

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC TO EXTEND TIME TO
COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24825
ORDER NO. R-23000**

HEARING EXHIBITS

Exhibit A	Self-Affirmed Statement of Ryan Curry
A-1	Application & Proposed Notice
A-2	Order No. R-23000
Exhibit B	Self-Affirmed Statement of Dana S. Hardy
B-1	Sample Notice Letter to All Interested Parties
B-2	Notice Letter Chart
B-3	Copies of Certified Mail Receipts and Returns
B-4	Affidavit of Publication for September 17, 2024

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

APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC TO EXTEND TIME TO
COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.

CASE NO. 24825
ORDER NO. R-23000

SELF-AFFIRMED STATEMENT
OF RYAN CURRY

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

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

3. The Division issued Order No. R-23000 in Case No. 23925 on January 10, 2024, approving a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico (“Unit”), and designating Applicant as operator of the Unit. A copy of the Order is attached as **Exhibit A-2**.

4. The Order further pooled all uncommitted interests within the Wolfcamp formation, underlying the Unit and dedicated the Unit to the Silver Bar 35-36 Fed State Com 202H well (“Well”).

Permian Resources Operating, LLC
Case No. 24825
Exhibit A

5. The Order requires Permian Resources to commence drilling the Well within one (1) year of the date of the Order unless Permian Resources obtains a time extension from the Division Director for good cause shown.

6. Permian Resources' ability to commence drilling the Well has been impacted by changes in its development plan and the need to co-develop this unit with offset acreage to prevent waste. Co-development reduces the risk of parent-child effects and also reduces drilling and completion costs by avoiding the need to dispatch multiple teams at different times.

7. Permian Resources plans to codevelop the acreage included in Case Nos. 24823, 24824, 24825, 24821, 24822, 24819 and 24818, which are currently pending before the Division and involve units located in Sections 35 and 36, Township 19 South, Range 29 East. Case Nos. 24818 and 24819 involve new pooling applications, while the remainder of the cases involve extension requests. Permian Resources' ability to co-develop the acreage depends on the issuance of pooling orders in Case Nos. 24818 and 24819. Therefore, good cause exists for an extension of the deadline to commence drilling.

8. Permian Resources requests that the Division extend the deadline to commence drilling the Well to January 10, 2026.

9. Permian Resources further requests the other provisions of the Order remain in force and effect.

10. Permian Resources is in good standing under the statewide rules and regulations.

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

12. 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.

RC Curry
Ryan Curry

9/18/24
Date

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
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**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC TO EXTEND TIME TO
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EDDY COUNTY, NEW MEXICO.**

**Case No. 24825
Order No. R-23000**

APPLICATION

Permian Resources Operating, LLC (OGRID No. 372165) (“Permian Resources” or “Applicant”) files this application with the Oil Conservation Division (“Division”) requesting a one-year extension of time to commence drilling the well authorized by Order No. R-23000. In support of its application, Applicant states the following.

1. The Division issued Order No. R-23000 in Case No. 23925 on January 10, 2024, approving a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico (“Unit”), and designating Applicant as operator of the Unit.
2. The Order further pooled all uncommitted interests within the Wolfcamp formation, underlying the Unit and dedicated the Unit to the Silver Bar 35-36 Fed State Com 202H well (“Well”).
3. The Order requires Permian Resources to commence drilling the Well within one (1) year of the date of the Order unless Permian Resources obtains a time extension from the Division Director for good cause shown.
4. Applicant’s ability to commence drilling the Well has been impacted by changes in its development plan and the need to co-develop this unit with offset acreage.
5. Good cause exists for the requested extension.

**Permian Resources Operating, LLC
Case No. 24825
Exhibit A-1**

6. Accordingly, Applicant requests that the Division extend the deadline to commence drilling the Well to January 10, 2026.

WHEREFORE, Permian Resources requests that this application be set for hearing on October 3, 2024, and after notice and hearing, the Division extend the deadline for Permian Resources to commence drilling the Well until January 10, 2026.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaclyn M. McLean

Dylan M. Villescas

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

Facsimile: (505) 982-8623

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

dvilescas@hinklelawfirm.com

Counsel Permian Resources Operating, LLC

Application of Permian Resources Operating, LLC to Extend Time to Commence Drilling Operations, Eddy County, New Mexico. The Division issued Order No. R-23000 (“Order”) in Case No. 23925. The Order: approved a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico (“Unit”); pooled uncommitted interests within the Wolfcamp formation; dedicated the Unit to the Silver Bar 35-36 Fed State Com 202H well (“Well”); and designated Applicant as the operator of the Unit and the Well. The Order requires Applicant to commence drilling the Well within one year of the date of the Order. Applicant requests that the Division extend the deadline to commence drilling the Well until January 10, 2026. The Well is located approximately 13 miles northeast of Carlsbad, New Mexico.

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

**IN THE MATTER OF APPLICATION FOR
COMPULSORY POOLING SUBMITTED BY
PERMIAN RESOURCES OPERATING, LLC**

**CASE NO. 23925
ORDER NO. R-23000**

ORDER

The Director of the New Mexico Oil Conservation Division (“OCD”), having heard this matter through a Hearing Examiner on November 2, 2023, and after considering the testimony, evidence, and recommendation of the Hearing Examiner, issues the following Order.

FINDINGS OF FACT

1. Permian Resources Operating, LLC (“Operator”) submitted an application (“Application”) to compulsory pool the uncommitted oil and gas interests within the spacing unit (“Unit”) described in Exhibit A. Operator seeks to be designated the operator of the Unit.
2. Operator will dedicate the well(s) described in Exhibit A (“Well(s)”) to the Unit.
3. Operator proposes the supervision and risk charges for the Well(s) described in Exhibit A.
4. Operator identified the owners of uncommitted interests in oil and gas minerals in the Unit and provided evidence that notice was given.
5. The Application was heard by the Hearing Examiner on the date specified above, during which Operator presented evidence through affidavits in support of the Application. No other party presented evidence at the hearing.

CONCLUSIONS OF LAW

6. OCD has jurisdiction to issue this Order pursuant to NMSA 1978, Section 70-2-17.
7. Operator is the owner of an oil and gas working interest within the Unit.
8. Operator satisfied the notice requirements for the Application and the hearing as required by 19.15.4.12 NMAC.
9. OCD satisfied the notice requirements for the hearing as required by 19.15.4.9 NMAC.
10. Operator has the right to drill the Well(s) to a common source of supply at the depth(s) and location(s) in the Unit described in Exhibit A.

**Permian Resources Operating, LLC
Case No. 24825
Exhibit A-2**

11. The Unit contains separately owned uncommitted interests in oil and gas minerals.
12. Some of the owners of the uncommitted interests have not agreed to commit their interests to the Unit.
13. The pooling of uncommitted interests in the Unit will prevent waste and protect correlative rights, including the drilling of unnecessary wells.
14. This Order affords to the owner of an uncommitted interest the opportunity to produce his just and equitable share of the oil or gas in the pool.

ORDER

15. The uncommitted interests in the Unit are pooled as set forth in Exhibit A.
16. The Unit shall be dedicated to the Well(s) set forth in Exhibit A.
17. Operator is designated as operator of the Unit and the Well(s).
18. If the location of a well will be unorthodox under the spacing rules in effect at the time of completion, Operator shall obtain the OCD's approval for a non-standard location in accordance with 19.15.16.15(C) NMAC.
19. If the Unit is a non-standard horizontal spacing unit which has not been approved under this Order, Operator shall obtain the OCD's approval for a non-standard horizontal spacing unit in accordance with 19.15.16.15(B)(5) NMAC.
20. The Operator shall commence drilling the Well(s) within one year after the date of this Order, and complete each Well no later than one (1) year after the commencement of drilling the Well.
21. This Order shall terminate automatically if Operator fails to comply with Paragraph 20 unless Operator obtains an extension by amending this Order for good cause shown.
22. The infill well requirements in 19.15.13.9 NMAC through 19.15.13.12 NMAC shall be applicable.
23. Operator shall submit each owner of an uncommitted working interest in the pool ("Pooled Working Interest") an itemized schedule of estimated costs to drill, complete, and equip the well ("Estimated Well Costs").
24. No later than thirty (30) days after Operator submits the Estimated Well Costs, the owner of a Pooled Working Interest shall elect whether to pay its share of the Estimated Well Costs or its share of the actual costs to drill, complete and equip the well ("Actual Well Costs") out of production from the well. An owner of a Pooled Working Interest who elects to pay its share of the Estimated Well Costs shall

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ORDER NO. R-23000

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render payment to Operator no later than thirty (30) days after the expiration of the election period, and shall be liable for operating costs, but not risk charges, for the well. An owner of a Pooled Working Interest who fails to pay its share of the Estimated Well Costs or who elects to pay its share of the Actual Well Costs out of production from the well shall be considered to be a "Non-Consenting Pooled Working Interest."

25. No later than one hundred eighty (180) days after Operator submits a Form C-105 for a well, Operator shall submit to each owner of a Pooled Working Interest an itemized schedule of the Actual Well Costs. The Actual Well Costs shall be considered to be the Reasonable Well Costs unless an owner of a Pooled Working Interest files a written objection no later than forty-five (45) days after receipt of the schedule. If an owner of a Pooled Working Interest files a timely written objection, OCD shall determine the Reasonable Well Costs after public notice and hearing.
26. No later than sixty (60) days after the expiration of the period to file a written objection to the Actual Well Costs or OCD's order determining the Reasonable Well Costs, whichever is later, each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs shall pay to Operator its share of the Reasonable Well Costs that exceed the Estimated Well Costs, or Operator shall pay to each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs its share of the Estimated Well Costs that exceed the Reasonable Well Costs.
27. The reasonable charges for supervision to drill and produce a well ("Supervision Charges") shall not exceed the rates specified in Exhibit A, provided however that the rates shall be adjusted annually pursuant to the COPAS form entitled "Accounting Procedure-Joint Operations."
28. No later than within ninety (90) days after Operator submits a Form C-105 for a well, Operator shall submit to each owner of a Pooled Working Interest an itemized schedule of the reasonable charges for operating and maintaining the well ("Operating Charges"), provided however that Operating Charges shall not include the Reasonable Well Costs or Supervision Charges. The Operating Charges shall be considered final unless an owner of a Pooled Working Interest files a written objection no later than forty-five (45) days after receipt of the schedule. If an owner of a Pooled Working Interest files a timely written objection, OCD shall determine the Operating Charges after public notice and hearing.
29. Operator may withhold the following costs and charges from the share of production due to each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs: (a) the proportionate share of the Supervision Charges; and (b) the proportionate share of the Operating Charges.
30. Operator may withhold the following costs and charges from the share of production due to each owner of a Non-Consenting Pooled Working Interest: (a)

the proportionate share of the Reasonable Well Costs; (b) the proportionate share of the Supervision and Operating Charges; and (c) the percentage of the Reasonable Well Costs specified as the charge for risk described in Exhibit A.

31. Operator shall distribute a proportionate share of the costs and charges withheld pursuant to paragraph 30 to each Pooled Working Interest that paid its share of the Estimated Well Costs.
32. Each year on the anniversary of this Order, and no later than ninety (90) days after each payout, Operator shall provide to each owner of a Non-Consenting Pooled Working Interest a schedule of the revenue attributable to a well and the Supervision and Operating Costs charged against that revenue.
33. Any cost or charge that is paid out of production shall be withheld only from the share due to an owner of a Pooled Working Interest. No cost or charge shall be withheld from the share due to an owner of a royalty interests. For the purpose of this Order, an unleased mineral interest shall consist of a seven-eighths (7/8) working interest and a one-eighth (1/8) royalty interest.
34. Except as provided above, Operator shall hold the revenue attributable to a well that is not disbursed for any reason for the account of the person(s) entitled to the revenue as provided in the Oil and Gas Proceeds Payment Act, NMSA 1978, Sections 70-10-1 *et seq.*, and relinquish such revenue as provided in the Uniform Unclaimed Property Act, NMSA 1978, Sections 7-8A-1 *et seq.*
35. The Unit shall terminate if (a) the owners of all Pooled Working Interests reach a voluntary agreement; or (b) the well(s) drilled on the Unit are plugged and abandoned in accordance with the applicable rules. Operator shall inform OCD no later than thirty (30) days after such occurrence.
36. OCD retains jurisdiction of this matter for the entry of such orders as may be deemed necessary.

**STATE OF NEW MEXICO
OIL CONSERVATION DIVISION**



DYLAN M. FUGE
DIRECTOR (ACTING)
DMF/hat

Date: 1/10/2024

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Exhibit A

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COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case: 23925	APPLICANT'S RESPONSE
Hearing Date	October 5, 2023
Applicant	Permian Resources Operating, LLC
Designated Operator & OGRID (affiliation if applicable)	OGRID No. 372165
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.
Entries of Appearance/Intervenors:	Northern Oil and Gas, Inc.
Well Family	Silver Bar
Formation/Pool	
Formation Name(s) or Vertical Extent:	Wolfcamp
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Wolfcamp
Pool Name and Pool Code:	Parkway; Wolfcamp pool (Code 49637)
Well Location Setback Rules:	Statewide
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	640-acres
Building Blocks:	Quarter-quarter
Orientation:	West to East
Description: TRS/County	S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico.
Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application?	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	N/A
Proximity Tracts: If yes, description	Yes, the completed interval of the Silver Bar 35-36 Fed State Com 202H well will be located within 330' of the quarter-quarter section line separating the N/2 S/2 and S/2 S/2 of Sections 35 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit.
Proximity Defining Well: if yes, description	Silver Bar 35-36 Fed State 202H
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	Silver Bar 35-36 Fed State Com 202H (API # ---) SHL: 909' FSL & 358' FEL (Unit P), Section 34, T19S, R29E BHL: 1,647' FSL & 100' FEL (Unit I), Section 36, T19S, R29E Completion Target: Wolfcamp (9,430' TVD)

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Well #2	Silver Bar 35-36 Fed State Com 203H (API # ---) SHL: 969' FSL & 358' FEL (Unit P), Section 34, T19S, R29E BHL: 330' FSL & 100' FEL (Unit P), Section 36, T19S, R29E Completion Target: Wolfcamp (9,935' TVD)
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$10,000.00
Production Supervision/Month \$	\$1,000.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-1, Exhibit C-2, Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	Exhibit A-3
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-5
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
Forms, Figures and Tables	

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C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-2
Structure Contour Map - Subsea Depth	Exhibit B-3
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-4
Additional Information	
Special Provisions/Stipulations	N/A
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	11/6/2023

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC TO EXTEND TIME TO
COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24825
ORDER NO. R-23000**

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

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

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

3. Exhibit B-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 B-3** as supporting documentation for proof of mailing and the information provided on Exhibit B-2.

5. On September 17, 2024, I caused a notice to be published to all interested parties in the Carlsbad Current-Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current-Argus along with a copy of the notice publication, is attached as **Exhibit B-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 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.

/s/ Dana S. Hardy
Dana S. Hardy

September 25, 2024
Date

**Permian Resources Operating, LLC
Case No. 24825
Exhibit B**



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

September 11, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 24825 – Application of Permian Resources Operating, LLC to Extend Time to Commence Drilling Operations, Eddy 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 **October 3, 2024**, beginning at 8:15 a.m.

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

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

If you have any questions about this application, please contact Ryan Curry, Senior Landman at Permian Resources Operating, LLC, via e-mail at ryan.curry@permianres.com if you have any questions regarding this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Permian Resources Operating, LLC

Case No. 24825

Exhibit B-1

Enclosure

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

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

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

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

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**CASE NO. 24825
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NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
3SD Holdings, LLC 221 Doran Road Lovington, NM 88260	09/12/24 9589 0710 5270 1152 5455 83	USPS Tracking 09/25/2024: Item delivered 09/23/2024
Alpha Energy Partners, LLC PO Box 10701 Midland, TX 79702	09/12/24 9589 0710 5270 0752 4585 90	09/23/2024
Ashley Dean Crow PO Box 97 Quanah, TX 79252	09/12/24 9589 0710 5270 0751 2497 24	09/25/2024
Borica Oil, Inc. PO Drawer H Ft. Sumner, NM 88119	09/12/24 9589 0710 5270 0752 4585 83	09/18/2024
Byron Bachschmid 1800 Hereford Blvd. Midland, TX 79705	09/12/24 9589 0710 5270 0752 4585 76	09/18/2024
Centennial LLC PO Box 1873 Roswell, NM 88202	09/12/24 9589 0710 5270 1152 5481 19	09/19/2024
Charles J. Kinsolving HC 65 Box 209 Crossroads, NM 88114	09/12/24 9589 0710 5270 1152 5486 21	09/18/2024
Chisos, Ltd. 3355 W. Alabama Ste 1200-B Houston, TX 77098	09/12/24 9589 0710 5270 0752 4585 52	09/23/2024
DeVargas Street, LLC 4613 Los Poblanos Cir NW Albuquerque, NM 87107	09/12/24 9589 0710 5270 0751 2497 00	09/18/2024
Devon Energy CO LP 333 W. Sheridan Avenue Oklahoma City, OK 73102	09/12/24 9589 0710 5270 0751 2494 10	09/23/2024
Drusilla C. Cieszinski, Trustee of the Cieszinski Trust UA dated May 15, 2007 2737 81 st Street Lubbock, TX 79423	09/12/24 9589 0710 5270 0752 4586 06	09/19/2024
Foundation Energy Fund V-B Holding, LLC 5057 Keller Springs Road Suite 650 Addison, TX 75001	09/12/24 9589 0710 5270 0751 2494 03	09/23/2024

**Permian Resources Operating, LLC
Case No. 24825
Exhibit B-2**

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC TO EXTEND TIME TO
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EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24825
ORDER NO. R-23000**

NOTICE LETTER CHART

Francis G. Tracey, III PO Box 868 Carlsbad, NM 88221-0868	09/12/24 9589 0710 5270 1152 5486 38	09/19/2024
Fredda C. Blair personal representative of the Estate of L. Neil Burcham 6765 Brahman Rd. Las Cruces, NM 88012	09/12/24 9589 0710 5270 07 51 2493 97	USPS Tracking 09/25/2024: Item delivered 09/14/2024
Hanson Operating Company, Inc. PO Box 1515 Roswell, NM 88202-1515	09/12/24 9589 0710 5270 0751 2493 8 0	09/19/2024
Jonathan M. Cieszinski 2737 81 st Street Lubbock, TX 79423	09/12/24 9589 0710 5270 0751 2497 31	09/19/2024
Jose E. Rodriguez PO Box 691284 Houston, TX 77269-1284	09/12/24 9589 0710 5270 1152 5486 76	USPS Tracking 09/25/2024: Returned to Sender 09/14/2024
Marilyn Burcham 665 La Melodia Dr. Las Cruces, NM 88011-7097	09/12/24 9589 0710 5270 0752 4585 69	USPS Tracking 09/25/2024: Item returned to Sender 09/14/2024
Northern Oil and Gas, Inc. 4350 Baker Rd. Suite 400 Minnetonka, MN 55343	09/12/24 9589 0710 5270 1152 5486 52	USPS Tracking 09/25/2024: Item delivered 09/17/2024
Patrick J. Morello and Alice M. Morello, Trustees of the Patrick J. Morello and Alice M. Morello Trust 3534 Gettysburg Place Jefferson City, MO 65109	09/12/24 9589 0710 5270 1152 5486 45	USPS Tracking 09/25/2024: Item delivered 09/16/2024
Penroc Oil Corporation PO Box 2769 Hobbs, NM 88241	09/12/24 9589 0710 5270 1152 5486 83	09/19/2024
Robert Levers Dale and Patricia Joan Dale, Co- Trustees of the Robert Levers Dale and Patricia Joan Dale Trust 15419 Peach Hill Rd. Saratoga, CA 95070	09/12/24 9589 0710 52700751 2497 17	09/20/2024
Rockport Oil and Gas, LLC 800 Berring Dr. Suite 305 Houston, TX 77057	09/12/24 9589 0710 5270 1152 5486 69	09/24/2024 Returned to Sender 09/19/2024

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

**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC TO EXTEND TIME TO
COMMENCE DRILLING OPERATIONS,
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24825
ORDER NO. R-23000**

NOTICE LETTER CHART

T.Z. Jennings 3968 Cottonwood Ln. Roswell, NM 88203	09/12/24 9589 0710 5270 1152 5486 14	09/19/2024
Tilden Capital Operating II, LP 3100 W 7 th St Ste 240 Fort Worth, TX 76107	09/12/24 9589 0710 5270 1152 5486 07	09/19/2024

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OFFICIAL USE

9589 0710 5270 0752 4585 90

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 # Alpha Energy Partners, LLC
PO Box 10701
Midland, TX 79702

City, State, ZIP+4® 24285 PRO Silver Bar Ext.

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

SANTA FE NM MAIL POST OFFICE
SEP 17 2024

SENDER

■ Complete this card and attach to the back of the mailpiece, or on the front if space permits.

■ 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:

Alpha Energy Partners, LLC
PO Box 10701
Midland, TX 79702

24285 PRO Silver Bar Ext.

2. Article Number (Transfer from service label)
9589 0710 5270 0752 4585 90

3. Service Type

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

B. Received by (Printed Name) *Elia Jhon*

C. Date of Delivery *9/17/24*

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

RECEIVED
SEP 23 2024

Hinkle Shanor LLC
Santa Fe NM 87501

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

**Permian Resources Operating, LLC
Case No. 24825
Exhibit B-3**

U.S. Postal Service™
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OFFICIAL RECEIPT

SEP 1 2024
MAIN POST OFFICE

9589 0710 5270 0751 2497 24

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. #	Ashley Dean Crow PO Box 97
City, State, ZIP+4	Quanah, TX 79252 24285 PRO Silver Bar Ext.

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>Ashley Dean Crow</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em;">Ashley Dean Crow PO Box 97 Quanah, TX 79252</p> <p style="text-align: right; font-size: 0.8em;">24285 PRO Silver Bar Ext.</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: 1.5em; color: blue;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em; color: blue;">SEP 25 2024</p> <p style="text-align: center; font-size: 0.8em;">Hinkie Shanor LLP Certs. Ex. NM 87504</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0751 2497 24</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</p>	<p>Domestic Return Receipt</p>																

9589 0710 5270 0752 4585 83

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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 Borica Oil, Inc.
PO Drawer H
Ft. Sumner, NM 88119

City, St. 24285 PRO Silver Bar Ext.

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><i>Bill West</i></p> <p>B. Received by (Printed Name) <u>Bill West</u> 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>Borica Oil, Inc. PO Drawer H Ft. Sumner, NM 88119</p> <p>24285 PRO Silver Bar Ext.</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 8974 4064 8198 68</p> <p>Article Number (Transfer from service label)</p> <p>0710 5270 0752 4585 83</p> <p>3811, July 2020 PSN 7530-02-000-9053</p>	<p>RECEIVED</p> <p>SEP 18 2024</p> <p>Hinkle-Sharpe LLP Santa Fe, NM</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: Byron Bachschmid
 1800 Hereford Blvd
 Midland, TX 79705

City, State: 24285 PRO Silver Bar Ext.

PS Form 3800, January 2023 PSN 7530-02-000-9947 See Reverse for Instructions



9589 0710 5270 0752 4585 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Byron Bachschmid 1800 Hereford Blvd. Midland, TX 79705</p> <p>24285 PRO Silver Bar Ext.</p>	<p>RECEIVED SEP 18 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4585 76</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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SEP 17 2024
Postmark Here

SANTA FE NM FE 87201

SANTA FE NM MAIN POST OFFICE

9589 0710 5270 1152 5481 19

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 Centennial LLC
PO Box 1873
Roswell NM 88202

City, State, ZIP+4® _____ 24825 PRO SilverBar

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> <p style="text-align: center; margin: 10px 0;">Centennial LLC PO Box 1873 Roswell NM 88202</p> <p style="text-align: right; font-size: 0.8em;">24825 PRO - Silver Bar</p> <div style="text-align: center; margin: 5px 0;"> <p>9590 9402 8913 4064 1114 04</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 1152 5481 19</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 9-17-24</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; margin: 10px 0;"> <p style="font-size: 2em; font-weight: bold; color: #333;">RECEIVED</p> <p style="font-size: 1.5em; color: #333;">SEP 19 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"/> 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> <p style="font-size: 0.8em; margin-top: 5px;">Hinkle Sharron Santa Fe NM 87505</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

9589 0710 5270 1152 5486 21

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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 Charles J. Kinsolving,
 as separate property
 HC 65 Box 209
 City, State, Crossroads, NM 88114
 24285 PRO Silver Bar Ext.

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"/> Charles J. Kinsolving <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Charles J. Kinsolving, as separate property HC 65 Box 209 Crossroads, NM 88114 24285 PRO Silver Bar Ext.</p> <p>9590 9402 8974 4064 8168 74</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 SEP 18 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 1152 5486 21</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" 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</p> <p>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

Postmark Here
SEP 22 2024

9589 0710 5270 0752 4585 52

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 \$ _____

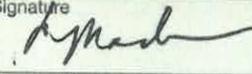
Postage \$ _____

Total Postage and Fees \$ _____

Sent To Chisos, Ltd.
3355 W. Alabama
Ste 1200-B
Houston, TX 77098

City, State, 24285 PRO Silver Bar Ext.

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> <p style="margin-left: 20px;">Chisos, Ltd. 3355 W. Al. Ste 1200-B Houston, TX 77098 24285 PRO Silver Bar Ext.</p> <div style="text-align: center;">  9590 9402 8974 4064 8198 99 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0752 4585 52</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressed</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 9/16/24</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> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; font-weight: bold; color: green;">RECEIVED</p> <p style="font-size: 1.2em; font-weight: bold; color: green;">SEP 23 2024</p> </div> <p>3. Service Type Hinkle Shanor LLC Santa Fe NM 87501</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
Domestic Return Receipt	

9589 0710 5270 0751 2497 00

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

OFFICIAL RECEIPT

Certified Mail Fee
 \$ _____

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

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. DeVargas Street, LLC
 4613 Los Poblanos Cir NW
 Albuquerque, NM 87107

City, State, ZIP 24285 PRO Silver Bar Ext.

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.

DeVargas Street, LLC
 4613 Los Poblanos Cir NW
 Albuquerque, NM 87107
 24285 PRO Silver Bar Ext.

9590 9402 8974 4064 8199 50

2. Article Number (Transfer from service label)
 9589 0710 5270 0751 2497 00

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Carmel Faldut* Agent
 Addressee

B. Received by (Printed Name)
 Hinkle Shanor LLP

C. Date of Delivery
 SEP 18 2024

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

3. Service type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
Devon Energy CO LP
333 W. Sheridan Avenue
Oklahoma City, OK 73102
24285 PRO Silver Bar Ext.

Postmark Here
SEP 12 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 <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery SEP 12 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 SEP 23 2024</p>
<p>1. Article Addressed to:</p> <p>Devon Energy CO LP 333 W. Sheridan Avenue Oklahoma City, OK 73102 24285 PRO Silver Bar Ext.</p> <p>9590 9402 8974 4064 8199 67</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle, Stanor LLC</i></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <i>9590 9402 8974 4064 8199 67</i></p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0751 2494 10</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4586 06

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OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Drusilla C. Cieszinski, Trustee of the Cieszinski Trust
 UA dated May 15, 2007
 Street and 2737 81st Street
 City, State, Lubbock, TX 79423
 24285 PRO Silver Bar Ext.

Postmark Here
 SEP 17 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 type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>CAROLYN K. HERNANDEZ</u> Date of Delivery <u>9/19/24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED SEP 19 2024</p>
<p>1. Article Addressed to:</p> <p>Drusilla C. Cieszinski, Trustee of the Cieszinski Trust UA dated May 15, 2007 2737 81st Street Lubbock, TX 79423 24285 PRO Silver Bar Ext.</p> <p>9590 9402 8974 4064 8199 05</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 0752 4586 06</p>	<p>Hinkle Shanor Santa Fe NM 87505</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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OFFICIAL RECEIPT

SEP 14 2024
POST OFFICE
ADDISON TX 75001

9589 0710 5270 0751 2494 03

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	
Foundation Energy Fund V-B Holding, LLC	
5057 Keller Springs Road	
Suite 650	
Addison, TX 75001	
24285 PRO Silver Bar Ext.	

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> <p style="margin-left: 20px;">Foundation Energy Fund V-B Holding, LLC 5057 Keller Springs Road Suite 650 Addison, TX 75001 24285 PRO Silver Bar Ext.</p> <div style="text-align: center;">  9590 9402 8974 4064 8199 74 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0751 2494 03</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>[Signature]</i> 9/14/24</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;">SEP 23 2024</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To

Street and Apt. Francis G. Tracey, III
PO Box 868

City, State, ZIP: Carlsbad, NM 88221-0868
24285 PRO Silver Bar Ext.

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> <p style="text-align: center;">Francis G. Tracey, III PO Box 868 Carlsbad, NM 88221-0868 24285 PRO Silver Bar Ext.</p> <p style="text-align: center;">9590 9402 8974 4064 8168 81</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 1152 5486 38</p>	<p>A. Signature <i>Francis G. Tracey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>CARROL J Tracey</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">SEP 19 2024</p> <p>3. Service Type <i>Hinkle Shandor LLP</i> <i>Santa Fe NM 87501</i></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input checked="" 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 checked="" 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 checked="" 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 0751 2493 80

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and # _____
 City, State, ZIP+4® _____

Hanson Operating Company, Inc.
 PO Box 1515
 Roswell, NM 88202-1515
 24285 PRO Silver Bar Ext.

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:

Hanson Operating Company, Inc.
 PO Box 1515
 Roswell, NM 88202-1515
 24285 PRO Silver Bar Ext.

9590 9402 8974 4064 8199 98

2. Article Number (Transfer from service label)
 9589 0710 5270 0751 2493 80

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

3. Service Type Certified Mail® Registered Mail™ Signature Confirmation™ Restricted Delivery

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Signature Confirmation™

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

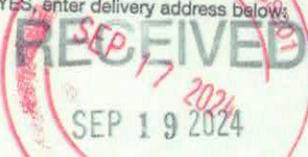
Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt



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Postmark Here
SEP 17 2024

9589 0710 5270 0751 2497 31

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. Jonathan M. Cieszinski
2737 81st Street

City, State, ZIP+4 Lubbock, TX 79423
24285 PRO Silver Bar Ext.

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

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

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9589 0710 5270 1152 5486 83

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street Penroc Oil Corporation
PO Box 2769
Hobbs, NM 88241

City, St Hobbs, NM 24285 PRO Silver Bar Ext.

SEP 12 2024
Postmark Here

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:

Penroc Oil Corporation
PO Box 2769
Hobbs, NM 88241

24285 PRO Silver Bar Ext.

9590 9402 8974 4064 8169 35

2. Article Number (Transfer from mailpiece)

9589 0710 5270 1152 5486 83

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X 

B. Received by (Printed Name)

C. Date of Delivery

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

RECEIVED
SEP 19 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)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. Robert Levers Dale and Patricia Joan Dale, Co-Trustees of the Robert Levers Dale and Patricia Joan Dale Trust 15419 Peach Hill Rd. City, State, ZIP+4 Saratoga, CA 95070 24285 PRO Silver Bar Ext.	

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

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<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

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL RECEIPT

9589 0710 5270 1152 5486 14

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

T.Z. Jennings
3968 Cottonwood Ln.
Roswell, NM 88203
24285 PRO Silver Bar Ext.

Postmark Here
SEP 17 2024

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>T.Z. Jennings 3968 Cottonwood Ln. Roswell, NM 88203 24285 PRO Silver Bar Ext.</p>	<p>RECEIVED SEP 19 2024 Santa Fe NM 87501</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 1152 5486 14</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> 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 1152 5455 83

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Domestic Mail Only

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

OFFICIAL USE

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



Postage	
\$	

Total Postage and Fees	
\$	

Sent To	
Street and Apt. N	3SD Holdings, LLC 221 Doran Road Lovington, NM 88260
City, State, ZIP+4	24285 PRO Silver Bar Ext.

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

ALERT: TROPICAL CYCLONE HELENE, FLOODING, AND SEVERE WEATHER IN THE SOUTHEA...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052701152545583

Copy

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

Latest Update

Your item was picked up at the post office at 8:02 am on September 23, 2024 in LOVINGTON, NM 88260.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Post Office

LOVINGTON, NM 88260

September 23, 2024, 8:02 am

Reminder to Schedule Redelivery of your item

September 22, 2024

Notice Left (No Authorized Recipient Available)

LOVINGTON, NM 88260

September 17, 2024, 3:52 pm

In Transit to Next Facility

September 16, 2024

Held at Post Office, At Customer Request

LOVINGTON, NM 88260

September 16, 2024, 5:37 pm

Departed USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

9589 0710 5270 0751 2493 97

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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 Fredda C. Blair personal representative of the
 Estate of L. Neil Burcham
 Street and Ap 6765 Brahman Rd.
 City, State, Zip Las Cruces, NM 88012 24285 PRO Silver Bar Ext.

SEP 12 2024
 Postmark Here
 FEEL MAIN POST C

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

ALERT: TROPICAL CYCLONE HELENE, FLOODING, AND SEVERE WEATHER THE SOUTHE ...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700751249397

Copy

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

Latest Update

Your item was delivered to an individual at the address at 1:03 pm on September 14, 2024 in LAS CRUCES, NM 88012.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

LAS CRUCES, NM 88012
September 14, 2024, 1:03 pm

Arrived at USPS Regional Facility

EL PASO TX DISTRIBUTION CENTER
September 13, 2024, 11:58 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
September 13, 2024, 8:10 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
September 12, 2024, 10:10 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)

9589 0710 5270 1152 5486 76

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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 A1 Jose E. Rodriguez
 PO Box 691284
 Houston, TX 77269-1284

City, State, Z 24285 PRO Silver Bar Ext.

SEP 19 2024
 Postmark Here

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

ALERT: TROPICAL CYCLONE HELENE, FLOODING, AND SEVERE WEATHER THE SOUTHE ...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052701152548676

Copy

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

Latest Update

This is a reminder to pick up your item before September 30, 2024 or your item will be returned on October 1, 2024. Please pick up the item at the HOUSTON, TX 77269 Post Office.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivery Attempt

Reminder to pick up your item before September 30, 2024

HOUSTON, TX 77269
September 21, 2024

Available for Pickup

WILLOW PLACE
12955 WILLOW PLACE DR W
HOUSTON TX 77070-9998
M-F 0730-1700; SAT 0730-1200
September 16, 2024, 1:08 pm

See All 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



9589 0710 5270 0752 4585 69

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To	
Street and	Marilyn Burcham 665 La Melodia Dr.
City, State,	Las Cruces, NM 88011-7097 24285 PRO Silver Bar Ext.
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	



ALERT: TROPICAL CYCLONE HELENE, FLOODING, AND SEVERE WEATHER THE SOUTHE ...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752458569

Copy

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

Latest Update

Your item was returned to the sender on September 14, 2024 at 12:30 pm in LAS CRUCES, NM 88011 because the addressee was not known at the delivery address noted on the package.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Alert

Addressee Unknown

LAS CRUCES, NM 88011
September 14, 2024, 12:30 pm

Notice Left (No Authorized Recipient Available)

LAS CRUCES, NM 88011
September 14, 2024, 12:29 pm

Arrived at USPS Regional Facility

EL PASO TX DISTRIBUTION CENTER
September 13, 2024, 11:58 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
September 13, 2024, 8:10 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

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OFFICIAL USE

9589 0710 5270 1152 5486 52

<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>SEP 12 2024 Postmark Here</p> <p>MINNEAPOLIS, MN MAIN POST OFFICE</p>
--	--

Sent To Northern Oil and Gas, Inc.
4350 Baker Rd.
Street and Suite 400
City, State Minnetonka, MN 55343
24285 PRO Silver Bar Ext

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

ALERT: TROPICAL CYCLONE HELENE, FLOODING, AND SEVERE WEATHER IN THE SOUTHEA...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052701152548652

Copy

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

Latest Update

Your item has been delivered to an agent at the front desk, reception, or mail room at 10:24 am on September 17, 2024 in HOPKINS, MN 55343.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered to Agent

Delivered to Agent, Front Desk/Reception/Mail Room

HOPKINS, MN 55343

September 17, 2024, 10:24 am

Arrived at USPS Regional Facility

MINNEAPOLIS MN DISTRIBUTION CENTER

September 16, 2024, 12:24 pm

In Transit to Next Facility

September 15, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101

September 13, 2024, 8:10 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

9589 0710 5270 1152 5486 45

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OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To

Street and Patrick J. Morello and Alice M. Morello, Trustees of the
 Patrick J. Morello and Alice M. Morello Trust
 3534 Gettysburg Place
 City, State Jefferson City, MO 65109
 24285 PRO Silver Bar Ext.



ALERT: TROPICAL CYCLONE HELENE, FLOODING, AND SEVERE WEATHER THE SOUTHE ...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052701152548645

Copy

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

Latest Update

Your item was delivered to an individual at the address at 2:35 pm on September 16, 2024 in JEFFERSON CITY, MO 65109.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

JEFFERSON CITY, MO 65109
September 16, 2024, 2:35 pm

Arrived at USPS Regional Facility

COLUMBIA MO DISTRIBUTION CENTER
September 15, 2024, 12:58 pm

In Transit to Next Facility

September 14, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101
September 12, 2024, 9:24 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
September 12, 2024, 9:09 pm

AFFIDAVIT OF PUBLICATION

CARLSBAD CURRENT-ARGUS
PO BOX 507
HUTCHINSON, KS 67504-0507

STATE OF NEW MEXICO }
COUNTY OF EDDY } SS

Account Number: 94
Ad Number: 14210
Description: Case #24825
Ad Cost: \$106.75

Nicole Bitton, being first duly sworn, says:

That she is the Agent of the the Carlsbad Current-Argus, a Weekly newspaper of general circulation, printed and published in Carlsbad, Eddy County, New Mexico; that the publication, a copy of which is attached hereto, was published in said newspaper on the following dates:

September 17, 2024

That said newspaper was regularly issued and circulated on those dates.

SIGNED:

N Bitton

Agent

Subscribed to and sworn to me this 17th day of September 2024

Latisha Romine

Notary Public

State of NM County Eddy

ID#: 1076338

My commission expires: 5/12/27

LATISHA ROMINE
Notary Public, State of New Mexico
Commission No. 1076338
My Commission Expires
05-12-2027

CARA DOUGLAS
HINKLE SHANOR, LLP
PO BOX 2068
Santa Fe, NM 87504

LEGAL NOTICE

This is to notify all interested parties, including 3SD Holdings; Alpha Energy Partners; Borica Oil, Inc.; Byron Bachschmid; Marilyn Burcham; Centennial LLC; Chisos, Ltd.; Drusilla C. Cieszinski, Trustee of the Cieszinski Trust UA dated May 15, 2007; Jonathan M. Cieszinski; Ashley Dean Crow; Robert Levers Dale and Patricia John Dale, Co-Trustees of the Robert Levers Dale and Patricia Joan Dale Trust; DeVargas Street, LLC; Devon Energy CO LP; Foundation Energy Fund V-B Holding, LLC; Fredda C. Blair personal representative of the Estate of L. Neil Burcham; Hanson Operating Company, Inc.; Tilden Capital Operating II, LP; T.Z. Jennings; Charles J. Kinsolving, as separate property; Francis G. Tracey, III; Patrick J. Morello and Alice M. Morello, Trustees of the Patrick J. Morello and Alice M. Morello Trust; Penroc Oil Corporation; Northern Oil & Gas, Inc.; Rockport Oil & Gas, LLC; Jose E. Rodriguez; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Permian Resources Operating, LLC (Case No. 24825). The hearing will be conducted on October 3, 2024, in a hybrid fashion, both virtually and 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. To participate virtually, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. The Division issued Order No. R-23000 (Order) in Case No. 23925. The Order: approved a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico (Unit); pooled uncommitted interests within the Wolfcamp formation; dedicated the Unit to the Silver Bar 35-36 Fed State Com 202H well (Well); and designated Applicant as the operator of the Unit and the Well. The Order requires Applicant to commence drilling the Well within one year of the date of the Order. Applicant requests that the Division extend the deadline to commence drilling the Well until January 10, 2026. The Well is located approximately 13 miles northeast of Carlsbad, New Mexico.

14210-Published in the Carlsbad Current-Argus on Sep 17, 2024.

Permian Resources Operating, LLC
Case No. 24825
Exhibit B-4