

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

APPLICATION OF MATADOR PRODUCTION
COMPANY FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

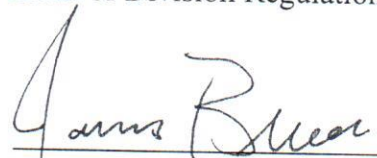
Case No. 20326

AFFIDAVIT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

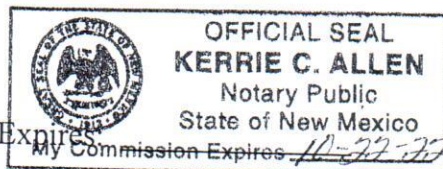
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Matador Production Company.
3. Matador Production Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Regulations.


James Bruce

SUBSCRIBED AND SWORN TO before me this 29th day of May, 2019 by James Bruce.

My Commission Expires



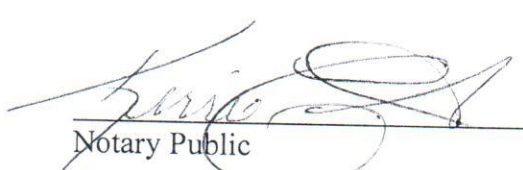

Notary Public

EXHIBIT 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 9, 2019

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

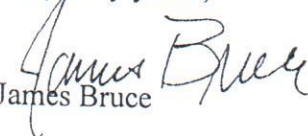
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding two Wolfcamp wells in a well unit comprised of the W½ of Section 19, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 30, 2019, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Wednesday, May 23, 2019. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Matador Production Company



Noel Hensley Fed Com 19-24S-28E Interest Owners

Bryan Bell Family Limited Partnership No. 1
1331 Third Street
New Orleans, LA 70130

Charmar, LLC
4815 Vista Del Oso Court, N.E.
Albuquerque, NM 87109

DMA, Inc.
P.O. Box 1496
Roswell, NM 88202

Excalibur Energy Company
P.O. Drawer 25045
Albuquerque, NM 87125

Foundation Minerals, LLC
P.O. Box 50820
Midland, TX 79710

Howard A. Rubin, Inc.
P.O. Box 58
El Rito, NM 87530

Jerune Allen
P.O. Box 1207
Mesilla Park, NM 88047

Justin Nine, et ux Sara Nine
4414 10th Street
Lubbock, TX 79416

Madison M. Hinkle
P.O. Box 2292
Roswell, NM 88202

Mavros Minerals II, LLC
P.O. Box 50820
Midland, TX 79710

Oak Valley Mineral and Land, LP
P.O. Box 50820
Midland, TX 79710

EXHIBIT A

Richard C. Deason
1301 N. Havenhurst #217
West Hollywood, CA 90046

Rolla R. Hinkle, III
P.O. Box 2292
Roswell, NM 88202

Ronald H. Mayer, Trustee of the
Ronald H. Mayer and Martha M.
Mayer Revocable Trust
P.O. Box 2391
Roswell, NM 88202

Rubie Crosby Bell Family, LLC
213 20th Street
New Orleans, LA 70124

SAP, LLC
4901 Whitney Lane
Roswell, NM 88203

The Robert N. Enfield Revocable
Trust dated March 16, 1999
P.O. Box 2431
Santa Fe, NM 87504

Thomas D. Deason
6402 CR 7420
Lubbock, TX 79424

Tim Lilley, et ux. Tashina Lilley
4425 98th Street
Lubbock, TX 79424

Lisa M. Enfield, Trustee of the
Lisa M. Enfield Trust dated
January 23, 2015
465 Camino Manzano
Santa Fe, NM 87505

MLE, LLC
P.O. Box 1683
Santa Fe, NM 87504

Richard P. Gaule et ux.
Carly N. Gaule
2312 Neely Avenue
Midland, TX 79705

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:

Charmar, LLC
4815 Vista Del Oso Court, N.E.
Albuquerque, NM 87109



9590 9402 4821 9032 2577 35

2. Article Number (Transfer from service label)
7018 2290 0000 3431 7207

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

Domestic Return Receipt

Met NH

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

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

Official Mail Fee

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

Postmark
Here

Sent To Charmar, LLC
4815 Vista Del Oso Court, N.E.
Albuquerque, NM 87109

City, State, ZIP+4®

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
JOHN HAMICA
- 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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

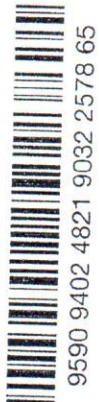
Insured Mail Restricted Delivery (over \$500)

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:

Rubic Crosby Bell Family, LLC
213 20th Street
New Orleans, LA 70124



9590 9402 4821 9032 2578 65

2. Article Number (Transfer from service label)
7018 2290 0000 3431 7269

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

Domestic Return Receipt

Met NH

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

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

Official 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 \$

Postmark
Here

Total Postage and Fees \$
 Sent To Rubic Crosby Bell Family, LLC
213 20th Street
New Orleans, LA 70124
 Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
PAUL JAMICA 5/10/15
- 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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

Met NH

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:

Oak Valley Mineral and Land, LP
P.O. Box 50820
Midland, TX 79710



9590 9402 4821 9032 2578 27

2. Article

7018 2290 0000 3431 7221

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

Domestic Return Receipt

Not N/A

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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 \$

Postmark
Here

Postage

Total Postage and Fees

Sent To: Oak Valley Mineral and Land, LP
P.O. Box 50820
Midland, TX 79710

City, State, Zip+4®

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Crystal Key* Agent
 B. Received by (Printed Name) *Crystal Key* Date of Delivery *5-15-19*
 C. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

7018 2290 0000 3431 7221

Domestic Return Receipt

Not N/A

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:

Foundation Minerals, LLC
P.O. Box 50820
Midland, TX 79710



9590 9402 4821 9032 2577 66

2. Article

7018 2290 0000 3431

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

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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 \$

Postmark
Here

Postage

Total Postage and Fees

Sent To: Foundation Minerals, LLC
P.O. Box 50820
Midland, TX 79710

City, State, Zip+4®

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Crystal Key* Agent
 B. Received by (Printed Name) *Crystal Key* Date of Delivery *5-15-19*
 C. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

Postage

Total Postage and Fees

Domestic Return Receipt

Not N/A

1222 1E4E 0000 0622 8702

1222 1E4E 0000 0622 8702

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:

Excalibur Energy Company
P.O. Drawer 25045
Albuquerque, NM 87125



9590 9402 4821 9032 2577 59

Article Number (Transfer from mailpiece, if any)

7018 2290 0000 3431 7184

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

Domestic Return Receipt

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Certified Mail Fee

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

Total Postage and Fees

Excalibur Energy Company
P.O. Drawer 25045
Albuquerque, NM 87125

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

City, State, ZIP+4®

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 Christopher C. Brown
 C. Date of Delivery 5-15-19
 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®
☐ Collect on Delivery
☐ Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

MLE, LLC
P.O. Box 1683
Santa Fe, NM 87504



9590 9402 4821 9032 2576 81

2. Article

7018 2290 0000 3431 7337

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 Christopher C. Brown
 C. Date of Delivery MAY 20 2019
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

Domestic Return Receipt

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.

Article Addressed to:

Ronald H. Mayer, Trustee of the
Ronald H. Mayer and Martha M.
Mayer Revocable Trust
P.O. Box 2391
Roswell, NM 88202



9590 9402 4821 9032 2578 58

Article Number (Transfer from envelope label)

7018 2290 0000 3431 7252

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

Postmark
Here

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 \$

Postmark
Here

Total Postage and Fee \$
Sent To \$
Street and Apt. No.,
City, State, ZIP+4®
Ronald H. Mayer, Trustee of the
Ronald H. Mayer and Martha M.
Mayer Revocable Trust
P.O. Box 2391
Roswell, NM 88202

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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



3. Service Type
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

d Delivery

Domestic Return Receipt

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:

Madison M. Hinkle
P.O. Box 2292
Roswell, NM 88202



9590 9402 4821 9032 2578 03

2. Article Number

7018 2290 0000 3431 7139

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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

Total Postage and Fee \$
Sent To \$
Street and Apt. No., or PO Box No.
City, State, ZIP+4®
Madison M. Hinkle
P.O. Box 2292
Roswell, NM 88202

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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



3. Service Type
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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.

Article Addressed to:

Rolla R. Hinkle, III
P.O. Box 2292
Roswell, NM 88202



9590 9402 4821 9032 2578 41

Article Number *Transferred* 7018 2290 0000 3431 7245
(over \$500)

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

Mat NH

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
☐ Registered MailTM
☐ Certified Mail[®]
☐ Collect on Delivery
☐ Priority Mail Express[®]
☐ Registered MailTM Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal ServiceTM 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 \$
Postage \$
Total Postage and Fees \$

Sent To Rolla R. Hinkle, III
P.O. Box 2292
Roswell, NM 88202
Street and Apt. No., or
City, State, ZIP+4[®]

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

U.S. Postal ServiceTM 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 \$
Postage \$
Total Postage and Fees \$

Sent To Richard C. Deason
1301 N. Havenshurst #217
West Hollywood, CA 90046
Street and Apt. No., or
City, State, ZIP+4[®]

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:

Richard C. Deason
1301 N. Havenshurst #217
West Hollywood, CA 90046



9590 9402 4821 9032 2578 34

2. Article Number *Transferred* 7018 2290 0000 3431 7238
(over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
☐ Adult Signature
☐ Registered MailTM Restricted Delivery
☐ Certified Mail[®]
☐ Collect on Delivery
☐ Priority Mail Express[®]
☐ Registered MailTM Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Mat NH

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:

SAP, LLC
4901 Whitney Lane
Roswell, NM 88203



9590 9402 4821 9032 2578 72

2. Article Nu

7018 2290 0000 3431 7276

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

Domestic Return Receipt

Mat H

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Mike Moller* C. Date of Delivery *5-17-19*
- 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 Restricted 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

**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

Total Postage and Fees

SAP, LLC

Sent To 4901 Whitney Lane

Roswell, NM 88203

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

City, State, ZIP+4®

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:

Mavros Minerals II, LLC
P.O. Box 50820
Midland, TX 79710



9590 9402 4821 9032 2578 10

2. Article I

7018 2290 0000 3431 7122

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

Domestic Return Receipt

Mat H

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Crystal Moller* C. Date of Delivery *5-15-19*
- 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

Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

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

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

Postmark
Here

Postage

Total Postage and Fees

Mavros Minerals II, LLC

P.O. Box 50820

Midland, TX 79710

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

City, State, ZIP+4®

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

See Reverse for Instructions

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

Postmark
Here

Sent To The Robert N. Enfield Revocable Trust dated March 16, 1999
P.O. Box 2431
Santa Fe, NM 87504
 Street and Apt. No., or PO
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9007 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 Address
Lisa M. Enfield, Trustee of the
Lisa M. Enfield Trust dated
January 23, 2015
465 Camino Manzano
Santa Fe, NM 87505



9590 9402 4821 9032 2576 98

2. Article Number 7018 2290 0000 3431 7313

☐ Insured Mail Restricted Delivery (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent
 B. Received by (Printed Name) Lisa M. Enfield ☒ Addressee
 C. Date of Delivery 5/13/19
 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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Not a H

7018 2290 0000 3431 7214

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Bryan Bell Family Limited Partnership No. 1	
1331 Third Street	
Street and Apt. No., or P.O. Box New Orleans, LA 70130	
City, State, ZIP+4®	

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

7018 2290 0000 3431 7191

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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To DMA, Inc.	
P.O. Box 1496	
Street and Apt. No., or P.O. Box Roswell, NM 88202	
City, State, ZIP+4®	

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

7018 2290 0000 3431 7290

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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Thomas D. Deason	
6402 CR 7420	
Street and Apt. No., or Lubbock, TX 79424	
City, State, ZIP+4®	

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

7018 2290 0000 3431 7146

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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Justin Nine, et ux Sara Nine	
4414 10th Street	
Street and Apt. No., or Lubbock, TX 79416	
City, State, ZIP+4®	

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

7018 2290 0000 3431 7306

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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 \$Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Tim Lilley, et ux. Tashina Lilley

Street and Apt. No., or

4425 98th Street
Lubbock, TX 79424

City, State, ZIP+4®

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

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7018 2290 0000 3431 7313

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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 \$Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Lisa M. Enfield, Trustee of the

Lisa M. Enfield Trust dated

January 23, 2015

465 Camino Manzano

Street and Apt. No., or

Santa Fe, NM 87505

City, State, ZIP+4®

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

See Reverse for Instructions

7018 2290 0000 3431 7320

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Richard P. Gaule et ux.

Carly N. Gaule

2312 Neely Avenue

Street and Apt. No., or

Midland, TX 79705

City, State, ZIP+4®

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

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Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To Jerune Allen

P.O. Box 1207

Mesilla Park, NM 88047

Street and Apt. No.

City, State, ZIP+4®

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

Postmark
Here

7018 2290 0000 343L 7153

James Bruce
PO Box 1056
Santa Fe, NM 87504-1056

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7018 2290 0000 343L 7153

\$7.55⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000114516

Jerune Allen
P.O. Box 1207
Mesilla Park, NM 88047

ANK
97504>105

**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 \$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	Howard A. Rubin, Inc.
	P.O. Box 58
Street and Apt. No.	El Rito, NM 87530
City, State, Zip+4®	

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

7018 2290 0000 3431 7160

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

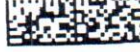
CERTIFIED MAIL®



7018 2290 0000 3431 7160

James Bruce
PO Box 1056
Santa Fe, NM 87504-1056

endicia.com andicia.com endicia.com



\$7.55⁰⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000114537

Howard A. Rubin, Inc.
P.O. Box 58
El Rito, NM 87530

UNKNOWN

ANK

87504-1056