

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20157

AMENDED APPLICATION¹

Devon Energy Production Company LP (“Devon”), through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of NMSA 1978, § 70-2-17, for an order (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. In support of its application, Devon states:

1. Devon is a working interest owner in the proposed standard horizontal spacing and proration unit (“HSU”) and has the right to drill thereon.
2. Devon proposes to dedicate the proposed HSU to its proposed **Lone Tree Draw 14-13 State Com 332H** well, to be horizontally drilled from an approximate surface hole location 1715’ FNL and 240’ FWL of Section 14 to an approximate bottom hole location 1310’ FNL and 230’ FEL of Section 13. This well defines the HSU.
3. Also to be drilled is the following infill well: the **Lone Tree Draw 14-13 State Com 331H** well, to be horizontally drilled from an approximate surface hole location 925’ FNL

¹ The original Application in this matter was filed on November 30, 2018. This Amended Application is filed only for purposes of correcting the county in the caption.

EXHIBIT 1

Devon Energy Production Company LP
Case Nos. 20157, 20158, 20159
February 21, 2019 OCD Hearing

and 225' FWL of Section 14 to an approximate bottom hole location 440' FNL and 230' FEL of Section 13.

4. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 332H well and the Lone Tree Draw 14-13 State Com 331H well meet the 330-foot setback requirement set forth in the statewide rules for horizontal oil wells.

5. Devon has in good faith sought and been unable to obtain voluntary agreement for the development of these lands from all of the mineral interest owners in the HSU.

6. Approval of the HSU and the pooling of all mineral interest owners in the Bone Spring formation underlying the HSU will avoid the drilling of unnecessary wells, will prevent waste, and will protect correlative rights.

7. In order to permit Devon to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in this HSU should be pooled and Devon should be designated the operator of the proposed HSU.

WHEREFORE, Devon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on January 10, 2018, and, after notice and hearing as required by law, the Division enter an order:

A. Creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico;

B. Pooling all uncommitted interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the HSU;

C. Designating the Lone Tree Draw 14-13 State Com 332H well as the defining well for said HSU;

- D. Allowing the drilling of the Lone Tree Draw 14-13 State Com 331H well as an infill well;
- E. Designating Devon as operator of the HSU and the wells to be drilled thereon;
- F. Authorizing Devon to recover its costs of drilling, equipping and completing the wells;
- G. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- H. Imposing a 200% penalty for the risk assumed by Devon in drilling and completing the wells against any interest owner who does not voluntarily participate in the drilling of the wells.

Respectfully submitted,

MONTGOMERY & ANDREWS, P.A.

/s/ Seth C. McMillan

Seth C. McMillan

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

APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 20158

AMENDED APPLICATION¹

Devon Energy Production Company LP (“Devon”), through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of NMSA 1978, § 70-2-17, for an order (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the S/2 N/2 of Section 13 and the S/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. In support of its application, Devon states:

1. Devon is a working interest owner in the proposed standard horizontal spacing and proration unit (“HSU”) and has the right to drill thereon.
2. Devon proposes to dedicate the proposed HSU to its proposed **Lone Tree Draw 14-13 State Com 333H** well, to be horizontally drilled from an approximate surface hole location 1730’ FNL and 240’ FWL of Section 14 to an approximate bottom hole location 2200’ FNL and 230’ FEL of Section 13. This well defines the HSU.

¹ The original Application in this matter was filed on November 30, 2018. This Amended Application is filed only for purposes of correcting the county in the caption.

3. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 333H well meet the 330-foot setback requirement set forth in the statewide rules for horizontal oil wells.

4. Devon has in good faith sought and been unable to obtain voluntary agreement for the development of these lands from all of the mineral interest owners in the HSU.

5. Approval of the HSU and the pooling of all mineral interest owners in the Bone Spring formation underlying the HSU will avoid the drilling of unnecessary wells, will prevent waste, and will protect correlative rights.

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

WHEREFORE, Devon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on January 10, 2018, and, after notice and hearing as required by law, the Division enter an order:

A. Creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the S/2 N/2 of Section 13 and the S/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico;

B. Pooling all uncommitted interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the HSU;

C. Designating the Lone Tree Draw 14-13 State Com 333H well as the defining well for said HSU;

D. Designating Devon as operator of the HSU and the wells to be drilled thereon;

E. Authorizing Devon to recover its costs of drilling, equipping and completing the wells;

F. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and

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

Respectfully submitted,

MONTGOMERY & ANDREWS, P.A.

/s/ Seth C. McMillan

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Kaitlyn A. Luck

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20159

SECOND AMENDED APPLICATION¹

Devon Energy Production Company LP (“Devon”), through its undersigned attorneys, hereby files this amended application with the Oil Conservation Division pursuant to the provisions of NMSA 1978, § 70-2-17, for an order (1) creating a standard 640-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. In support of its application, Devon states:

1. Devon is a working interest owner in the proposed standard horizontal spacing and proration unit (“HSU”) and has the right to drill thereon.
2. Devon proposes to dedicate the proposed HSU to its proposed **Lone Tree Draw 14-13 State Com 335H** well, to be horizontally drilled from an approximate surface hole location 396’ FSL and 195’ FWL of Section 14 to an approximate bottom hole location 1310’ FSL and 20’ FEL of Section 13. This well defines the HSU.

¹ The original Application in this matter was filed on November 5, 2018. The Amended Application filed November 30, 2018 reflected minor changes to the names of the proposed wells to which this unit is to be dedicated. This Second Amended Application is filed for purposes of correcting the county in the caption and reflecting the correct surface hole locations and bottom hole locations of the Lone Tree Draw 14-13 State Com 335H well and the Lone Tree Draw 14-13 State Com 336H well.

3. Also to be drilled are the following infill wells: (1) the **Lone Tree Draw 14-13 State Com 336H** well, to be horizontally drilled from an approximate surface hole location 377' FSL and 172' FWL of Section 14 to an approximate bottom hole location 330' FSL and 20' FEL of Section 13, and (2) the **Lone Tree Draw 14-13 State Com 334H** well, to be horizontally drilled from an approximate surface hole location 2040' FSL and 240' FWL of Section 14 to an approximate bottom hole location 2200' FSL and 230' FEL of Section 13.

4. The completed intervals and first and last take points for the Lone Tree Draw 14-13 St Fee Com 335H well and the Lone Tree Draw 14-13 St Fee Com 336H well meet the 330-foot setback requirement set forth in the statewide rules for horizontal oil wells.

5. Devon has in good faith sought and been unable to obtain voluntary agreement for the development of these lands from all of the mineral interest owners in the HSU.

6. Approval of the HSU and the pooling of all mineral interest owners in the Bone Spring formation underlying the HSU will avoid the drilling of unnecessary wells, will prevent waste, and will protect correlative rights.

7. In order to permit Devon to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in this HSU should be pooled and Devon should be designated the operator of the proposed HSU.

WHEREFORE, Devon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on January 10, 2019, and, after notice and hearing as required by law, the Division enter an order:

A. Creating a 640-acre, more or less, HSU comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico;

- B. Pooling all uncommitted interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the HSU;
- C. Designating the Lone Tree Draw 14-13 St Fee Com 335H well as the defining well for said HSU;
- D. Allowing the drilling of the Lone Tree Draw 14-13 St Fee Com 336H well and the Lone Tree Draw 14-13 St Fee Com 334H well as infill wells;
- E. Designating Devon as operator of the HSU and the wells to be drilled thereon;
- F. Authorizing Devon to recover its costs of drilling, equipping and completing the wells;
- G. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- H. Imposing a 200% penalty for the risk assumed by Devon in drilling and completing the wells against any interest owner who does not voluntarily participate in the drilling of the wells.

Respectfully submitted,

MONTGOMERY & ANDREWS, P.A.

/s/ Seth C. McMillan

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**STATE OF NEW MEXICO
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OIL CONSERVATION DIVISION**

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20157

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20158

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20159

AFFIDAVIT OF CARI ALLEN

I, being duly sworn on oath, state the following:

1. I am over the age of 18, and I have personal knowledge of the matters stated herein.
2. I am employed as a Land Advisor for Devon Energy Production Company, L.P. (“Devon”).
3. This affidavit is submitted in connection with the filing by Devon of the above-referenced compulsory pooling applications pursuant to 19.15.14.12(A)(1) NMAC. I am familiar with the subject applications and the lands involved.
4. I have previously testified before the New Mexico Oil Conservation Division as an expert witness in petroleum land matters. My credentials as a petroleum landman have been accepted by the Division and made a matter of record.

- a. I hold a Bachelor's Degree in Business Administration obtained from Southern Nazarene University. I completed my education in 2010.
 - b. I have been employed as a petroleum landman with Devon since August 2001, and I have been working in New Mexico for the past 6 years.
5. The purpose of these applications is to force pool working interest owners into the horizontal spacing unit described below, and in the wells to be drilled in the unit.
6. No opposition is expected. The interest owners being pooled have been contacted regarding the proposed wells, but have failed or refused to voluntarily commit their interests in the wells.
7. Devon seeks an order pooling all mineral interests in the Bone Spring horizontal spacing units underlying Sections 13 and 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico.
- a. In Case No. 20157, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 332H well and Lone Tree Draw 14-13 State Com 331H well.
 - b. In Case No. 20158, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the S/2 N/2 of Section 13 and the S/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 333H well.
 - c. In Case No. 20159, Devon seeks to dedicate a standard 640-acre, more or less, horizontal spacing unit comprised of the S/2 of Section 13 and the S/2 of

Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 335H well, Lone Tree Draw 14-13 State Com 336H well, and Lone Tree Draw 14-13 State Com 334H well, to be horizontally drilled.

8. Plats outlining the units being pooled are attached hereto as **Exhibits A-1, A-2 and A-3**, and show the location of the proposed wells within the spacing units.

9. The parties being pooled and the nature of their interests are attached hereto as **Exhibits B-1, B-2 and B-3**. These exhibits include information regarding working interest owners and overriding royalty interest owners.

10. There are no depth severances in the Bone Spring formation.

11. The locations and proposed depths of the wells to be drilled on the pooled units are as follows:

Case No.	Well Name	SHL (14-T21S-R27E)	BHL(13-T21S-R27E)	TVD
20157	Lone Tree Draw 14-13 State Com 332H	1715' FNL and 240' FWL	1310' FNL and 230' FEL	8,890'
20157	Lone Tree Draw 14-13 State Com 331H	925' FNL and 225' FWL	440' FNL and 230' FEL	8,840'
20158	Lone Tree Draw 14-13 State Com 333H	1730' FNL and 240' FWL	2200' FNL and 230' FEL	8,835'
20159	Lone Tree Draw 14-13 State Com 335H	396' FSL and 195' FWL	1310' FSL and 20' FEL	8,858'
20159	Lone Tree Draw 14-13 State Com 336H	377' FSL and 172' FWL	330' FSL and 20' FEL	8,930'
20159	Lone Tree Draw 14-13 State Com 334H	2040' FSL and 240' FWL	2200' FSL and 230' FEL	8,910'

12. I have conducted a diligent search of the public records in Eddy County, New Mexico, where the wells are located, and conducted phone directory and computer searches to located contact information for parties entitled to notification, and mailed all parties well proposals, including an Authorization for Expenditure ("AFE").

13. Devon has made a good faith effort to obtain voluntary joinder of the working interests owners in the proposed wells.

14. Proposed C-102s for the Lone Tree Draw 14-13 State Com 335H well and the Lone Tree Draw 14-13 State Com 336H well are attached as **Exhibit C**. The locations of the remaining four wells are shown in Exhibit A. All of these wells will develop the Bone Spring formation (Carlsbad; Bone Spring, East pool [91994]), which is an oil and gas pool.

15. **Exhibits D-1, D-2 and D-3** are sample proposal letters and AFEs for the proposed wells. The estimated cost of the wells set forth in the AFEs is fair, reasonable, and comparable to the costs of other wells of similar depths and lengths drilled in this area of New Mexico.

16. Devon requests overhead and administrative rates of \$7,500/month for drilling a well and \$750/month for a producing well. These rates are fair and comparable to the rates charged by other operators for wells of this type in this area of southeastern New Mexico. Devon requests that these rates be adjusted periodically as provided in the COPAS Accounting Procedure.

17. Devon requests the maximum cost, plus 200% risk charge be assessed against non-consenting working interest owners.

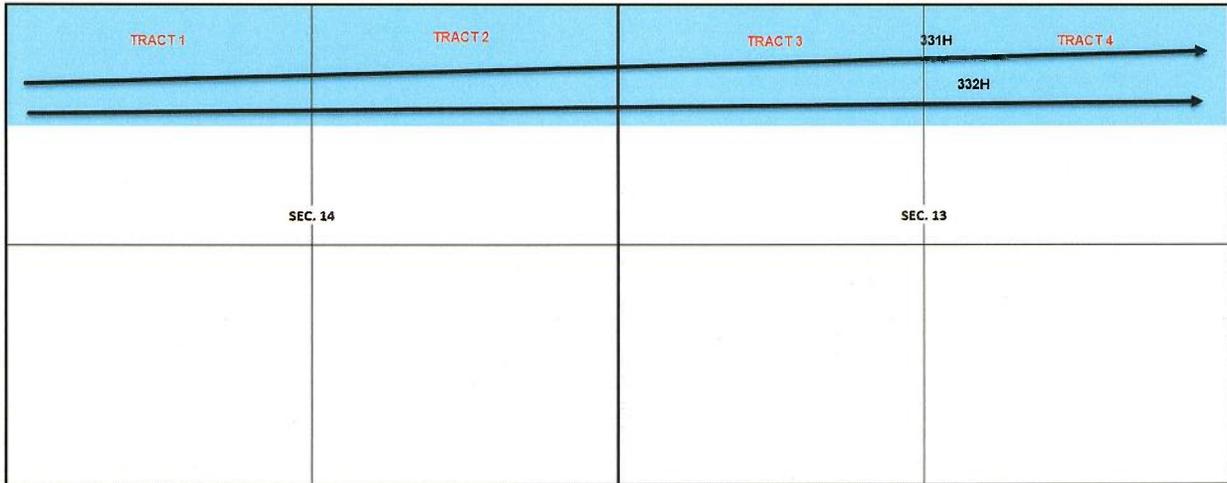
18. Devon requests that it be designated operator of the wells.

19. The Exhibits to this Affidavit were prepared by me, or compiled from Devon's company business records.

20. The granting of this Application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

21. The foregoing is correct and complete to the best of my knowledge and belief.

EXHIBIT A-1
 LAND PLAT (Case No. 20157)
 N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico



Tract 1 – N/2 NW/4 Section 14-21S-27E
 State of NM L0-1899 (80 acres)

Tract 2 – N/2 NE/4 Section 14-21S-27E
 State of NM K0-3633 (80 acre)

Tract 3 – N/2 NW/4 Section 13-21S-27E
 State of NM VA-0834 (80 acres)

Tract 4 – N/2 NE/4 Section 13-21S-27E
 State of NM VB-1053 (80 acres)

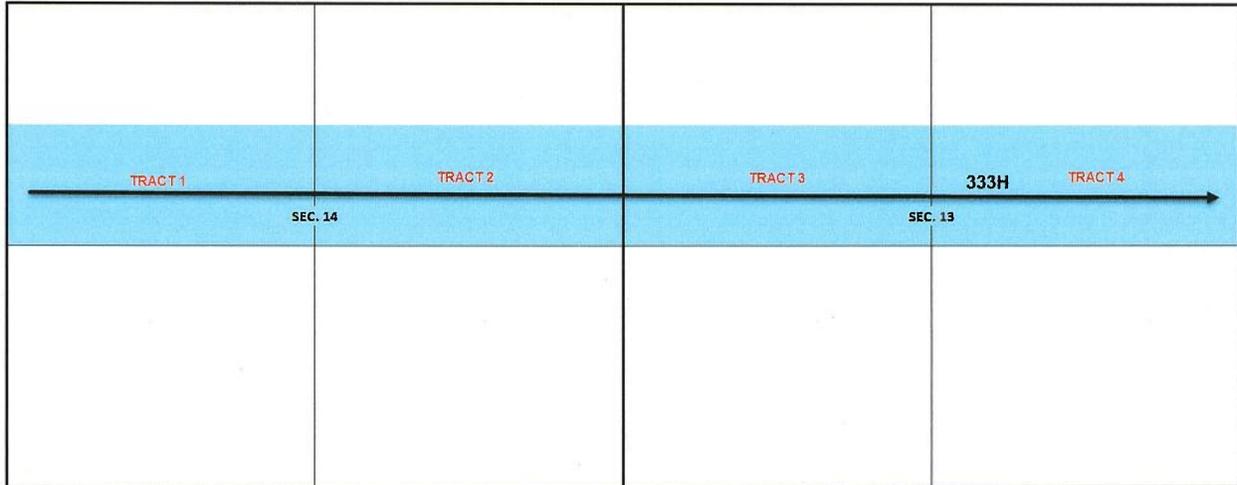
Lone Tree Draw 14-13 State Com 331H

SHL: 925' FNL & 225' FWL Section 14-21S-27E (Estimated)
 BHL: 440' FNL & 230' FEL Section 13-21S-27E

Lone Tree Draw 14-13 State Com 332H

SHL: 1715' FNL & 240' FWL Section 14-21S-27E (Estimated)
 BHL: 1310' FNL & 230' FEL Section 13-21S-27E

EXHIBIT A-2
 LAND PLAT (Case No. 20158)
 S/2 N/2 Section 14; S/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico



Tract 1 – S/2 NW/4 Section 14-21S-27E
 State of NM L0-1899 (80 acres)

Tract 2 – S/2 NE/4 Section 14-21S-27E
 State of NM K0-3633 (80 acre)

Tract 3 – S/2 NW/4 Section 13-21S-27E
 State of NM VA-0834 (80 acres)

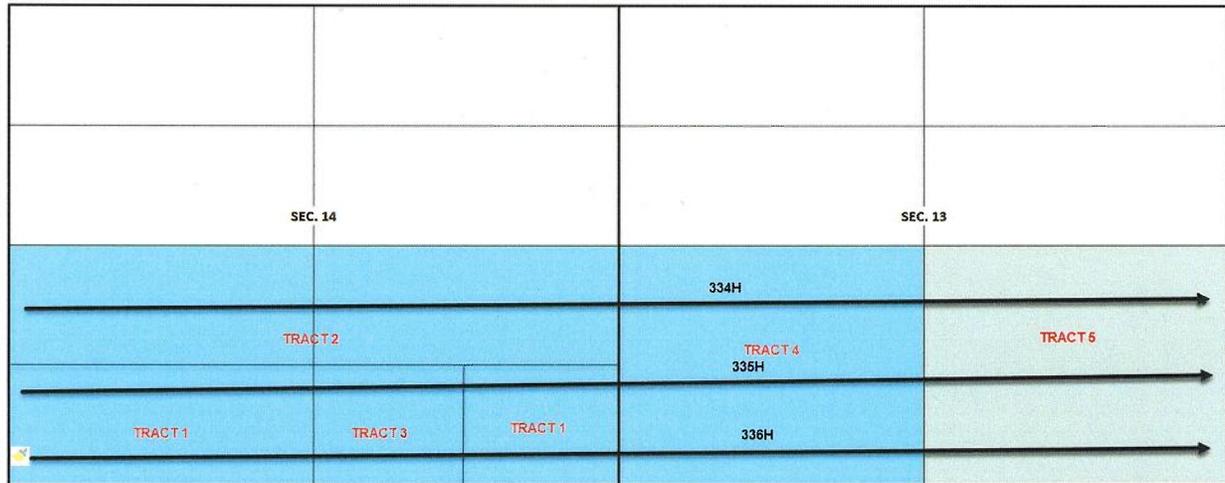
Tract 4 – S/2 NE/4 Section 13-21S-27E
 State of NM VB-1053 (80 acres)

Lone Tree Draw 14-13 State Com 333H

SHL: 1730' FNL & 240' FWL Section 14-21S-27E (Estimated)

BHL: 2200' FNL & 230' FEL Section 13-21S-27E

EXHIBIT A-3
 LAND PLAT (Case No. 20159)
 S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico



Tract 1 – S/2 SW/4, SE/4 SE/4 Section 14-21S-27E
 State of NM OG-5809 (120 acres)

Tract 2 – N/2 S/2 Section 14-21S-27E
 State of NM K0-3633 (160 acre)

Tract 3 – SW/4 SE/4 Section 14-21S-27E
 State of NM L0-1899 (40 acres)

Tract 4 – SW/4 Section 13-21S-27E
 State of NM VA-0834 (160 acres)

Tract 5 – SE/4 Section 13-21S-27E
 Fee (160 acres)

Lone Tree Draw 14-13 State Com 335H
 SHL: 396' FSL & 196' FWL Section 14-21S-27E
 BHL: 1310' FSL & 20' FEL Section 13-21S-27E

Lone Tree Draw 14-13 State Com 336H
 SHL: 377' FSL & 172' FWL Section 14-21S-27E
 BHL: 330' FSL & 20' FEL Section 13-21S-27E

Lone Tree Draw 14-13 State Com 334H
 SHL: 2040' FSL & 240' FWL Section 14-21S-27E (Estimated)
 BHL: 2200' FSL & 230' FEL Section 13-21S-27E

EXHIBIT B-1

Ownership Breakdown (Case No. 20157)

N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

WORKING INTEREST OWNERS	DECIMAL INTEREST	STATUS
Devon Energy Production Company, L.P.	0.74781678	Committed
Trustees of E.G. Holden Testamentary Trust	0.00003669	Uncommitted
Isaac A. Kawasaki	0.00007337	Deceased/Heirs Undetermined
Betsy H. Keller	0.00003669	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Agnes Cluthe Oliver Foundation	0.00001223	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Robert B. Oliver Trust u/w/o William B. Oliver, dec.	0.00000611	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Judith C. Devine Trust u/w/o William B. Oliver, dec.	0.00000306	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Brian D. Woehler Trust u/w/o William B. Oliver, dec.	0.00000306	Uncommitted
James J. Crafts Jr., Trustee of Adolph P. Schuman Trust	0.00001223	Uncommitted
Frances B. Bunn, Trustee of Frances B. Bunn Revocable Living Trust u/t/a 5/18/1982	0.00007337	Committed/Negotiating OA
J. Fredrick Van Vranken	0.00007337	Uncommitted
Ernie Bello	0.00001223	Uncommitted
David Goodnow	0.00001223	Uncommitted
Sanford J. Hodge III	0.00000204	Uncommitted
Chi Energy, Inc.	0.00097712	Uncommitted
McCombs Energy, Ltd	0.01128962	Uncommitted
Michael D. Hayes and Kathryn A. Hayes, Co-Trustees of Hayes Rev Trust u/t/a 8/23/2010	0.00582881	Uncommitted
Jami Huber Owen	0.00343750	Uncommitted
Locker Brothers	0.01781250	Uncommitted
David H. Essex	0.02039063	Uncommitted
Southwest Royalties	0.02095869	Committed/Negotiating OA
Nuevo Seis Limited Partnership	0.00312500	Uncommitted
Morris E. Schertz and wife, Holly K. Schertz	0.00312500	Committed/Negotiating OA
Dr. Coleman O'Brian Martin	0.00065234	Uncommitted
Slash Exploration Limited Partnership	0.00781250	Committed/Signed OA
Mewbourne Oil Company	0.00102644	Pending Trade to Devon
CWM 2000-B II, Ltd.	0.03464223	Pending Trade to Devon
Mewbourne Development Corporation	0.05671061	Pending Trade to Devon
3MG Corporation	0.01026436	Pending Trade to Devon
Yates Energy Corporation	0.00689821	Uncommitted
Tenison Oil Company	0.01562500	Uncommitted
Milestone Energy Corp.	0.03125000	Mewbourne Oil Company's/Pending Trade to Devon
Total:	1.00000000	

EXHIBIT B-1

Ownership Breakdown (Case No. 20157)

N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

ORRI and Royalty Owners

ANDREW DON FRY
STATE OF NEW MEXICO COMMISSION OF PUBLIC LANDS
BUTKIN INVESTMENT COMPANY LLC
C MARK WHEELER, AND WIFE, J'LYN WHEELER
CHI ENERGY INC
CHISOS MINERALS LLC
CORNERSTONE FAMILY TRUST JOHN KYLE THOMA SUCC TTEE
CROWNROCK MINERALS LP
CURTIS W. MEWBOURNE, TRUSTEE
DAVID H. ESSEX
DEVON ENERGY PROD CO LP
DYNASTY PARTNERS LLC BILL CAGLE MANAGER
ELOUISE H. JUSTICE
HAYES REVOCABLE TRUST MICHAEL D HAYES & KATHRYN A HAYES TTEES
HIGH SKY CHILDRENS RANCH IN MEMORY OF DAVID HOY HARRISON
HOY B HARRISON ENDOWED SCHOLARSHIP TEXAS CHRISTIAN UNIVERSITY % FINANCE & ADMINISTRATION
JAMIE HUBER OWEN
JAREED PARTNERS LTD A TEXAS LIMITED PARTNERSHIP
KIMBELL ROYALTY HOLDINGS LLC DUNCAN MANAGEMENT LLC AGENT
LOWE ROYALTY PARTNERS LP
MIDLAND COLLEGE FOUNDATION INC FBO DAVID HOY HARRISON ENDOWED MUSIC SCHOLARSHIP AT MIDLAND COLLEGE IN MEMORY OF DAVID HOY
MIDLAND MEMORIAL FOUNDATION IN MEMORY OF DAVID HOY HARRISON

EXHIBIT B-1

Ownership Breakdown (Case No. 20157)

N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

MORRIS MIZEL OR MIZEL RESOURCES TRUST
NBL PERMIAN, LLC
NM & T RESOURCES LLC
PAUL R BARWIS % DUTTON HARRIS & CO
PAULA SCOTT CAMPBELL, TRUSTEE OF PAULA SCOTT CAMPBELL REVOCABLE TRUST U/T/A 10/27/15
PENWELL EMPLOYEE ROYALTY POOL
RICHARD W. SCHMIDT AND WIFE, AMANDA SCHMIDT
ROBIN OIL & GAS CORPORATION
RUSK CAPITAL MANAGEMENT LLC
T.K. CAMPBELL, II
TEXAS CHRISTIAN UNIVERSITY DEPT OF ATHLETICS IN MEMORY OF HOY B HARRISON & DAVID HOY HARRISON
TODD M KRINGEN AND KARLA R KRINGEN
TOM E JOHNSON
WILLIAM R. BERGMAN
YOSEMITE CREEK OIL & GAS LLLP

EXHIBIT B-2

Ownership Breakdown (Case No. 20158)

S/2 N/2 Section 14; S/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

WORKING INTEREST OWNERS	DECIMAL INTEREST	STATUS
Devon Energy Production Company, L.P.	0.74781678	Committed
Trustees of E.G. Holden Testamentary Trust	0.00003669	Uncommitted
Isaac A. Kawasaki	0.00007337	Deceased/Heirs Undetermined
Betsy H. Keller	0.00003669	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Agnes Cluthe Oliver Foundation	0.00001223	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Robert B. Oliver Trust u/w/o William B. Oliver, dec.	0.00000611	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Judith C. Devine Trust u/w/o William B. Oliver, dec.	0.00000306	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Brian D. Woehler Trust u/w/o William B. Oliver, dec.	0.00000306	Uncommitted
James J. Crafts Jr., Trustee of Adolph P. Schuman Trust	0.00001223	Uncommitted
Frances B. Bunn, Trustee of Frances B. Bunn Revocable Living Trust u/t/a 5/18/1982	0.00007337	Committed/Negotiating OA
J. Fredrick Van Vranken	0.00007337	Uncommitted
Ernie Bello	0.00001223	Uncommitted
David Goodnow	0.00001223	Uncommitted
Sanford J. Hodge III	0.00000204	Uncommitted
Chi Energy, Inc.	0.00097712	Uncommitted
McCombs Energy, Ltd	0.01128962	Uncommitted
Michael D. Hayes and Kathryn A. Hayes, Co-Trustees of Hayes Rev Trust u/t/a 8/23/2010	0.00582881	Uncommitted
Jami Huber Owen	0.00343750	Uncommitted
Locker Brothers	0.01781250	Uncommitted
David H. Essex	0.02039063	Uncommitted
Southwest Royalties	0.02095869	Committed/Negotiating OA
Nuevo Seis Limited Partnership	0.00312500	Uncommitted
Morris E. Schertz and wife, Holly K. Schertz	0.00312500	Committed/Negotiating OA
Dr. Coleman O'Brian Martin	0.00065234	Uncommitted
Slash Exploration Limited Partnership	0.00781250	Committed/Signed OA
Mewbourne Oil Company	0.00102644	Pending Trade to Devon
CWM 2000-B II, Ltd.	0.03464223	Pending Trade to Devon
Mewbourne Development Corporation	0.05671061	Pending Trade to Devon
3MG Corporation	0.01026436	Pending Trade to Devon
Yates Energy Corporation	0.00689821	Uncommitted
Tenison Oil Company	0.01562500	Uncommitted
Milestone Energy Corp.	0.03125000	Mewbourne Oil Company's/Pending Trade to Devon
Total:	1.00000000	

EXHIBIT B-2

Ownership Breakdown (Case No. 20158)

S/2 N/2 Section 14; S/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

ORRI and Royalty Owners

ANDREW DON FRY
STATE OF NEW MEXICO COMMISSION OF PUBLIC LANDS
BUTKIN INVESTMENT COMPANY LLC
C MARK WHEELER, AND WIFE, J'LYN WHEELER
CHI ENERGY INC
CHISOS MINERALS LLC
CORNERSTONE FAMILY TRUST JOHN KYLE THOMA SUCC TTEE
CROWNROCK MINERALS LP
CURTIS W. MEWBOURNE, TRUSTEE
DAVID H. ESSEX
DEVON ENERGY PROD CO LP
DYNASTY PARTNERS LLC BILL CAGLE MANAGER
ELOUISE H. JUSTICE
HAYES REVOCABLE TRUST MICHAEL D HAYES & KATHRYN A HAYES TTEES
HIGH SKY CHILDRENS RANCH IN MEMORY OF DAVID HOY HARRISON
HOY B HARRISON ENDOWED SCHOLARSHIP TEXAS CHRISTIAN UNIVERSITY % FINANCE & ADMINISTRATION
JAMIE HUBER OWEN
JAREED PARTNERS LTD A TEXAS LIMITED PARTNERSHIP
KIMBELL ROYALTY HOLDINGS LLC DUNCAN MANAGEMENT LLC AGENT
LOWE ROYALTY PARTNERS LP
MIDLAND COLLEGE FOUNDATION INC FBO DAVID HOY HARRISON ENDOWED MUSIC SCHOLARSHIP AT MIDLAND COLLEGE IN MEMORY OF DAVID HOY
MIDLAND MEMORIAL FOUNDATION IN MEMORY OF DAVID HOY HARRISON

EXHIBIT B-2

Ownership Breakdown (Case No. 20158)

S/2 N/2 Section 14; S/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

MIZEL RESOURCES A TRUST
NBL PERMIAN, LLC
NM & T RESOURCES LLC
PAUL R BARWIS % DUTTON HARRIS & CO
PAULA SCOTT CAMPBELL, TRUSTEE OF PAULA SCOTT CAMPBELL REVOCABLE TRUST U/T/A 10/27/15
PENWELL EMPLOYEE ROYALTY POOL
RICHARD W. SCHMIDT AND WIFE, AMANDA SCHMIDT
ROBIN OIL & GAS CORPORATION
RUSK CAPITAL MANAGEMENT LLC
T.K. CAMPBELL, II
TEXAS CHRISTIAN UNIVERSITY DEPT OF ATHLETICS IN MEMORY OF HOY B HARRISON & DAVID HOY HARRISON
TODD M KRINGEN AND KARLA R KRINGEN
TOM E JOHNSON
WILLIAM R. BERGMAN
YOSEMITE CREEK OIL & GAS LLLP

EXHIBIT B-3

Ownership Breakdown (Case No. 20159)

S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico

WORKING INTEREST OWNERS	DECIMAL INTEREST	STATUS
Devon Energy Production Company, L.P.	0.74781678	Committed
Trustees of E.G. Holden Testamentary Trust	0.00003669	Uncommitted
Isaac A. Kawasaki	0.00007337	Deceased/Heirs Undetermined
Betsy H. Keller	0.00003669	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Agnes Cluthe Oliver Foundation	0.00001223	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Robert B. Oliver Trust u/w/o William B. Oliver, dec.	0.00000611	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Judith C. Devine Trust u/w/o William B. Oliver, dec.	0.00000306	Uncommitted
Brown Brothers Harriman Trust 2 Co. of Texas, Trustee of Brian D. Woehler Trust u/w/o William B. Oliver, dec.	0.00000306	Uncommitted
James J. Crafts Jr., Trustee of Adolph P. Schuman Trust	0.00001223	Uncommitted
Frances B. Bunn, Trustee of Frances B. Bunn Revocable Living Trust u/t/a 5/18/1982	0.00007337	Committed/Negotiating OA
J. Fredrick Van Vranken	0.00007337	Uncommitted
Ernie Bello	0.00001223	Uncommitted
David Goodnow	0.00001223	Uncommitted
Sanford J. Hodge III	0.00000204	Uncommitted
Chi Energy, Inc.	0.00097712	Uncommitted
McCombs Energy, Ltd	0.01128962	Uncommitted
Michael D. Hayes and Kathryn A. Hayes, Co-Trustees of Hayes Rev Trust u/t/a 8/23/2010	0.00582881	Uncommitted
Jami Huber Owen	0.00343750	Uncommitted
Locker Brothers	0.01781250	Uncommitted
David H. Essex	0.02039063	Uncommitted
Southwest Royalties	0.02095869	Committed/Negotiating OA
Nuevo Seis Limited Partnership	0.00312500	Uncommitted
Morris E. Schertz and wife, Holly K. Schertz	0.00312500	Committed/Negotiating OA
Dr. Coleman O'Brian Martin	0.00065234	Uncommitted
Slash Exploration Limited Partnership	0.00781250	Committed/Signed OA
Mewbourne Oil Company	0.00102644	Pending Trade to Devon
CWM 2000-B II, Ltd.	0.03464223	Pending Trade to Devon
Mewbourne Development Corporation	0.05671061	Pending Trade to Devon
3MG Corporation	0.01026436	Pending Trade to Devon
Yates Energy Corporation	0.00689821	Uncommitted
Tenison Oil Company	0.01562500	Uncommitted
Milestone Energy Corp.	0.03125000	Mewbourne Oil Company's/Pending Trade to Devon
Total:	1.00000000	

EXHIBIT B-3
Ownership Breakdown (Case No. 20159)
S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico

ORRI and Royalty Owners

ANDREW DON FRY	JAREED PARTNERS LTD A TEXAS LIMITED PARTNERSHIP
BLUE RIDGE ROYALTIES LLC	KCK RESOURCES, INC.
GEORGE M OBRIEN, DEALING IN HIS SOLE AND SEPARATE PROPERTY	KIMBELL ROYALTY HOLDINGS LLC DUNCAN MANAGEMENT LLC AGENT
GRACE M. REDWINE, DEALING IN HER SOLE AND SEPARATE PROPERTY	LOWE ROYALTY PARTNERS LP
JOSEPH N. SCOTT, DEALING IN IN SOLE AND SEPARATE PROPERTY	DAVID HOY HARRISON ENDOWED MUSIC SCHOLARSHIP A MIDLAND COLLEGE
KCK RESOURCES, INC.	MIDLAND MEMORIAL FOUNDATION IN MEMORY OF DAVID HOY HARRISON
LINDA F LYONS & MONTE L LYONS JT	MORRIS MIZEL OR MIZEL RESOURCES TRUST
MARTIN & MARTIN LLLP	NBL PERMIAN, LLC
NUEVO SEIS LP	NM & T RESOURCES LLC
PANHANDLE PROPERTIES LLC	PAUL R BARWIS % DUTTON HARRIS & CO
STATE OF NEW MEXICO COMMISSION OF PUBLIC LANDS	PAULA SCOTT CAMPBELL, TRUSTEE OF PAULA SCOTT CAMPBELL REVOCABLE TRUST U/T/A 10/27/15
UNICORN ENERGY LLC % GANNAWAY & ASSOCIATES	PENROC OIL CORPORATION M Y MERCHANT PRESIDENT
WATTS PROPERTIES LLC	PENWELL EMPLOYEE ROYALTY POOL
WILLIAM F BRAINERD AND WIFE, CONNIE JEAN BRAINERD	RICHARD W. SCHMIDT AND WIFE, AMANDA SCHMIDT
BRANEX RESOURCES INC	ROBIN OIL & GAS CORPORATION
BUTKIN INVESTMENT COMPANY LLC	RUSK CAPITAL MANAGEMENT LLC
C MARK WHEELER, AND WIFE, J'LYN WHEELER	SAM L SHACKELFORD
CHI ENERGY INC	SHINNERY INVESTMENT CO., A GENERAL PARTNERSHIP
CHISOS MINERALS LLC	SLASH EXPLORATION LP

EXHIBIT B-3

Ownership Breakdown (Case No. 20159)

S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico

CIBOLA ENERGY CORPORATION	SPIRAL, INC.
CORNERSTONE FAMILY TRUST JOHN KYLE THOMA SUCC TTEE	T.K. CAMPBELL, II
CROWNROCK MINERALS LP	TEXAS CHRISTIAN UNIVERSITY DEPT OF ATHLETICS IN MEMORY OF HOY B HARRISON & DAVID HOY HARRISON
CURTIS W. MEWBOURNE, TRUSTEE	TODD M KRINGEN AND KARLA R KRINGEN
DAVID H. ESSEX	TOM E JOHNSON, L.P.
DEVON ENERGY PROD CO LP	WILLIAM R. BERGMAN
DOUG J SCHUTZ	YOSEMITE CREEK OIL & GAS LLLP
DYNASTY PARTNERS LLC BILL CAGLE MANAGER	
ELOUISE H. JUSTICE	
GEORGE M. YATES	
HARVEY E. YATES JR	
HAYES REVOCABLE TRUST MICHAEL D HAYES & KATHRYN A HAYES TTEES	
HEYCO DEVELOPMENT CORPORATION	
HIGH SKY CHILDRENS RANCH IN MEMORY OF DAVID HOY HARRISON	
HOY B HARRISON ENDOWED SCHOLARSHIP TEXAS CHRISTIAN UNIVERSITY % FINANCE & ADMINISTRATION	
JALAPENO CORPORATION	
JAMES J. CRAFTS, JR. , TRUSTEE OF ADOLPH P. SCHUMAN TRUST	
JAMI HUBER OWEN	

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

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

Revised August 1, 2011
 Submit one copy to appropriate
 District Office

JAN 16 2019

AMENDED REPORT

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-45637		Pool Code 96144	Pool Name CARLSBAD; BONE SPRING, EAST
Property Code 323153	Property Name LONE TREE DRAW 14-13 STATE COM		Well Number 33511
OCRII No. 6137	Operator Name DEVON ENERGY PRODUCTION COMPANY, L.P.		Elevation 3260.3

" Surface Location

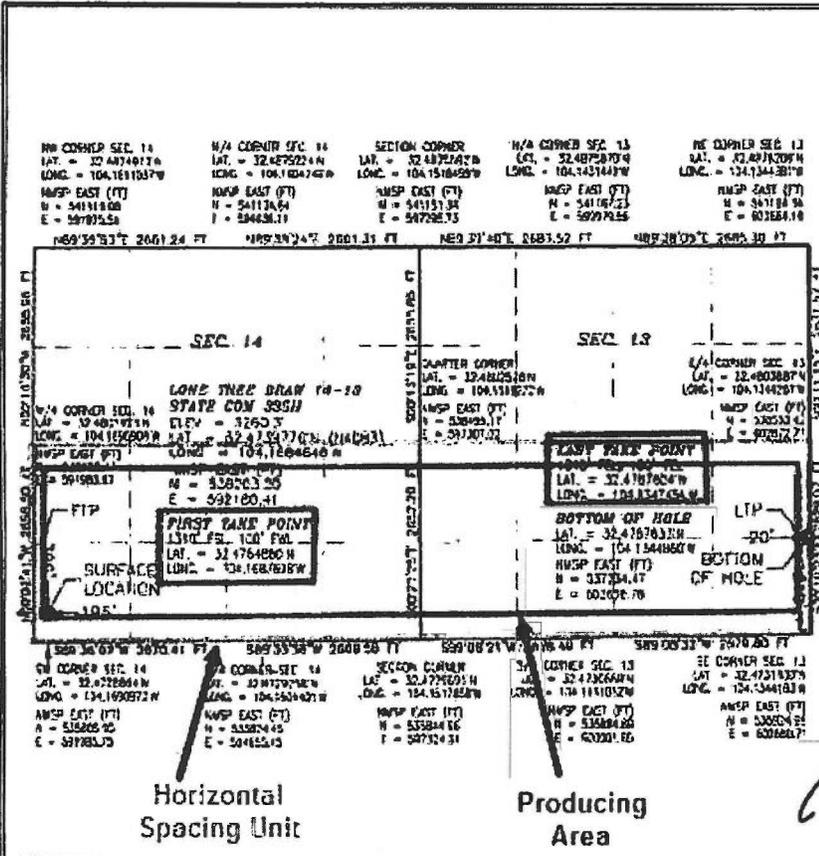
TL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	14	21 S	27 E		396	SOUTH	195	WEST	EDDY

" 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
P	13	21 S	27 E		1310	SOUTH	20	EAST	EDDY

Dedicated Acre 640	Notes or Infill	Consolidation Code	Order No.
------------------------------	-----------------	--------------------	-----------

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



OPERATOR CERTIFICATION
 I hereby certify that the (a) location, (b) pool name and (c) completion of the well shown on this plat are true and correct to the best of my knowledge and belief, and that the completion of this well is in accordance with the proposed completion plan submitted to the Division of Oil Conservation and Regulation, State of New Mexico, and that the completion of this well is in accordance with the proposed completion plan submitted to the Division of Oil Conservation and Regulation, State of New Mexico, and that the completion of this well is in accordance with the proposed completion plan submitted to the Division of Oil Conservation and Regulation, State of New Mexico.

Erin Workman 01/03/19
 Erin Workman
 Printed Name
 Erin.workman@dvn.com
 Email Address

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

DECEMBER 20 2018
 [Signature]
 State of New Mexico
 Survey No. 6712

RW-1-16-19

OSG011
1623 N. Truxtun Dr., Hobbs, NM 88240
Phone: (575) 393-6101 Fax: (575) 393-6720
OSG012
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-0739
District III
107C Rio Grande Road, Artesia, NM 87410
Phone: (505) 734-6178 Fax: (505) 734-6179
District IV
1270 S. 89th Avenue Dr., Santa Fe, NM 87505
Phone: (505) 476-3440 Fax: (505) 476-3462

NM OIL CONSERVATION
State of New Mexico **ARTESIA DISTRICT**
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 30-015-45644		Pool Code 96144	Pool Name CARLSBAD: BONE SPRING, EAST
Property Code 383153	Property Name LONE TREE DRAW 14-13 STATE COM		Well Number 336H
OGRID No. 6137	Operator Name DEVON ENERGY PRODUCTION COMPANY, L.P.		Elevation 3259.1

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	14	21 S	27 E		377	SOUTH	172	WEST	EDDY

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
P	13	21 S	27 E		330	SOUTH	20	EAST	EDDY

Dedicated Acres 640	Joint or Infill Infill	Consolidation Code	Order No.
-------------------------------	----------------------------------	--------------------	-----------

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

Horizontal Spacing Unit

Producing Area

OPERATOR CERTIFICATION

I hereby certify that the information presented herein is true and complete to the best of my knowledge and belief, and that this organization either owns a majority interest or an undivided mineral interest in the land underlying the proposed formation hole located on or has a right to drill this well or this formation pursuant to a contract with an owner of such an interest in writing (contract, title or customary pooling agreement or a company pooling order) heretofore entered by the division.

Erin Workman 01/02/18
Signature: _____ Date: _____

Printed Name: **Erin Workman**

E-mail Address: **Erin.workman@dev.com**

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.

DECEMBER 6 2018
Date of Survey: _____

Signature: _____
Certificate Number: **110607-1, SANDOVAL, PLS 12797**
SURVEY NO: 6734

RWP 1-22-19



Exhibit D-1
Case No. 20157

Devon Energy Corporation
20 North Broadway
Oklahoma City, OK 73102-8260
Direct Line: 405 228 4397
Direct Fax: 405 552 7667
cari.allen@dvn.com

405 235 3611 Phone
www.devonenergy.com

September 7, 2018

Via Overnight Mail

ADOLPH P SCHUMAN, heirs
2701 16TH ST
SAN FRANCISCO, CA 94103-4215

RE: Lone Tree Draw 14-13 State Com 332H
Horizontal Spacing Unit: N/2 Section 14; N/2 Section 13, T21S-R27E
Proposed Working Interest Unit: All of Section 14 & 13, T21S-27E, limited to Bone Spring and Wolfcamp formations (excluding existing wellbores)
Eddy County, New Mexico

Gentlemen:

Devon Energy Production Company, L.P. ("Devon") hereby proposes to drill the Lone Tree Draw 14-13 State Com 332H as a horizontal 3rd Bone Spring Sand test at an estimated surface location of 1715' FNL and 240' FWL of Section 14-21S-27E with an estimated bottom hole location at 1310' FNL and 230' FEL of Section 13-21S-27E, Eddy County, New Mexico. Devon plans to drill the lateral in the 3rd Bone Spring at an estimated total vertical depth of 8,890' to an approximate 18,890' total measured depth. Devon proposes that the Lone Tree Draw 14-13 State Com 332H be the defining well on the horizontal spacing unit covering the N/2 Section 14 and N/2 Section 13, T21S-R27E, Eddy County, New Mexico. Enclosed is Devon's AFE for this well with estimated cost of \$6,746,460.84.

Devon is proposing a 1280-acre Working Interest Unit covering all of Section 13 and 14, limited to the Bone Spring and Wolfcamp formations, less existing wellbores. If you wish to participate, please execute and return a copy of the enclosed AFE, and an Operating Agreement will be forwarded for your review.

If you have any questions regarding this matter, please give me a call.

Sincerely,

Cari Allen, CPL
Land Advisor

CA
Enclosures



Authorization for Expenditure

AFE # XX-129656.01

Well Name: LONE TREE DRAW 14-13 STATE COM 332H

AFE Date: 9/7/2018

Cost Center Number: 1093934701

State: NM

Legal Description: N2 14 & N2 13 T21S R27E

County/Parish: EDDY

Revision:

Explanation and Justification:

DRILL AND COMPLETE LONE TREE DRAW 14-13 ST FEE 332H AS A THIRD BONE SPRING WELL IN THE N2 SEC 14 & N2 SEC 13 T21S R27E, EDDY COUNTY, NM.

Code	Intangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6060100	DYED LIQUID FUELS	61,950.00	0.00	0.00	61,950.00
6060130	GASEOUS FUELS	21,840.00	0.00	0.00	21,840.00
6080100	DISPOSAL - SOLIDS	86,157.00	1,050.00	0.00	87,207.00
6080110	DISP-SALTWATER & OTH	0.00	92,925.00	0.00	92,925.00
6090100	FLUIDS - WATER	34,800.00	238,841.19	0.00	273,641.19
6100100	PERMIT SURVEY&TITLE	30,000.00	0.00	0.00	30,000.00
6100110	RIGHT OF WAY	25,000.00	0.00	0.00	25,000.00
6110130	ROAD&SITE PREP SVC	80,000.00	12,600.00	0.00	92,600.00
6110170	DAMAGE & REMEDIATION	5,000.00	0.00	0.00	5,000.00
6130170	COMM SVCS - WAN	3,185.00	0.00	0.00	3,185.00
6130360	RTOC - ENGINEERING	0.00	10,500.00	0.00	10,500.00
6130370	RTOC - GEOSTEERING	14,136.00	0.00	0.00	14,136.00
6140160	ENV-SERVICES	1,000.00	0.00	0.00	1,000.00
6150100	CH LOG PERFRGTG&WL SV	0.00	341,827.50	0.00	341,827.50
6160100	MATERIALS & SUPPLIES	364.00	0.00	0.00	364.00
6170100	PULLING&SWABBING SVC	0.00	76,267.81	0.00	76,267.81
6170110	SNUBBG&COIL TUBG SVC	0.00	13,125.00	0.00	13,125.00
6190100	TRCKG&HL-SOLID&FLUID	26,550.00	0.00	0.00	26,550.00
6190110	TRUCKING&HAUL OF EQP	26,400.00	15,750.00	0.00	42,150.00
6200130	CONSLT & PROJECT SVC	67,200.00	102,740.53	0.00	169,940.53
6230120	SAFETY SERVICES	30,030.00	0.00	0.00	30,030.00
6300270	SOLIDS CONTROL SRVCS	40,040.00	0.00	0.00	40,040.00
6310120	STIMULATION SERVICES	0.00	2,013,051.01	0.00	2,013,051.01
6310200	CASING & TUBULAR SVC	46,925.00	0.00	0.00	46,925.00
6310250	CEMENTING SERVICES	94,000.00	0.00	0.00	94,000.00
6310280	DAYWORK COSTS	336,700.00	0.00	0.00	336,700.00
6310290	TURNKEY COSTS	61,000.00	0.00	0.00	61,000.00
6310300	DIRECTIONAL SERVICES	162,500.00	0.00	0.00	162,500.00
6310310	DRILL BITS	88,500.00	0.00	0.00	88,500.00
6310330	DRILL&COMP FLUID&SVC	106,514.00	6,825.00	0.00	113,339.00
6310370	MOB & DEMOBILIZATION	9,250.00	0.00	0.00	9,250.00
6310380	OPEN HOLE EVALUATION	21,200.00	0.00	0.00	21,200.00
6310480	TSTNG-WELL, PL & OTH	0.00	96,164.94	0.00	96,164.94
6310600	MISC PUMPING SERVICE	0.00	69,448.89	0.00	69,448.89
6320100	EQPMNT SVC-SRF RNTL	36,370.00	357,632.58	0.00	394,002.58
6320110	EQUIP SVC - DOWNHOLE	76,170.00	66,540.14	0.00	142,710.14
6320160	WELDING SERVICES	2,000.00	0.00	0.00	2,000.00
6520100	LEGAL FEES	10,000.00	0.00	0.00	10,000.00
6550110	MISCELLANEOUS SVC	21,700.00	0.00	0.00	21,700.00
6630110	CAPITAL OVERHEAD	5,460.00	0.00	0.00	5,460.00
6740340	TAXES OTHER	180.00	0.00	0.00	180.00
	Total Intangibles	1,632,121.00	3,515,289.59	0.00	5,147,410.59

--	--	--	--	--

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Authorization for Expenditure

AFE # XX-129656.01

Well Name: LONE TREE DRAW 14-13 STATE COM 332H

AFE Date: 9/7/2018

Cost Center Number: 1093934701

State: NM

Legal Description: N2 14 & N2 13 T21S R27E

County/Parish: EDDY

Revision:

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6300220	STORAGE VESSEL&TANKS	0.00	900,000.00	0.00	900,000.00
6310130	ARTIFICIAL LIFT EQP	0.00	42,000.00	0.00	42,000.00
6310150	CASG-COND&DRIVE PIPE	60,000.00	0.00	0.00	60,000.00
6310420	TUBING & COMPONENTS	0.00	94,736.25	0.00	94,736.25
6310460	WELLHEAD EQUIPMENT	57,500.00	63,210.00	0.00	120,710.00
6310530	SURFACE CASING	5,856.00	0.00	0.00	5,856.00
6310540	INTERMEDIATE CASING	83,160.00	0.00	0.00	83,160.00
6310550	PRODUCTION CASING	243,538.00	0.00	0.00	243,538.00
6310580	CASING COMPONENTS	49,050.00	0.00	0.00	49,050.00
	Total Tangibles	499,104.00	1,099,946.25	0.00	1,599,050.25

TOTAL ESTIMATED COST	2,131,225.00	4,615,235.84	0.00	6,746,460.84
----------------------	--------------	--------------	------	--------------

WORKING INTEREST OWNER APPROVAL

Company Name: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____

Email: _____

Note: Please include/attach well requirement data with ballot.

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Devon Energy Corporation
20 North Broadway
Oklahoma City, OK 73102-8260
Direct Line: 405 228 4397
Direct Fax: 405 552 7667
cari.allen@dvn.com

405 235 3611 Phone
www.devonenergy.com

September 7, 2018

Via Overnight Mail

ADOLPH P SCHUMAN, heirs
2701 16TH ST
SAN FRANCISCO, CA 94103-4215

RE: Lone Tree Draw 14-13 State Com 331H
Horizontal Spacing Unit: N/2 Section 14; N/2 Section 13, T21S-R27E
Proposed Working Interest Unit: All of Section 14 & 13, T21S-27E, limited to Bone Spring and Wolfcamp formations (excluding existing wellbores)
Eddy County, New Mexico

Gentlemen:

Devon Energy Production Company, L.P. ("Devon") hereby proposes to drill the Lone Tree Draw 14-13 State Com 331H as a horizontal 3rd Bone Spring Sand test at an estimated surface location of 925' FNL and 225' FWL of Section 14-21S-27E with an estimated bottom hole location at 440' FNL and 230' FEL of Section 13-21S-27E, Eddy County, New Mexico. Devon plans to drill the lateral in the 3rd Bone Spring at an estimated total vertical depth of 8,840' to an approximate 18,840' total measured depth. Devon proposes that the Lone Tree Draw 14-13 State Com 332H be the defining well on the horizontal spacing unit covering the N/2 Section 14 and N/2 Section 13, T21S-R27E, Eddy County, New Mexico. Enclosed is Devon's AFE for this well with estimated cost of \$6,746,460.84.

Devon is proposing a 1280-acre Working Interest Unit covering all of Section 13 and 14, limited to the Bone Spring and Wolfcamp formations, less existing wellbores. If you wish to participate, please execute and return a copy of the enclosed AFE, and an Operating Agreement will be forwarded for your review.

If you have any questions regarding this matter, please give me a call.

Sincerely,

Cari Allen, CPL
Land Advisor

CA
Enclosures



Authorization for Expenditure

AFE # XX-129655.01

Well Name: LONE TREE DRAW 14-13 STATE COM 331H

AFE Date: 9/7/2018

Cost Center Number: 1093934601

State: NM

Legal Description: N2 14 & N2 13 T21S R27E

County/Parish: EDDY

Revision:

Explanation and Justification:

DRILL AND COMPLETE LONE TREE DRAW 14-13 ST FEE 331H AS A THIRD BONE SPRING WELL IN THE N2 SEC 14 & N2 SEC 13 T21S R27E, EDDY COUNTY, NM.

Code	Intangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6060100	DYED LIQUID FUELS	61,950.00	0.00	0.00	61,950.00
6060130	GASEOUS FUELS	21,840.00	0.00	0.00	21,840.00
6080100	DISPOSAL - SOLIDS	86,157.00	1,050.00	0.00	87,207.00
6080110	DISP-SALTWATER & OTH	0.00	92,925.00	0.00	92,925.00
6090100	FLUIDS - WATER	34,800.00	238,841.19	0.00	273,641.19
6100100	PERMIT SURVEY&TITLE	30,000.00	0.00	0.00	30,000.00
6100110	RIGHT OF WAY	25,000.00	0.00	0.00	25,000.00
6110130	ROAD&SITE PREP SVC	80,000.00	12,600.00	0.00	92,600.00
6110170	DAMAGE & REMEDIATION	5,000.00	0.00	0.00	5,000.00
6130170	COMM SVCS - WAN	3,185.00	0.00	0.00	3,185.00
6130360	RTOC - ENGINEERING	0.00	10,500.00	0.00	10,500.00
6130370	RTOC - GEOSTEERING	14,136.00	0.00	0.00	14,136.00
6140160	ENV-SERVICES	1,000.00	0.00	0.00	1,000.00
6150100	CH LOG PERFRTG&WL SV	0.00	341,827.50	0.00	341,827.50
6160100	MATERIALS & SUPPLIES	364.00	0.00	0.00	364.00
6170100	PULLING&SWABBING SVC	0.00	76,267.81	0.00	76,267.81
6170110	SNUBBG&COIL TUBG SVC	0.00	13,125.00	0.00	13,125.00
6190100	TRCKG&HL-SOLID&FLUID	26,550.00	0.00	0.00	26,550.00
6190110	TRUCKING&HAUL OF EQP	26,400.00	15,750.00	0.00	42,150.00
6200130	CONSLT & PROJECT SVC	67,200.00	102,740.53	0.00	169,940.53
6230120	SAFETY SERVICES	30,030.00	0.00	0.00	30,030.00
6300270	SOLIDS CONTROL SRVCS	40,040.00	0.00	0.00	40,040.00
6310120	STIMULATION SERVICES	0.00	2,013,051.01	0.00	2,013,051.01
6310200	CASING & TUBULAR SVC	46,925.00	0.00	0.00	46,925.00
6310250	CEMENTING SERVICES	94,000.00	0.00	0.00	94,000.00
6310280	DAYWORK COSTS	336,700.00	0.00	0.00	336,700.00
6310290	TURNKEY COSTS	61,000.00	0.00	0.00	61,000.00
6310300	DIRECTIONAL SERVICES	162,500.00	0.00	0.00	162,500.00
6310310	DRILL BITS	88,500.00	0.00	0.00	88,500.00
6310330	DRILL&COMP FLUID&SVC	106,514.00	6,825.00	0.00	113,339.00
6310370	MOB & DEMOBILIZATION	9,250.00	0.00	0.00	9,250.00
6310380	OPEN HOLE EVALUATION	21,200.00	0.00	0.00	21,200.00
6310480	TSTNG-WELL, PL & OTH	0.00	96,164.94	0.00	96,164.94
6310600	MISC PUMPING SERVICE	0.00	69,448.89	0.00	69,448.89
6320100	EQPMNT SVC-SRF RNTL	36,370.00	357,632.58	0.00	394,002.58
6320110	EQUIP SVC - DOWNHOLE	76,170.00	66,540.14	0.00	142,710.14
6320160	WELDING SERVICES	2,000.00	0.00	0.00	2,000.00
6520100	LEGAL FEES	10,000.00	0.00	0.00	10,000.00
6550110	MISCELLANEOUS SVC	21,700.00	0.00	0.00	21,700.00
6630110	CAPITAL OVERHEAD	5,460.00	0.00	0.00	5,460.00
6740340	TAXES OTHER	180.00	0.00	0.00	180.00
	Total Intangibles	1,632,121.00	3,515,289.59	0.00	5,147,410.59

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Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Authorization for Expenditure

AFE # XX-129655.01

Well Name: LONE TREE DRAW 14-13 STATE COM 331H

AFE Date: 9/7/2018

Cost Center Number: 1093934601

State: NM

Legal Description: N2 14 & N2 13 T21S R27E

County/Parish: EDDY

Revision:

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6300220	STORAGE VESSEL&TANKS	0.00	900,000.00	0.00	900,000.00
6310130	ARTIFICIAL LIFT EQP	0.00	42,000.00	0.00	42,000.00
6310150	CASG-COND&DRIVE PIPE	60,000.00	0.00	0.00	60,000.00
6310420	TUBING & COMPONENTS	0.00	94,736.25	0.00	94,736.25
6310460	WELLHEAD EQUIPMENT	57,500.00	63,210.00	0.00	120,710.00
6310530	SURFACE CASING	5,856.00	0.00	0.00	5,856.00
6310540	INTERMEDIATE CASING	83,160.00	0.00	0.00	83,160.00
6310550	PRODUCTION CASING	243,538.00	0.00	0.00	243,538.00
6310580	CASING COMPONENTS	49,050.00	0.00	0.00	49,050.00
	Total Tangibles	499,104.00	1,099,946.25	0.00	1,599,050.25

TOTAL ESTIMATED COST	2,131,225.00	4,615,235.84	0.00	6,746,460.84
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WORKING INTEREST OWNER APPROVAL

Company Name:

Signature:

Print Name:

Title:

Date:

Email:

Note: Please include/attach well requirement data with ballot.

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Exhibit D-2
Case No. 20158

Devon Energy Corporation
20 North Broadway
Oklahoma City, OK 73102-8260
Direct Line: 405 228 4397
Direct Fax: 405 552 7667
cari.allen@dvn.com

405 235 3611 Phone
www.devonenergy.com

September 7, 2018

Via Overnight Mail

ADOLPH P SCHUMAN, heirs
2701 16TH ST
SAN FRANCISCO, CA 94103-4215

RE: **Lone Tree Draw 14-13 State Com 333H**
Horizontal Spacing Unit: N/2 Section 14; N/2 Section 13, T21S-R27E
Proposed Working Interest Unit: All of Section 14 & 13, T21S-27E, limited to
Bone Spring and Wolfcamp formations (excluding existing wellbores)
Eddy County, New Mexico

Gentlemen:

Devon Energy Production Company, L.P. ("Devon") hereby proposes to drill the Lone Tree Draw 14-13 State Com 333H as a horizontal 3rd Bone Spring Sand test at an estimated surface location of 1730' FNL and 240' FWL of Section 14-21S-27E with an estimated bottom hole location at 2200' FNL and 230' FEL of Section 13-21S-27E, Eddy County, New Mexico. Devon plans to drill the lateral in the 3rd Bone Spring at an estimated total vertical depth of 8,835' to an approximate 18,835' total measured depth. Devon proposes that the Lone Tree Draw 14-13 State Com 332H be the defining well on the horizontal spacing unit covering the N/2 Section 14 and N/2 Section 13, T21S-R27E, Eddy County, New Mexico. Enclosed is Devon's AFE for this well with estimated cost of \$6,746,460.84.

Devon is proposing a 1280-acre Working Interest Unit covering all of Section 13 and 14, limited to the Bone Spring and Wolfcamp formations, less existing wellbores. If you wish to participate, please execute and return a copy of the enclosed AFE, and an Operating Agreement will be forwarded for your review.

If you have any questions regarding this matter, please give me a call.

Sincerely,

Cari Allen, CPL
Land Advisor

CA
Enclosures



Authorization for Expenditure

AFE # XX-129657.01

Well Name: LONE TREE DRAW 14-13 STATE COM 333H

AFE Date: 9/7/2018

Cost Center Number: 1093934801

State: NM

Legal Description: N2 14 & N2 13 T21S R27E

County/Parish: EDDY

Revision:

Explanation and Justification:

DRILL AND COMPLETE LONE TREE DRAW 14-13 ST FEE 333H AS A THIRD BONE SPRING WELL IN THE N2 SEC 14 & N2 SEC 13 T21S R27E, EDDY COUNTY, NM.

Code	Intangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6060100	DYED LIQUID FUELS	61,950.00	0.00	0.00	61,950.00
6060130	GASEOUS FUELS	21,840.00	0.00	0.00	21,840.00
6080100	DISPOSAL - SOLIDS	86,157.00	1,050.00	0.00	87,207.00
6080110	DISP-SALTWATER & OTH	0.00	92,925.00	0.00	92,925.00
6090100	FLUIDS - WATER	34,800.00	238,841.19	0.00	273,641.19
6100100	PERMIT SURVEY&TITLE	30,000.00	0.00	0.00	30,000.00
6100110	RIGHT OF WAY	25,000.00	0.00	0.00	25,000.00
6110130	ROAD&SITE PREP SVC	80,000.00	12,600.00	0.00	92,600.00
6110170	DAMAGE & REMEDIATION	5,000.00	0.00	0.00	5,000.00
6130170	COMM SVCS - WAN	3,185.00	0.00	0.00	3,185.00
6130360	RTOC - ENGINEERING	0.00	10,500.00	0.00	10,500.00
6130370	RTOC - GEOSTEERING	14,136.00	0.00	0.00	14,136.00
6140160	ENV-SERVICES	1,000.00	0.00	0.00	1,000.00
6150100	CH LOG PERFRGTG&WL SV	0.00	341,827.50	0.00	341,827.50
6160100	MATERIALS & SUPPLIES	364.00	0.00	0.00	364.00
6170100	PULLING&SWABBING SVC	0.00	76,267.81	0.00	76,267.81
6170110	SNUBBG&COIL TUBG SVC	0.00	13,125.00	0.00	13,125.00
6190100	TRCKG&HL-SOLID&FLUID	26,550.00	0.00	0.00	26,550.00
6190110	TRUCKING&HAUL OF EQP	26,400.00	15,750.00	0.00	42,150.00
6200130	CONSLT & PROJECT SVC	67,200.00	102,740.53	0.00	169,940.53
6230120	SAFETY SERVICES	30,030.00	0.00	0.00	30,030.00
6300270	SOLIDS CONTROL SRVCS	40,040.00	0.00	0.00	40,040.00
6310120	STIMULATION SERVICES	0.00	2,013,051.01	0.00	2,013,051.01
6310200	CASING & TUBULAR SVC	46,925.00	0.00	0.00	46,925.00
6310250	CEMENTING SERVICES	94,000.00	0.00	0.00	94,000.00
6310280	DAYWORK COSTS	336,700.00	0.00	0.00	336,700.00
6310290	TURNKEY COSTS	61,000.00	0.00	0.00	61,000.00
6310300	DIRECTIONAL SERVICES	162,500.00	0.00	0.00	162,500.00
6310310	DRILL BITS	88,500.00	0.00	0.00	88,500.00
6310330	DRILL&COMP FLUID&SVC	106,514.00	6,825.00	0.00	113,339.00
6310370	MOB & DEMOBILIZATION	9,250.00	0.00	0.00	9,250.00
6310380	OPEN HOLE EVALUATION	21,200.00	0.00	0.00	21,200.00
6310480	TSTNG-WELL, PL & OTH	0.00	96,164.94	0.00	96,164.94
6310600	MISC PUMPING SERVICE	0.00	69,448.89	0.00	69,448.89
6320100	EQPMNT SVC-SRF RNTL	36,370.00	357,632.58	0.00	394,002.58
6320110	EQUIP SVC - DOWNHOLE	76,170.00	66,540.14	0.00	142,710.14
6320160	WELDING SERVICES	2,000.00	0.00	0.00	2,000.00
6520100	LEGAL FEES	10,000.00	0.00	0.00	10,000.00
6550110	MISCELLANEOUS SVC	21,700.00	0.00	0.00	21,700.00
6630110	CAPITAL OVERHEAD	5,460.00	0.00	0.00	5,460.00
6740340	TAXES OTHER	180.00	0.00	0.00	180.00
	Total Intangibles	1,632,121.00	3,515,289.59	0.00	5,147,410.59

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Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Authorization for Expenditure

AFE # XX-129657.01

Well Name: LONE TREE DRAW 14-13 STATE COM 333H

AFE Date: 9/7/2018

Cost Center Number: 1093934801

State: NM

Legal Description: N2 14 & N2 13 T21S R27E

County/Parish: EDDY

Revision:

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6300220	STORAGE VESSEL&TANKS	0.00	900,000.00	0.00	900,000.00
6310130	ARTIFICIAL LIFT EQP	0.00	42,000.00	0.00	42,000.00
6310150	CASG-COND&DRIVE PIPE	60,000.00	0.00	0.00	60,000.00
6310420	TUBING & COMPONENTS	0.00	94,736.25	0.00	94,736.25
6310460	WELLHEAD EQUIPMENT	57,500.00	63,210.00	0.00	120,710.00
6310530	SURFACE CASING	5,856.00	0.00	0.00	5,856.00
6310540	INTERMEDIATE CASING	83,160.00	0.00	0.00	83,160.00
6310550	PRODUCTION CASING	243,538.00	0.00	0.00	243,538.00
6310580	CASING COMPONENTS	49,050.00	0.00	0.00	49,050.00
	Total Tangibles	499,104.00	1,099,946.25	0.00	1,599,050.25

TOTAL ESTIMATED COST	2,131,225.00	4,615,235.84	0.00	6,746,460.84
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WORKING INTEREST OWNER APPROVAL

Company Name:

Signature:

Print Name:

Title:

Date:

Email:

Note: Please include/attach well requirement data with ballot.

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



EXHIBIT D-3
Case No. 20159

Devon Energy Corporation
20 North Broadway
Oklahoma City, OK 73102-8260
Direct Line: 405 228 4397
Direct Fax: 405 552 7667
cari.allen@dvn.com

405 235 3611 Phone
www.devonenergy.com

September 7, 2018

Via Overnight Mail

ADOLPH P SCHUMAN, heirs
2701 16TH ST
SAN FRANCISCO, CA 94103-4215

RE: Lone Tree Draw 14-13 St Fee Com 334H
Horizontal Spacing Unit: S/2 Section 14; S/2 Section 13, T21S-R27E
Proposed Working Interest Unit: All of Section 14 & 13, T21S-27E, limited to Bone Spring and Wolfcamp formations (excluding existing wellbores) Eddy County, New Mexico

Gentlemen:

Devon Energy Production Company, L.P. ("Devon") hereby proposes to drill the Lone Tree Draw 14-13 St Fee Com 334H as a horizontal 3rd Bone Spring Sand test at an estimated surface location of 2040' FSL and 240' FWL of Section 14-21S-27E with an estimated bottom hole location at 2200' FSL and 230' FEL of Section 13-21S-27E, Eddy County, New Mexico. Devon plans to drill the lateral in the 3rd Bone Spring at an estimated total vertical depth of 8,910' to an approximate 18,910' total measured depth. The Devon proposed Lone Tree Draw 14-13 St Fee Com 335H will be the defining well on the horizontal spacing unit covering the S/2 Section 14 and S/2 Section 13, T21S-R27E, Eddy County, New Mexico. Enclosed is Devon's AFE for this well with estimated cost of \$6,746,460.84.

Devon is proposing a 1280-acre Working Interest Unit covering all of Section 13 and 14, limited to the Bone Spring and Wolfcamp formations, less existing wellbores. If you wish to participate, please execute and return a copy of the enclosed AFE, and an Operating Agreement will be forwarded for your review.

If you have any questions regarding this matter, please give me a call.

Sincerely,

Cari Allen, CPL
Land Advisor

CA
Enclosures



Authorization for Expenditure

AFE # XX-129658.01

Well Name: LONE TREE DRAW 14-13 STATE COM 334H

AFE Date: 9/7/2018

Cost Center Number: 1093934901

State: NM

Legal Description: S2 14 & S2 13 T21S R27E

County/Parish: EDDY

Revision:

Explanation and Justification:

DRILL AND COMPLETE LONE TREE DRAW 14-13 ST FEE 334H AS A THIRD BONE SPRING WELL IN THE S2 SEC 14 & S2 SEC 13 T21S R27E, EDDY COUNTY, NM.

Code	Intangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6060100	DYED LIQUID FUELS	61,950.00	0.00	0.00	61,950.00
6060130	GASEOUS FUELS	21,840.00	0.00	0.00	21,840.00
6080100	DISPOSAL - SOLIDS	86,157.00	1,050.00	0.00	87,207.00
6080110	DISP-SALTWATER & OTH	0.00	92,925.00	0.00	92,925.00
6090100	FLUIDS - WATER	34,800.00	238,841.19	0.00	273,641.19
6100100	PERMIT SURVEY&TITLE	30,000.00	0.00	0.00	30,000.00
6100110	RIGHT OF WAY	25,000.00	0.00	0.00	25,000.00
6110130	ROAD&SITE PREP SVC	80,000.00	12,600.00	0.00	92,600.00
6110170	DAMAGE & REMEDIATION	5,000.00	0.00	0.00	5,000.00
6130170	COMM SVCS - WAN	3,185.00	0.00	0.00	3,185.00
6130360	RTOC - ENGINEERING	0.00	10,500.00	0.00	10,500.00
6130370	RTOC - GEOSTEERING	14,136.00	0.00	0.00	14,136.00
6140160	ENV-SERVICES	1,000.00	0.00	0.00	1,000.00
6150100	CH LOG PERFRTG&WL SV	0.00	341,827.50	0.00	341,827.50
6160100	MATERIALS & SUPPLIES	364.00	0.00	0.00	364.00
6170100	PULLING&SWABBING SVC	0.00	76,267.81	0.00	76,267.81
6170110	SNUBBG&COIL TUBG SVC	0.00	13,125.00	0.00	13,125.00
6190100	TRCKG&HL-SOLID&FLUID	26,550.00	0.00	0.00	26,550.00
6190110	TRUCKING&HAUL OF EQP	26,400.00	15,750.00	0.00	42,150.00
6200130	CONSLT & PROJECT SVC	67,200.00	102,740.53	0.00	169,940.53
6230120	SAFETY SERVICES	30,030.00	0.00	0.00	30,030.00
6300270	SOLIDS CONTROL SRVCS	40,040.00	0.00	0.00	40,040.00
6310120	STIMULATION SERVICES	0.00	2,013,051.01	0.00	2,013,051.01
6310200	CASING & TUBULAR SVC	46,925.00	0.00	0.00	46,925.00
6310250	CEMENTING SERVICES	94,000.00	0.00	0.00	94,000.00
6310280	DAYWORK COSTS	336,700.00	0.00	0.00	336,700.00
6310290	TURNKEY COSTS	61,000.00	0.00	0.00	61,000.00
6310300	DIRECTIONAL SERVICES	162,500.00	0.00	0.00	162,500.00
6310310	DRILL BITS	88,500.00	0.00	0.00	88,500.00
6310330	DRILL&COMP FLUID&SVC	106,514.00	6,825.00	0.00	113,339.00
6310370	MOB & DEMOBILIZATION	9,250.00	0.00	0.00	9,250.00
6310380	OPEN HOLE EVALUATION	21,200.00	0.00	0.00	21,200.00
6310480	TSTNG-WELL, PL & OTH	0.00	96,164.94	0.00	96,164.94
6310600	MISC PUMPING SERVICE	0.00	69,448.89	0.00	69,448.89
6320100	EQPMNT SVC-SRF RNTL	36,370.00	357,632.58	0.00	394,002.58
6320110	EQUIP SVC - DOWNHOLE	76,170.00	66,540.14	0.00	142,710.14
6320160	WELDING SERVICES	2,000.00	0.00	0.00	2,000.00
6520100	LEGAL FEES	10,000.00	0.00	0.00	10,000.00
6550110	MISCELLANEOUS SVC	21,700.00	0.00	0.00	21,700.00
6630110	CAPITAL OVERHEAD	5,460.00	0.00	0.00	5,460.00
6740340	TAXES OTHER	180.00	0.00	0.00	180.00
	Total Intangibles	1,632,121.00	3,515,289.59	0.00	5,147,410.59

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Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Authorization for Expenditure

AFE # XX-129658.01
 Well Name: LONE TREE DRAW 14-13 STATE COM 334H AFE Date: 9/7/2018
 Cost Center Number: 1093934901 State: NM
 Legal Description: S2 14 & S2 13 T21S R27E County/Parish: EDDY
 Revision:

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6300220	STORAGE VESSEL&TANKS	0.00	900,000.00	0.00	900,000.00
6310130	ARTIFICIAL LIFT EQP	0.00	42,000.00	0.00	42,000.00
6310150	CASG-COND&DRIVE PIPE	60,000.00	0.00	0.00	60,000.00
6310420	TUBING & COMPONENTS	0.00	94,736.25	0.00	94,736.25
6310460	WELLHEAD EQUIPMENT	57,500.00	63,210.00	0.00	120,710.00
6310530	SURFACE CASING	5,856.00	0.00	0.00	5,856.00
6310540	INTERMEDIATE CASING	83,160.00	0.00	0.00	83,160.00
6310550	PRODUCTION CASING	243,538.00	0.00	0.00	243,538.00
6310580	CASING COMPONENTS	49,050.00	0.00	0.00	49,050.00
	Total Tangibles	499,104.00	1,099,946.25	0.00	1,599,050.25

TOTAL ESTIMATED COST	2,131,225.00	4,615,235.84	0.00	6,746,460.84
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WORKING INTEREST OWNER APPROVAL

Company Name: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____

Email: _____

Note: Please include/attach well requirement data with ballot.

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Devon Energy Corporation
20 North Broadway
Oklahoma City, OK 73102-8260
Direct Line: 405 228 4397
Direct Fax: 405 552 7667
cari.allen@dvn.com

405 235 3611 Phone
www.devonenergy.com

September 7, 2018

Via Overnight Mail

ADOLPH P SCHUMAN, heirs
2701 16TH ST
SAN FRANCISCO, CA 94103-4215

RE: Lone Tree Draw 14-13 St Fee Com 335H
Horizontal Spacing Unit: S/2 Section 14; S/2 Section 13, T21S-R27E
Proposed Working Interest Unit: All of Section 14 & 13, T21S-27E, limited to
Bone Spring and Wolfcamp formations (excluding existing wellbores)
Eddy County, New Mexico

Gentlemen:

Devon Energy Production Company, L.P. ("Devon") hereby proposes to drill the Lone Tree Draw 14-13 St Fee Com 335H as a horizontal 3rd Bone Spring Sand test at an estimated surface location of 490' FSL and 145' FWL of Section 14-21S-27E with an estimated bottom hole location at 1310' FSL and 230' FEL of Section 13-21S-27E, Eddy County, New Mexico. Devon plans to drill the lateral in the 3rd Bone Spring at an estimated total vertical depth of 8,858' to an approximate 18,858' total measured depth. Devon proposes that the Lone Tree Draw 14-13 St Fee Com 335H be the defining well on the horizontal spacing unit covering the S/2 Section 14 and S/2 Section 13, T21S-R27E, Eddy County, New Mexico. Enclosed is Devon's AFE for this well with estimated cost of \$6,746,460.84.

Devon is proposing a 1280-acre Working Interest Unit covering all of Section 13 and 14, limited to the Bone Spring and Wolfcamp formations, less existing wellbores. If you wish to participate, please execute and return a copy of the enclosed AFE, and an Operating Agreement will be forwarded for your review.

If you have any questions regarding this matter, please give me a call.

Sincerely,

Cari Allen, CPL
Land Advisor

CA
Enclosures



Authorization for Expenditure

AFE # XX-129659.01

Well Name: LONE TREE DRAW 14-13 STATE COM 335H

AFE Date: 9/7/2018

Cost Center Number: 1093935001

State: NM

Legal Description: S2 14 & S2 13 T21S R27E

County/Parish: EDDY

Revision:

Explanation and Justification:

DRILL AND COMPLETE LONE TREE DRAW 14-13 ST FEE 335H AS A THIRD BONE SPRING WELL IN THE S2 SEC 14 & S2 SEC 13 T21S R27E, EDDY COUNTY, NM.

Code	Intangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6060100	DYED LIQUID FUELS	61,950.00	0.00	0.00	61,950.00
6060130	GASEOUS FUELS	21,840.00	0.00	0.00	21,840.00
6080100	DISPOSAL - SOLIDS	86,157.00	1,050.00	0.00	87,207.00
6080110	DISP-SALTWATER & OTH	0.00	92,925.00	0.00	92,925.00
6090100	FLUIDS - WATER	34,800.00	238,841.19	0.00	273,641.19
6100100	PERMIT SURVEY&TITLE	30,000.00	0.00	0.00	30,000.00
6100110	RIGHT OF WAY	25,000.00	0.00	0.00	25,000.00
6110130	ROAD&SITE PREP SVC	80,000.00	12,600.00	0.00	92,600.00
6110170	DAMAGE & REMEDIATION	5,000.00	0.00	0.00	5,000.00
6130170	COMM SVCS - WAN	3,185.00	0.00	0.00	3,185.00
6130360	RTOC - ENGINEERING	0.00	10,500.00	0.00	10,500.00
6130370	RTOC - GEOSTEERING	14,136.00	0.00	0.00	14,136.00
6140160	ENV-SERVICES	1,000.00	0.00	0.00	1,000.00
6150100	CH LOG PERFRGTG&WL SV	0.00	341,827.50	0.00	341,827.50
6160100	MATERIALS & SUPPLIES	364.00	0.00	0.00	364.00
6170100	PULLING&SWABBING SVC	0.00	76,267.81	0.00	76,267.81
6170110	SNUBBG&COIL TUBG SVC	0.00	13,125.00	0.00	13,125.00
6190100	TRCKG&HL-SOLID&FLUID	26,550.00	0.00	0.00	26,550.00
6190110	TRUCKING&HAUL OF EQP	26,400.00	15,750.00	0.00	42,150.00
6200130	CONSLT & PROJECT SVC	67,200.00	102,740.53	0.00	169,940.53
6230120	SAFETY SERVICES	30,030.00	0.00	0.00	30,030.00
6300270	SOLIDS CONTROL SRVCS	40,040.00	0.00	0.00	40,040.00
6310120	STIMULATION SERVICES	0.00	2,013,051.01	0.00	2,013,051.01
6310200	CASING & TUBULAR SVC	46,925.00	0.00	0.00	46,925.00
6310250	CEMENTING SERVICES	94,000.00	0.00	0.00	94,000.00
6310280	DAYWORK COSTS	336,700.00	0.00	0.00	336,700.00
6310290	TURNKEY COSTS	61,000.00	0.00	0.00	61,000.00
6310300	DIRECTIONAL SERVICES	162,500.00	0.00	0.00	162,500.00
6310310	DRILL BITS	88,500.00	0.00	0.00	88,500.00
6310330	DRILL&COMP FLUID&SVC	106,514.00	6,825.00	0.00	113,339.00
6310370	MOB & DEMOBILIZATION	9,250.00	0.00	0.00	9,250.00
6310380	OPEN HOLE EVALUATION	21,200.00	0.00	0.00	21,200.00
6310480	TSTNG-WELL, PL & OTH	0.00	96,164.94	0.00	96,164.94
6310600	MISC PUMPING SERVICE	0.00	69,448.89	0.00	69,448.89
6320100	EQPMNT SVC-SRF RNTL	36,370.00	357,632.58	0.00	394,002.58
6320110	EQUIP SVC - DOWNHOLE	76,170.00	66,540.14	0.00	142,710.14
6320160	WELDING SERVICES	2,000.00	0.00	0.00	2,000.00
6520100	LEGAL FEES	10,000.00	0.00	0.00	10,000.00
6550110	MISCELLANEOUS SVC	21,700.00	0.00	0.00	21,700.00
6630110	CAPITAL OVERHEAD	5,460.00	0.00	0.00	5,460.00
6740340	TAXES OTHER	180.00	0.00	0.00	180.00
	Total Intangibles	1,632,121.00	3,515,289.59	0.00	5,147,410.59

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Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Authorization for Expenditure

AFE # XX-129659.01

Well Name: LONE TREE DRAW 14-13 STATE COM 335H

AFE Date: 9/7/2018

Cost Center Number: 1093935001

State: NM

Legal Description: S2 14 & S2 13 T21S R27E

County/Parish: EDDY

Revision:

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6300220	STORAGE VESSEL&TANKS	0.00	900,000.00	0.00	900,000.00
6310130	ARTIFICIAL LIFT EQP	0.00	42,000.00	0.00	42,000.00
6310150	CASG-COND&DRIVE PIPE	60,000.00	0.00	0.00	60,000.00
6310420	TUBING & COMPONENTS	0.00	94,736.25	0.00	94,736.25
6310460	WELLHEAD EQUIPMENT	57,500.00	63,210.00	0.00	120,710.00
6310530	SURFACE CASING	5,856.00	0.00	0.00	5,856.00
6310540	INTERMEDIATE CASING	83,160.00	0.00	0.00	83,160.00
6310550	PRODUCTION CASING	243,538.00	0.00	0.00	243,538.00
6310580	CASING COMPONENTS	49,050.00	0.00	0.00	49,050.00
	Total Tangibles	499,104.00	1,099,946.25	0.00	1,599,050.25

TOTAL ESTIMATED COST	2,131,225.00	4,615,235.84	0.00	6,746,460.84
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WORKING INTEREST OWNER APPROVAL

Company Name:

Signature:

Print Name:

Title:

Date:

Email:

Note: Please include/attach well requirement data with ballot.

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Devon Energy Corporation
20 North Broadway
Oklahoma City, OK 73102-8260
Direct Line: 405 228 4397
Direct Fax: 405 552 7667
cari.allen@dvn.com

405 235 3611 Phone
www.devonenergy.com

September 7, 2018

Via Overnight Mail

3MG Corporation
500 W TEXAS, STE 1020
MIDLAND, TX 79701

RE: Lone Tree Draw 14-13 St Fee Com 336H
Horizontal Spacing Unit: S/2 Section 14; S/2 Section 13, T21S-R27E
Proposed Working Interest Unit: All of Section 14 & 13, T21S-27E, limited to Bone Spring and Wolfcamp formations (excluding existing wellbores)
Eddy County, New Mexico

Gentlemen:

Devon Energy Production Company, L.P. ("Devon") hereby proposes to drill the Lone Tree Draw 14-13 St Fee Com 336H as a horizontal 3rd Bone Spring Sand test at an estimated surface location of 475' FSL and 145' FWL of Section 14-21S-27E with an estimated bottom hole location at 330' FSL and 230' FEL of Section 13-21S-27E, Eddy County, New Mexico. Devon plans to drill a pilot hole through the Wolfcamp XY to an estimated TVD of 9,565', set whipstock and then drill the lateral in the 3rd Bone Spring at an estimated TVD of 8,930' to an approximate 18,930' total measured depth. Though Devon currently plans to drill the captioned well first, the proposed Lone Tree Draw 14-13 St Fee Com 335H will be the defining well on the horizontal spacing unit covering the S/2 Section 14 and S/2 Section 13, T21S-R27E, Eddy County, New Mexico. Enclosed is Devon's AFE for the Lone Tree Draw 14-13 St Fee Com 336H with estimated cost of \$8,234,051.87.

Devon is proposing a 1280-acre Working Interest Unit covering all of Section 13 and 14, limited to the Bone Spring and Wolfcamp formations, less existing wellbores. If you wish to participate, please execute and return a copy of the enclosed AFE, and an Operating Agreement will be forwarded for your review.

If you have any questions regarding this matter, please give me a call.

Sincerely,

Cari Allen, CPL
Land Advisor

CA
Enclosures



Authorization for Expenditure

AFE # XX-129680.01

Well Name: LONE TREE DRAW 14-13 STATE COM 336H

AFE Date: 9/7/2018

Cost Center Number: 1093935101

State: NM

Legal Description: S2 14 & S2 13-T21S R27E

County/Parish: EDDY

Revision:

Explanation and Justification:

DRILL WOLFCAMP PILOT HOLE, THEN DRILL AND COMPLETE LONE TREE DRAW 14-13 ST FEE 336H AS A THIRD BONE SPRING WELL IN THE S2 SEC 14 & S2 SEC 13 T21S R27E, EDDY COUNTY, NM.

Code	Intangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6060100	DYED LIQUID FUELS	70,974.62	0.00	0.00	70,974.62
6080100	DISPOSAL - SOLIDS	90,891.95	1,050.00	0.00	91,941.95
6080110	DISP-SALTWATER & OTH	0.00	92,925.00	0.00	92,925.00
6090100	FLUIDS - WATER	32,550.00	238,841.19	0.00	271,391.19
6100100	PERMIT SURVEY&TITLE	30,000.00	0.00	0.00	30,000.00
6100110	RIGHT OF WAY	25,000.00	0.00	0.00	25,000.00
6110130	ROAD&SITE PREP SVC	80,000.00	12,600.00	0.00	92,600.00
6110170	DAMAGE & REMEDIATION	5,000.00	0.00	0.00	5,000.00
6130170	COMM SVCS - WAN	5,227.28	0.00	0.00	5,227.28
6130360	RTOC - ENGINEERING	0.00	10,500.00	0.00	10,500.00
6130370	RTOC - GEOSTEERING	18,015.50	0.00	0.00	18,015.50
6140160	ENV-SERVICES	1,000.00	0.00	0.00	1,000.00
6150100	CH LOG PERFRTG&WL SV	0.00	341,827.50	0.00	341,827.50
6160100	MATERIALS & SUPPLIES	696.97	0.00	0.00	696.97
6170100	PULLING&SWABBING SVC	0.00	76,267.81	0.00	76,267.81
6170110	SNUBBG&COIL TUBG SVC	0.00	13,125.00	0.00	13,125.00
6190100	TRCKG&HL-SOLID&FLUID	38,333.38	0.00	0.00	38,333.38
6190110	TRUCKING&HAUL OF EQP	37,200.00	15,750.00	0.00	52,950.00
6200130	CONSLT & PROJECT SVC	156,833.54	102,740.53	0.00	259,574.07
6230120	SAFETY SERVICES	45,303.09	0.00	0.00	45,303.09
6300270	SOLIDS CONTROL SRVCS	70,045.55	0.00	0.00	70,045.55
6310120	STIMULATION SERVICES	0.00	2,013,051.01	0.00	2,013,051.01
6310200	CASING & TUBULAR SVC	38,600.00	0.00	0.00	38,600.00
6310250	CEMENTING SERVICES	233,000.00	0.00	0.00	233,000.00
6310280	DAYWORK COSTS	725,616.13	0.00	0.00	725,616.13
6310300	DIRECTIONAL SERVICES	252,261.25	0.00	0.00	252,261.25
6310310	DRILL BITS	103,500.00	0.00	0.00	103,500.00
6310330	DRILL&COMP FLUID&SVC	83,340.85	6,825.00	0.00	90,165.85
6310370	MOB & DEMOBILIZATION	196,770.00	0.00	0.00	196,770.00
6310380	OPEN HOLE EVALUATION	634,772.06	0.00	0.00	634,772.06
6310480	TSTNG-WELL, PL & OTH	0.00	96,164.94	0.00	96,164.94
6310600	MISC PUMPING SERVICE	0.00	69,448.89	0.00	69,448.89
6320100	EQPMNT SVC-SRF RNTL	83,191.47	357,632.58	0.00	440,824.05
6320110	EQUIP SVC - DOWNHOLE	55,622.00	66,540.14	0.00	122,162.14
6320160	WELDING SERVICES	1,750.00	0.00	0.00	1,750.00
6520100	LEGAL FEES	10,000.00	0.00	0.00	10,000.00
6550110	MISCELLANEOUS SVC	14,400.00	0.00	0.00	14,400.00
6630110	CAPITAL OVERHEAD	10,454.56	0.00	0.00	10,454.56
6740340	TAXES OTHER	205.83	0.00	0.00	205.83
	Total Intangibles	3,150,556.03	3,515,289.59	0.00	6,665,845.62

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
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Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Authorization for Expenditure

AFE # XX-129680.01

Well Name: LONE TREE DRAW 14-13 STATE COM 336H

AFE Date: 9/7/2018

Cost Center Number: 1093935101

State: NM

Legal Description: S2 14 & S2 13-T21S R27E

County/Parish: EDDY

Revision:

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6300220	STORAGE VESSEL&TANKS	0.00	900,000.00	0.00	900,000.00
6310130	ARTIFICIAL LIFT EQP	0.00	42,000.00	0.00	42,000.00
6310150	CASG-COND&DRIVE PIPE	60,000.00	0.00	0.00	60,000.00
6310420	TUBING & COMPONENTS	0.00	94,736.25	0.00	94,736.25
6310460	WELLHEAD EQUIPMENT	40,600.00	63,210.00	0.00	103,810.00
6310530	SURFACE CASING	15,295.00	0.00	0.00	15,295.00
6310540	INTERMEDIATE CASING	105,840.00	0.00	0.00	105,840.00
6310550	PRODUCTION CASING	228,375.00	0.00	0.00	228,375.00
6310580	CASING COMPONENTS	18,150.00	0.00	0.00	18,150.00
	Total Tangibles	468,260.00	1,099,946.25	0.00	1,568,206.25

TOTAL ESTIMATED COST	3,618,816.03	4,615,235.84	0.00	8,234,051.87
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WORKING INTEREST OWNER APPROVAL

Company Name:

Signature:

Print Name:

Title:

Date:

Email:

Note: Please include/attach well requirement data with ballot.

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20157

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20158

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20159

AFFIDAVIT OF SUSAN ESTES

Susan Estes, of lawful age and being first duly sworn, declares as follows:

1. My name is Susan Estes. I work for Devon Energy Production Company L.P. (“Devon”) as a geologist.

2. I have previously testified before the New Mexico Oil Conservation Division as an expert witness in petroleum geology. My credentials as a petroleum geologist have been accepted by the Division and made a matter of record.

3. I am familiar with the applications filed by Devon Energy Production Company, L.P. in this case and I have conducted a geologic study of the Bone Spring Formation underlying the subject acreage.

a. In Case No. 20157, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2

1

EXHIBIT 3

Devon Energy Production Company LP

Case Nos. 20157, 20158, 20159

February 21, 2019 OCD Hearing

of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 332H well and Lone Tree Draw 14-13 State Com 331H well.

- b. In Case No. 20158, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the S/2 N/2 of Section 13 and the S/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 333H well.
- c. In Case No. 20159, Devon seeks to dedicate a standard 640-acre, more or less, horizontal spacing unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 335H well, Lone Tree Draw 14-13 State Com 336H well, and Lone Tree Draw 14-13 State Com 334H well.
- d. In all three cases, Devon is targeting the Bone Spring Formation (3rd Bone Spring Sand interval). The wells will be located in the Carlsbad, Bone Spring East Pool (pool code 91944).

5. **Exhibits A-1, A-2 and A-3** are map views of the execution plan for the 3rd Bone Spring Sand in the Lone Tree Draw development block in Sections 14 and 13, Township 21S, Range 27E, Eddy County, New Mexico. The proposed wellbores are denoted by the red lines, with the BHL locations being depicted by the red circles (i.e. these are all 2-mile laterals drilling west to east). The proposed Standard Horizontal Spacing Units for the wells are depicted by the blue outlines or boxes. Initially, the team is planning for 6 wells per section based on recent success of the same spacing pattern in the Parkway West Unit to the NE of the proposed Lone Tree Draw wells. Since the 3rd Bone Spring program is in the appraisal phase, two wells will be drilled

on the southern edge of the development block (Lone Tree Draw 14-13 State Com 335H & 336H) to test the spacing and economic viability of the proposed 6 well program.

6. **Exhibits B-1, B-2 and B-3** are subsea structure maps that I prepared for the top of the 3rd Bone Spring Sand. The proposed Standard Horizontal Spacing Unit for the wells are depicted by the blue outline or box. The contour interval is 50 feet and the proposed wellbore paths for the 331H and 332H wells are depicted by the red lines, with the BHLs being indicated by the red circles. There is one offset 3rd Bone Spring horizontal producer that is indicated by the blue triangle. The structure map shows that overall, the area is dipping to the east and into the basin but includes a localized structural component on roughly the western half of the map. From west to east, the contours show the 3rd Bone Spring Sand dipping down into the basin which then transition back up to a localized structural high (4-way closure) that trends SW/NE. The contours then continue down-dip off the eastern flank of the localized structural high and into the basin. I do not observe any faulting, pinch-outs, or other geologic impediments or hazards to developing this targeted interval with a horizontal well.

7. **Exhibits C-1, C-2 and C-3** are gross isopach maps that I prepared for the 3rd Bone Spring Sand. As in the previous map, the proposed Standard Horizontal Spacing Unit for the wells is depicted by the blue outline or box, the proposed wellbore paths are denoted by the red lines and the BHLs are indicated by the red circles. There is one offset 3rd Bone Spring horizontal producer that is indicated by the blue triangle. The contour interval is 20 feet and thickness of the 3rd Bone Spring Sand interval over the Lone Tree Draw development block ranges from approximately 320 to 420 feet. Also shown on the map are two (2) lines of section for cross-sections that I prepared to illustrate the consistent and contiguous nature of the 3rd Bone Spring Sand. The red line (A-A') is a strike section of type wells that penetrate the Bone Spring within and offsetting the Lone Tree

Draw development block; the blue line (B-B') is a dip section of type logs that penetrate the Bone Spring within and offsetting the Lone Tree Draw development block.

8. **Exhibit D-1, D-2 and D-3** are south to north strike sections (A-A') illustrating the type wells (wells that are representative of the area) within and offsetting the Lone Tree Draw development block that penetrate the 3rd Bone Spring Sand; the line of section is shown on the inset map. Each well in the cross-section contains gamma ray, resistivity, and porosity logs. The proposed 3rd Bone Spring Sand target interval is labeled and depicted by the yellow shading. The cross-section demonstrates that the targeted interval extends across the proposed spacing and proration unit (i.e. is laterally contiguous) and is consistent in thickness and log character.

9. **Exhibit E-1, E-2 and E-3** are west to east dip sections (B-B') illustrating the type wells (wells that are representative of the area) within and offsetting the Lone Tree Draw development block that penetrate the 3rd Bone Spring Sand; the line of section is shown on the inset map. Each well in the cross-section contains gamma ray, resistivity, and porosity logs. The proposed 3rd Bone Spring target interval is labeled and depicted by the yellow shading. The cross-section demonstrates that the targeted interval extends across the proposed spacing and proration unit (i.e. is laterally contiguous) and is consistent in thickness and log character.

10. In my opinion the west to east orientation of the proposed wells in the Bone Spring formation is appropriate in order to effectively drain the targeted reservoirs and is effectively perpendicular to the maximum stress regime observed in the area.

11. Based on my geologic study of the area, the Bone Spring Formation underlying the subject area is suitable for development by horizontal wells and the acreage comprising the proposed spacing and proration units will contribute more-or-less equally to the production from the wellbores.

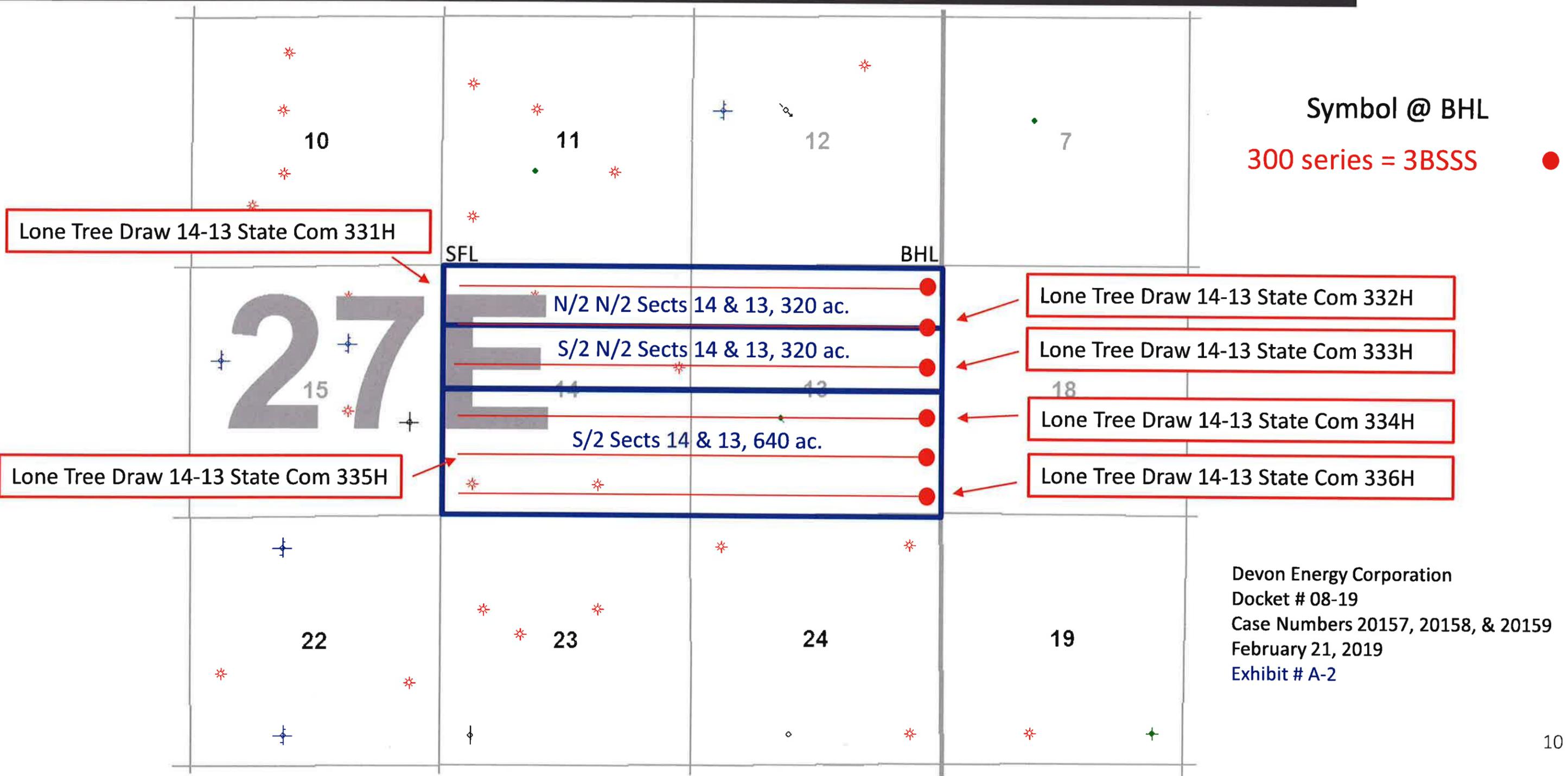
Burton Flat – Lone Tree Draw - Bone Spring Execution Plan

3rd Bone Spring Proposed Locations, Sects. 14-13, 21S-27E



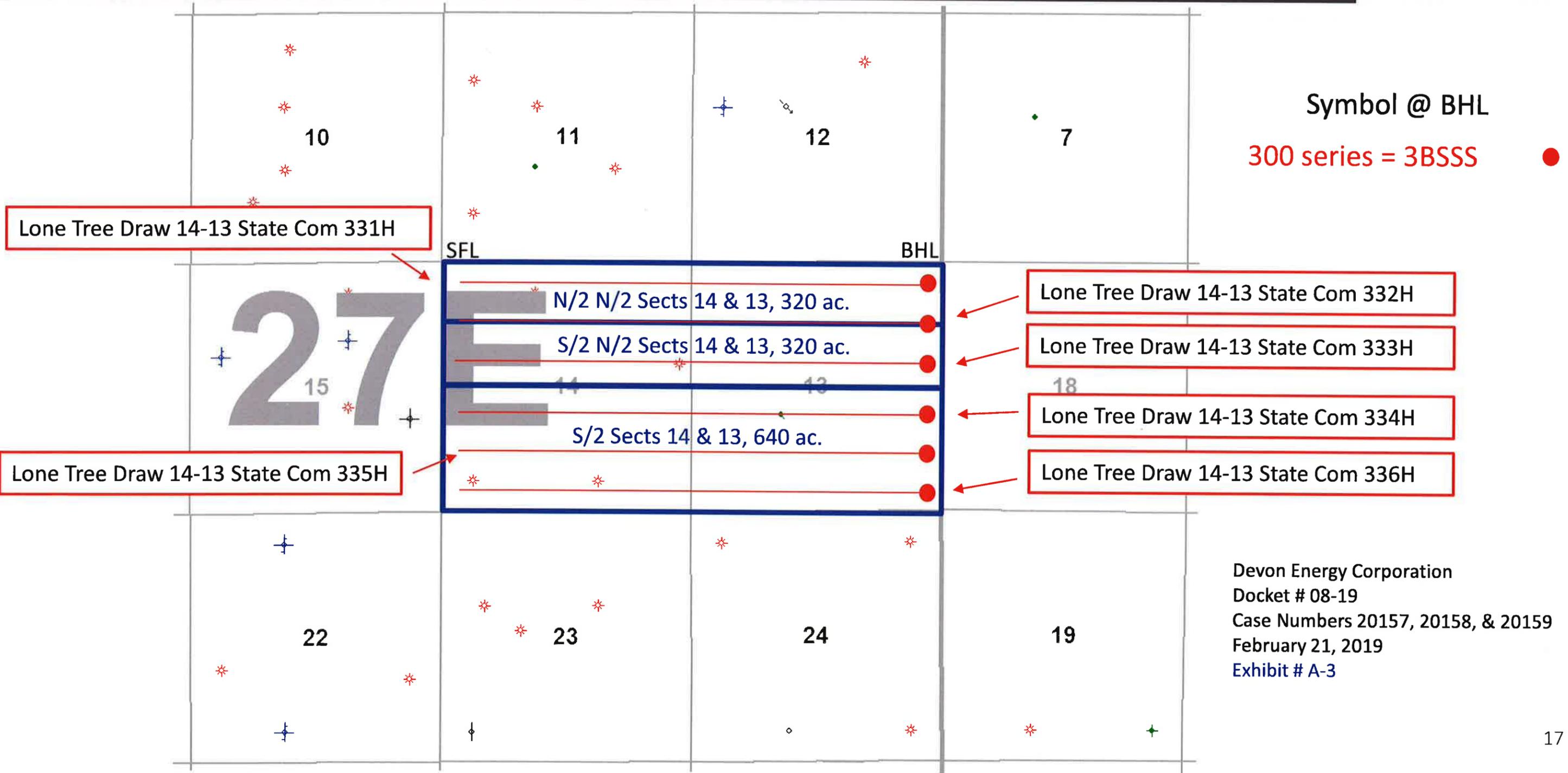
Burton Flat – Lone Tree Draw - Bone Spring Execution Plan

3rd Bone Spring Proposed Locations, Sects. 14-13, 21S-27E



Burton Flat – Lone Tree Draw - Bone Spring Execution Plan

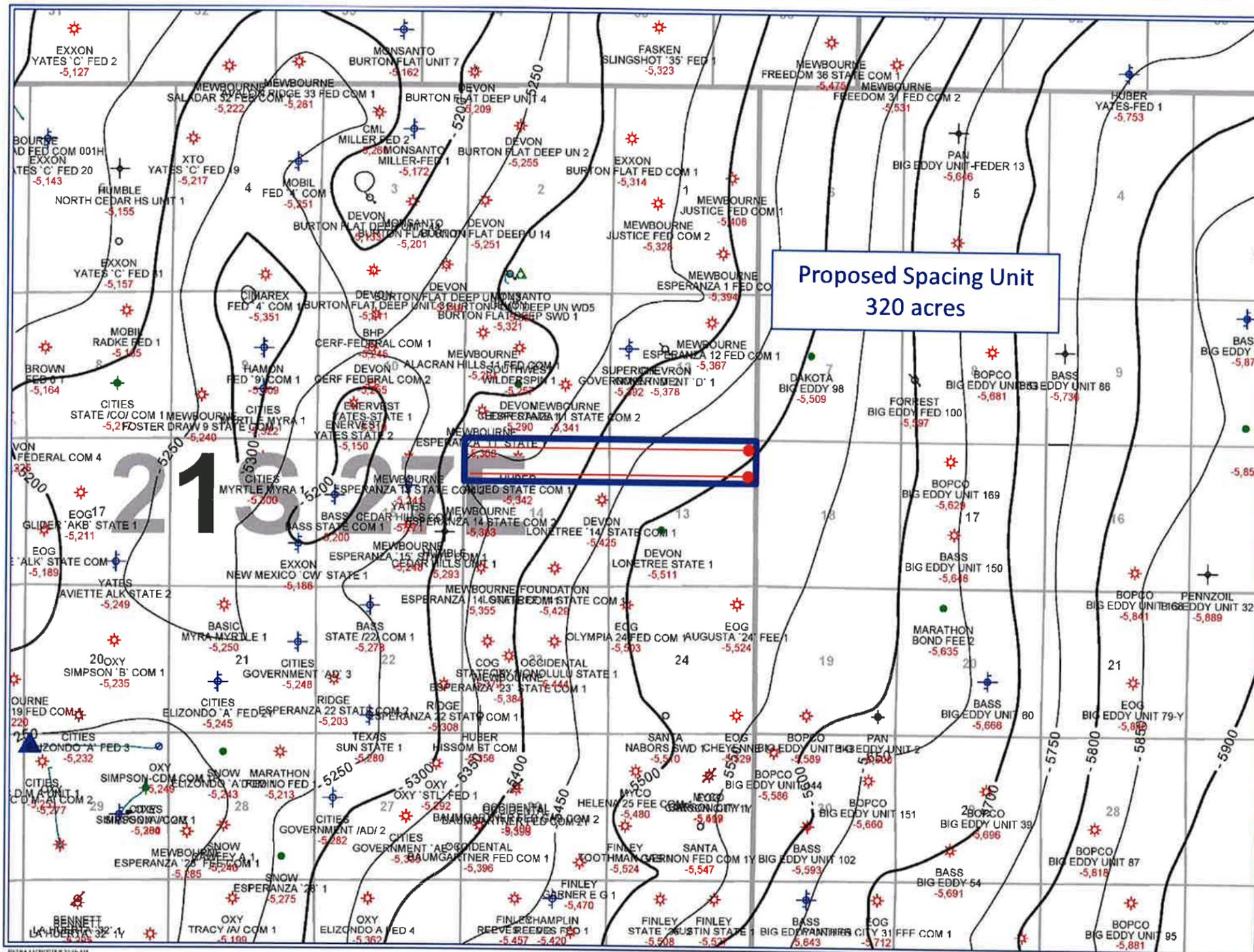
3rd Bone Spring Proposed Locations, Sects. 14-13, 21S-27E



Devon Energy Corporation
Docket # 08-19
Case Numbers 20157, 20158, & 20159
February 21, 2019
Exhibit # A-3

Top 3rd Bone Spring Structure Map

Contour Interval = 50'



Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20157
 February 21, 2019
 Exhibit # B-1

Lone Tree Draw 14-13 State Com 331H
 Lone Tree Draw 14-13 State Com 332H

Devon Energy

Docket # , Case #

Exhibit #

Top 3rd Bone Spring Sand Structure Map

Eddy County, New Mexico

POSTED WELL DATA

- Operator Well Label
- FMTOPS - 38SSG(SLE) (SS) (FEET)

SYMBOL HIGHLIGHT

- 38SSG HORIZONTAL TARGETS

WELL SYMBOLS

- ABANDONED WATER WELL
- ABANDONED OIL WELL
- DRY AND ABANDONED WELL
- DRY HOLE WITH SHOW OF O&G
- GAS PRODUCING WELL
- INJECTION WELL
- JUNKED AND ABANDONED
- OIL PRODUCING WELL
- PILOT HOLE
- SERVICE WELL
- TEMPORARILY ABANDONED WELL

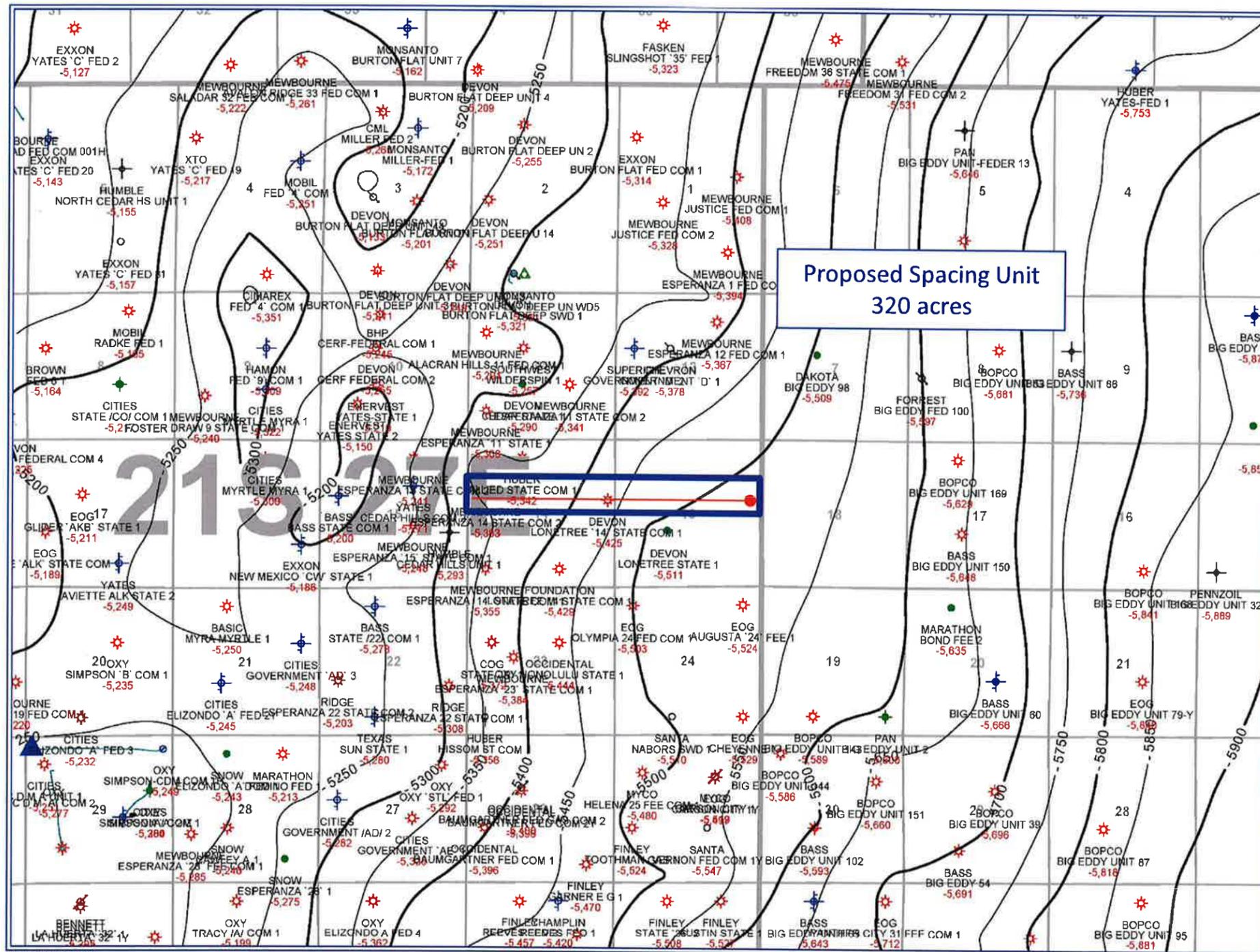
By: Susan Estes

0 3,165 6,370
FEET

November 29, 2018

Top 3rd Bone Spring Structure Map

Contour Interval = 50'



Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20158
 February 21, 2019
 Exhibit # B-2

Lone Tree Draw 14-13 State Com 333H

Devon Energy

Docket # , Case #

Exhibit #

Top 3rd Bone Spring Sand Structure Map

Eddy County, New Mexico

POSTED WELL DATA

- Operator Well Label
- FMTOPS - 38SSG(SLE) (88) (FEET)

SYMBOL HIGHLIGHT

- 38SSG HORIZONTAL TARGETS

WELL SYMBOLS

- ABANDONED WATER WELL
- ABANDONED OIL WELL
- DRY AND ABANDONED WELL
- DRY HOLE WITH SHOW OF O&G
- GAS PRODUCING WELL
- INJECTION WELL
- JUNKED AND ABANDONED
- OIL PRODUCING WELL
- PILOT HOLE
- SERVICE WELL
- TEMPORARILY ABANDONED WELL

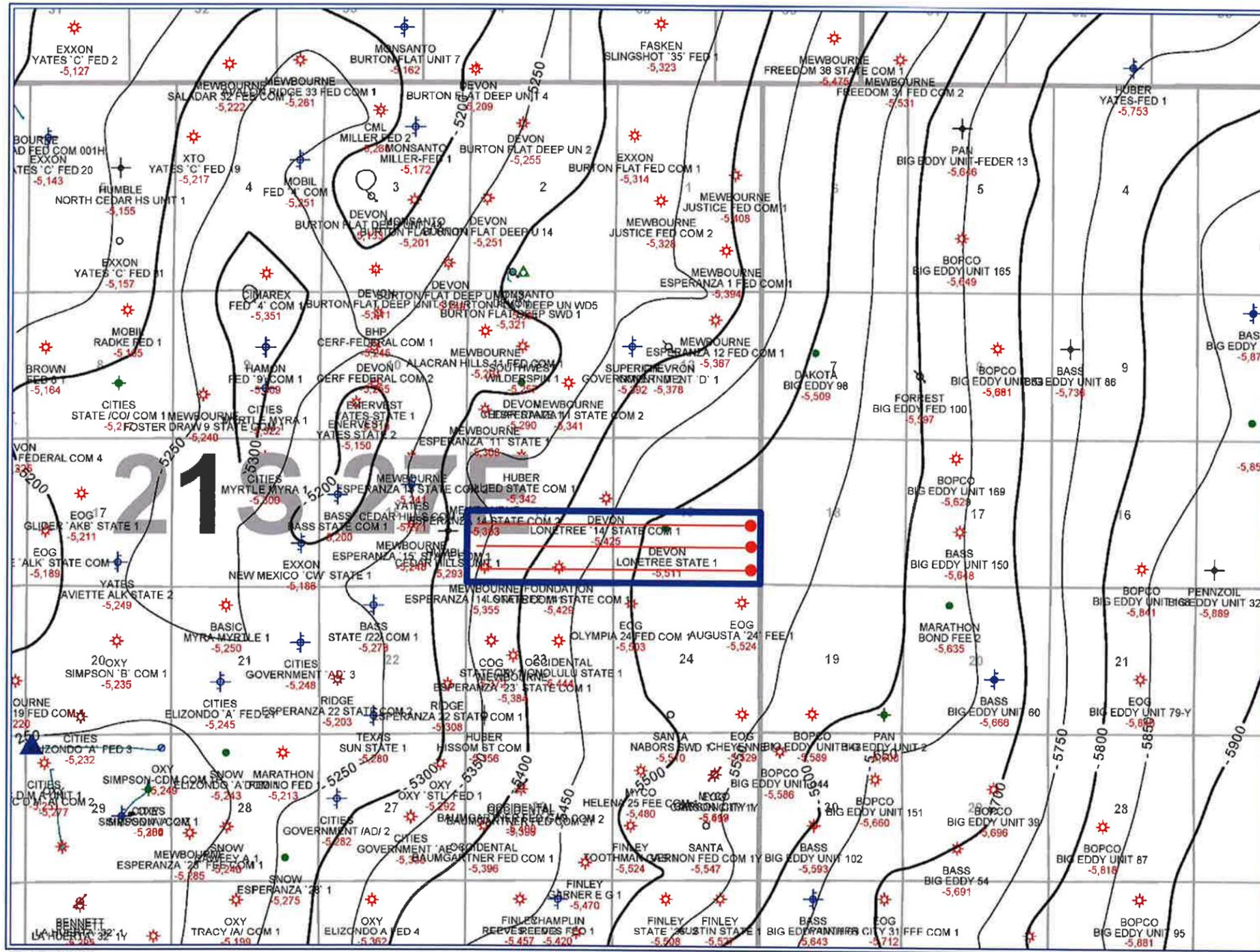
By: Susan Estes

0 3,185 6,370
FEET

November 29, 2018

Top 3rd Bone Spring Structure Map

Contour Interval = 50'



Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20159
 February 21, 2019
 Exhibit # B-3

Lone Tree Draw 14-13 State Com 334H
 Lone Tree Draw 14-13 State Com 335H
 Lone Tree Draw 14-13 State Com 336H

Devon Energy

Docket # , Case #

Exhibit #

Top 3rd Bone Spring Sand Structure Map

Eddy County, New Mexico

POSTED WELL DATA

- Operator Well Label
- FMTOPS - 38595(SLE) (99) (FEET)

SYMBOL HIGHLIGHT

- 38595 HORIZONTAL TARGETS

WELL SYMBOLS

- ABANDONED WATER WELL
- ABANDONED OIL WELL
- DRY AND ABANDONED WELL
- DRY HOLE WITH SHOW OF O&G
- GAS PRODUCING WELL
- INJECTION WELL
- JUNKED AND ABANDONED
- OIL PRODUCING WELL
- PILOT HOLE
- SERVICE WELL
- TEMPORARILY ABANDONED WELL

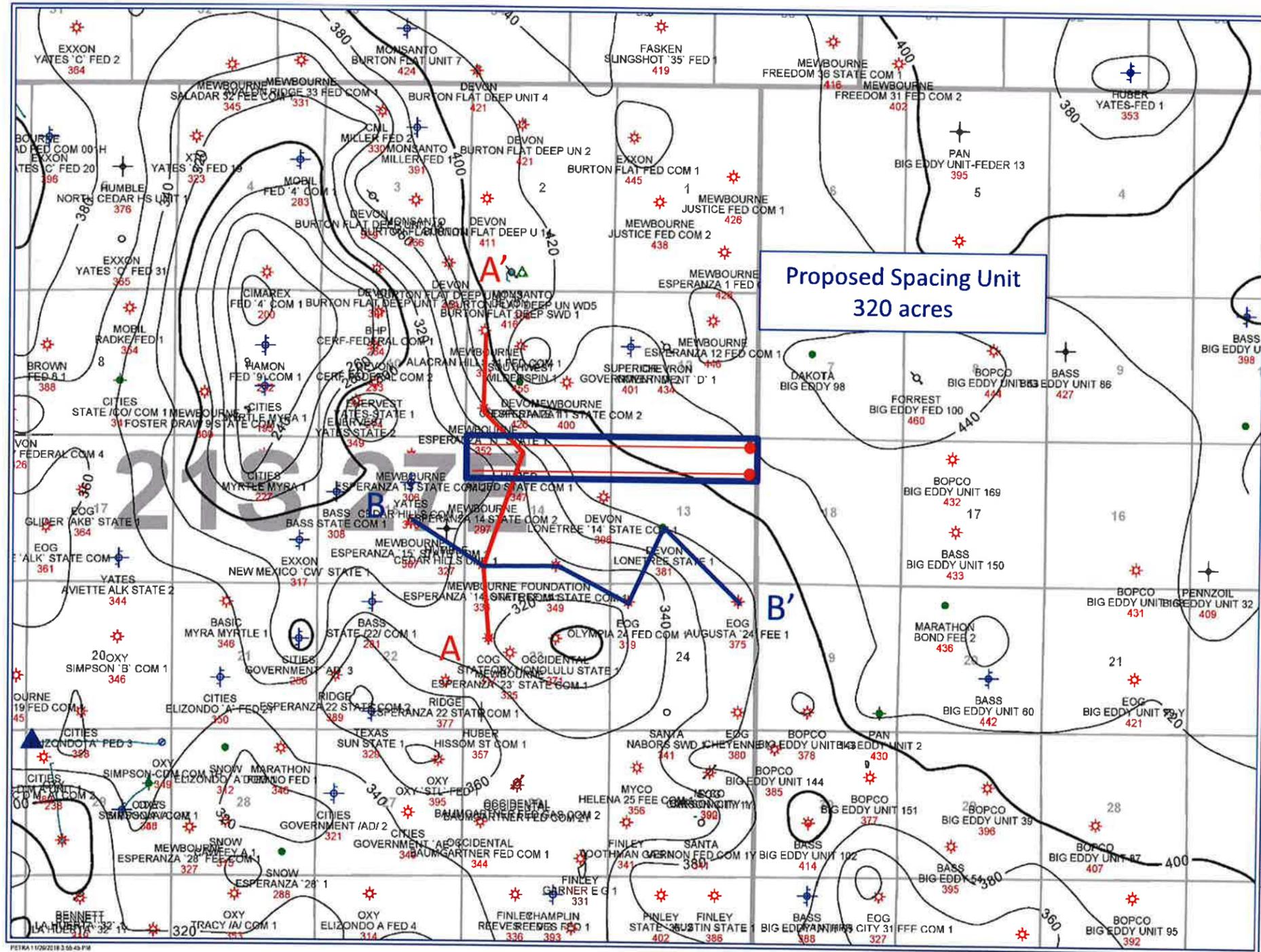
By: Susan Estes

0 3,185 6,370
 FEET

November 29, 2018

3rd Bone Spring Isopach Map

Contour Interval = 20'



Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20157
 February 21, 2019
 Exhibit # C-1

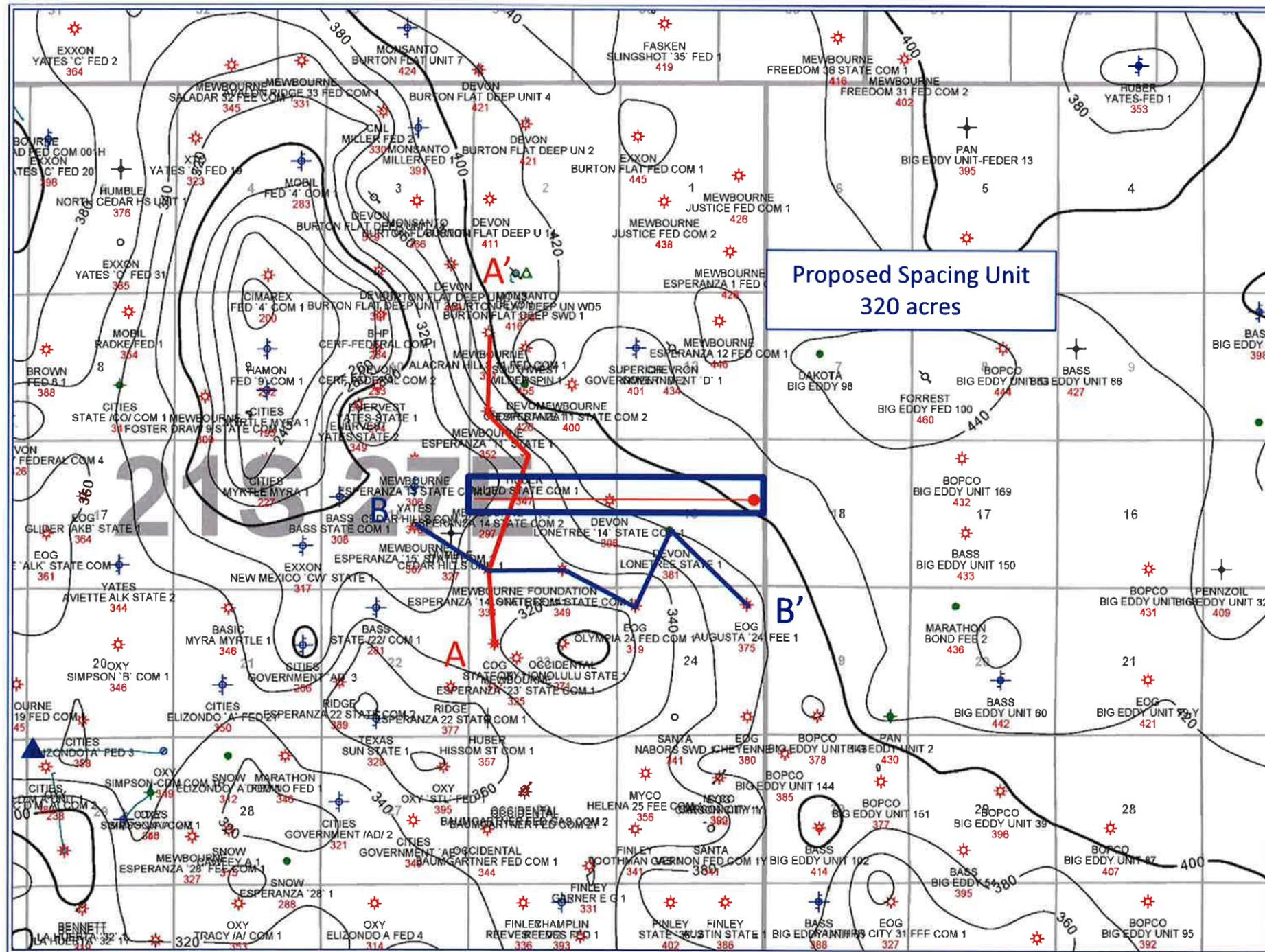
Lone Tree Draw 14-13 State Com 331H
 Lone Tree Draw 14-13 State Com 332H

Devon Energy

Docket #	, Case #
Exhibit #	
3rd Bone Spring Sand Isopach Map	
Eddy County, New Mexico	
POSTED WELL DATA	
	Operator Well Label
	SLE_3BSSS - ISOPACH(SLE)
	SYMBOL HIGHLIGHT
	3BSSG HORIZONTAL TARGETS
WELL SYMBOLS	
	ABANDONED WATER WELL
	ABANDONED OIL WELL
	DRY AND ABANDONED WELL
	DRY HOLE WITH SHOW OF O&G
	GAS PRODUCING WELL
	INJECTION WELL
	JUNKED AND ABANDONED
	OIL PRODUCING WELL
	PILOT HOLE
	SERVICE WELL
	TEMPORARILY ABANDONED WELL
By: Susan Estes	
<p>0 3,185 6,370 FEET</p>	
November 29, 2018	

3rd Bone Spring Isopach Map

Contour Interval = 20'



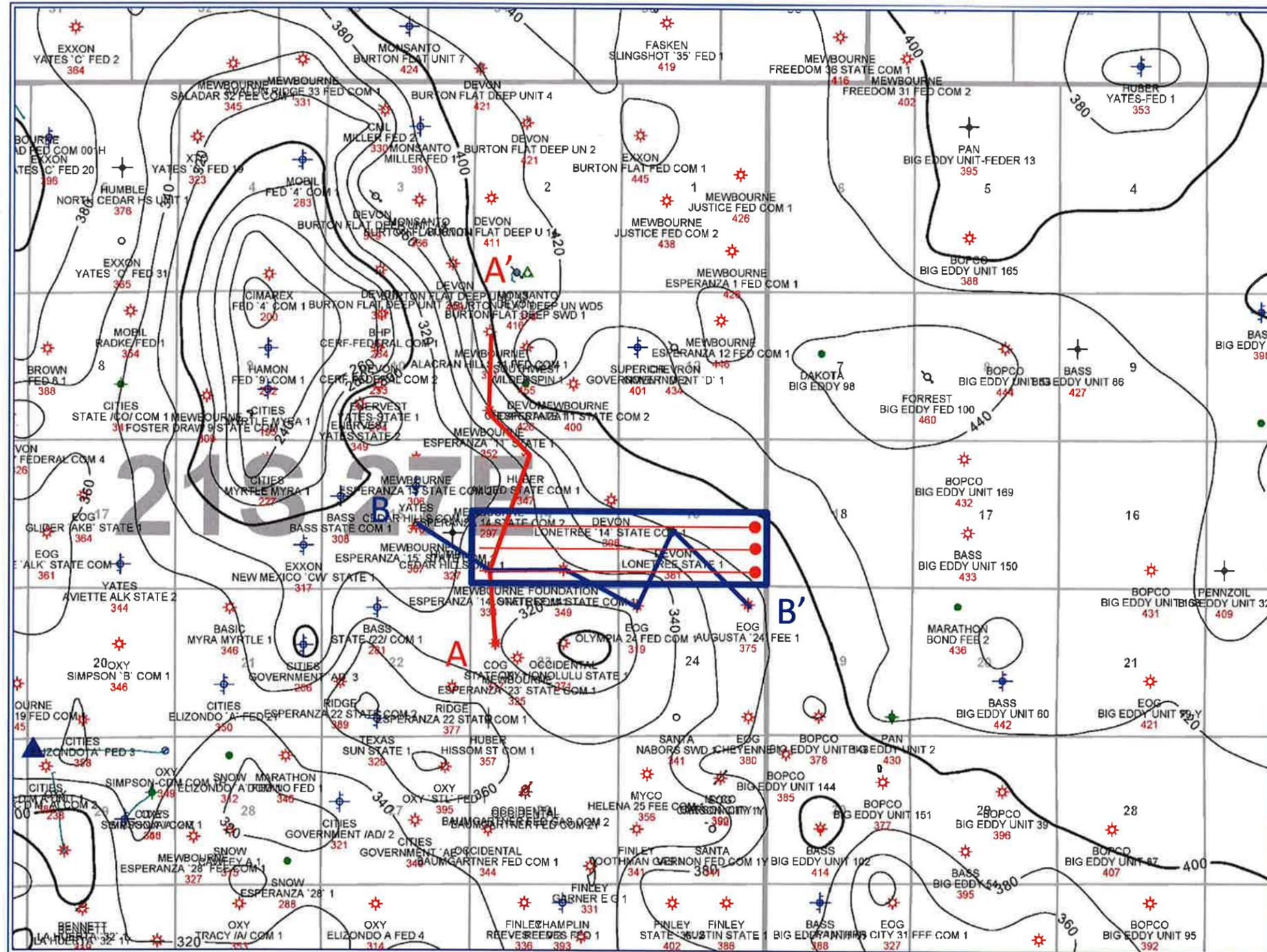
Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20158
 February 21, 2019
 Exhibit # C-2

Lone Tree Draw 14-13 State Com 333H

Devon Energy	
Docket #	, Case #
Exhibit #	
3rd Bone Spring Sand Isopach Map	
Eddy County, New Mexico	
POSTED WELL DATA	
	Operator Well Label
	SLE_3BSSS - ISOPACH(SLE)
SYMBOL HIGHLIGHT	
	3BSSG HORIZONTAL TARGETS
WELL SYMBOLS	
	ABANDONED WATER WELL
	ABANDONED OIL WELL
	DRY AND ABANDONED WELL
	DRY HOLE WITH SHOW OF O&G
	GAS PRODUCING WELL
	INJECTION WELL
	JUNKED AND ABANDONED
	OIL PRODUCING WELL
	PILOT HOLE
	SERVICE WELL
	TEMPORARILY ABANDONED WELL
By: Susan Estes	
November 29, 2018	

3rd Bone Spring Isopach Map

Contour Interval = 20'



Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20159
 February 21, 2019
 Exhibit # C-3

Lone Tree Draw 14-13 State Com 334H
 Lone Tree Draw 14-13 State Com 335H
 Lone Tree Draw 14-13 State Com 336H

Devon Energy

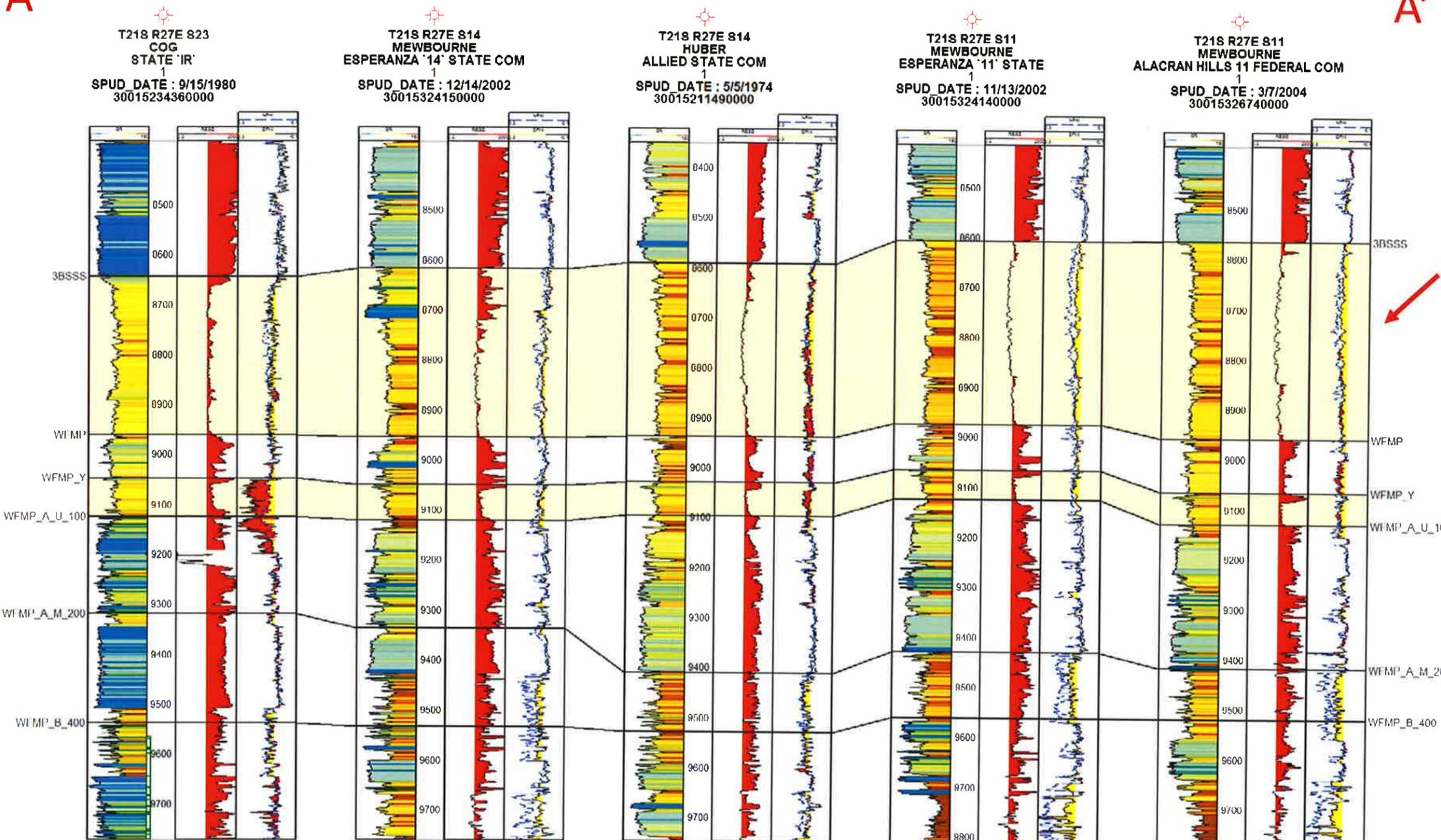
Docket #	, Case #
Exhibit #	
3rd Bone Spring Sand Isopach Map	
Eddy County, New Mexico	
POSTED WELL DATA	
	Operator Well Labels
	SLE_3BSS3 - ISOPACH(SLE)
SYMBOL HIGHLIGHT	
	3BSSG HORIZONTAL TARGETS
WELL SYMBOLS	
	ABANDONED WATER WELL
	ABANDONED OIL WELL
	DRY AND ABANDONED WELL
	DRY HOLE WITH SHOW OF O&G
	GAS PRODUCING WELL
	INJECTION WELL
	JUNKED AND ABANDONED
	OIL PRODUCING WELL
	PILOT HOLE
	SERVICE WELL
	TEMPORARILY ABANDONED WELL
By: Susan Estes	
November 29, 2018	

Stratigraphic (Strike) Cross-Section A-A'

South to North



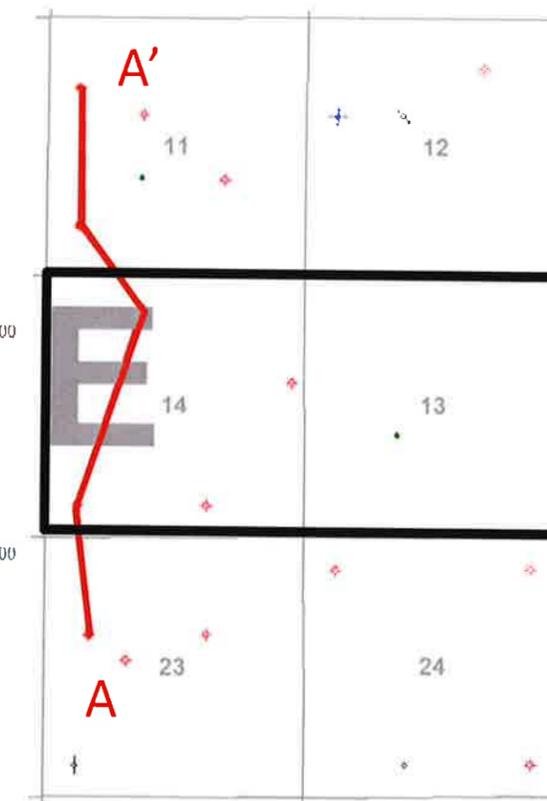
A



A'

Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20157
 February 21, 2019
 Exhibit # D-1

3rd Bone Spring Sand Targets:
 (331H & 332H)



Stratigraphic (Strike) Cross-Section A-A'

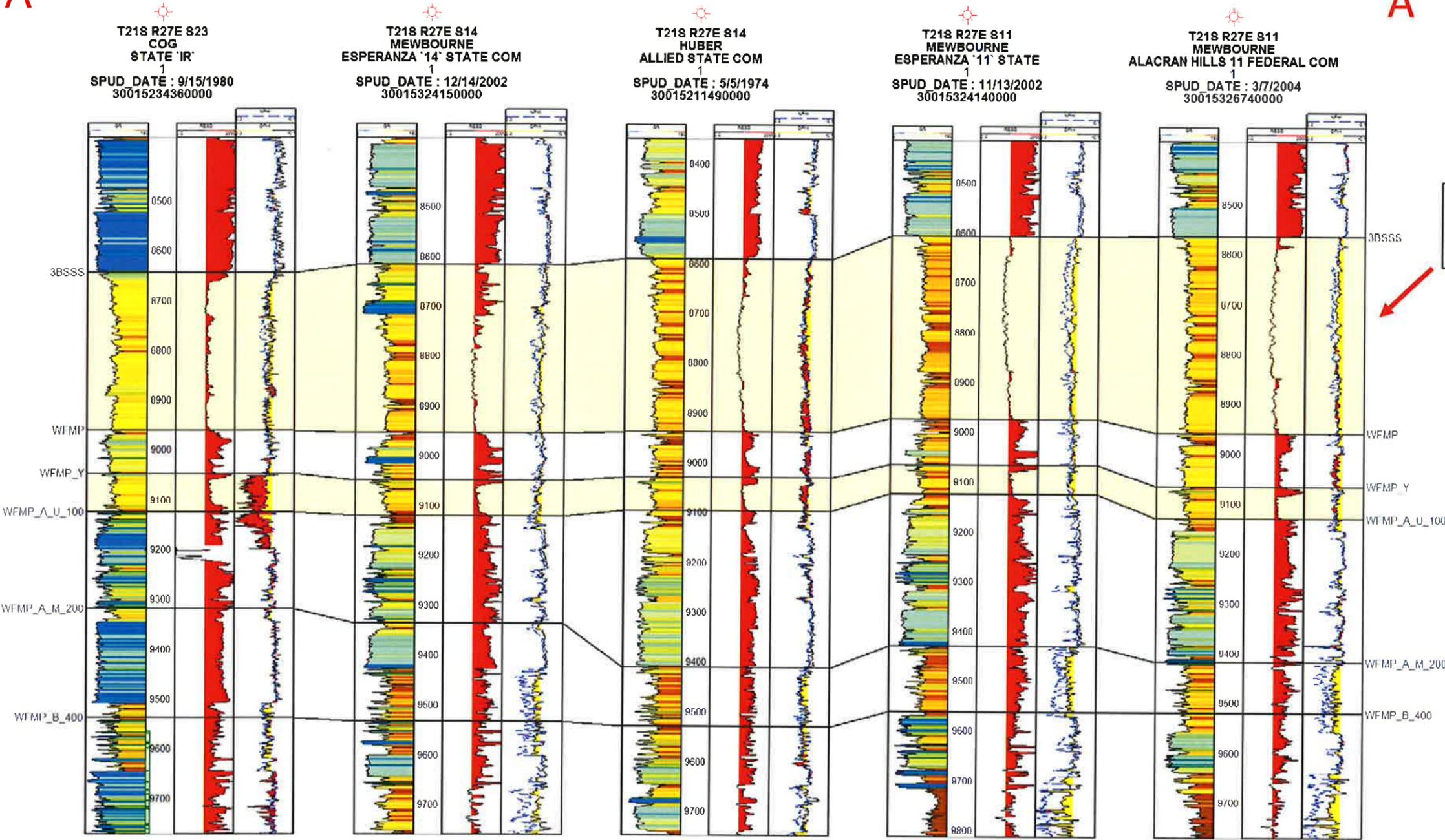
South to North



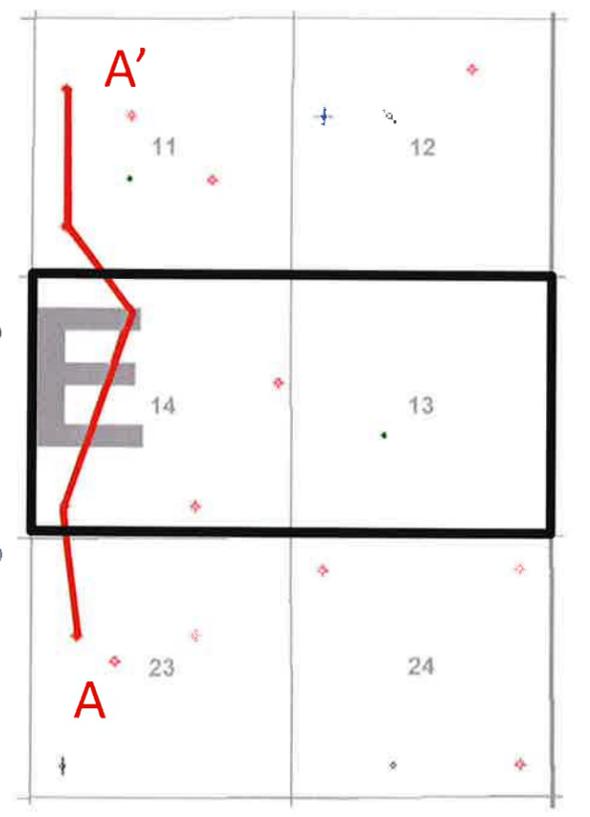
A

A'

Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20158
 February 21, 2019
 Exhibit # D-2



3rd Bone Spring Sand Target: (333H)



Stratigraphic (Strike) Cross-Section A-A'

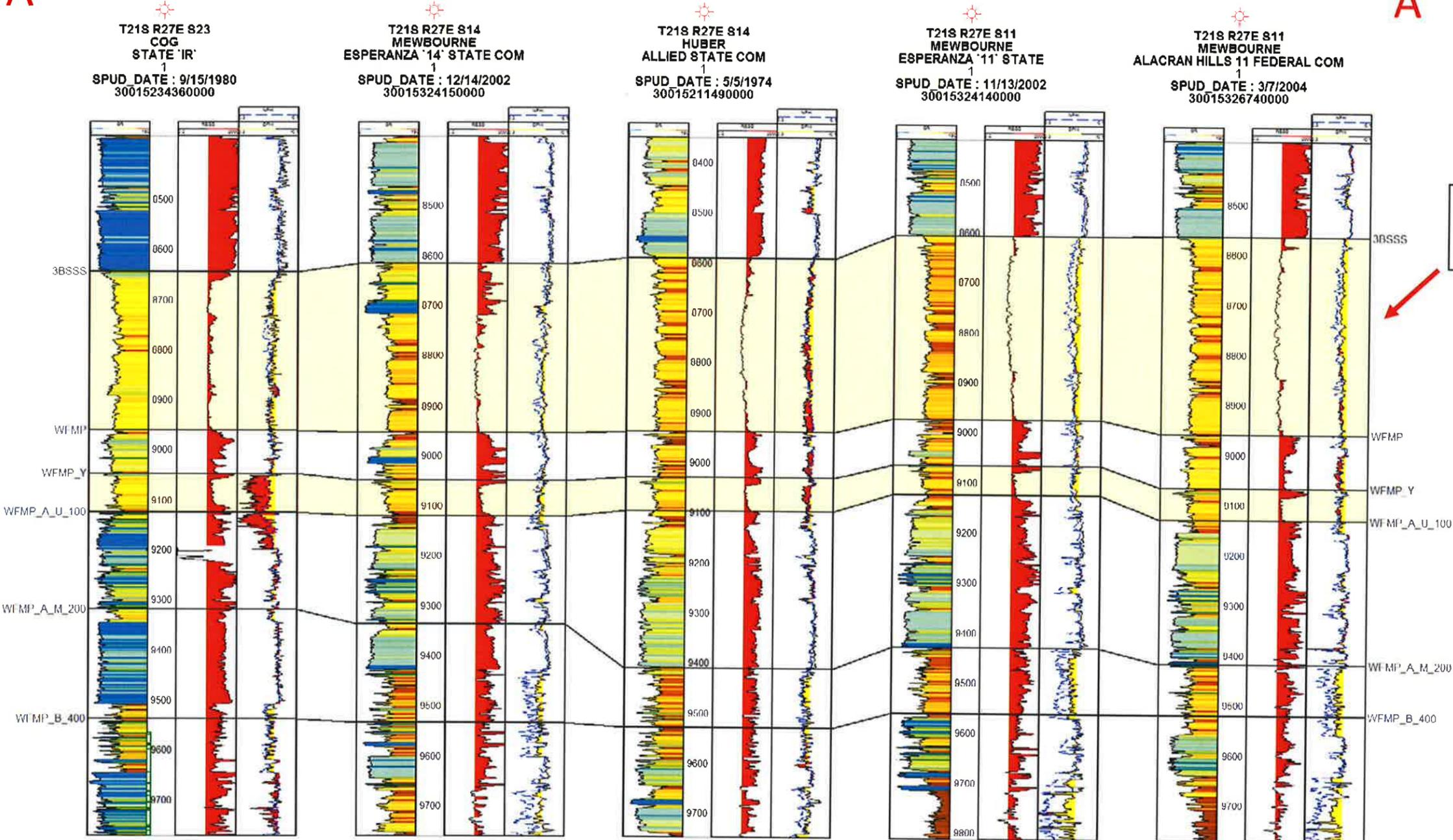
South to North



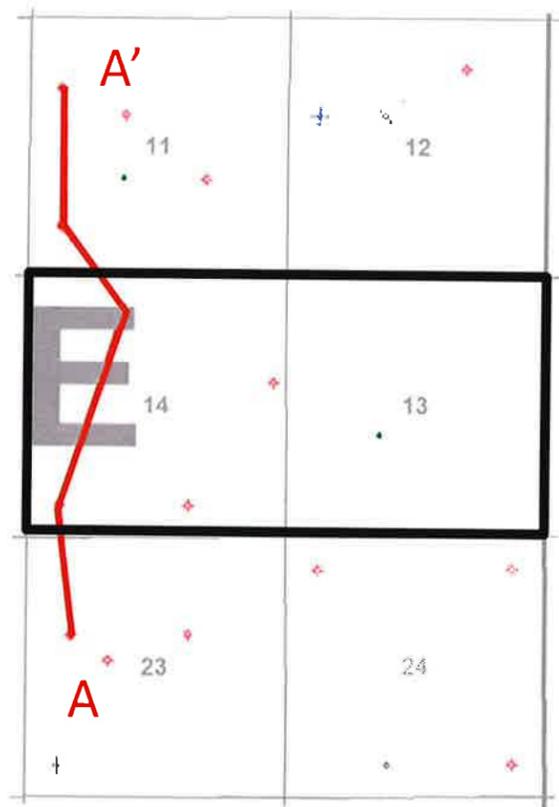
A

A'

Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20159
 February 21, 2019
 Exhibit # D-3



3rd Bone Spring Sand Target:
 (334H, 335H, & 336H)



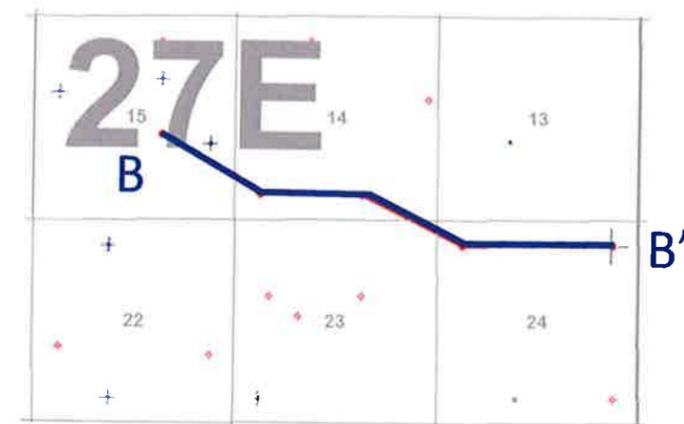
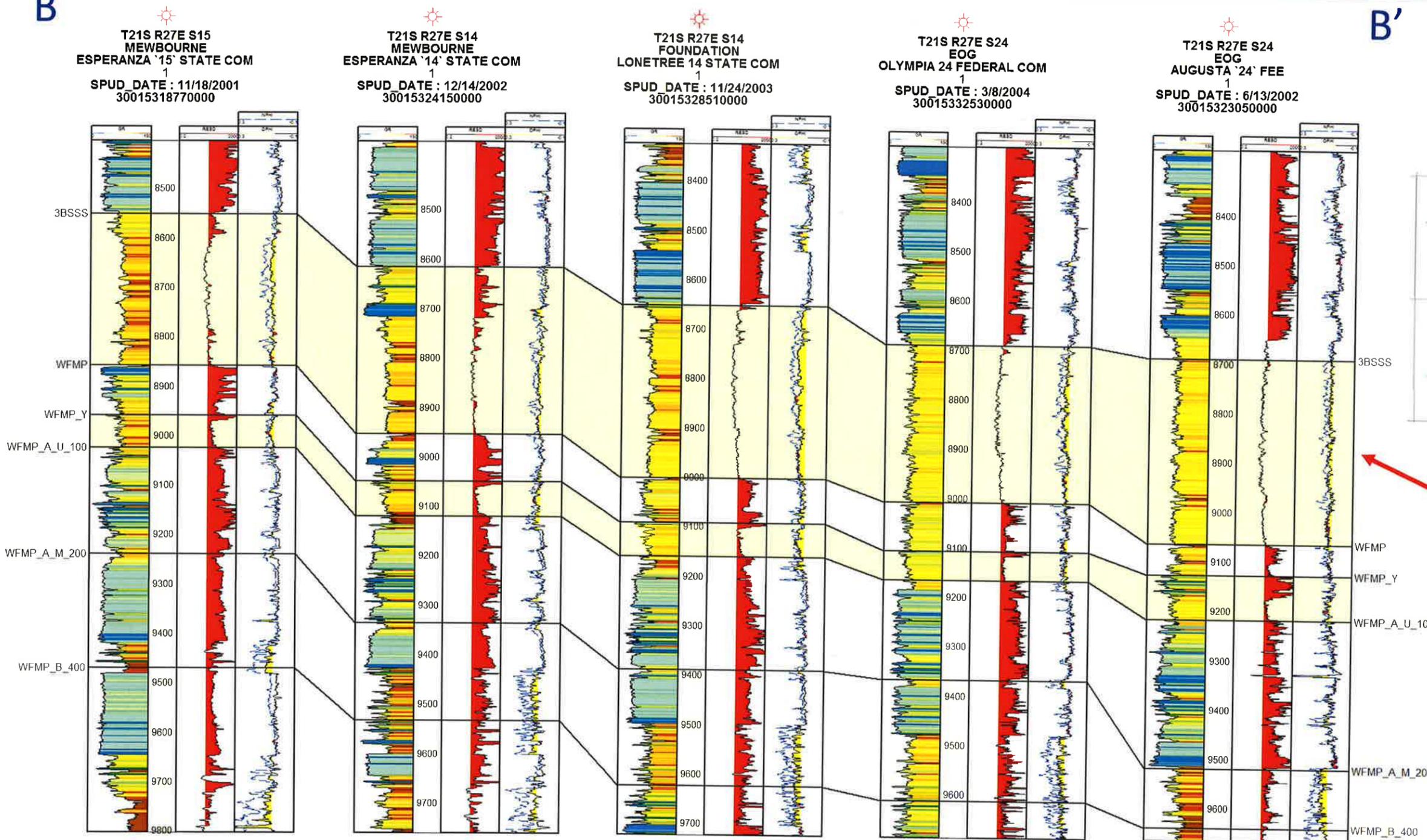
Stratigraphic (Dip) Cross-Section B-B'

Northwest to Southeast



B

B'



3rd Bone Spring Sand Targets:
(331H & 332H)

Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20157
 February 21, 2019
 Exhibit # E-1

Stratigraphic (Dip) Cross-Section B-B' Northwest to Southeast



B

T21S R27E S15
MEWBOURNE
ESPERANZA '15' STATE COM
SPUD_DATE : 11/18/2001
30015318770000

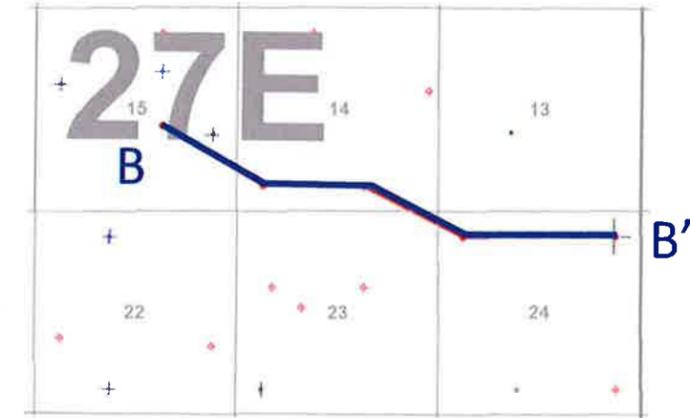
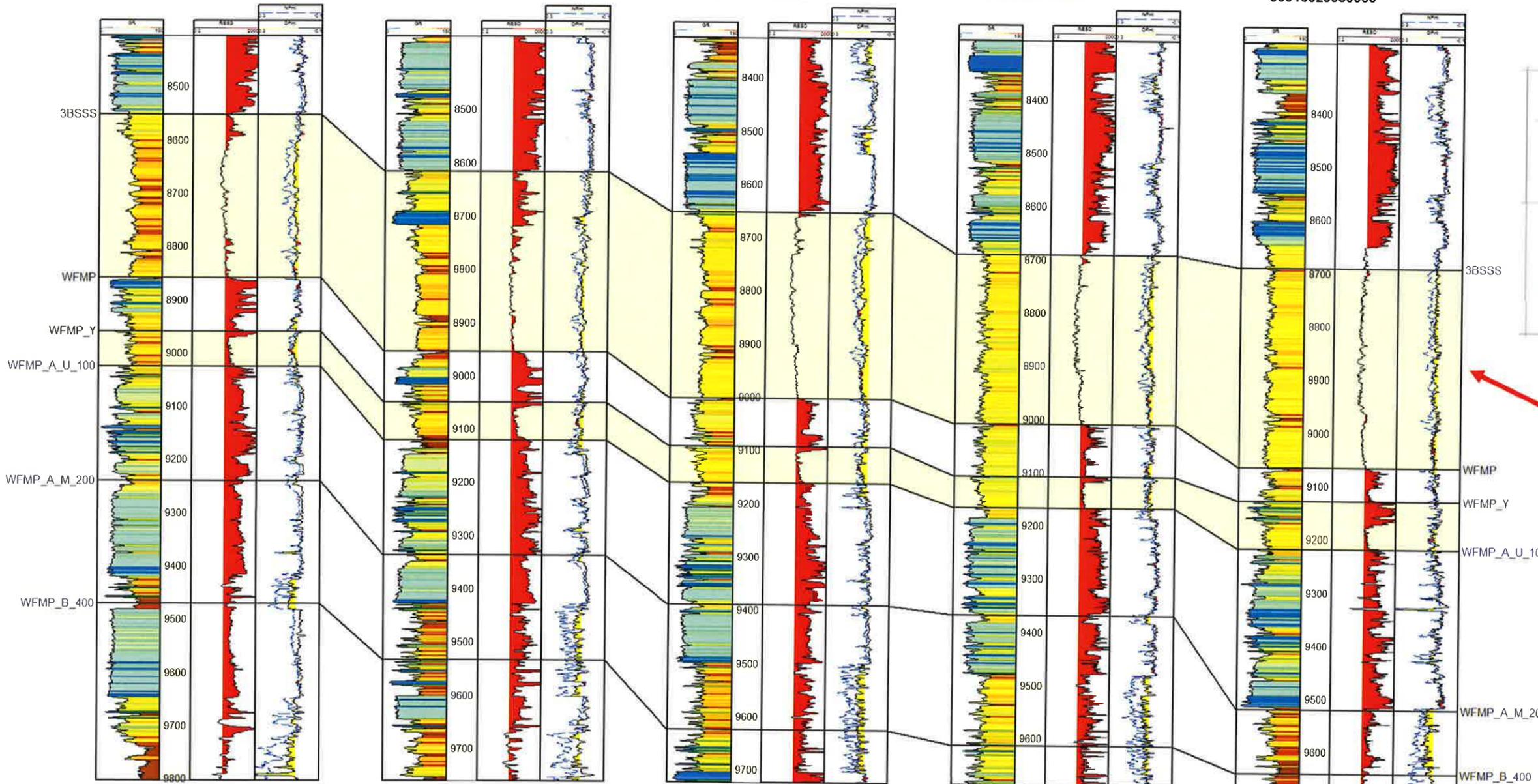
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MEWBOURNE
ESPERANZA '14' STATE COM
SPUD_DATE : 12/14/2002
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T21S R27E S14
FOUNDATION
LONETREE 14 STATE COM
SPUD_DATE : 11/24/2003
30015328510000

T21S R27E S24
EOG
OLYMPIA 24 FEDERAL COM
SPUD_DATE : 3/8/2004
30015332530000

T21S R27E S24
EOG
AUGUSTA '24' FEE
SPUD_DATE : 6/13/2002
30015323050000

B'



3rd Bone Spring Sand Target:
(333H)

Devon Energy Corporation
Docket # 08-19
Case Numbers 20158
February 21, 2019
Exhibit # E-2

Stratigraphic (Dip) Cross-Section B-B'

Northwest to Southeast



B

B'

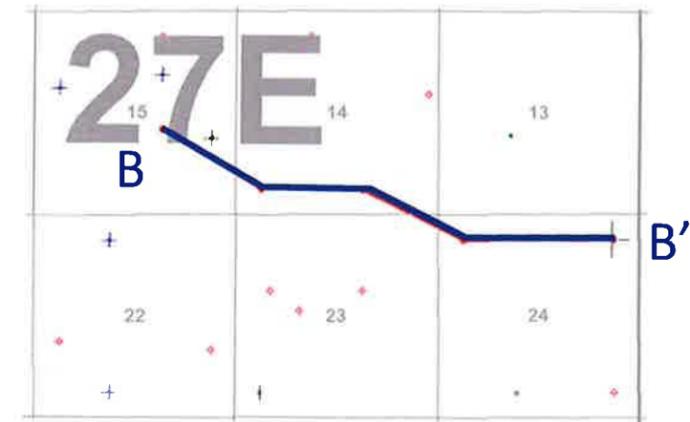
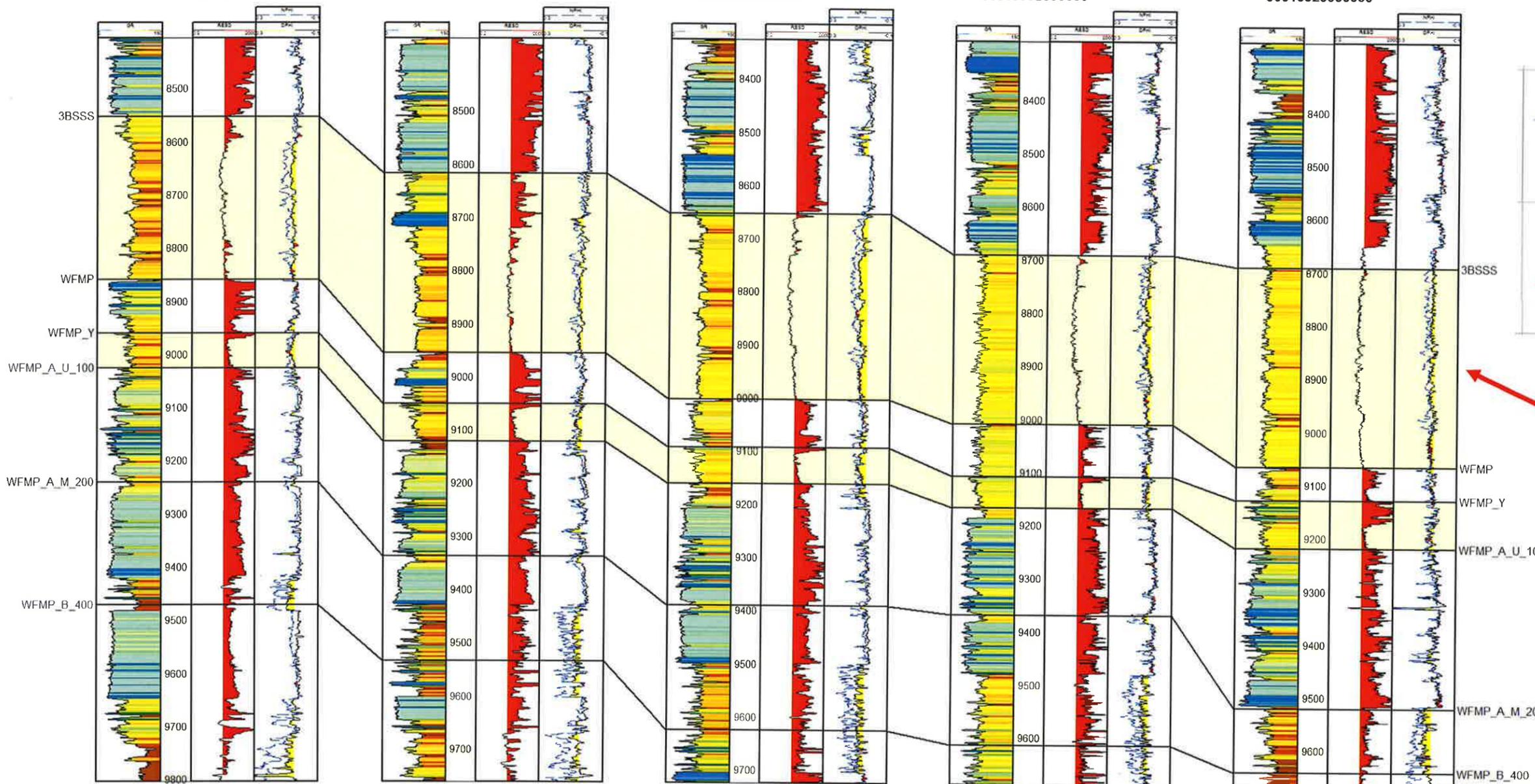
T21S R27E S15
MEWBOURNE
ESPERANZA '15' STATE COM
SPUD_DATE : 11/18/2001
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T21S R27E S14
MEWBOURNE
ESPERANZA '14' STATE COM
SPUD_DATE : 12/14/2002
30015324150000

T21S R27E S14
FOUNDATION
LONETREE 14 STATE COM
SPUD_DATE : 11/24/2003
30015328510000

T21S R27E S24
EOG
OLYMPIA 24 FEDERAL COM
SPUD_DATE : 3/8/2004
30015332530000

T21S R27E S24
EOG
AUGUSTA '24' FEE
SPUD_DATE : 6/13/2002
30015323050000



3rd Bone Spring Sand Targets:
(334H, 335H, & 336H)

Devon Energy Corporation
Docket # 08-19
Case Numbers 20159
February 21, 2019
Exhibit # E-3

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20157

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20158

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20159

AFFIDAVIT OF KARSAN SPRAGUE

1. I, Karsan Sprague, am over eighteen (18) years of age and am otherwise competent to make the statements contained herein.

2. I am a Reservoir Engineer for Devon Energy Production Company, L.P. ("Devon"). My responsibilities at Devon include reserve appraisals, subsurface characterization, and performance prediction.

3. I have not previously testified before the New Mexico Oil Conservation Division as an expert witness in petroleum engineer matters. My credentials as a petroleum engineer are as follows:

- a. I obtained a Bachelor's degree in Petroleum Engineering from Montana Tech.
- b. I have worked with Devon as a Petroleum Engineer since 2015.

4. This affidavit is submitted in connection with the filing by Devon of the above-referenced compulsory pooling applications pursuant to 19.15.14.12(A)(1) NMAC. I am familiar with the subject applications and the engineering involved.

- a. In Case No. 20157, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 332H well and Lone Tree Draw 14-13 State Com 331H well.
- b. In Case No. 20158, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the S/2 N/2 of Section 13 and the S/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 333H well.
- c. In Case No. 20159, Devon seeks to dedicate a standard 640-acre, more or less, horizontal spacing unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 335H well, Lone Tree Draw 14-13 State Com 336H well, and Lone Tree Draw 14-13 State Com 334H well, to be horizontally drilled.
- d. In all three cases, Devon is targeting the Bone Spring Formation (3rd Bone Spring Sand interval). The wells will be located in the Carlsbad, Bone Spring East Pool (pool code 91944).

5. I have completed an analysis for the 3rd Bone Spring Formation using both Devon Operated Wells (Parkway West Unit) and wells operated by others (OBO) in the area surrounding

Sections 13 and 14, 21S 27E. In Parkway West Unit, Sections 20, 21, 22, 27, 28, & 29, 19S 29E, Devon tested multiple well spacing scenarios and found that 6 wells per section (WPS) were commercially successful in that field. That spacing is what is being tested in the appraisal wells targeting the 3rd Bone Spring Sand. There are three wells in Section 18, 20S 29E that are spaced at 4 WPS and the one 1-mile that was tested at 6 WPS in the Parkway West Unit and the performance of the well at 6 WPS spacing performed the same as the wells spaced at 4 WPS see **Exhibits A-1, A-2 and A-3** attached hereto.

6. I have also completed an analysis for Wolfcamp XY using OBO wells in the Township of 23S 27E to understand performance of wells that are in a comparable reservoir to Sections 13 & 14, 21S 27E. That analysis is attached to my affidavit submitted in Case Nos 20160 and 20161.

7. In my opinion, the upper Wolfcamp formation (Wolfcamp XY Sands) and the Lower Bone Spring Formation (3rd Bone Spring Sand) will have communication between horizontally landed wellbores and should be drilled simultaneously. There are no examples that show communication in either the 3rd Bone Spring analog wells or the Wolfcamp XY analog wells that were used to predict performance for Sections 13 & 14, 21S 27E, but Devon plans on testing the landings to know the commercial viability of both formations drilled in tandem.

8. As a result of my analysis for this appraisal area, I believe the appropriate spacing for the 3BSSS is 6 WPS, which will effectively drain that formation. Accordingly, Case Nos. 20157, 20158 and 20159 involve six (6) wells covering all of Sections 13 & 14, 21S 27E.

9. The Exhibits to this Affidavit were prepared by me, or compiled from Devon's company business records.

10. The granting of these applications is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

11. The foregoing is correct and complete to the best of my knowledge and belief.

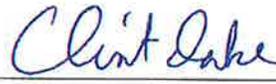
FURTHER AFFIANT SAYETH NAUGHT


KARSAN SPRAGUE

STATE OF OKLAHOMA)
) ss.
COUNTY OF OKLAHOMA)

Subscribed to and sworn before me this 20th day of February, 2019.

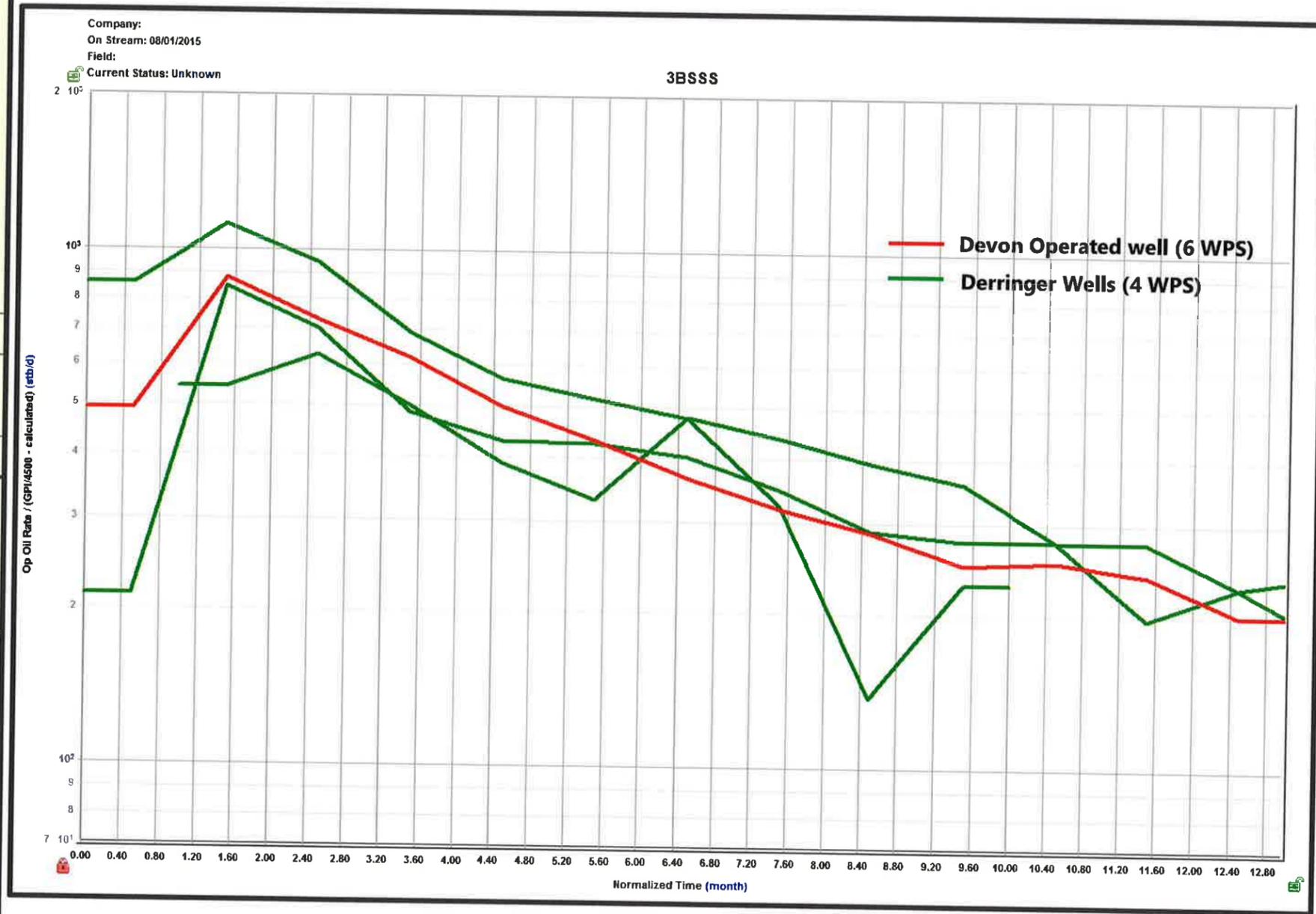
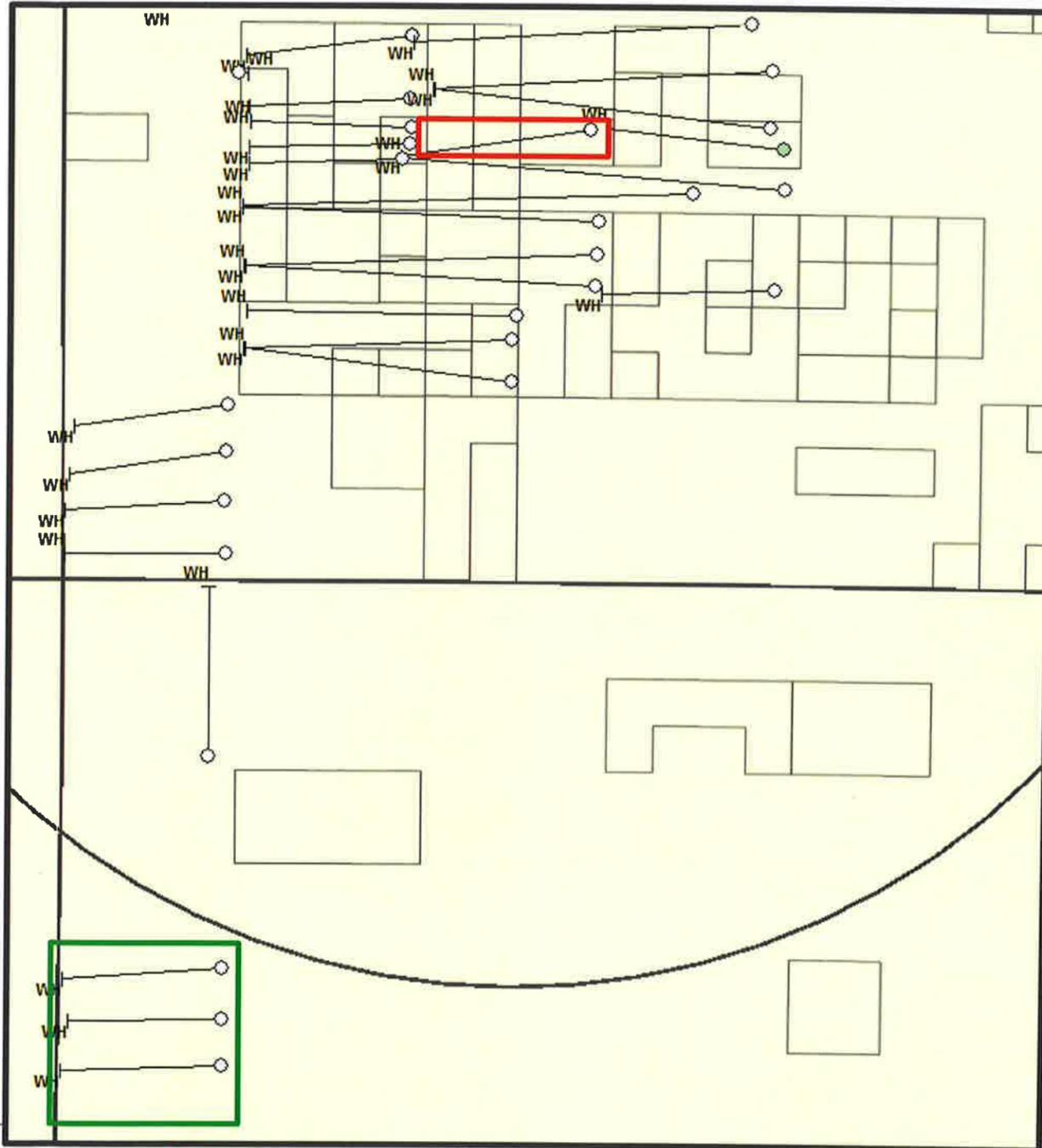




Notary Public

Bone Spring Spacing Evaluation

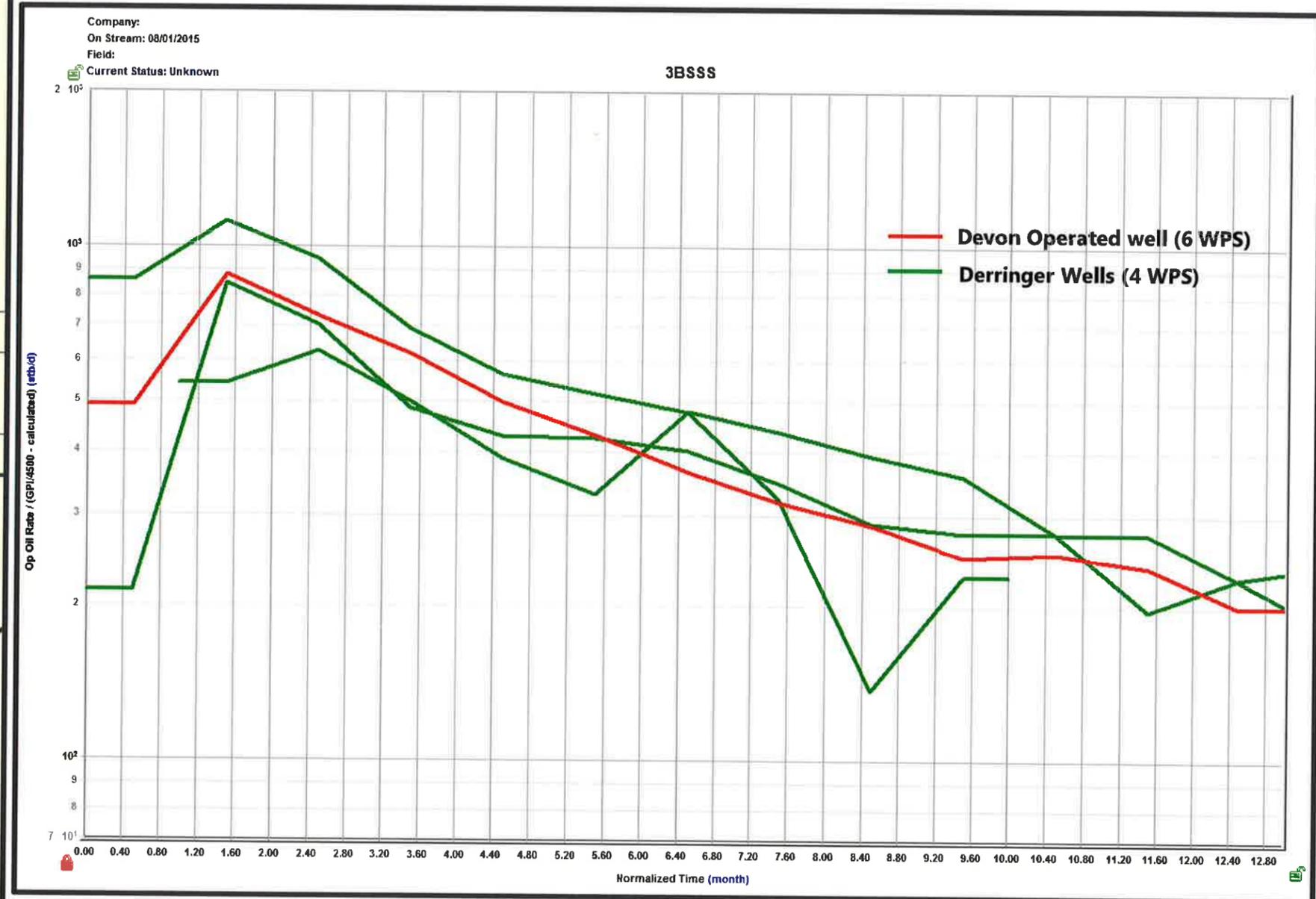
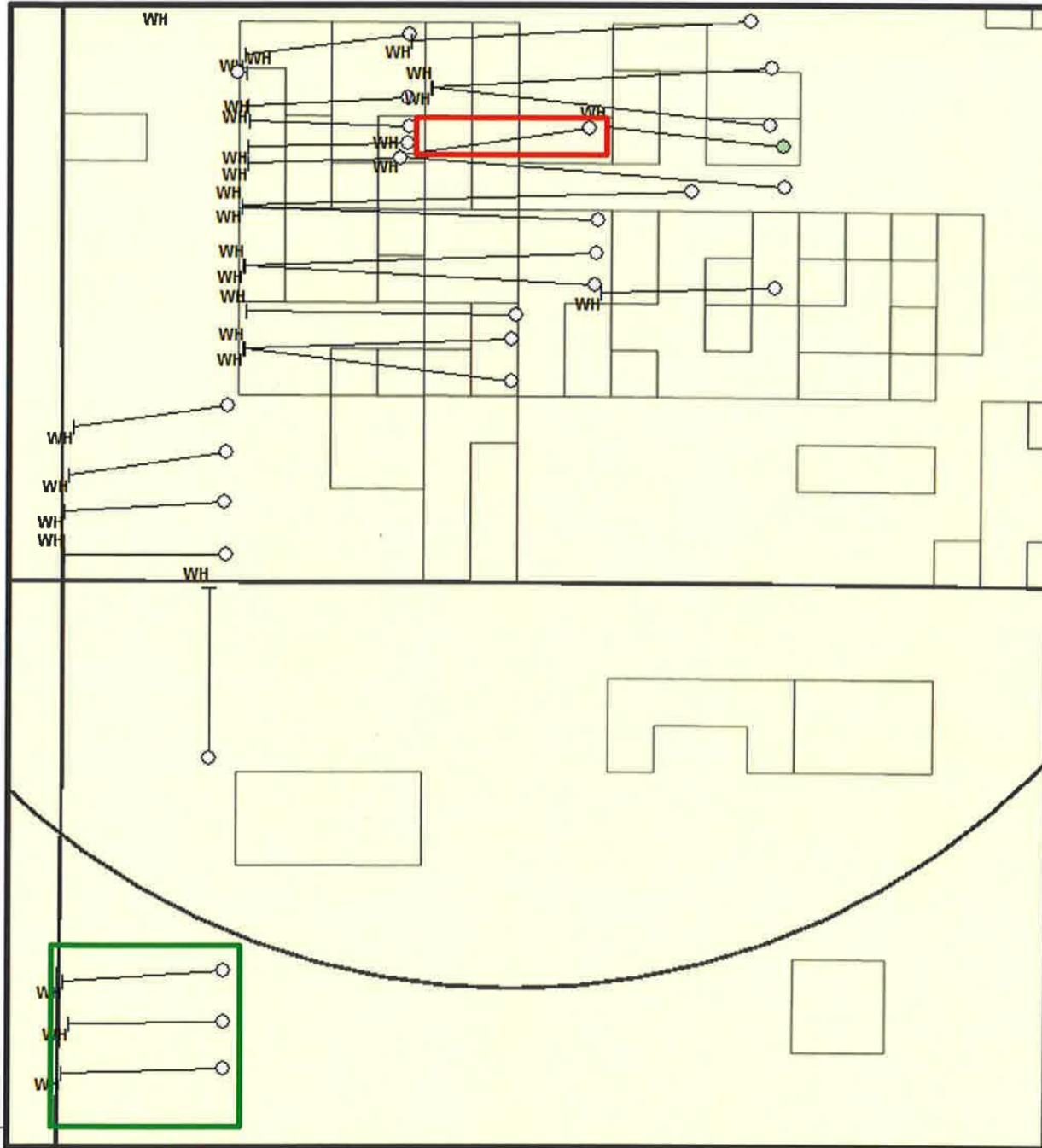
Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20157, 20158 & 20159
 February 21, 2019
 Exhibit # A-1



 Karsan Sprague, Reservoir Engineer – Devon Energy Corporation

Bone Spring Spacing Evaluation

Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20157, 20158 & 20159
 February 21, 2019
 Exhibit # A-2

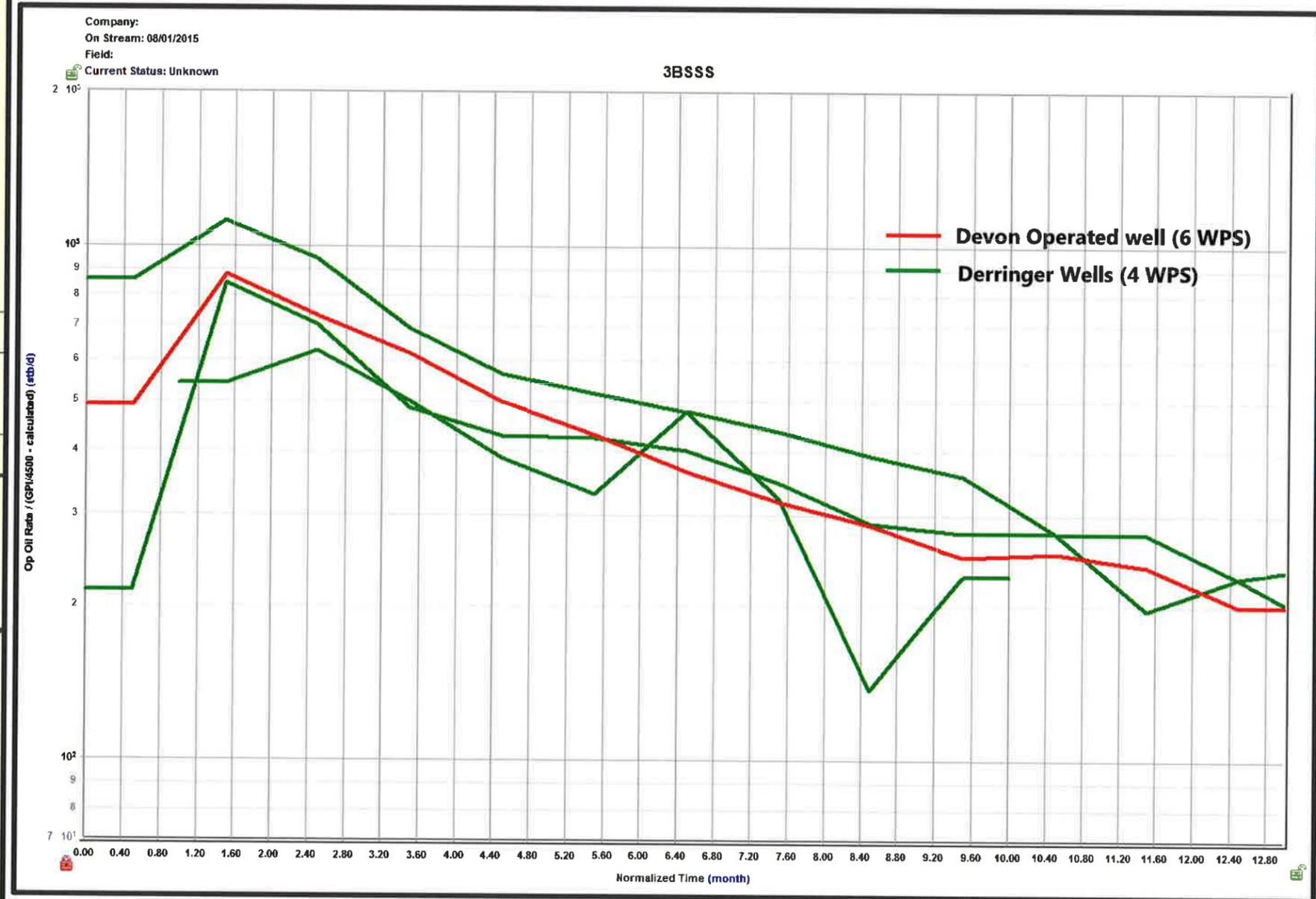
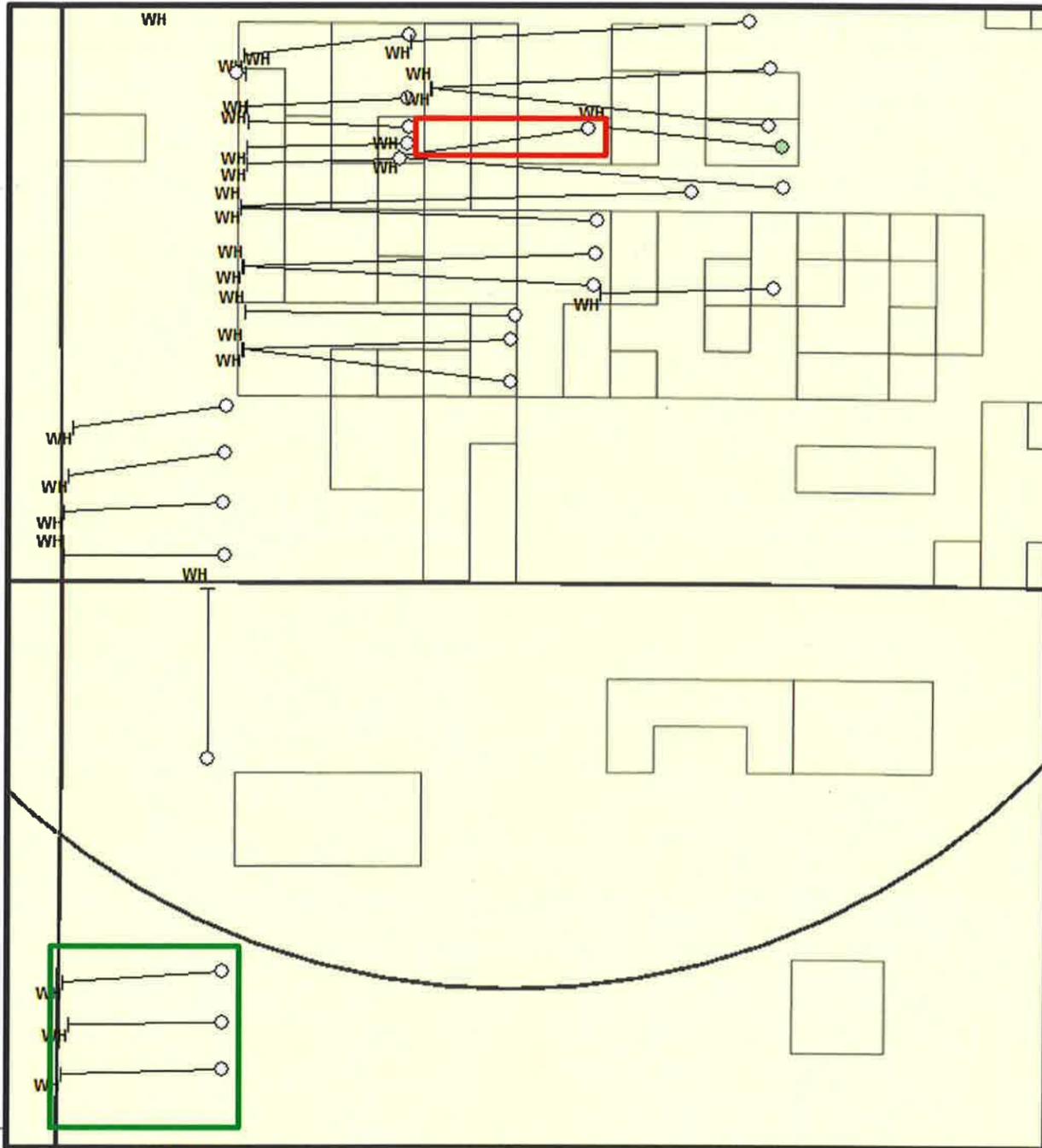


Karsan Sprague, Reservoir Engineer – Devon Energy Corporation

Devon - Internal

Bone Spring Spacing Evaluation

Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20157, 20158 & 20159
 February 21, 2019
 Exhibit # A-3



Karsan Sprague, Reservoir Engineer – Devon Energy Corporation

Devon - Internal

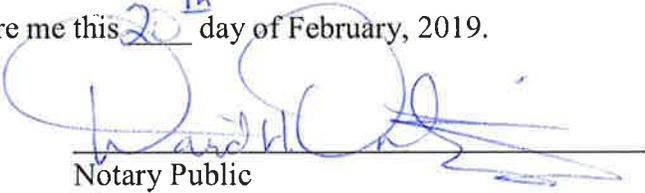
I, Seth C. McMillan, attorney for Devon Energy Production Company, L.P., the Applicant in the above-captioned matters, being first duly sworn, upon oath state that I sent copies of the Applications in these matters to the parties as specified on the attached **Exhibit A**. Proof of receipt is attached hereto. I also had published a Notice in the Carlsbad Current-Argus. An Affidavit of Publication is attached as **Exhibit B**.

Devon has conducted a good faith, diligent effort to find the names and correct addresses for the interest owners entitled to receive notice of the Applications filed herein.



SETH C. McMILLAN

SUBSCRIBED AND SWORN to before me this 20th day of February, 2019.



Notary Public

My Commission Expires:

6/13/2022

U.S. Postal Service™
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OFFICIAL USE

SANTA FE NM
 Postmark
 DEC 18 2018
 USPO 87504

7015 1730 0000 9793 7441

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 \$ <u>9.09</u>	
Sent To: 3MG Corporation Street: 500 W. Texas, Suite 1020 City, St: Midland, TX 79701	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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-top: 10px;"> 3MG Corporation 500 W. Texas, Suite 1020 Midland, TX 79701 </div> <p>2. Article # (Transfer) <u>7015 1730 0000 9793 7441</u></p>	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>12-27</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>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

EXHIBIT A

7015 1730 0000 9793 7458

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	\$ _____

SANTA FE NM
Postmark Here
DEC 19 2018
USPO 87504

Postage *9.09*
\$ To Adolph P. Schuman Trust James J Crafts Jr.,
\$ TTEE
\$ Se 2701 16th Street
\$ St San Francisco, CA 94104
\$ Ci

Returned
envelope

1/3/19

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 9.09

SANTA FE NM
 Post Office Here
DEC 19 2018
USPO 87504

Agnes Cluthe Oliver Foundation TR Turtle
 Creek Trust Company LTA Successor TTEE
 3838 Oak Lawn Avenue
 Suite 1650
 Dallas, TX 75219

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

7015 1730 0000 9793 7465

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Agnes Cluthe Oliver Foundation TR Turtle
 Creek Trust Company LTA Successor TTEE
 3838 Oak Lawn Avenue
 Suite 1650
 Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) *Mela Crawford* **C. Date of Delivery** *12-28-18*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (7015 1730 0000 9793 7465

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9793 7472

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

9.09

\$

Sent to

Betsy H. Keller

Street

600 Deer Valley Road

City, State

Apt. GG

San Rafael, CA 94903

SANTA FE NM
Postmark
Here
DEC 19 2018
USPO 87504

7015 1730 0000 9813 2357

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)	
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<input type="checkbox"/> Return Receipt (electronic)	\$
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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 9.09
Total Postage and Fees	\$ 9.09

Postmark Here
SANTA FE NM
DEC 19 2018
USPO 87504

7015 1730 0000 9813 2357

Brian Wochler Trust UWO William B. Oliver
Steve Fillenwarth Succ TTEE
9840 Westpoint Drive
Suite 200
Indianapolis, IN 42656

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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) Steve F. Fillenwarth</p> <p>C. Date of Delivery JAN 6 2019</p>
<p>1. Article Addressed to:</p> <p>Brian Wochler Trust UWO William B. Oliver Steve Fillenwarth Succ TTEE 9840 Westpoint Drive Suite 200 Indianapolis, IN 42656</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</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article (Trans: 7015 1730 0000 9813 2357)</p>	

PS Form 3811, July 2013 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
 \$ 9.09

Sent To

Street Chi Energy, Inc

P.O. Box 1799

City Midland, TX 79702

SANTA FE NM
 Postmark Here
DEC 19 2018
USPO 87504

7015 1730 0000 9813 2340

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chi Energy, Inc
 P.O. Box 1799
 Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 DW Addressee

B. Received by (Printed Name) DW C. Date of Delivery 12-28-18

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article (Trans) 7015 1730 0000 9813 2340

PS Form 3811, July 2013

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 \$ _____

Postmark
 Here
SANTA FE NM
DEC 19 2018
USPO 87504

Postage
 \$ _____

Total Postage and Fees *9.09*
 \$ _____

Sent To
 Street a Leawood, KS 66206-1652
 City, St Coleman Martin
 8833 Ensley Court

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

7015 1730 0000 9793 7502

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Coleman Martin
 8833 Ensley Court
 Leawood, KS 66206-1652

2. 7015 1730 0000 9793 7502

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kelli Anderson Agent
 Addressee

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

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

SANTA FE NM
 Postmark
 Here
DEC 19 2018
USPO 87504

Postage
 \$ _____

Total Postage and Fees 9.09
 \$ _____

Se CWM 2000-B, Ltd.
 Str 500 W Texas, Suite 1020
 Ci Midland, TX 79701

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

7015 1730 0000 9793 7496

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

CWM 2000-B, Ltd.
 500 W Texas, Suite 1020
 Midland, TX 79701

2. Article (Transit) 7015 1730 0000 9793 7496

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X  Addressee

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 12/19

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013

Domestic Return Receipt

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

OFFICIAL USE

7015 1730 0000 9813 2067

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	\$

SANTA FE NM
DEC 14 2018
Postmark Here
USPO 87504

Postage	\$
Total Postage and Fees	\$ 9.00

Sender	David H Essex
Street	P.O. Box 50577
City	Midland, TX 79710

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

David H Essex
P.O. Box 50577
Midland, TX 79710

2. Article (Tr) 7015 1730 0000 9813 2067

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>H. Essex</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>TRENTON</i>	C. Date of Delivery <i>12-21-18</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9793 7489

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 checked="" 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	\$ <u>9.09</u>

SANTA FE NM
Postmark
DEC 19 2018
USPO 87504

Send To	_____
\$	E G Holden Testamentary Trst
	8758 Chalk Hill Road
©	Healdsburg, CA 95448-9542

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

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

OFFICIAL USE

7015 1730 0000 9793 7434

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 9.09

USPO 87504
 Postmark
DEC 9 2018
SANTA FE NM

Sent To: Ernie Bello
 Street: 1570 Alewa Drive
 City, St: Honolulu, HI 96817-1205

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Ernie Bello
 1570 Alewa Drive
 Honolulu, HI 96817-1205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Kristina Agent
 Addressee

B. Received by (Printed Name)
Valentina Tronchetti

C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. **7015 1730 0000 9793 7434**

PS Form 3811, July 2013 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

7015 1730 0000 9793 7427

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	9.09
\$ Se \$ C	Estate of David Goodnow Edward B Goodnow Executor, James Corrie 209 E. Raymond Avenue Alexandria, VA 22301

SANTA FE NM
Postmark
DEC 19 2018
USPO 87504

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Estate of David Goodnow Edward B Goodnow
Executor, James Corrie
209 E. Raymond Avenue
Alexandria, VA 22301

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
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. A 7015 1730 0000 9793 7427

PS Form 3811, July 2013

Domestic Return Receipt

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OFFICIAL USE

7015 1730 0000 9793 7410

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	\$

SANTA FE NM
 Postmark Here
DEC 19 2018
USPO 87504

Postage *90¢*
 Frances B Bunn TTEE Frances B Bunn Rev. Lt.
 Dtd. 5-18-82
 2493 Makiki Heights Drive
 Honolulu, HI 96822-2542

PS Form 3800, April 2013 PSN 7530-02-000-9000 See reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Frances B Bunn TTEE Frances B Bunn Rev. Lt.
 Dtd. 5-18-82
 2493 Makiki Heights Drive
 Honolulu, HI 96822-2542

2. Article Num (Transfer fro) **7015 1730 0000 9793 7410**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

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

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9793 7403

U.S. Postal Service™
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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	\$

SANTA FE NM
DEC 19 2018
Postmark Here
USPO 87504

Postage \$ 9.09
To: Hayes Revocable Trust Michael D Hayes &
Kathryn A Hayes Ttees
3608 Meadowridge Lane
Midland, TX 79707

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

Returned
Envelope
1/17/2019

7015 1730 0000 9793 7397

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

\$

9.09

Postmark Here
SANTA FE NM
DEC 19 2018
USPO 87504

Sent To

Street Isaac A Kawasaki
1232 S. King Street
City, Honolulu, HI 96814-1918

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

See Reverse for Instructions

Returned
Envelope
12/20/18

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

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

OFFICIAL USE

7015 1730 0000 9793 7380

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
\$ 9.09

Total Postage and Fees
\$

SANTA FE NM
 DEC 19 2018
 USPO 87504

Sent To J. Frederick Van Vranken, Jr
 Street or 950 Regency Square
 Apt. 202
 City, Sta Vero Beach, FL 32967

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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>R. Paternostro</u> C. Date of Delivery <u>12/24/18</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>J. Frederick Van Vranken, Jr 950 Regency Square Apt. 202 Vero Beach, FL 32967</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article (Transit) 7015 1730 0000 9793 7380</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

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

OFFICIAL USE

7015 1730 0000 9793 7342

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here
 USPS 87504
 DEC 19 2018
 SANTA FE NM

Postage
 \$ _____

Total Postage and Fees 9.09
 \$ _____

Sent Jami Huber Owen
 Street 3323 Providence Drive
 City, Midland, TX 79707

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Jami Huber Owen
 3323 Providence Drive
 Midland, TX 79707

2. Article (Tra) 7015 1730 0000 9793 7342

PS Form 3811, July 2013

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
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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

7015 1730 0000 9793 7359

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 \$ _____

USPO 87504
 DEF 9 2018
 SANTA FE NM

Postage \$ 9.09

Judith C Devine Trust Uwo William B Oliver
 Turtle Creek Trust Company Lta Successor
 Trustee
 3838 Oak Lawn Avenue
 Suite 1650
 Dallas, TX 75219

PS Form 3807, April 2013 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. Also complete item 4 if Restricted Delivery is desired. 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>Mela Crawford</u></p> <p>C. Date of Delivery <u>12-28-18</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>Judith C Devine Trust Uwo William B Oliver Turtle Creek Trust Company Lta Successor Trustee 3838 Oak Lawn Avenue Suite 1650 Dallas, TX 75219</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. <u>7015 1730 0000 9793 7359</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

OFFICIAL USE

7015 1730 0000 9793 7366

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 \$ _____

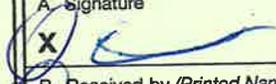
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

To Locker Brothers, a Texas General Partnership
1513 Flintridge
W. Lake Hills, TX 78746

Postmark Here
USPS 4504
DEC 19 2018
SANTA FE NM

PS Form 3800, April 2015 PSN 7530-t2-000-9047 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. Also complete item 4 if Restricted Delivery is desired. 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"/>  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Locker Brothers, a Texas General Partnership 1513 Flintridge W. Lake Hills, TX 78746</p>	<p>B. Received by (Printed Name) C. Date of Delivery Eric H. Locker 12/29/18</p>
<p>2. 7015 1730 0000 9793 7366</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>PS Form 3811, July 2013</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt</p>

7015 1730 0000 9793 7373

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 \$ 10.9

Mccombs Energy Ltd., a Texas Limited Partnership Mccombs Energy Gp LLC Gen Ptnr.
 Larry Wyont Vice President
 750 E. Mulberry Avenue Suite 403
 San Antonio, TX 78212

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

USPO 87504
 SEP 19 2018
 SANTA FE NM
 Postmark Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Mccombs Energy Ltd., a Texas Limited Partnership Mccombs Energy Gp LLC Gen Ptnr.
~~Larry Wyont Vice President~~
 750 E. Mulberry Avenue Suite 403
 San Antonio, TX 78212

2. A 7015 1730 0000 9793 7373

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Sarah O'Shaughnessy

B. Received by (Printed Name) Sarah O'Shaughnessy C. Date of Delivery 01/03/19

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

Larry is not associated with Mccombs Energy anymore.

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 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

7015 1730 0000 9793 7335

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 **9.09**
 \$ _____

SANTA FE NM
 POST OFFICE
 DEC 19 2018
 USPO 87504

Sent To Mewbourne Development Corporation
 Street 500 W. Texas, Suite 1020
 City, State Midland, TX 79701

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Mewbourne Development Corporation
 500 W. Texas, Suite 1020
 Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **12-27**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. A 7015 1730 0000 9793 7335
 C

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9793 7328

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 \$	<div style="text-align: center;">  </div>
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 \$	9.69
Sent Mewbourne Oil Company Street 500 W. Texas, Suite 1020 City Midland, TX 79701	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 12-27</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>Mewbourne Oil Company 500 W. Texas, Suite 1020 Midland, TX 79701</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article (Trk) 7015 1730 0000 9793 7328</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 2013 Domestic Return Receipt	

7015 1730 0000 9793 7311

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
\$ 7.09

Sent Milestone Energy Corp.
 Street 5910 S. University Blvd. C18432
 City Greenwood Village, CO 80121

Postmark Here
SANTA FE NM
DEC 19 2018
USPO 87504

7015 1730 0000 9813 2326

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
 \$ 9.09

Sent To

Str Morris E. Schertz & Wife Holly K. Schertz

P. O. Box 2588

City Roswell, NM 88202-2588

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

SANTA FE NM
 Dec 19 2018
 USPO 87504

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:
 Morris E. Schertz & Wife Holly K. Schertz
 P. O. Box 2588
 Roswell, NM 88202-2588



2. Article Number (Transfer from service label)
 7015 1730 0000 9813 2326

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): Bob Stacy Date of Delivery: 12-26-18

C. Date of Delivery: 12-26-18

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

3. Service Type
- Adult Signature Priority Mail Express®
- Adult Signature Restricted Delivery Registered Mail™
- Certified Mail® Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery Return Receipt for Merchandise
- Collect on Delivery Signature Confirmation™
- Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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
 \$ 9.09

Sent To

\$ Penroc Oil Corporation M Y Merchant, President

P.O. Box 2769

C Hobbs, NM 88241-2769

SANTA FE NM
 Dec 19 2018
 USPO 87504

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

7015 1730 0000 9813 2333

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 M Y Merchant, President
 P.O. Box 2769
 Hobbs, NM 88241-2769



9590 9401 0118 5225 7035 73

2. Article Number (Transfer from service label)

7015 1730 0000 9813 2333

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name) Agon Mer C. Date of Delivery 12-24-18

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 Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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

7015 1730 0000 9813 2319

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	\$ 9.09

SANTA FE NM
 Postmark Here
DEC 9 2018
USPO 87504

Robert A Oliver Trust Uwo William B Oliver
 Turtle Creek Trust Company Ltd. Successor Ttee
 3838 Oak Lawn Avenue
 Suite 1650
 Dallas, TX 75219

PS Form 3811, April 2015 PSN 7530-02-000-9053 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:
 Robert A Oliver Trust Uwo William B Oliver
 Turtle Creek Trust Company Ltd. Successor Ttee
 3838 Oak Lawn Avenue
 Suite 1650
 Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) *Melbi Crawford* C. Date of Delivery *12-28-18*

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



2. Article Number (Transfer from service label)
 7015 1730 0000 9813 2319

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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Restricted Delivery	

7017 3040 0000 8683 9356

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 \$ _____	SANTA FE NM Postmark Here DEC 9 2018 USPO 87504
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	9.09
Sanford J. Hodge, III 4323 Gilbert Avenue, Villa #2 Dallas, TX 75219-2209	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Returned
 Envelope
 1/22/19

7017 3040 0000 8683 9363

U.S. Postal Service™
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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	\$	9.09
\$ Slash Exploration Limited Partnership \$ P.O. Box 1973 Roswell, NM 88202		

Postmark Here
 SANTA FE, NM
 DEC 19 2018
 USPO 87504

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

SENDER: COMPLETE THIS SECTION

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

1 Slash Exploration Limited Partnership
 P.O. Box 1973
 Roswell, NM 88202



9590 9402 3493 7275 4784 16

2 Article Number (Transfer from service label)

7017 3040 0000 8683 9363

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *V. Alvarado* Agent
 Addressee

B. Received by (Printed Name)
Veronica Alvarado

C. Date of Delivery

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



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 checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

7017 3040 0000 8683 9370

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 \$ _____	Postmark Here SANTA FE NM DEC 19 2018 USPO 87504
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 \$ <u>9.09</u>	
Sent to Street City,	Southwest Royalties, Inc P.O. Box 733772 Dallas, TX 75373
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Southwest Royalties, Inc P.O. Box 733772 Dallas, TX 75373	B. Received by (Printed Name) Gabriel Hernandez
2. Article Number (Transfer from service label) 9590 9402 3493 7275 4784 23	C. Date of Delivery DEC 23 2018
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" 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"/> Registered Mail® <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7017 3040 0000 8683 9387

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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
\$ _____

Tot \$ 9.09

Se Tenison Oil Company

1925 Hospital Place

Abilene, TX 79606

St _____

Cit _____

SANTA FE NM
Postmark
Here
DEC 19 2018
USPO 87504

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 \$ _____

SANTA FE NM
 DEC 13 2018
 Postmark Here
USPO 87504

Postage \$ _____

Total Yates Energy Corp. **9.69**
 P.O. Box 2323

Ser Roswell, NM 88202-2323

Stre _____

City _____

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

7017 3040 0000 8683 9394

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Yates Energy Corp.
 P.O. Box 2323
 Roswell, NM 88202-2323



9590 9402 3493 7275 4784 47

2. Article Number (Transfer from service label)
 7017 3040 0000 8683 9394

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
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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	
\$	9.69

SANTA FE NM

DEC 18 2018
Postmark
Here
USPO 87504

Sent To: Andrew Don Fry
Street: P.O. Box 9251
City: Albuquerque, NM 87119

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

See Reverse for Instructions

7017 3040 0000 8683 9400

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OFFICIAL USE

7017 3040 0000 8683 9424

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 \$ 9.09

SANTA FE NM
 Postmark
DEC 18 2018
USPO 87504

State of New Mexico Commission of Public
 Lands
 P.O. Box 1148
 Santa Fe, NM 87504-1148

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 State of New Mexico Commission of Public
 Lands
 P.O. Box 1148
 Santa Fe, NM 87504-1148



9590 9402 3493 7275 4784 61

2. Article Number (Transfer from service label)
7017 3040 0000 8683 9424

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] Agent
 Addressee

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

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 3040 0000 8683 9431

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	\$ 9.09
Sent To	
Street	Butkin Investment Company LLC
	P.O. Box 2090
City	Duncan, OK 73534

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

SANTA FE NM
 DEC 19 2018
 USPO 87504

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</p> <p><input checked="" type="checkbox"/> <i>Connie Phillips</i> <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Butkin Investment Company LLC P.O. Box 2090 Duncan, OK 73534</p>	<p>B. Received by (Printed Name)</p> <p><i>Connie Phillips</i></p>	<p>C. Date of Delivery</p> <p><i>12/26/18</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 3040 0000 8683 9431</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 3493 7275 4784 78</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"/> Return Receipt for Merchandise</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 <input type="checkbox"/> Registered Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	

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

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

OFFICIAL USE

7017 3040 0000 8683 9448

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	\$ 9.09

Postmark Here
SANTA FE NM
 DEC 19 2018
 USPO 87504

Sent To
 C. Mark Wheeler, And Wife, J'lyn Wheeler
 719 W. Kansas Avenue
 Midland, TX 79701

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 C. Mark Wheeler, And Wife, J'lyn Wheeler
 719 W. Kansas Avenue
 Midland, TX 79701



9590 9402 3493 7275 4784 85

2. Article Number (Transfer from service label)
 7017 3040 0000 8683 9448

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 C. Mark Wheeler Addressee

B. Received by (Printed Name) *C. MARK WHEELER* C. Date of Delivery *12/26/18*

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

Mathew Sandoval
JAN 01 2019
JAN 10 2019
Mathew Sandoval
Mathew Sandoval

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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <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 (\$500) | |

Domestic Return Receipt

7017 3040 0000 8683 9455

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 \$ _____	SANTA FE NM DEC 19 2018 USPO 87504
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 \$ <u>9.09</u>	
Sent To Street <u>Chi Energy Inc.</u> <u>P.O. Box 1799</u> City <u>Midland, TX 79702</u>	
PS Form 3800, April 2015 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. 	A. Signature <input checked="" type="checkbox"/> <u>DLW</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Chi Energy Inc. P.O. Box 1799 Midland, TX 79702	B. Received by (Printed Name) <u>DLW</u> C. Date of Delivery <u>12-28-18</u>
2. Article Number (Transfer from service label) <u>7017 3040 0000 8683 9455</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
Barcode:  9590 9402 3493 7275 4784 92	<input type="checkbox"/> Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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

OFFICIAL USE

7017 3040 0000 8683 9462

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 \$ _____

SANTA FE, NM
 Postmark Here
 DEC 19 2018
 USPO 87504

Postage
 \$ _____

Total Postage and Fees
 \$ 9.09

Send to:
 Recipient Name: Chisos Minerals LLC
 Street: 1111 Bagby Street
 Suite: Suite 2150
 City: Houston, TX 77002

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Chisos Minerals LLC
 1111 Bagby Street
 Suite 2150
 Houston, TX 77002



9590 9402 3493 7275 4785 08

2. Article Number (Transfer from service label)
 7017 3040 0000 8683 9462

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Meg Carrigan Agent
 Addressee

B. Received by (Printed Name)
 Meg Carrigan

C. Date of Delivery

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 3040 0000 8683 9479

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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 9.09

SANTA FE NM
 Postmark Here
DEC 19 2018
USPO 87504

Cornerstone Family Trust John Kyle Thoma
 Succ TTEE
 P.O. Box 558
 Peyton, Co 80831

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cornerstone Family Trust John Kyle Thoma
 Succ TTEE
 P.O. Box 558
 Peyton, Co 80831



9590 9402 3493 7275 4785 22

2. Article Number (Transfer from service label)
 7017 3040 0000 8683 9479

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 John K. Thoma

C. Date of Delivery
 1-5

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

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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 *9.09*

Postmark Here
SAN ANTONIO NM
 DEC 19 2018
 USPO 87504

Sent To
 Street Crownrock Minerals LP
 P.O. Box 51933
 City Midland, TX 79710

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

7017 3040 0000 8683 9486

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:
 Crownrock Minerals LP
 P.O. Box 51933
 Midland, TX 79710



9590 9402 3493 7275 4785 15

2 Article Number (transfer from service label)

7017 3040 0000 8683 9486

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Ellenie Arampato Agent
 Addressee

B. Received by (Printed Name)
Ellenie Arampato

C. Date of Delivery
12/26/18

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Mail Restricted Delivery (30)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

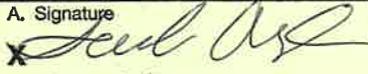
Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 3040 0000 8683 9493

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 \$ _____	Postmark Here SANTA FE NM DEC 19 2018 MSPO 87504
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 \$ <u>9.09</u>	
Sent To Sir: Curtis W. Mewbourne, Trustee P.O. Box 7698 City: Tyler, TX 75711	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Curtis W. Mewbourne, Trustee P.O. Box 7698 Tyler, TX 75711	B. Received by (Printed Name) <u>Gonzalo Argote</u> 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
 9590 9402 3493 7275 4785 39	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" 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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label) 7017 3040 0000 8683 9493	<input type="checkbox"/> Restricted Delivery
PS Form 3811, July 2015 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

\$ _____

To Dynasty Partners LLC

Bill Cagle, Manager

5910 S. University Blvd.

Greenwood Village, CO 80121

St _____

City _____

Postmark
SANTA FE NM
DEC 19 2018
USPO 87504

7017 3040 0000 8683 9509

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OFFICIAL USE

7017 3040 0000 8683 9516

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	9.09

SANTA FE NM
Postmark
DEC 19 2018
USPO 87504

Sent To

Elouise H. Justice
545 Canyon Springs Drive
El Paso, TX 79912

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OFFICIAL USE

7017 3040 0000 8683 9523

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	9.99

SANTA FE NM
 Postmark
 DEC 19 2018
 USPO 87504

High Sky Childrens Ranch in Memory of David
 Hoy Harrison
 8616 W. County Road 60
 Midland, TX 79707-1307

See back 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:
 High Sky Childrens Ranch in Memory of David
 Hoy Harrison
 8616 W. County Road 60
 Midland, TX 79707-1307



9590 9402 3493 7275 4785 60

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9523

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Megan

B. Received by (Printed Name) Megan
 C. Date of Delivery 12-22-18

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

8613 W. County Rd
 CED

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 checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

7017 3040 0000 8683 9530

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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	\$ 9.09

SANTA FE NM
Postmark
Here
DEC 19 2018
USPO 87504

Hoy B. Harrison Endowed Scholarship Texas
Christian University c/o Finance &
Administration
P.O. Box 297041
Ft Worth, TX 76129-0001

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:

Hoy B. Harrison Endowed Scholarship Texas
Christian University c/o Finance &
Administration
P.O. Box 297041
Ft Worth, TX 76129-0001



9590 9402 3493 7275 4785 77

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9530

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Barbara Kelley Agent
 Addressee

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

Barbara Kelley 11/2/19

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

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 checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

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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

\$

9.09

Jareed Partners Ltd., a Texas Limited Partnership
P.O. Box 51451
Midland, TX 79710-1451

SANTA FE NM
Postmark Here
DEC 19 2018
USPO 87504

for Instructions

7017 3040 0000 8683 9547

7017 3040 0000 8683 9554

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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	\$ 9.09

SANTA FE NM
Postmark Here
DEC 19 2018
USPO 87504

Kimbell Royalty Holdings LLC Duncan
Management LLC Agent
P.O. Box 671099
Dallas, TX 75367

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Kimbell Royalty Holdings LLC Duncan
 Management LLC Agent
 P.O. Box 671099
 Dallas, TX 75367



9590 9402 3493 7275 4785 91

2. Article Number (Transfer from service label)
 7017 3040 0000 8683 9554

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Miguel T Addressee

B. Received by (Printed Name) Miguel T

C. Date of Delivery 12/21/18

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

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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Tr
Lowe Royalty Partners LP
P.O. Box 4887
Houston, TX 77210-4887

USPO 87504
SEP 19 2018
SANTA FE NM
Postmark Here

969

7017 3040 0000 8683 9561

8047

See Reverse for Instructions

7017 3040 0000 8683 9578

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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 \$ 9.07

Postmark Here
SANTA FE NM
DEC 19 2018
USPO 87504

Midland College Foundation Inc FBO David
 Hoy Harrison Endowed Music Scholarship at
 Midland College in Memory of David Hoy
 3600 N. Garfield St.
 Midland, TX 79705-6397

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"/> <u>Jan Jones</u> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <u>12-27-18</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>Midland College Foundation Inc FBO David Hoy Harrison Endowed Music Scholarship at Midland College in Memory of David Hoy 3600 N. Garfield St. Midland, TX 79705-6397</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" 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"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</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><u>7017 3040 0000 8683 9578</u></p>		<p>9590 9402 3493 7275 4786 14</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>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 \$

SANTA FE NM

DEC 19 2018

USPO 87504

Postage

\$

To

\$

\$

\$

\$

\$

C

Midland Memorial Foundation in Memory of
David Hoy Harrison
400 Rosalind Redfern Grover Pkwy.
Midland, TX 79701-6499

7017 3040 0000 8683 9585

PS Form 3800, April 2013 PSN 7530-01-000-9000

Instructions

7017 3040 0000 8683 9592

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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	\$ <u>9.09</u>

Postmark
SANTA FE NM
DEC 19 2018
USPO 87504

<i>Sent To</i>	
<i>Street a</i>	Mizel Resources a Trust
<i>City, St</i>	4350 S. Monaco Street, Floor 5 Denver, CO 80237-3400

7017 3040 0000 8683 9608

U.S. Postal Service™
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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	\$ 9.09

SANTA FE NM
 Postmark
 DEC 19 2018
 Here
 USPO 87504

Sent NBL Permian, LLC
 Street 1001 Noble Energy Way
 City, Houston, TX 77070

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>NBL Permian, LLC 1001 Noble Energy Way Houston, TX 77070</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" 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"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 3493 7275 4786 45</p> <p>2. <i>(Transfer from service label)</i></p> <p>7017 3040 0000 8683 9608 Restricted Delivery</p>	<p>Domestic Return Receipt</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	

7017 3040 0000 8684 6255

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OFFICIAL USE

Certified Mail Fee		SANTA FE NM Postmark Here DEC 19 2018 USPO 87504
\$	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		
\$	NM & T Resources LLC	
\$	P.O. Box 10523	
\$	Midland, TX 79702-7523	
\$	Str	
\$	City	

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions

returned
 envelope
 1/24/19

7017 3040 0000 8684 6262

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 9.09 \$ _____	
Sent To Paul R. Barwis c/o Dutton Harris & Co.	
State P.O. Box 230	
City Midland, TX 79702	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Returned
 Envelope
 1/24/19

7017 3040 0000 8684 6279

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 9.09

SANTA FE NM
Postmark Here
DEC 15 2018
USPO 87504

Paula Scott Campbell, Trustee of Paula Scott
Campbell Revocable Trust U/T/A 10/27/15
2707 Coronado Drive
Roswell, NM 88201

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

SENDER: COMPLETE THIS SECTION

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

Paula Scott Campbell, Trustee of Paula Scott
Campbell Revocable Trust U/T/A 10/27/15
2707 Coronado Drive
Roswell, NM 88201



2. Article Number (Transfer from envelope label)
7017 3040 0000 8684 6279

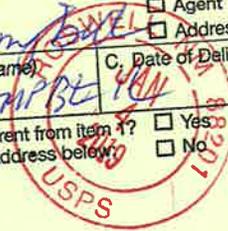
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Paula Campbell

B. Received by (Printed Name) *Paula S. Campbell*

C. Date of Delivery *12/15/18*

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



3. Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

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

7015 1730 0000 9813 2364

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 \$ _____

SANTA FE NM
DEC 19 2018
 Postmark Here
USPO 87504

Postage

\$ _____
 Tot Penwell Employee Royalty Pool
 \$ _____
 Sei 310 W. Wall
 \$ _____
 Str Suite 1001
 \$ _____
 Cit Midland, TX 79701

See Reverse for Instructions

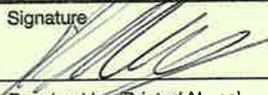
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Penwell Employee Royalty Pool
 310 W. Wall
 Suite 1001
 Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee
 B. Received by (Printed Name) _____ C. Date of Delivery 12/26
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2364

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2371

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 *9.09*
 \$ _____

Sent *Richard W. Schmidt and Wife, Amanda Schmidt*
 Street *P.O. Box 50187*
 City *Austin, TX 78763*

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

SANTA FE NM
Postmark Here
DEC 19 2018
USPO 87504

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J Rhodes</i> C. Date of Delivery <i>1/5/19</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>1. Article Addressed to:</p> <p>Richard W. Schmidt and Wife, Amanda Schmidt P.O. Box 50187 Austin, TX 78763</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (<i>7015 1730 0000 9813 2371</i>)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

OFFICIAL USE

7015 1730 0000 9813 2388

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 \$ _____

SANTA FE NM
Postmark
Here
DEC 19 2018
USPO 87504

Postage \$ _____

Tot \$ _____

Se. Robin Oil & Gas Corporation
Oklahoma City, OK 73172

Sir _____

City _____

PS _____ 47 See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Robin Oil & Gas Corporation
P.O. Box 720420
Oklahoma City, OK 73172

2. Article Number

(7015 1730 0000 9813 2388

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION

A. Signature X *[Signature]* Address _____

B. Received by (Printed Name) *Thomas Luethe* C. Date of Delivery *12-24-18*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2395

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
\$ 9.09

To Rusk Capital Management LLC
7600 W. Tidwell Road
Suite 800
Houston, TX 77040

PS Form 3811, April 2013

SANTA FE NM
Postmark
DEC 19 2018
USPO 87504

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Rusk Capital Management LLC
7600 W. Tidwell Road
Suite 800
Houston, TX 77040

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R. K. [Signature] Agent
 Addressee

B. Received by (Printed Name) Richard K C. Date of Delivery 11/2/19

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2395

7015 1730 0000 9813 2401

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee		<p>SANTA FE NM Postmark DEC 19 2018 USPO 87504</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		
\$		
To	T.K. Campbell, II	
\$	6406 Antares NE	
St	Albuquerque, NM 87111	
St		
Ci		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

Returned
Envelope
1/17/2019

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

7015 1730 0000 9813 2418

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	\$	
Tot	\$	
Se	\$	
Str	\$	
City		

Texas Christian University Dept. of Athletics in
 Memory of Hoy B Harrison & David Hoy
 Harrison
 P.O. Box 297041
 Fort Worth, TX 76129-0001

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

SANTA FE NM
 DEC 19 2018
 USPO 87504

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Texas Christian University Dept. of Athletics in
 Memory of Hoy B Harrison & David Hoy
 Harrison
 P.O. Box 297041
 Fort Worth, TX 76129-0001

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 x Barbara Kelley

B. Received by (Printed Name) C. Date of Delivery
 Barbara Kelley 1/2/19

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. 7015 1730 0000 9813 2418

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 \$ _____

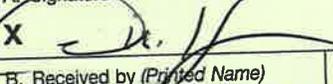
Total Postage and Fees \$ 9.09

SANTA FE NM
DEC 19 2018
USPO 87504

Sent To
 Todd M. Kringen and Karla R. Kringen
 8540 E. McDowell Road, Unit 59
 Mesa, AZ 85207-1431

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

7015 1730 0000 9813 2425

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Todd M. Kringen and Karla R. Kringen 8540 E. McDowell Road, Unit 59 Mesa, AZ 85207-1431</p>	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Todd M. Kringen</u></p> <p>C. Date of Delivery <u>12/23/2018</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>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Tr) <u>7015 1730 0000 9813 2425</u></p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

7015 1730 0000 9813 2432

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 \$ _____

Postmark
SANTA FE NM
 DEC 19 2018
 USPO 87504

Postage \$ 9.09

To: Tom E. Johnson
 P.O. Box 1688
 Midland, TX 79702-1688

00-9047 See Reverse for Instructions

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Tom E. Johnson
 P.O. Box 1688
 Midland, TX 79702-1688

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Tom E. Johnson Agent
 Addressee

B. Received by (Printed Name) Tom E. Johnson

C. Date of Delivery 12-28-18

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. 7015 1730 0000 9813 2432

7015 1730 0000 9813 2449

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	\$ 9.07

SANTA FE NM
DEC 19 2018
Postmark Here
USPO 87504

Sent To	William R. Bergman
Street	P.O. Box 1799
City	Midland, TX 79702

PS Form 3800, April 2013 4000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

William R. Bergman
P.O. Box 1799
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 DLW Addressee

B. Received by (Printed Name) *DLW* C. Date of Delivery *12-8-18*

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2 7015 1730 0000 9813 2449

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2456

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	\$ 9.09
Sent To	
Yosemite Creek Oil & Gas LLLP	
4350 S. Monaco Street, 5th Floor	
Denver, Co 80237-3400	

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

SANTA FE NM
DEC 19 2013
USPO 87504

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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>Jim Sajava</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>Yosemite Creek Oil & Gas LLLP 4350 S. Monaco Street, 5th Floor Denver, Co 80237-3400</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. 7015 1730 0000 9813 2456</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

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

OFFICIAL USE

7015 1730 0000 9813 2470

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 \$ 9.09

Blue Ridge Royalties, LLC
 P.O. Box 1973
 Roswell, NM 88202-1973

SANTA FE NM
 Postmark Here
 DEC 19 2018
 USPO 87504

See for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Blue Ridge Royalties, LLC
 P.O. Box 1973
 Roswell, NM 88202-1973

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 V. Alvarado Addressee

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

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

DEC 26 2018
 USPO 88201

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2470

7015 1730 0000 9813 2487

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	\$ _____

SANTA FE NM
DEC 19 2018
Postmark Here
USPO 87504

Postage 9.09
George M. O'Brien, Dealing in his Sole and
Separate Property
P.O. Box 1743
Midland, TX 79702

PS Form 3800, April 2017, SA 7530-02-000-907 SEE REVERSE FOR INSTRUCTIONS

Returned
Envelope
1/24/19

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

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

OFFICIAL USE

7015 1730 0000 9813 2494

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 9.09
 Grace M. Redwine, Dealing in her Sole and Separate Property
 901 W. Riverside Drive
 Carlsbad, NM 88220-5249

SANTA FE NM
 Postmark Here
DEC 19 2018
USPO 87504

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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>Malcolm Cunningham</u> C. Date of Delivery <u>12-29-18</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>Grace M. Redwine, Dealing in her Sole and Separate Property 901 W. Riverside Drive Carlsbad, NM 88220-5249</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. A C <u>7015 1730 0000 9813 2494</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

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

OFFICIAL USE

0052
 7015 1730 0000 9813 2500

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 \$ 9.09

SANTA FE NM

DEC 10 2018

USPO 87504

Joseph N. Scott, Dealing in his Sole and Separate
 Property
 600 W. Hobbs Street
 Roswell, NM 88203

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Joseph N. Scott, Dealing in his Sole and Separate
 Property
 600 W. Hobbs Street
 Roswell, NM 88203

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2500

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2517

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

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

OFFICIAL SANTA FE NM

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	\$

DEC 19 2018
USPO 87504
Postmark
Here

Postage \$ 9.09

Total \$ KCK Resources, Inc.
5600 Fenway
Sent to Midland, TX 79707

Street
City, State

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

KCK Resources, Inc.
5600 Fenway
Midland, TX 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Jon Dewey 12-22

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2517

PS Form 3811, July 2013

Domestic Return Receipt

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

7015 1730 0000 9813 2524

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 \$ _____

SANTA FE NM
 Postmark Here
DEC 19 2018
USPO 87504

Postage 9.09

Linda F. Lyons & Monte L. Lyons JT
 1010 W. Orchard Lane
 Carlsbad, NM 88220-4305

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Linda F. Lyons & Monte L. Lyons JT
 1010 W. Orchard Lane
 Carlsbad, NM 88220-4305

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

Linda Lyons

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

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2524

7015 1730 0000 9813 2531

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 \$ 909

SANTA FE NM
 Postmark Here
DEC 19 2018
USPO 87504

\$ Tot Martin & Martin LLLP
 \$ P.O. Box 1675
 \$ Se Roswell, NM 88202-1675

PS Form 3800, April 2013 PSN 7530-02-000-9001 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Martin & Martin LLLP
 P.O. Box 1675
 Roswell, NM 88202-1675

2. 7015 1730 0000 9813 2531

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Chad L. Mot Agent Addressee

B. Received by (Printed Name) Charmin A. Martin

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® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

DEC 26 2018

7015 1730 0000 9813 2548

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	\$ 9.02
Total Postage and Fees	\$

SANTA FE NM
Postmark Here
DEC 19 2018
USPO 87504

Total Postage and Fees	\$
Sent To	Nuevo Seis LP
Street	P.O. Box 2588
City, S	Roswell, NM 88202-2588
PS Form	Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Nuevo Seis LP
P.O. Box 2588
Roswell, NM 88202-2588

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
Patti Stacy

C. Date of Delivery
12-20-18

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2548

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

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

OFFICIAL USE

7015 1730 0000 9813 2555

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	\$	

SANTA FE NM
DEC 19 2018
USPO 87504

Postage
 90¢
 Panhandle Properties LLC
 P.O. Box 647
 Artesia, NM 88211

Use for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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>aw</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>A WATTS</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>Panhandle Properties LLC P.O. Box 647 Artesia, NM 88211</p>	<p>Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7015 1730 0000 9813 2555</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	



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

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

OFFICIAL USE

7015 1730 0000 9813 2579

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	\$	7.04

SANTA FE NM
DEC 19 2018
USPO 87504

Watts Properties LLC
P.O. Box 2367
Roswell, NM 88202-2367

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Watts Properties LLC
P.O. Box 2367
Roswell, NM 88202-2367

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
If YES, enter delivery address below: No



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2579

7015 1730 0000 9813 2586

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 \$ 9.09

Postmark
SANTA FE NM
DEC 19 2018
USPO 87504

William F Brainerd and Wife, Connie Jean
 Brainerd
 P.O. Box 1891
 Roswell, NM 88201

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

William F Brainerd and Wife, Connie Jean
 Brainerd
 P.O. Box 1891
 Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Sheri E. Harris Agent Addressee

B. Received by (Printed Name) *Sheri E. Harris*

C. Date of Delivery *12/31/18*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Tr) 7015 1730 0000 9813 2586

7015 1730 0000 9813 2593

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	\$ 9.09

SANTA FE NM
DEC 26 2018
Postmark Here
USPO 87504

Branex Resources Inc
Po Box 2990
Ruidoso, Nm 88355-2990

See for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Branex Resources Inc
Po Box 2990
Ruidoso, Nm 88355-2990

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

X *[Signature]*

B. Received by (Printed Name): *DIANA HASTEY*

C. Date of Delivery: *DEC 26 2018*

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2593

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

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

OFFICIAL USE

7015 1730 0000 9813 2609

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 \$ _____

SANTA FE NM
 Postmark
DEC 17 2018
USPO 87504

Postage
\$ 9.09

To: Cibola Energy Corporation
 P.O. Box 1668
 Albuquerque, NM 87103

Se _____
 Si _____
 Ci _____

PS Form 3800, April 2013 PSN 7530-0200-9001 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Cibola Energy Corporation
 P.O. Box 1668
 Albuquerque, NM 87103

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Julio A Pascal Agent Addressee

B. Received by (Printed Name) Julie A Pascal C. Date of Delivery 21 Dec 18

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2609

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2616

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
 \$ 9.09

SANTA FE NM
DEC 15 2018
USPO 87504

Doug J. Schutz
 P.O. Box 973
 Santa Fe, NM 87504

See for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Doug J. Schutz</u> C. Date of Delivery <u>12/20/2018</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>Doug J. Schutz P.O. Box 973 Santa Fe, NM 87504</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number</p> <p>7015 1730 0000 9813 2616</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2623

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
 \$ 9.09

Postmark Here
SANTA FE NM
DEC 19 2018
USPO 87504

George M. Yates
 P.O. Box 1933
 Roswell, NM 88202

PS Form 3800, April 2013 For Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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"/> <u>SM Saunders</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	1. Article Addressed to: George M. Yates P.O. Box 1933 Roswell, NM 88202	B. Received by (Printed Name) <u>SM SAUNDERS</u>
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7015 1730 0000 9813 2623

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2630

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	\$ 9.09

SANTA FE NM
DEC 19 2018
USPO 87504

Harvey E. Yates, Jr.
P.O. Box 1933
Roswell, NM 88202

or Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Harvey E. Yates, Jr.
P.O. Box 1933
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X SM Saunders Agent Addressee

B. Received by (Printed Name) SM SAUNDERS 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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2630

7015 1730 0000 9813 2647

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	\$

SANTA FE NM
Postmark
DEC 20 2018
Here
USPO 87504

Postage \$ 9.04

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

For Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent Addressee

B. Received by (Printed Name) S.M. SAUNDERS 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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7015 1730 0000 9813 2647

7015 1730 0000 9813 2678

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	\$ 9.09

SANTA FE NM
Postmark
Here
DEC 15 2018
USPO 87504

David Hoy Harrison Endowed Music
Scholarship at Midland College
3600 N. Garfield Street
Midland, TX 79705-6397

See for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

David Hoy Harrison Endowed Music
Scholarship at Midland College
3600 N. Garfield Street
Midland, TX 79705-6397

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Sean Jones Addressee

B. Received by (Printed Name) C. Date of Delivery
12-27-18

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2 7015 1730 0000 9813 2678

7015 1730 0000 9813 2654

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 \$

SANTA FE NM

DEC 19 2018

USPO 87504

Postage

\$

9.09

Total

\$

Street

State

City

Post Office

Zip

PS

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

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Julie A Pascal

- Agent
- Addressee

B. Received by (Printed Name)

Julie A Pascal

C. Date of Delivery

21 Dec 18

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

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

7015 1730 0000 9813 2654

7015 1730 0000 9813 2661

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	\$

SANTA FE NM
Postmark
DEC 1st 2018
USPO 87504

Postage \$ 9.09
To James J. Crafts, Jr., Trustee of Adolph P.
Schuman Trust
2701 16th Street
San Francisco, CA 94104

Instructions

Returned
envelope

1/3/19

7015 1730 0000 9813 2685

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 \$ _____ <i>902</i>	
Sam L. Shackelford 1096 Mechem Drive, Suite G-16 Ruidoso, NM 88345-7075	
or Instructions	

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
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Shinnery Investment Co., A General Partnership
P.O. Box 1608
Albuquerque, NM 87103-1608

for Instructions

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1. Article Addressed to:

Shinnery Investment Co., A General Partnership
P.O. Box 1608
Albuquerque, NM 87103-1608



9590 9402 3493 7275 4786 90

7015 1730 0000 9813 2692

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Julie A Pascal* Agent
 Addressee

B. Received by (Printed Name)

Julie A Pascal

C. Date of Delivery

21 Dec 18

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

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 checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

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Postage
 \$ _____

Total \$ **Spiral, Inc.**
 Sent \$ **P.O. Box 1933**
Roswell, NM 88202

Street _____
 City _____

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

7015 1730 0000 9813 2708

909

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:
 Spiral, Inc.
 P.O. Box 1933
 Roswell, NM 88202



9590 9402 3493 7275 4786 83

2. Article Number (Transfer from service label)
 7015 1730 0000 9813 2708

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 SM Saunders Agent
 Addressee

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

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



3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
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PS Form 3811, July 2015 PSN 7530-02-000-9053

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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	\$ 9.69

SANTA FE NM
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Foundation Energy Fund V-A LP
5057 Keller Springs Road, Suite 650
Addison, TX 75001-6583

PS Form 3811, July 2015 PSN 7530-02-000-9053 See back 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>Cecelia E. Lang</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>CECELIA E. LANG</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>Article Addressed to:</p> <p>Foundation Energy Fund V-A LP 5057 Keller Springs Road, Suite 650 Addison, TX 75001-6583</p>	<p>3. Service Type</p> <table border="0"> <tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr> <tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr> <tr><td><input checked="" type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3493 7275 4787 06</p> <p>7015 1730 0000 9813 2715</p>	<p>Domestic Return Receipt</p>												
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>													

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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Foundation Energy Fund V-B Holding LLC
5057 Keller Springs Road, Suite 650
Addison, TX 75001-6583

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

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1. Article Addressed to:
Foundation Energy Fund V-B Holding LLC
5057 Keller Springs Road, Suite 650
Addison, TX 75001-6583



9590 9402 3493 7275 4787 13

7015 1730 0000 9813 2722

PS Form 3811, July 2015 PSN 7530-02-000-9053

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A. Signature Agent
 Cecilia E. Lang Addressee

B. Received by (Printed Name) Agent
CECELIA E. LANG Addressee

C. Date of Delivery

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

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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

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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	
	9.07

SANTA FE NM
DEC 19 2018
Postmark Date
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Isaac A Kawasaki, heirs
1232 S. King Street
Honolulu, HI 96814-1918

PS Form 3800, April 2010
Use for Instructions

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envelope
12/28/18

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

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Postage **909**

Southwest Royalties, Inc.
P.O. Box 53570
Midland, TX 79710-3570

PS Form 3800, April 2015 PSN 7530-02-000-9053 See reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 X <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Debra Dunn</p> <p>C. Date of Delivery 12-26-18</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>Southwest Royalties, Inc. P.O. Box 53570 Midland, TX 79710-3570</p>		
 <p>9590 9402 3493 7275 4787 20</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 checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</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>2. 7015 1730 0000 9813 2746</p>	<p>stricted Delivery</p>	

7015 1730 0000 9813 2760

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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	\$	9.09

George M. O'Brien
P.O. Box 1743
Midland, TX 79702

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0001273164

MONTGOMERY & ANDREWS P.A.
PO BOX 2307

SANTA FE NM 87504

I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

01/04/19



Legal Clerk

Subscribed and sworn before me this
4th of January 2019.



State of WI, County of Brown
NOTARY PUBLIC

11/9/22

My Commission Expires



Ad#:0001273164
P O : Lone Tree Draw
of Affidavits :0.00

EXHIBIT B

3MG Corporation; Adolph P. Schuman Trust
James J Crafts Jr., TTEE; Agnes Cluthe Oliver
Foundation TR Turtle Creek Trust Company
LTA Successor TTEE; Betsy H. Keller; Brian
Woehler Trust UWO William B Oliver Steve
Fillenwarth Succ TTEE; Chi Energy, Inc.; Cole-
man O'Brien Martin; CWM 2000-B, Ltd.; David
H Essex; E G Holden Testamentary Trst; Ernie
Bello; Estate of David Goodnow Edward B
Goodnow Executor, James Corrie; Frances B
Bunn TTEE Frances B Bunn Rev. Lt. Dtd. 5-18-
82; Hayes Revocable Trust Michael D Hayes &
Kathryn A Hayes Ttees; Isaac A Kawasaki; J
Frederick Van Vranken, Jr; Jami Huber Owen;
Judith C Devine Trust Uwo William B Oliver
Turtle Creek Trust Company Lta Successor
Trustee; Locker Brothers, a Texas General
Partnership; Mccombs Energy Ltd., a Texas
Limited Partnership Mccombs Energy Gp LLC
Gen Ptnr. Larry Wyont Vice President;
Mewbourne Development Corporation;
Mewbourne Oil Company; Milestone Energy
Corp.; Morris E. Schertz & Wife Holly K.
Schertz; Penroc Oil Corporation M Y Mer-
chant, President; Robert A Oliver Trust Uwo
William B Oliver Turtle Creek Trust Company
Lta. Successor Ttee; Sanford J. Hodge, III;
Slash Exploration Limited Partnership; South-
west Royalties, Inc; Tenison Oil Company;
Yates Energy Corp.; Andrew Don Fry; State of
New Mexico Commission of Public Lands;
Butkin Investment Company LLC; C. Mark
Wheeler, And Wife, Jlyn Wheeler; Chisos Min-
erals LLC; Cornerstone Family Trust John Kyle
Thoma Succ TTEE; Crownrock Minerals LP;
Curtis W. Mewbourne, Trustee; David H. Es-
sex; Dynasty Partners LLC, Bill Cagle, Manag-
er; Elouise H. Justice; Hayes Revocable Trust
Michael D. Hayes & Kathryn A. Hayes Ttees;
High Sky Childrens Ranch in Memory of David
Hoy Harrison; Hoy B. Harrison Endowed Schol-
arship Texas Christian University c/ o Finance
& Administration; Jami Huber Owen; Jareed
Partners Ltd., a Texas Limited Partnership;
Kimbell Royalty Holdings LLC Duncan Man-
agement LLC Agent; Lowe Royalty Partners
LP; Midland College Foundation Inc FBO David
Hoy Harrison Endowed Music Scholarship at
Midland College in Memory of David Hoy; Mid-
land Memorial Foundation in Memory of David
Hoy Harrison; Mizel Resources a Trust; NBL
Permian, LLC; NM & T Resources LLC; Paul R.
Barwis c/ o Dutton Harris & Co.; Paula Scott
Campbell, Trustee of Paula Scott Campbell
Revocable Trust U/ T/ A 10/ 27/ 15; Penwell Em-
ployee Royalty Pool; Richard W. Schmidt and
Wife, Amanda Schmidt; Robin Oil & Gas Cor-
poration; Rusk Capital Management LLC; T.K.
Campbell, II; Texas Christian University Dept.
of Athletics in Memory of Hoy B Harrison &
David Hoy Harrison; Todd M. Kringen and Kar-
la R. Kringen; Tom E. Johnson; William R. Berg-
man; Yosemite Creek Oil & Gas LLLP; Blue
Ridge Royalties, LLC; George M. O'Brien, Deal-
ing in his Sole and Separate Property; Grace
M. Redwine, Dealing in her Sole and Separate
Property; Joseph N. Scott, Dealing in his Sole
and Separate Property; KCK Resources, Inc.;
Linda F. Lyons & Monte L. Lyons JT; Martin &
Martin LLLP; Nuevo Seis LP; Panhandle Prop-
erties LLC; Unicorn Energy LLC c/ o Gannaway
& Associates; Watts Properties LLC; William F
Brainerd and Wife, Connie Jean Brainerd;
Branex Resources Inc; Cibola Energy Corpora-
tion; Doug J. Schutz; George M. Yates; Harvey
E. Yates, Jr.; Heyco Development Corporation;

Jalapeno Corporation; James J. Crafts, Jr., Trustee of Adolph P. Schuman Trust; Sam L. Shackelford; Shinnery Investment Co., A General Partnership; Spiral, Inc.; Foundation Energy Fund V-A LP; Foundation Energy Fund V-B Holding LLC

Devon Energy Production Company, L.P. has filed applications with the New Mexico Oil Conservation Division that are set for hearing on January 10, 2019, and will be continued for notice purposes to January 24, 2019, as follows:

Case No. 20 157: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 332H** well, to be horizontally drilled from an approximate surface hole location 1715' FNL and 240' FWL of Section 14 to an approximate bottom hole location 1310' FNL and 230' FEL of Section 13. This well defines the HSU. Also to be drilled are the following infill wells: (1) the **Lone Tree Draw 14-13 State Com 331H** well, to be horizontally drilled from an approximate surface hole location 925' FNL and 225' FWL of Section 14 to an approximate bottom hole location 440' FNL and 230' FEL of Section 13. The completed intervals and first and last take points for the Lone Tree Draw 14-13 State Com 332H well and the Lone Tree Draw 14-13 State Com 331H well meet statewide setback requirements for horizontal oil wells. Also to be considered will be the cost of drilling and completing the wells and the allocation of the costs, the designation of Applicant as Operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Case No. 20 158: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the S/2 N/2 of Section 13 and the S/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 333H** well, to be horizontally drilled from an approximate surface hole location 1730' FNL and 240' FWL of Section 14 to an approximate bottom hole location 2200' FNL and 230' FEL of Section 13. This well defines the HSU. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 333H well meet statewide setback requirements for horizontal oil wells. Also to be

considered will be the cost of drilling and completing the wells and the allocation of the costs, the designation of Applicant as Operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Case No. 20 159: Second Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 640-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 335H** well, to be horizontally drilled from an approximate surface hole location 396' FSL and 195' FWL of Section 14 to an approximate bottom hole location 1310' FSL and 20' FEL of Section 13. This well defines the HSU. Also to be drilled are the following infill wells: (1) the **Lone Tree Draw 14-13 State Com 336H** well, to be horizontally drilled from an approximate surface hole location 377' FSL and 172' FWL of Section 14 to an approximate bottom hole location 330' FSL and 20' FEL of Section 13, and (2) the **Lone Tree Draw 14-13 State Com 334H** well, to be horizontally drilled from an approximate surface hole location 2040' FSL and 240' FWL of Section 14 to an approximate bottom hole location 2200' FSL and 230' FEL of Section 13. The completed intervals and first and last take points for the Lone Tree Draw 14-13 State Com 335H well, the Lone Tree Draw 14-13 State Com 336H well and the Lone Tree Draw 14-13 State Com 334H well meet statewide setback requirements for horizontal oil wells. Also to be considered will be the cost of drilling and completing the wells and the allocation of the costs, the designation of Applicant as Operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Case No. 20 160: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 621H** well, to be horizontally drilled from an approximate surface hole location 940' FNL and 225' FWL of Section 14 to an approximate bottom hole location 440' FNL and 230' FEL of Section 13. This well defines the HSU. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 621H well meet statewide setback requirements for hori-

zontal oil wells. Also to be considered will be the cost of drilling and completing the wells and the allocation of the costs, the designation of Applicant as Operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Case No. 20161: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 640-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed Lone Tree Draw 14-13 State Com 623H well, to be horizontally drilled from an approximate surface hole location 2025' FSL and 240' FWL of Section 14 to an approximate bottom hole location 1310' FSL and 230' FEL of Section 13. This well defines the HSU. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 623H well meet statewide setback requirements for horizontal oil wells. Also to be considered will be the cost of drilling and completing the wells and the allocation of the costs, the designation of Applicant as Operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Hearing on these applications is scheduled at 8:15 a.m. on Thursday, January 10, 2019 at the Oil Conservation Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. For further information, contact the applicant's attorney, Seth C. McMillan, Montgomery and Andrews, P.A., 325 Paseo de Peralta, Santa Fe, New Mexico 87501 (505) 982-3873.

Jan. 4, 2019