-align: center;">  9590 9402 8595 3244 3766 17 </p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <i>Shanon LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3410 10</p>	<p style="text-align: right;">Domestic Return Receipt</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

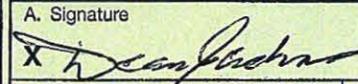
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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail 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 Apt. No., or PO Box No. _____ Estate of Ouida Spears PO Box 984 Lovington, NM 88260 City, State, ZIP+4® _____ 24170 - Steward Broken Bar	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Dean Jackson</u></p> <p>C. Date of Delivery <u>FEB 26 2024</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 style="text-align: center;">Estate of Ouida Spears PO Box 984 Lovington, NM 88260</p> <p style="text-align: center; font-size: 0.8em;">24170 - Steward Broken Bar</p>  <p style="text-align: center;">9590 9402 8595 3244 3766 55</p>	<p style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">FEB 26 2024</p> <p style="text-align: center; font-size: 1.5em;">FEB 24 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3412 49</p>	<p>3. Service Type <u>Hinkle Shanor</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>

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Estate of Ronny Paul Lowe
PO Box 549

City, State, ZIP+4® Tombstone, AZ 85638
24170 - Steward Broken Bar

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



9589 0710 5270 0725 3412 32

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Ryan CBL</p> <p>C. Date of Delivery 2/16/24</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>1. Article Addressed to:</p> <p>Estate of Ronny Paul Lowe PO Box 549 Tombstone, AZ 85638 24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3766 62</p>	<p>RECEIVED</p> <p>FEB 20 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3412 32</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input checked="" 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>
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9589 0710 5270 0725 3412 18

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. No., or PO Box No. Field Minerals, LLC PO Box 1105 City, State, ZIP+4® Lovington, NM 88260 24170 - Steward Broken Bar	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Menda Field</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Menda Field</i> C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Field Minerals, LLC PO Box 1105 Lovington, NM 88260 <small>24170 - Steward Broken Bar</small> </div>	<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 red; border-radius: 50%; padding: 10px; color: red; font-weight: bold;"> RECEIVED FEB 15 2024 </div>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3412 18</p>	<p>3. Service Type <i>Santa Fe NM 87501</i> Priority Mail Express®</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery		<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

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OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

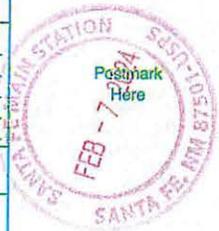
Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
Street and Apt. No., or PO Box No. _____
City, State, ZIP+4® _____

Fisher, Berry Alvin
2595 West Houghton Lake Road
Lake City, MI 49651
24170 - Steward Broken Bar

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



9589 0710 5270 0725 3412 01

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Berry Fisher</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Berry Fisher</i></p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Fisher, Berry Alvin 2595 West Houghton Lake Road Lake City, MI 49651 24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3766 93</p>	<p>RECEIVED FEB 20 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3412 01</p>	<p>3. Service Type: <i>Linkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <i>Santa Fe NM 87508</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

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To _____</p> <p>Street and Apt. No., or PO Box No. _____</p> <p>City, State, ZIP+4® _____</p>	 <p>Postmark Here</p> <p>Fisher, Charles Kenneth 4524 CR 4119 Campbell, TX 75422</p> <p>24170 - Steward Broken Bar</p>
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PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0725 3411 95

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Fisher, Charles Kenneth 4524 CR 4119 Campbell, TX 75422</p> <p style="font-size: 0.8em;">24170 - Steward Broken Bar</p>  <p style="font-size: 1.2em; font-weight: bold;">9590 9402 8595 3244 3754 36</p> </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3411 95</p>	<p>A. Signature</p> <p><i>X Alice Jeff</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Alice Jeff</i> C. Date of Delivery <i>2-10-24</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> <div style="text-align: center; font-size: 2em; font-weight: bold; color: green;">RECEIVED</div> <p style="font-size: 1.5em; font-weight: bold; color: green;">FEB 14 2024</p> <p>3. Service Type <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express® <i>Santa Fe NM 87501</i> <input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <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

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Frank T. Fleet, Inc.
PO Box 729

City, State, ZIP+4® Ada, OK 74821

24170 - Steward Broken Bar

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



9589 0710 5270 0725 3413 17

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>2/20/24</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>Frank T. Fleet, Inc. PO Box 729 Ada, OK 74821</p> <p>24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3754 43</p>	<p>RECEIVED</p> <p>FEB 20 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3413 17</p>	<p>3. Service Type <i>Hinkle Shanor</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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

Daniel Fleet Freeman, Trustee of Trust "A" created u/w/o Margaret Helen Kalmar, deceased
PO Box 729
Ada, OK 74821-0729

24170 - Steward Broken Bar

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

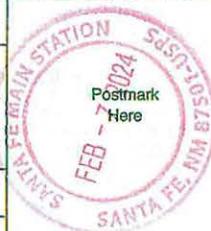


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature _____ <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED FEB 20 2024</p>
<p>1. Article Addressed to:</p> <p>Daniel Fleet Freeman, Trustee of Trust "A" created u/w/o Margaret Helen Kalmar, deceased PO Box 729 Ada, OK 74821-0729</p> <p>24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3754 50</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>9589 0710 5270 0725 3413 00</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

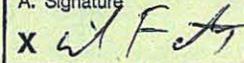
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<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To _____</p> <p>Street and Apt. No., or PO Box No. _____</p> <p>City, State, ZIP+4® _____</p>	 <p>Futch, Cecil Paul 3637 Fieldcrest Circle Garland, TX 75042 24170 - Steward Broken Bar</p>
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PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Futch, Cecil Paul 3637 Fieldcrest Circle Garland, TX 75042 24170 - Steward Broken Bar</p> </div>  <p style="text-align: center;">9590 9402 8595 3244 3754 67</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3412 94</p>	<p>A. Signature X  <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> <div style="text-align: center; border: 2px solid red; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; font-weight: bold; color: red;">RECEIVED</p> <p style="font-size: 1.5em; color: red;">FEB 15 2024</p> </div> <p>3. Service Type Winkle Shanor LLP Santa Fe NM 87504</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></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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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. No., or PO Box No. _____ City, State, ZIP+4® _____	
J.M. Welborn Trust, dated 10/23/1992, f/b/o Ernestine Welborn c/o Prosperity Bank, Trustee 1401 Avenue Q Lubbock, TX 79401 <small>24170 - Steward Broken Bar</small>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 2/12/24</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 style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">FEB 14 2024</p>
<p>1. Article Addressed to: J.M. Welborn Trust, dated 10/23/1992, f/b/o Ernestine Welborn c/o Prosperity Bank, Trustee 1401 Avenue Q Lubbock, TX 79401 <small>24170 - Steward Broken Bar</small></p>	<p>3. Service Type Hinkle Shanor LLP Priority Mail Express® <input type="checkbox"/> Adult Signature Santa Fe NM 87504 Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <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) 9589 0710 5270 0725 3412 87</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

9589 0710 5270 0725 3413 55

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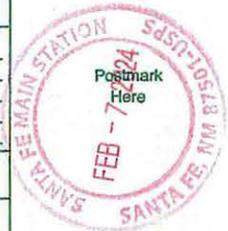
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OFFICIAL USE

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

Sent To
 Street and Apt. No., or PO Box No. JWD Resources, LLC
 PO Box 51908
 Midland, TX 79710
 City, State, ZIP+4® 24170 - Steward Broken Bar

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Blake Pen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Blake Pen</i></p> <p>C. Date of Delivery FEB 14 2024</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>JWD Resources, LLC PO Box 51908 Midland, TX 79710 24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3767 09</p>	<p>3. Service Type: Santa Fe NM 87504</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3413 55</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

9589 0710 5270 0725 3412 70

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. Jackson, Kimberly M.
 254 White Cedar Street
 Houston, TX 77015

City, State, ZIP+4® _____
 24170 - Steward Broken Bar

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



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<p>1. Article Addressed to:</p> <p>Jackson, Kimberly M. 254 White Cedar Street Houston, TX 77015</p> <p>24170 - Steward Broken Bar</p> <p> 9590 9402 8595 3244 3754 81</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>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3412 70</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3412 56

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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. No., or PO Box No.	Jones, Ligon Loflin 11000 East Quaker Road Disputanta, VA 23842
City, State, ZIP+4®	24170 - Steward Broken Bar

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

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Ligon Loflin</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 checked="" type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>Jones, Ligon Loflin 11000 East Quaker Road Disputanta, VA 23842 24170 - Steward Broken Bar</p>  <p>9590 9402 8595 3244 3755 04</p>	<p>RECEIVED FEB 21 2024</p> <p>Hinkle Charol LLP Santa Fe NM 87504</p>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3412 56</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Registered Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered 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)	
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<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																

9589 0710 5270 0725 3413 48

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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. No., or PO Box No. Katy Pipeline & Production Corporation
 104 Audubon Lane
 Lufkin, TX 75904
 City, State, ZIP+4® 24170 - Steward Broken Bar

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>William Todd</i> <input type="checkbox"/> Agent B. Received by (Printed Name) _____ C. Date of Delivery _____
1. Article Addressed to: Katy Pipeline & Production Corporation 104 Audubon Lane Lufkin, TX 75904 24170 - Steward Broken Bar	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; border: 2px solid black; padding: 10px;"> <p>RECEIVED</p> <p>FEB 16 2024</p> </div>
2. Article Number (Transfer from service label) 9589 0710 5270 0725 3413 48	3. Service Type Hinkle Shanor LLP <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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

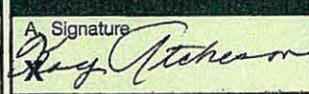
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<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____</p>	<p>Postmark Here</p>  <p>Kay Lowe Atcheson Trust, dtd 12/11/2019 PO Box 64595 Lubbock, TX 79464-4595</p> <p>24170 - Steward Broken Bar</p>
--	--

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Kay Lowe Atcheson Trust, dtd 12/11/2019 PO Box 64595 Lubbock, TX 79464-4595</p> <p style="font-size: 0.8em;">24170 - Steward Broken Bar</p> </div> <div style="text-align: center; margin: 5px 0;">  <p>9590 9402 8595 3244 3765 32</p> </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3411 71</p>	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) KAY ATCHESON</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.5em;">FEB 15 2024</p> </div> <p>3. Service Type <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 style="font-size: 0.8em;">Hinkle Shanor Le Santa Fe, NM 87501</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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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and Apt. No., or PO Box No. _____
 City, State, ZIP+4® _____

LDL Lowe Family Partnership, Ltd.
 1200 Barton Creek Blvd, Apt 2.
 Austin, TX 78735

24170 - Steward Broken Bar

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



9589 0710 5270 0725 3410 03

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:

LDL Lowe Family Partnership, Ltd.
 1200 Barton Creek Blvd, Apt 2.
 Austin, TX 78735

24170 - Steward Broken Bar

9590 9402 8595 3244 3765 49

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3410 03

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)
 C-19

C. Date of Delivery
 2-13

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

RECEIVED
 FEB 20 2024

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

Linkie Shanor
 Santa Fe NM 87505

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

Domestic Return Receipt

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 Apt. No., or PO Box No. Leta M. Loflin, d/b/a Loflin Oil Co.
PO Box 3315
City, State, ZIP+4® Lubbock, TX 79452 24170 - Steward Broken Bar

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Leta M. Loflin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Leta M. Loflin</i></p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>Leta M. Loflin, d/b/a Loflin Oil Co. PO Box 3315 Lubbock, TX 79452 24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3765 56</p>																	
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3409 90</p>	<p>3. Service Type</p> <table border="1"> <tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr> <tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr> <tr><td><input type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td><td></td></tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Lowe Family, Ltd.
PO Box 5883
Granbury, TX 76049

City, State, ZIP+4® 24170 - Steward Broken Bar

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



9589 0710 5270 0752 4611 18

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>John Conner</i></p> <p>B. Received by (Printed Name) C. Date of Delivery:</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Lowe Family, Ltd. PO Box 5883 Granbury, TX 76049</p> <p>24170 - Steward Broken Bar</p> <p>9590 9402 8561 3186 6096 85</p>	<p>RECEIVED</p> <p>FEB 20 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4611 18</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</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>

9589 0710 5270 0725 3409 83

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

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

Sent To
Street and Apt. No., or PO Box No. Lowe, Loretta D.
1200 Barton Creek Blvd, Apt. 2
Austin, TX 78735
City, State, ZIP+4® 24170 - Steward Broken Bar

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name) <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>Lowe, Loretta D. 1200 Barton Creek Blvd, Apt. 2 Austin, TX 78735 24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3765 63</p>	<p>C. Date of Delivery <i>2-19</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED FEB 20 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3409 83</p>	<p>3. Service Type <i>Hinkle Shanor LE</i> <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <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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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. No., or PO Box No. _____
City, State, ZIP+4® _____

Lowe Minerals and Land Family
Partnership, Ltd.
2313 Broadway
Lubbock, TX 79401
24170 - Steward Broken Bar

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

9589 0710 5270 0752 4611 01



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Lowe Minerals and Land Family Partnership, Ltd. 2313 Broadway Lubbock, TX 79401 <small>24170 - Steward Broken Bar</small></p> <div style="text-align: center;"> <p>9590 9402 8561 3186 6096 92</p> </div> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4611 01</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 2-12-24</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> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center; font-size: 1.2em;">FEB 14 2024</p> <p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Adult Signature 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"/> 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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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Loretta D. Lowe Trust, dtd 11/1/1974
1200 Barton Creek Blvd, Apt. 2
Austin, TX 78735

City, State, ZIP+4® _____ 24170 - Steward Broken Bar

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



9589 0710 5270 0725 3409 76

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED FEB 20 2024</p>
<p>1. Article Addressed to:</p> <p>Loretta D. Lowe Trust, dtd 11/1/1974 1200 Barton Creek Blvd, Apt. 2 Austin, TX 78735</p> <p>24170 - Steward Broken Bar</p> <p> 9590 9402 8595 3244 3765 70</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>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3409 76</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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OFFICIAL USE

9589 0710 5270 0752 4610 95

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 Apt. No., or PO Box No. Marshall & Winston, Inc. PO Box 50880 Midland, TX 79710-0880 City, State, ZIP+4® 24170 - Steward Broken Bar	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/>  <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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Marshall & Winston, Inc. PO Box 50880 Midland, TX 79710-0880 24170 - Steward Broken Bar </div>	<div style="font-size: 2em; font-weight: bold; color: green;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; color: green;">FEB 16 2024</div>														
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4610 95</p>	<p>3. Service Type Hinkle Shanor LLP Santa Fe NM 87504</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)														
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt															

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9589 0710 5270 0725 3448 20

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 Mekukey Oil Company, LLC PO Box 816 Wewoka, OK 74884-0816 24170 - Steward Broken Bar	
Street and Apt. No., City, State, ZIP+4®	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Kim Yerby</i></p> <p>B. Received by (Printed Name) <i>Kim Yerby</i></p> <p>C. Date of Delivery <i>2/12/24</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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Mekukey Oil Company, LLC PO Box 816 Wewoka, OK 74884-0816 24170 - Steward Broken Bar</p> </div> <p style="text-align: center;">9590 9402 8595 3244 3691 45</p>	<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold;"> RECEIVED FEB 15 2024 </div>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3448 20</p>	<p>3. Service Type <i>Hinkle Shanor LLP Santa Fe NM 87504</i></p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																	

9589 0710 5270 0725 3448 37

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box # _____ NM Royalty, LLC
 PO Box 51908
 City, State, ZIP+4® _____ Midland, TX 79710
 24170 – Steward Broken Bar

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Blake Rom</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED FEB 14 2024</p>
<p>1. Article Addressed to:</p> <p>NM Royalty, LLC PO Box 51908 Midland, TX 79710 24170 – Steward Broken Bar</p> <p>9590 9402 8595 3244 3691 52</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3448 37</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3448 44

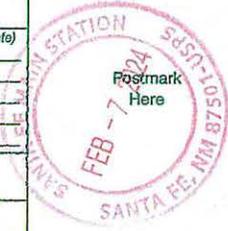
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box	New Mexico State Land Office 310 Old Santa Fe Trail
City, State, ZIP+4®	Santa Fe, NM 87504 24170 - Steward Broken Bar

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87504 24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3691 69</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED FEB 15 2024</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3448 44</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>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

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Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<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. No., or PO Box	Newton, Kathryn Calloway 5004 Woodrow Road Lubbock, TX 79424-6609
City, State, ZIP+4®	24170 - Steward Broken Bar

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



PLACE STICKER HERE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Newton, Kathryn Calloway 5004 Woodrow Road Lubbock, TX 79424-6609</p> <p>24170 - Steward Broken Bar</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input checked="" type="checkbox"/> No</p> <p>RECEIVED</p> <p>FEB 12 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3447 83</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>

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box NuView IRA, f/b/o Rebecca W. Sutton
280 S. Ronald Reagan Blvd., Suite 200
Longwood, FL 32750

City, State, ZIP+4® Longwood, FL 32750 24170 - Steward Broken Bar

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



9589 0710 5270 0725 3447 90

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Ebony Simpson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ebony Simpson</i> C. Date of Delivery <i>2/12/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED FEB 20 2024</p>
<p>1. Article Addressed to:</p> <p>NuView IRA, f/b/o Rebecca W. Sutton 280 S. Ronald Reagan Blvd., Suite 200 Longwood, FL 32750</p> <p style="text-align: right;">24170 - Steward Broken Bar</p>  <p>9590 9402 8595 3244 3691 83</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Shanor Ltd</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <i>Santa Fe Spring 8750</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 <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3447 90</p>	<p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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9589 0710 5270 0725 3447 69

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box _____
 City, State, ZIP+4® _____

Onstead, Lewanda Jean Crumpton
 9900 Northshore Blvd., #3106
 Coriscana, TX 75109

24170 - Steward Broken Bar

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



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) DANA Rhoten</p> <p>C. Date of Delivery 2-27-24</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>RECEIVED MAR 01 2024</p>
<p>1. Article Addressed to:</p> <p>Onstead, Lewanda Jean Crumpton 9900 Northshore Blvd., #3106 Coriscana, TX 75109</p> <p>24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3691 90</p>	<p>3. Service Type</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>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3447 69</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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9589 0710 5270 0725 3447 76

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. No., or PO		Osborne Family Properties, Ltd. PO Box 8206
City, State, ZIP+4®		Wichita Falls, TX 76307 24170 - Steward Broken Bar.

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Darcy [Signature]</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> <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: 0;">FEB 15 2024</p> </div>
<p>1. Article Addressed to:</p> <div style="text-align: center; padding: 10px;"> <p>Osborne Family Properties, Ltd. PO Box 8206 Wichita Falls, TX 76307 24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3692 06</p> </div>	<p>3. Service Type Hinkle Shanor LLP Priority Mail Express® Santa Fe NM 87504 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 style="font-size: 1.5em; font-weight: bold;">9589 0710 5270 0725 3447 76</p>	<p style="text-align: right;">Domestic Return Receipt</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

9589 0710 5270 0725 3446 77

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO P.A.W.N. Enterprises, Ltd.
PO Box 729
Ada, OK 74821-0729

City, State, ZIP+4® 24170 - Steward Broken Bar

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:

P.A.W.N. Enterprises, Ltd.
PO Box 729
Ada, OK 74821-0729

24170 - Steward Broken Bar

9590 9402 8595 3244 3692 13

2. Article Number (Transfer from service label)
9589 0710 5270 0725 3446 77

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 2-13-24

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

RECEIVED
FEB 20 2024

3. Service Type *Hinkle Shanor LLC* Priority Mail Express®
Santa Fe NM 87501 Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery Certified Mail®
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

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

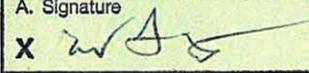
OFFICIAL USE

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

Sent To
 Street and Apt. No., or PO Box Permian Development, LLC
 PO Box 136879
 Fort Worth, TX 76136
 City, State, ZIP+4® 24170 - Steward Broken Bar

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

9589 0710 5270 0725 3446 84

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Permian Development, LLC PO Box 136879 Fort Worth, TX 76136 <small>24170 - Steward Broken Bar</small></p> </div> <div style="text-align: center; margin: 5px 0;">  <p>9590 9402 8595 3244 3692 20</p> </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3446 84</p>	<p>A. Signature <input checked="" type="checkbox"/> Sender  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Joseph Gregory</u> C. Date of Delivery <u>2/12/24</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> <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;">FEB 15 2024</p> </div> <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"/> Signature Confirmation™ <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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OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	
<p>Sent To</p> <p>Street and Apt. No., or PO Box _____</p> <p>City, State, ZIP+4® _____</p>	
<p>PetroVen Inc. Quorum Place 14901 Quorum Drive, Suite 850 Dallas, TX 75254 24170 - Steward Broken Bar</p>	

PS Form 3800, January 2023 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Rosa Luna</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ROSA LUNA</i></p> <p>C. Date of Delivery <i>2-12-24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">PetroVen Inc. Quorum Place 14901 Quorum Drive, Suite 850 Dallas, TX 75254 <small>24170 - Steward Broken Bar</small></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="font-size: 2em; font-weight: bold; color: green;">RECEIVED</p> <p style="font-size: 1.5em; color: green;">FEB 16 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0725 3446 91</p>	<p>3. Service Type <i>Shanor LLP</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <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 <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

9589 0710 5270 0725 3447 07

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., Phillips, Kathryn M.
11445 Crossno Drive
Cleveland, TX 77328

City, State, ZIP+4® 24170 - Steward Broken Bar

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>K Phillips</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 <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Phillips, Kathryn M. 11445 Crossno Drive Cleveland, TX 77328</p> <p>24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3692 44</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 3447 07</p>	<p>RECEIVED FEB 15 2024 FEB 20 2024</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3447 14

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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
 Pilcher, Susan Renee Spears
 PO Box 756
 Eunice, NM 88231
 24170 - Steward Broken Bar

Street and Apt. No., or P.O. E
 City, State, ZIP+4®

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Susan Renee Spears</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>Pilcher, Susan Renee Spears PO Box 756 Eunice, NM 88231 24170 - Steward Broken Bar</p>	<p>RECEIVED FEB 13 2024 FEB 15 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3447 14</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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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9589 0710 5270 0725 3447 45

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 Street and Apt. No., or PO Box Randall, Patricia Ann 5109 Tree Top Lane Garland, TX 75044-5569 City, State, ZIP+4® 24170 - Steward Broken Bar	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Patricia Ann Randall</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____
1. Article Addressed to: Randall, Patricia Ann 5109 Tree Top Lane Garland, TX 75044-5569 24170 - Steward Broken Bar	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em;">FEB 14 2024</div>
2. Article Number (Transfer from service label) 9589 0710 5270 0725 3447 45	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)
 9590 9402 8595 3244 3692 82	Winkle Shanor LLP Santa Fe, NM 87504
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3447 52

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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. No., or POB
 City, State, ZIP+4®

Read, Kelly Lowe
 302 Country Club Lane
 Levelland, TX 79336
 24170 - Steward Broken Bar

Postmark Here

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Read, Kelly Lowe 302 Country Club Lane Levelland, TX 79336 24170 - Steward Broken Bar</p>		<p>RECEIVED FEB 12 2024</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3447 52</p>		<p>3. Service Type Hinkle Shanor LLP Priority Mail Express® Santa Fe NM 87504 Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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Certified Mail Fee
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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. No., or PO
 City, State, ZIP+4®

Robert Thomas Hartley, L.L.C.
 PO Box 1024
 Clovis, NM 88102
 24170 - Steward Broken Bar

Postmark Here
 SANTA FE, NM 87501
 FEB - 7 2024

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Robert Thomas Hartley, L.L.C. PO Box 1024 Clovis, NM 88102 24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3693 12</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED MPO CLOVIS FEB 15 2024</p>
<p>2. Article Number (Transfer from...) 9589 0710 5270 0725 3446 53</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Adult Signature Santa Fe NM 87501 <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</p>	<p>Domestic Return Receipt</p>

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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 Street and Apt. No., or P.O. Box No. _____ City, State, ZIP+4® _____	
Rock House Resources, LLC 316 Bailey Avenue, Suite 113 Fort Worth, TX 76107 24170 - Steward Broken Bar	

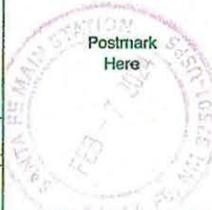
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Rock House Resources, LLC 316 Bailey Avenue, Suite 113 Fort Worth, TX 76107 24170 - Steward Broken Bar </div>	B. Received by (Printed Name) <i>Thomas RV Jr</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">9589 0710 5270 0725 3446 60</div>	<div style="text-align: center; font-size: 2em; font-weight: bold; border: 2px solid black; padding: 10px;"> RECEIVED FEB 15 2024 </div>
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 87501</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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	<p>Postmark Here</p> 
<p>Sent To Schuman, Charlotte 2300 Riverside Dr., Unit 9G Tulsa, OK 74114</p> <p>Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____ 24170 - Steward Broken Ba</p>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Karen Eagan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>K. Eagan</i> C. Date of Delivery <i>2/13/24</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below.</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Schuman, Charlotte 2300 Riverside Dr., Unit 9G Tulsa, OK 74114</p> <p style="text-align: right; font-size: 0.8em;">24170 - Steward Broken Ba</p>	<p style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">FEB 13 2024</p>
<p style="text-align: center;">9590 9402 8595 3244 3693 36</p> <p style="font-size: 0.8em;">Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0725 3445 61</p>	<p>3. Service Type Santa Fe NM 87504 Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	 <p>Postmark Here</p>
<p>Sent To</p> <p>Street and Apt. No., or PO Box No. Shaw, Clarice Fay Futch 28600 Corby Drive Livingston, LA 70754</p> <p>City, State, ZIP+4® 24170 - Steward Broken Ba</p>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right; font-size: 1.5em;">02/10/24</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em;">Shaw, Clarice Fay Futch 28600 Corby Drive Livingston, LA 70754</p> <p style="text-align: right; font-size: 0.8em;">24170 - Steward Broken Bar</p>	<p>D. Is Delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">FEB 13 2024</p> <p style="text-align: center;">Hinkle Shanor LLP Santa Fe NM 87504</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">9589 0710 5270 0725 3445 78</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or P.O. Box _____

City, State, ZIP+4® _____

Sorenson, David J.
 PO Box 1453
 Roswell, NM 88202

24170 - Steward Broken Ba

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



9589 0710 5270 0725 3445 85

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Sorenson, David J. PO Box 1453 Roswell, NM 88202</p> <p>24170 - Steward Broken Bar</p>	<p>RECEIVED FEB 13 2024 FEB 15 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3445 85</p>	<p>3. Service Type/SPKinkle Shanon LP Priority Mail Express® Santa Fe NM 87501 Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

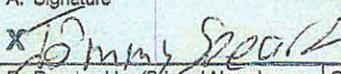
Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Spears, Jimmy Lester
PO Box 1017
Carlsbad, NM 88220
24170 - Steward Broken Bar

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Spears, Jimmy Lester PO Box 1017 Carlsbad, NM 88220 24170 - Steward Broken Bar</p>  <p>9590 9402 8595 3244 3693 67</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED FEB 20 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3445 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 <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

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or _____ Spears, Priscilla
PO Box 829
City, State, ZIP+4® _____ Corvallis, OR 97339
24170 - Steward Broken Bar

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:

Spears, Priscilla
PO Box 829
Corvallis, OR 97339
24170 - Steward Broken Bar

9590 9402 8595 3244 3688 72

2. Article Number (Transfer from service label)
9589 0710 5270 0725 3446 08

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) D. Bean

C. Date of Delivery 2/14/2024

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

RECEIVED
FEB 20 2024

3. Service Type Hinkle Shanor

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)

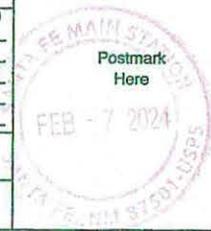
PORTLAND, OR

Domestic Return Receipt

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

<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To Street and Apt. No., or P.O. Box No. _____ City, State, ZIP+4® _____</p>	<p>Postmark Here</p>  <p>Spears, Virginia C. 307 North 7th Street Lovington, NM 88260 24170 - Steward Broken Bar</p>
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PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0725 3446 15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Spears, Virginia C. 307 North 7th Street Lovington, NM 88260 <small>24170 - Steward Broken Bar</small></p> </div> <p style="text-align: center;">  9590 9402 8595 3244 3688 89 </p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3446 15 </p>	<p>A. Signature <input checked="" type="checkbox"/> <i>V. Spears</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> <div style="text-align: center; border: 2px solid red; border-radius: 50%; padding: 10px; margin: 10px 0;"> <p style="font-size: 1.5em; font-weight: bold; color: red;">RECEIVED</p> <p style="font-size: 0.8em;">LOVINGTON, NM 87501-USA FEB 23 2024</p> </div> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input 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"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™ Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™ Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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9589 0710 5270 0725 3446 22

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. No., or PO Box City, State, ZIP+4®	
Suberg, Renae LaJean Futch 340 Friendlywood Drive Canyon Lake, TX 78133 24170 - Steward Broken Bar	

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Renae Suberg</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Suberg, Renae LaJean Futch 340 Friendlywood Drive Canyon Lake, TX 78133 24170 - Steward Broken Bar</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <div style="border: 2px solid black; padding: 10px; text-align: center;"> <p style="font-size: 2em; font-weight: bold; color: green;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">FEB 15 2024</p> </div>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3446 22</p>	<p>3. Service Type Santa Fe NM 87504</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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

Postmark Here

Sent To
 Street and Apt. No., or PO: Sugarberry Minerals LP
 5950 Cedar Springs Rd Ste 200
 Dallas, TX 75235
 City, State, ZIP+4®: 24170 - Steward Broken Bar

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

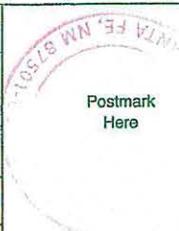
9589 0710 5270 0725 3446 39

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Irma Agosto</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Irma Agosto</i></p> <p>C. Date of Delivery <i>2/20/24</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>1. Article Addressed to:</p> <p>Sugarberry Minerals LP 5950 Cedar Springs Rd Ste 200 Dallas, TX 75235 24170 - Steward Broken Bar</p> <p>9590 9402 8595 3244 3689 02</p>	<p>RECEIVED FEB 20 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3446 39</p>	<p>3. Service Type <i>Hinkle Shanor LP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87505</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"/> Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

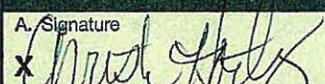
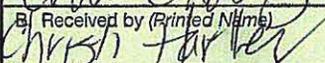
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OFFICIAL USE

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 Street and Apt. No., or PO Box _____ City, State, ZIP+4® _____	
Teddy Lowe Hartley, L.L.C. 863 Lamont Lane Houston, TX 77018 24170 - Seward Broken Bar	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="text-align: center; padding: 5px;"> Teddy Lowe Hartley, L.L.C. 863 Lamont Lane Houston, TX 77018 24170 - Seward Broken Bar </div>	B. Received by (Printed Name) 
2. Article Number (Transfer from service label) 9589 0710 5270 0725 3444 93	C. Date of Delivery <div style="text-align: center; font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px;"> RECEIVED FEB 14 2024 </div>
3. Service Type <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)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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9589 0710 5270 0725 3445 30

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. No., or PO # _____	Triune, LLC 2313 Broadway Lubbock, TX 79401
City, State, ZIP+4® _____	24170 – Steward Broken Bar

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 2-12-24</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> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Triune, LLC 2313 Broadway Lubbock, TX 79401</p> <p style="font-size: 0.8em;">24170 – Steward Broken Bar</p> <p style="font-size: 1.2em; font-weight: bold;">9590 9402 8595 3244 3689 64</p> </div>	<p style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">FEB 14 2024</p>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3445 30</p>	<p>3. Service Type Santa Fe NM 87501 Priority Mail Express®</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery		<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

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9589 0710 5270 0725 3445 47

Certified Mail Fee \$ _____	 <p>Postmark Here</p>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or _____ City, State, ZIP+4® _____	
Yesowate, Debra Lowe 3823 84th Street Lubbock, TX 79423 24170 - Steward Broken Bar	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>SMcDonald</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>SMcDonald</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Vesowate, Debra Lowe 3823 84th Street Lubbock, TX 79423 24170 - Steward Broken Bar</p> </div> <p style="text-align: center;">  9590 9402 8595 3244 3689 71 </p>	<div style="font-size: 2em; font-weight: bold; color: green; margin: 10px 0;">RECEIVED</div> <p style="font-size: 1.5em; margin: 0;">FEB 14 2024</p>
<p>2. Article Number (Transfer from service label) 3589 0710 5270 0725 3445 47</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® Santa Fe NM 87504 <input type="checkbox"/> Registered Mail™</p> <p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <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>

Domestic Return Receipt

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OFFICIAL USE

9589 0710 5270 0725 3445 54

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 Vora Lowe Hartley Mineral Trust c/o Robert T. Hartley, Trustee PO Box 1024 Clovis, NM 88102	
Street and Apt. No., or PO# _____	
City, State, ZIP+4® _____	24170 - Steward Broken Bar

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p style="text-align: center; margin-top: 20px;"> Vora Lowe Hartley Mineral Trust c/o Robert T. Hartley, Trustee PO Box 1024 Clovis, NM 88102 <small>24170 - Steward Broken Bar</small> </p> <div style="text-align: center; margin-top: 10px;"> <p>9590 9402 8595 3244 3689 88</p> </div> <p style="font-size: 1.2em; margin-top: 10px;">2 Article Number (Transfer from carrier label)</p> <p style="font-size: 1.5em; margin-top: 5px;">1589 0710 5270 0725 3445 54</p>	<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) HARTLEY</p> <p>C. Date of Delivery FEB 13 2024</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; margin-top: 20px;"> <p style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.2em;">FEB 15 2024</p> </div> <p style="font-size: 0.8em; margin-top: 10px;"> 3. Service Type <input type="checkbox"/> Adult Signature Hinkle Shanor LLP <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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To _____</p> <p>Street and Apt. No., or PO Box 1 _____</p> <p>City, State, ZIP+4® _____</p>	 <p>Postmark Here</p> <p>WBA Resources, Ltd. PO Box 50468 Midland, TX 79710-0468 24170 - Steward Broken Ba</p>
---	--

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">WBA Resources, Ltd. PO Box 50468 Midland, TX 79710-0468 <small>24170 - Steward Broken Bar</small></p> <div style="text-align: center;">  9590 9402 8595 3244 3689 33 </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3445 09</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Blake Pen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Blake Pen</i></p> <p>C. Date of Delivery FEB 14 2024</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="font-size: 1.5em; font-weight: bold; margin: 0 0 10px 0;">FEB 14 2024</p> <p>3. Service Type <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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

9589 0710 5270 0725 3444 55

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OFFICIAL USE

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

Sent To
 Street and Apt. No., or P.O. Box No. Wallace Family Partnership, LP
 508 West Wall Street, Suite 1200
 City, State, ZIP+4® Midland, TX 79701
 24170 - Steward Broken Bar

PS Form 3800, January 2023 PSN 7530-02-000-8047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Carl Yarnes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>2/14/24</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>Wallace Family Partnership, LP 508 West Wall Street, Suite 1200 Midland, TX 79701</p> <p>24170 - Steward Broken Bar</p>		<p>RECEIVED</p> <p>FEB 14 2024</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3444 55</p>			
<p>3. Service Type <i>Finkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery over \$500</p>		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

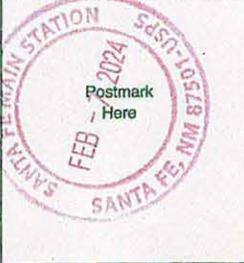
9589 0710 5270 0725 3410 27

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OFFICIAL USE

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



Sent To	
Street and Apt. No., or PO Box No. _____	
City, State, ZIP+4® _____	
Davis, Joel Glenn	_____
2308 Vancouver Circle	_____
Columbia, MO 65203-8492	_____
24170 - Steward Broken Bar	_____

PS Form 3800, January 2023 PSN 7630-02-000-9047 See Reverse for instructions

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725341027

Copy

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

Latest Update

Your item was delivered to an individual at the address at 2:45 pm on February 12, 2024 in COLUMBIA, MO 65203.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

COLUMBIA, MO 65203

February 12, 2024, 2:45 pm

Arrived at USPS Regional Facility

COLUMBIA MO DISTRIBUTION CENTER

February 10, 2024, 11:02 am

In Transit to Next Facility

February 9, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 8, 2024, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:52 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

9589 0710 5270 0725 3410 65

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	Elk Range Royalties, LP 2110 Farrington Street Dallas, TX 75207 24170 - Steward Broken Bar
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725341065

Copy

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

Latest Update

Your item was delivered to an individual at the address at 12:01 pm on February 10, 2024 in DALLAS, TX 75207.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

DALLAS, TX 75207

February 10, 2024, 12:01 pm

Departed USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER

February 10, 2024, 4:56 am

Arrived at USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER

February 9, 2024, 10:11 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 8, 2024, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:52 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

9589 0710 5270 0725 3410 72

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<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To	
Street and Apt. No., or PO Box No.	Elk Range Royalties II, LP 2110 Farrington Street Dallas, TX 75207
City, State, ZIP+4®	24170 - Steward Broken Bar
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	



ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725341072

Copy

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

Latest Update

Your item was delivered to an individual at the address at 12:01 pm on February 10, 2024 in DALLAS, TX 75207.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

DALLAS, TX 75207

February 10, 2024, 12:01 pm

Departed USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER

February 10, 2024, 4:56 am

Arrived at USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER

February 9, 2024, 10:11 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 8, 2024, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:52 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

9589 0710 5270 0725 3410 58

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	
Extra Services & Fees <i>(check box, add fee as appropriate)</i>	
<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. No., or PO Box No.	
City, State, ZIP+4®	
Erdlen, Haley Day Lowe 7 Meadowood Road Bryn Mawr, PA 19010 24170 - Steward Broken Bar	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725341058

Copy

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

Latest Update

Your item has been delivered to an agent for final delivery in BRYN MAWR, PA 19010 on February 12, 2024 at 11:56 am.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered to Agent

Delivered to Agent for Final Delivery

BRYN MAWR, PA 19010
February 12, 2024, 11:56 am

Arrived at USPS Regional Facility

PHILADELPHIA PA DISTRIBUTION CENTER
February 11, 2024, 10:34 am

In Transit to Next Facility

February 10, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101
February 8, 2024, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
February 7, 2024, 9:52 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

9589 0710 5270 0725 3412 25

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	<p>Postmark Here</p>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To	F. Schumart - R. Kaye Company, LLP
Street and Apt. No., or PO Box No.	c/o Marlene Adelman 3395 Mountain Breeze Way #325 Thousand Oaks, CA 91360
City, State, ZIP+4®	24170 - Steward Broken Bar
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725341225

Copy

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

Latest Update

Your item was delivered to an individual at the address at 1:48 pm on February 12, 2024 in THOUSAND OAKS, CA 91360.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

THOUSAND OAKS, CA 91360
February 12, 2024, 1:48 pm

Arrived at USPS Regional Facility

SANTA CLARITA CA DISTRIBUTION CENTER
February 10, 2024, 11:47 pm

In Transit to Next Facility

February 10, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101
February 8, 2024, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
February 7, 2024, 9:52 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

9589 0710 5270 0725 3412 63

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CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and Apt. No., or PO Box No.	Jones II, Archer Lee 215 West Road Portsmouth, VA 23707
City, State, ZIP+4®	24170 - Steward Broken Bar
PS Form 3800, January 2023 ESN 7530-02-000-9047 See Reverse for Instructions	



ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725341263

Copy

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

Latest Update

Your item was delivered to an individual at the address at 11:22 am on February 21, 2024 in PORTSMOUTH, VA 23707.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

PORTSMOUTH, VA 23707

February 21, 2024, 11:22 am

Arrived at USPS Regional Facility

NORFOLK VA DISTRIBUTION CENTER

February 20, 2024, 9:29 am

In Transit to Next Facility

February 17, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 8, 2024, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:52 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

9589 0710 5270 0752 4617 81

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	Lowe, Martin Dion 7801 Espanola Trail Austin, TX 78737 24170 - Steward Broken Bar
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752461781

Copy

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

Latest Update

We attempted to deliver your item at 4:14 pm on February 12, 2024 in AUSTIN, TX 78737 and a notice was left because an authorized recipient was not available.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivery Attempt

Notice Left (No Authorized Recipient Available)

AUSTIN, TX 78737

February 12, 2024, 4:14 pm

In Transit to Next Facility

February 11, 2024

Departed USPS Regional Facility

AUSTIN TX DISTRIBUTION CENTER

February 10, 2024, 8:21 am

Arrived at USPS Regional Facility

AUSTIN TX DISTRIBUTION CENTER

February 10, 2024, 2:37 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 8, 2024, 7:57 am

- **Arrived at USPS Facility**
ALBUQUERQUE, NM 87101
February 7, 2024, 9:52 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

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



Sent To

Street and Apt. No. Matthews, Lauren Lowe
 3613 Hamilton Avenue
 City, State, ZIP+4® Fort Worth, TX 76107
 24170 - Steward Broken Bar

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

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725344813

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

Latest Update

Your item was delivered to an individual at the address at 1:15 pm on February 10, 2024 in FORT WORTH, TX 76107.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

FORT WORTH, TX 76107
February 10, 2024, 1:15 pm

Departed USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER
February 9, 2024, 10:57 pm

Arrived at USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER
February 9, 2024, 6:53 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
February 8, 2024, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:52 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

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<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To	
Street and Apt. No., or PO E	Popplewell, Mary E. 161 Moose Road
City, State, ZIP+4®	Calera, OK 74730 24170 - Steward Broken Bar
PS Form 3800, January 2023 PSN7530-02-000-9047 See Reverse for Instructions	

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USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725344721

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Latest Update

Your item arrived at our USPS facility in ALBUQUERQUE, NM 87101 on March 1, 2024 at 11:06 am. The item is currently in transit to the destination.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Moving Through Network

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
March 1, 2024, 11:06 am

In Transit to Next Facility

February 29, 2024

Arrived at USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER
February 28, 2024, 8:02 am

Unclaimed/Being Returned to Sender

CALERA, OK 74730
February 26, 2024, 8:49 am

Notice Left (No Authorized Recipient Available)

CALERA, OK 74730
February 10, 2024, 10:54 am

- **Departed USPS Regional Facility**
TULSA OK DISTRIBUTION CENTER
February 9, 2024, 8:28 pm
- **Arrived at USPS Regional Facility**
TULSA OK DISTRIBUTION CENTER
February 9, 2024, 1:17 pm
- **Departed USPS Facility**
ALBUQUERQUE, NM 87101
February 8, 2024, 7:57 am
- **Arrived at USPS Facility**
ALBUQUERQUE, NM 87101
February 7, 2024, 9:52 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

9589 0710 5270 0725 3447 38

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<input type="checkbox"/> Return Receipt (hardcopy) \$	
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<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No.	Randall, David E. 13408 Northwest Court Haslet, TX 76052
City, State, ZIP+4®	24170 - Steward Broken Bai
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725344738

Copy

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

Latest Update

Your item arrived at our USPS facility in COPPELL TX DISTRIBUTION CENTER on March 1, 2024 at 10:23 am. The item is currently in transit to the destination.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Moving Through Network

Arrived at USPS Regional Facility

COPPELL TX DISTRIBUTION CENTER
March 1, 2024, 10:23 am

Unclaimed/Being Returned to Sender

HASLET, TX 76052
February 26, 2024, 11:51 am

Available for Pickup

HASLET
1097 SCHOOLHOUSE RD
HASLET TX 76052-9998
M-F 0730-1630; SAT 0900-1100
February 12, 2024, 11:14 am

Notice Left (No Authorized Recipient Available)

HASLET, TX 76052
February 10, 2024, 2:22 pm

Out for Delivery

HASLET, TX 76052
February 10, 2024, 8:03 am

Arrived at Post Office

HASLET, TX 76052
February 10, 2024, 7:52 am

Departed USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER
February 9, 2024, 10:57 pm

Arrived at USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER
February 9, 2024, 6:53 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
February 8, 2024, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
February 7, 2024, 9:52 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

9569 0710 5270 0725 3446 46

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<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
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Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To	
Street and Apt. No., or PO Box	Robak, Theresa Marie 2056 Bancroft Lane
City, State, ZIP+4®	Mt. Pleasant, SC 29466 24170 - Steward Broken Bai
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USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725344646

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

Latest Update

Your item arrived at our USPS facility in CHARLESTON SC PROCESSING CENTER on March 2, 2024 at 2:09 am. The item is currently in transit to the destination.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Moving Through Network

Arrived at USPS Regional Facility

CHARLESTON SC PROCESSING CENTER
March 2, 2024, 2:09 am

In Transit to Next Facility

March 1, 2024

Arrived at USPS Regional Facility

GREENVILLE SC DISTRIBUTION CENTER
February 29, 2024, 8:05 am

Redelivery Scheduled

MOUNT PLEASANT, SC 29466
February 13, 2024

Notice Left (No Authorized Recipient Available)

MOUNT PLEASANT, SC 29466
February 12, 2024, 2:36 pm

- **Arrived at USPS Regional Facility**
CHARLESTON SC PROCESSING CENTER
February 10, 2024, 10:47 am
- **Departed USPS Facility**
ALBUQUERQUE, NM 87101
February 8, 2024, 7:57 am
- **Arrived at USPS Facility**
ALBUQUERQUE, NM 87101
February 7, 2024, 9:52 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

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Extra Services & Fees (check box, add fee as appropriate)	
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Postage	\$
Total Postage and Fees	\$



Sent To	
Street and Apt. No., or PO Box	Sutton, Rebecca W. 100 Spieth Ct. Granbury, TX 76048
City, State, ZIP+4®	24170 - Steward Broken Box

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FAQs >

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9589071052700725344486

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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

February 14, 2024

Departed USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER
February 9, 2024, 10:57 pm

Arrived at USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER
February 9, 2024, 6:53 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 8, 2024, 7:57 am

Arrived at USPS Facility
ALBUQUERQUE, NM 87101
February 7, 2024, 9:52 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?

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FAQs

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<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
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<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To	
Street and Apt. No., or P.O. Box _____	Thompson, Joseph Scott 3309 West Lamar Street, Unit B
City, State, ZIP+4® _____	Houston, TX 77019 24170 - Steward Broken Ba
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FAQs >

Tracking Number:

Remove X

9589071052700725344516

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Latest Update

Your item was delivered to an individual at the address at 12:07 pm on February 10, 2024 in HOUSTON, TX 77019.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

HOUSTON, TX 77019

February 10, 2024, 12:07 pm

Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

February 9, 2024, 10:45 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 8, 2024, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:52 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

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



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Street and Apt. No., or PO Box No.	Thompson, Timothy Reed 25500 Westheimer Pkwy #6105 Katy, TX 77494
City, State, ZIP+4®	24170 - Steward Broken Ba

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FAQs >

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Feedback

Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

February 13, 2024

Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

February 9, 2024, 10:45 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 8, 2024, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:52 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



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Product Information



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Enter tracking or barcode numbers

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FAQs

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<input type="checkbox"/> Adult Signature Required \$ _____	
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Postage \$ _____	
Total Postage and Fees \$ _____	
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Bailey, Rose Marie 716 N. 5th St. Rogers, AR 72756 24170 - Steward Broken Bar	

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9589 0710 5270 0725 3408 53

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

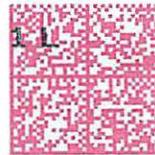
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FEB 22 2024

Hinkle Shanor LLP
Santa Fe NM 87504

Bailey, Rose Marie
716 N. 5th St.
Rogers, AR 72756

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
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Postage	\$
Total Postage and Fees	\$

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 PO Box 372
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 24170 - Steward Broken Bar

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FEB 22 2024

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 Santa Fe NM 87504

Walker, Charles David
 PO Box 372
 Granbury, TX 75078

24170 - Steward Broken Bar

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 VACANT
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 BC: 87504206868 *2182-03979-18-03

7504206868 VAC BOOK
 875042068

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

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

Beginning with the issue dated
February 13, 2024
and ending with the issue dated
February 13, 2024.



Publisher

Sworn and subscribed to before me this
13th day of February 2024.



Business Manager

My commission expires
January 29, 2027

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

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

LEGAL NOTICE
February 13, 2024

This is to notify all interested parties, including Anselmi, Vivian Lowe; William C. Bahlburg; Bailey, Rose Marie; Bowman, Shain; Christmann Mineral Company; Cookrell, Chaney Conine; Collins Permian LP; Conine, Chad S.; Conine, Shana Lowe; CTH Royalties, LLC; Daniel Fleet Freeman, Trustee of Trust "A" created u/w/o Margaret Helen Kalmar, deceased; Davis, Ann E.; Davis, Joel Glenn; Durant, Calley Conine; Elk Range Royalties II, LP; Elk Range Royalties, LP; Erdlen, Haley Day Lowe; Estate of Ouida Spears; Estate of Ronny Paul Lowe; F. Schuman - R. Kaye Company, LLP; Field Minerals, LLC; Fisher, Berry Alvin; Fisher, Charles Kenneth; Frank T. Fleet, Inc.; Futch, Cecil Paul; J.M. Welborn Trust, dated 10/23/1992, f/b/o Ernestine Welborn; Jackson, Kimberly M.; Jones II; Archer Lee; Jones, Ligon Loflin; JWD Resources, LLC; Katy Pipeline & Production Corporation; Kay Lowe Atcheson Trust, dated 12/11/2019; LDL Lowe Family Partnership, Ltd.; Leta M. Loflin, d/b/a Loflin Oil Company; Loretta D. Lowe Trust, dated 11/1/1974; Lowe Family, Ltd.; Lowe Minerals and Land Family Partnership, Ltd.; Lowe, Loretta D.; Lowe, Martin Dion; Marshall & Winston, Inc.; Matthews, Lauren Lowe; Mekusukey Oil Company, LLC; New Mexico State Land Office; Newton, Kathryn Calloway; NM Royalty, LLC; NuView IRA, f/b/o Rebecca W. Sutton; Onstead, Lewanda Jean Crumpton; Osborne Family Properties, Ltd.; P.A.W.N. Enterprises, Ltd.; Permian Development, LLC; PetroVen Inc.; Phillips, Kathryn M.; Pilcher, Susan Renee Spears; Popplewell, Mary E.; Randall, David E.; Randall, Patricia Ann; Read, Kelly Lowe; Robak, Theresa Marie; Robert Thomas Hartley, L.L.C.; Rock House Resources, LLC; Schuman, Charlotte; Shaw, Clarice Fay Futch; Sorenson, David J.; Spears, Jimmy Lester; Spears, Priscilla; Spears, Virginia C.; Suberg, Renae LaJean Futch; Sugarberry Minerals LP; Sutton, Rebecca W.; Teddy Lowe Hartley, L.L.C.; Thompson, Joseph Scott; Thompson, Timothy Reed; Triune, LLC; Vesowate, Debra Lowe; Vora Lowe Hartley Mineral Trust; Walker, Charles David; Wallace Family Partnership, LP; WBA Resources, Ltd.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Steward Energy II, LLC (Case No. 24170). The hearing will be conducted on March 7, 2024 in a hybrid fashion, both in-person at the Energy, Minerals, Natural Resources Department, Wendell Chino Building, Pecos Hall, 1220 South St. Francis Drive, 1st Floor, Santa Fe, NM 87505 and via the WebEx virtual meeting platform. To participate virtually, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. Steward Energy II, LLC ("Applicant") seeks an order: (1) establishing a 402-acre, more or less, standard, overlapping horizontal spacing unit comprised of the W/2 W/2 of Sections 2 and 11, Township 14 South, Range 38 East, and the W/2 SW/4 of Section 35, Township 13 South, Range 38 East, Lea County, New Mexico ("Unit"); and (2) pooling all uncommitted interests in the San Andres formation underlying the Unit. Applicant seeks to dedicate the Unit to the **Broken Bar State 6H** well ("Well"), which will be drilled from a surface hole location in the NW/4 NW/4 (Unit D) of Section 14, Township 14 South, Range 38 East, to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 35, Township 13 South, Range 38 East. The completed interval of the Well will be orthodox. The Unit will partially overlap with the spacing units for the Broken Spoke State Com 5H well (API #30-025-45530) and the Dog Bar 11 Fee 3H well (API #30-025-42622). Also to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 17.1 miles southeast of Tatum, New Mexico. #00287300

02107475

00287300

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

Steward Energy II, LLC
Case No. 24170
Exhibit C-4