

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

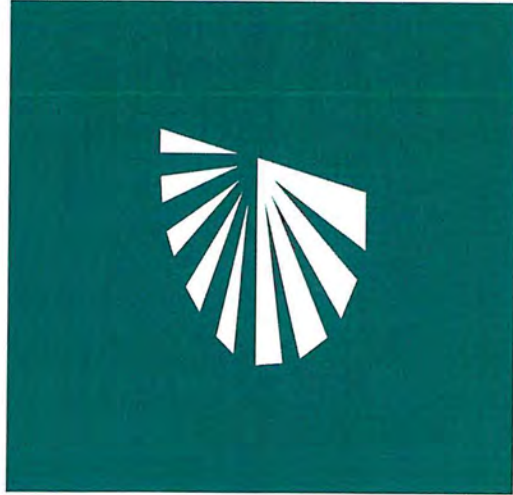
**APPLICATION OF COG OPERATING
LLC FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

Case No. 21538

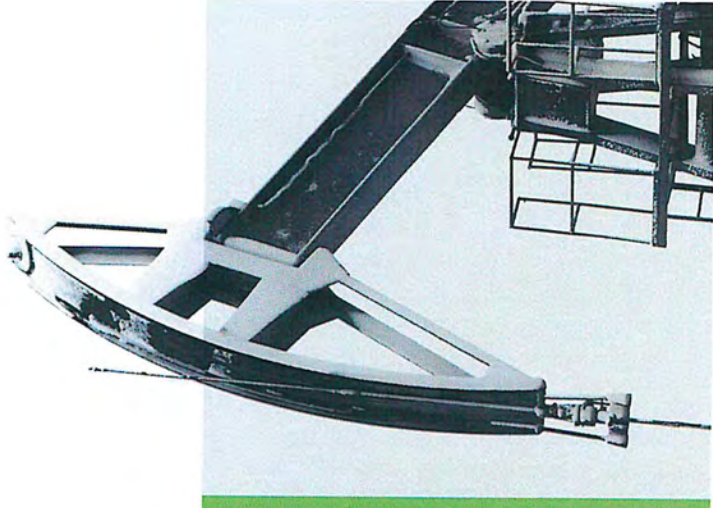
COG OPERATING LLC'S EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Megan Tipton
A-1	Application and Proposed Notice
A-2	C-102
A-3	Tracts, Recapitulation, Ownership Interests, Pooled Parties
A-4	Well Proposal Letter
A-5	Summary of Communications
A-6	Correspondence from T. Feet and B. Jones
A-7	Authorization for Expenditures
A-8	Hearing Notice Letter and Return Receipts
A-9	Affidavit of Publication
Exhibit B	Self-Affirmed Statement of Allison Holcomb
B-1	General Location Map
B-2	Structure Map
B-3	Cross Section Map
B-4	Stratigraphic Cross Section



COG OPERATING LLC
Fez Federal Com 707H
Section 9 & 4, T25S-R35E
Lea County, New Mexico

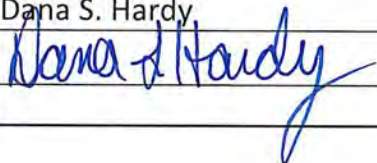


COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case: 21538	APPLICANT'S RESPONSE
Date	December 3, 2020
Applicant	COG Operating LLC
Designated Operator & OGRID (affiliation if applicable)	COG Operating LLC, 229137
Applicant's Counsel:	Dana S. Hardy, Hinkle Shanor LLP
Case Title:	Application of COG Operating LLC for Compulsory Pooling, Lea County, New Mexico
Entries of Appearance/Intervenors:	None
Well Family	Fez
Formation/Pool	
Formation Name(s) or Vertical Extent:	Wolfbone Pool
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Third Bone Spring, Wolfcamp A
Pool Name and Pool Code:	Wolfbone, Code 98098, WC-025 G-09 S243532M
Well Location Setback Rules:	Statewide Horizontal Well Rules
Spacing Unit Size:	320.81 acres
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320.81 acres
Building Blocks:	40 acres
Orientation:	South to North
Description: TRS/County	Lot 1, SE/4 NE/4 and the E/2 SE/4 of irregular Section 4 (E/2 E/2 equivalent) and E/2 E/2 of Section 9, Township 25 South, Range 35 East, Lea County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit A-3
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed

Well #1	Fez Federal Com #707H (API unassigned); Completion Status: Standard; Target: Wolfbone Pool, approx. 12,250 TVD; SHL: 330' FSL, 1540' FEL (Unit O), S9-T25S-R35E; BHL: 50' FNL, 660' FEL (Lot 1), S4-T25S-R35E
Well #2	
Horizontal Well First and Last Take Points	FTP: 100' FSL and 660' FEL in Section 9; LTP: 100' FNL and 660' FEL in Section 4
Completion Target (Formation, TVD and MD)	Wolfbone Pool, 12,250' TVD and 22,050' TMD
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$8,000/Month, Exhibit A
Production Supervision/Month \$	\$800/Month, Exhibit A
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%, Exhibit A
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-8
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-9
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A-3
Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4

Cost Estimate to Drill and Complete	Exhibit A-7
Cost Estimate to Equip Well	Exhibit A-7
Cost Estimate for Production Facilities	Exhibit A-7
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-1
Well Orientation (with rationale)	Exhibit B
Target Formation	Wolfbone Pool, Exhibit B
HSU Cross Section	Exhibit B-4
Depth Severance Discussion	Exhibit A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-3
Cross Section (including Landing Zone)	Exhibit B-4
Additional Information	
Special Provisions/Stipulations	None
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	
Date:	1-Dec-20

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

**APPLICATION OF COG OPERATING
LLC FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

Case No. 21538

**SELF-AFFIRMED STATEMENT OF
MEGAN TIPTON**

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.

2. I am a landman for COG Operating LLC ("COG"). I have had direct involvement with COG's development of the 320.81-acre, more or less, standard horizontal spacing unit ("HSU") that is the subject of COG's application in this case. A copy of the application and proposed notice are attached as Exhibit A-1.

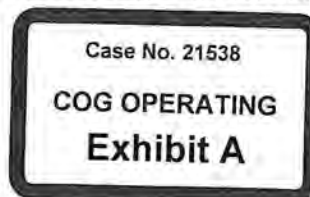
3. I have previously testified before the Division, and my qualifications as an expert in petroleum land matters were accepted.

A. Proposed Horizontal Spacing Unit

4. The proposed HSU is comprised of Lot 1, SE/4 NE/4 and the E/2 SE/4 of irregular Section 4 (E/2 E/2 equivalent) and the E/2 E/2 of Section 9, Township 25 South, Range 35 East in Lea County, New Mexico.

5. COG seeks to pool all uncommitted interests in the Wolfbone Pool (Code 98098), WC-025 G-09 S243532M, underlying the HSU.

6. The HSU will be dedicated to the Fez Federal Com #707H well, which will be horizontally drilled from a surface location in Unit O in Section 9 to a bottom hole location in Lot



1 in Section 4. The first take point for the well is 100' FSL and 660' FEL in Section 9, and the last take point is 100' FNL and 660' FEL in Section 4. The target interval is the Wolfbone Pool at 12,250' TVD and 22,050' TMD.

7. The proposed well will be completed from South to North, and the completed interval of the well will be orthodox.

8. With respect to well setback requirements, the Wolfbone Pool is subject to the statewide horizontal well rules set out in NMAC 19.15.16.15. Spacing in this pool is based on quarter-quarter sections, and the HSU is constructed based on quarter-quarter sections.

9. The C-102 for the proposed well is attached as Exhibit A-2.

B. Ownership Determination

10. Exhibit A-3 identifies the tracts of land comprising the proposed HSU, the working interest ownership in each tract, and the ownership interests in the HSU. The parties COG seeks to pool are highlighted, and unlocatable parties are marked with an asterisk.

11. There is no depth severance in the Wolfbone Pool in the proposed HSU.

C. Joinder

12. I sent well proposal letters to the uncommitted interests on October 2, 2020 and subsequently had follow-up communications with many of them. My well proposal letter is attached as Exhibit A-4. A summary of my follow-up contacts with the uncommitted interests is attached as Exhibit A-5.

13. COG's counsel received a letter dated November 20, 2020 from Tiffany A. Feet and a letter dated November 23, 2020 from Bradford Jones, copies of which are provided in Exhibit A-6. Although Ms. Feet and Mr. Jones state that they object to COG's applications, neither party entered an appearance. According to land ownership records, Ms. Feet is a potential heir of a

1/1728 mineral interest in the well, and Mr. Jones is a potential heir of a 152/174663 mineral interest in the well.

14. 93.90% of the working interests are committed to the proposed well.

15. In my opinion, COG has made a good faith effort to obtain the voluntary joinder of uncommitted interests in the proposed wells.

D. Drilling and Operating Costs

16. The AFEs for the proposed wells are attached as Exhibit A-7. The estimated cost of the well is fair and reasonable and is comparable to the cost of other wells of similar depth and length drilled in Lea County.

17. COG requests overhead and administrative rates of \$8,000 per month while the well is being drilled and \$800 per month while the well is producing. These rates are fair and are comparable to the rates charged by COG and by other operators in the vicinity. They are also the rates set forth in the Joint Operating Agreement for the HSU. COG further requests that the rates be adjusted periodically in accordance with the COPAS Accounting Procedure.

18. COG requests that it be designated the operator of the well.

19. COG also requests that a 200% risk charge be assessed against the uncommitted interests if they are non-consenting working interest owners.

E. Notice of Hearing

20. At my direction, notice of COG's application and the Division hearing was provided to the uncommitted interests at least 20 days prior to the hearing date. The notice letter and associated receipts are attached as Exhibit A-8.

21. Notice of COG's application and the Division hearing was published more than ten business days prior to the hearing date. The affidavit of publication is attached as Exhibit A-9.

22. COG conducted a diligent, good-faith effort to identify the correct addresses of persons entitled to notice and has complied with the Division's notice requirements.

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

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

25. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 24 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Megan L. Tipton
Megan Tipton

11/30/2020
Date

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

**APPLICATION OF COG OPERATING
LLC FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

Case No. 21538

APPLICATION

Pursuant to NMSA § 70-2-17, COG Operating LLC ("COG") applies for an order pooling all uncommitted mineral interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098) underlying a 320.81-acre, more or less, standard horizontal spacing unit comprised of Lot 1, SE/4 NE/4 and the E/2 SE/4 of irregular Section 4 (E/2 E/2 equivalent) and the E/2 E/2 of Section 9, Township 25 South, Range 35 East in Lea County, New Mexico. In support of its Application, COG states the following.

1. COG (OGRID No. 229137) is a working interest owner in the proposed horizontal spacing unit and has the right to drill wells thereon.
2. The horizontal spacing unit will be dedicated to the Fez Federal Com #707H well, which will be horizontally drilled from a surface location in Unit O of Section 9 to a bottom hole location in Lot 1 of Section 4, Township 25 South, Range 35 East.
3. The completed interval of the well will be orthodox.
4. COG has undertaken diligent, good-faith efforts to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the well but has been unable to obtain voluntary agreements from all of the mineral interest owners.
5. The pooling of all uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

Case No. 21538

**COG OPERATING
Exhibit A-1**

6. In order to allow COG to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted mineral interests in the horizontal spacing unit should be pooled and COG should be designated the operator of the proposed horizontal well.

WHEREFORE, COG requests that this Application be set for hearing on December 3, 2020 and that, after notice and hearing, the Division enter an order:

- A. Pooling all uncommitted mineral interests in the horizontal spacing unit;
- B. Designating COG as the operator of the Fez Federal Com #707H well;
- C. Authorizing COG to recover its costs of drilling, equipping, and completing the well and allocating the costs among the well's working interest owners;
- D. Approving the actual operating charges and costs of supervision during drilling and after completion, together with a provision for adjusting the rates pursuant to the COPAS accounting procedure; and
- E. Imposing a 200% penalty for the risk assumed by COG in drilling and completing the Fez Federal Com #707H well against any mineral interest owner who does not voluntarily participate in the drilling of the well.

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Dioscoro A. Blanco

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

Facsimile: (505) 982-8623

dhardy@hinklelawfirm.com

dblanco@hinklelawfirm.com

Counsel for COG Operating LLC

Application of COG Operating, LLC for compulsory pooling, Lea County, New Mexico.

Applicant seeks an order pooling all uncommitted mineral interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098) underlying a 320.81-acre, more or less, standard horizontal spacing unit comprised of Lot 1, SE/4 NE/4 and the E/2 SE/4 of irregular Section 4 (E/2 E/2 equivalent) and the E/2 E/2 of Section 9, Township 25 South, Range 35 East in Lea County, New Mexico. The horizontal spacing unit will be dedicated to the Fez Federal Com #707H well, which will be horizontally drilled from a surface location in Unit O in Section 9 to a bottom hole location in Lot 1 in Section 4. The completed interval of the well will be orthodox. Also to be considered will be the costs of drilling and completing the well and the allocation of the costs, the designation of COG Operating, LLC as the operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well is located approximately 11 miles northwest of Jal, New Mexico.

COG OPERATING
Exhibit A-2

Submit one copy to appropriate
District Office

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3400 Fax: (505) 476-3482

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number		Pool Code	Pool Name
Property Code	Property Name FEZ FEDERAL COM		Well Number 707H
OGRID No.	Operator Name COG OPERATING, LLC		Elevation 3238.2'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	9	25-S	35-E		330	SOUTH	1540	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	4	25-S	35-E		50	NORTH	660	EAST	LEA

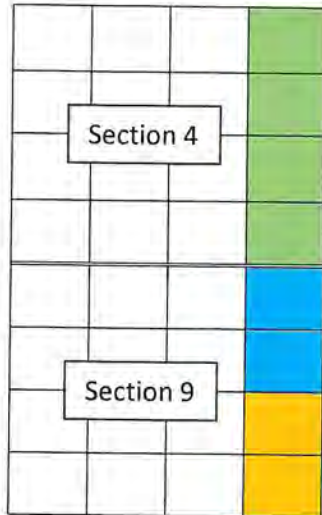
Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

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

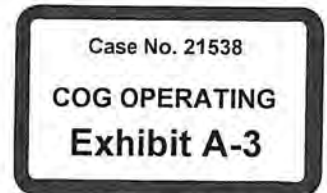
POINT LEGEND	
1	Y=425683.0 N X=800122.5 E
2	Y=423012.5 N X=800145.4 E
3	Y=420379.1 N X=800167.4 E
4	Y=417741.3 N X=800189.6 E
5	Y=415103.0 N X=800209.3 E
6	Y=415075.8 N X=797562.1 E
7	Y=420358.8 N X=797521.4 E
8	Y=425659.4 N X=797481.6 E

COG Operating LLC—Fez Federal Com 707H

Township 25 South, Range 35 East, N.M.P.M.
 Section 4: Lot 1, SE/4 NE/4, E/2 SE/4 (E/2 E/2)
 Section 9: E/2 E/2
 Lea County, New Mexico
 Limited in Depth to the Wolfbone Pool



	Tract 1
	Tract 2
	Tract 3



Tract 1: Section 4: Lot 1, SE/4 NE/4, E/2 SE/4 (E/2 E/2) (160.81 Acres)

COG Operating LLC	0.837641
Marathon Oil Permian, LLC	0.013021
Chief Capital (OG) II, LLC	0.038870
Jetstream New Mexico, LLC	0.001736
Stephen Charles Dennis	0.000868
Kyle Remington Dennis	0.000868
Jerry Don Dennis	0.000868
Tina Carol Villnes	0.000868
Alicia Jo Gower (Coble)	0.000579
Shannon Gower	0.000579
Kristine Vickers	0.000579
Conner Gower	0.000579
Jennifer Gower	0.001157
Estate of Bill W. Echols	0.006944
Estate of Jeannette Echols Thompson (assumed successor Arthur E. Thompson, Jr. nephew)	0.002315
Estate of Jeannette Echols Thompson (assumed successor Jane Martinec, niece)	0.002315
Estate of Jeanette Echols Thompson (assumed successor Nancy Thompson Soucy)	0.002315
Arthur E. Thompson, Jr.	0.001157
Jane Martinec	0.001157
Nancy Thompson Soucy	0.001157

Estate of Diane Russell	0.001736
Estate of Patrick Bronson	0.001736
Estate of Hubert Stockton (Unknown Heirs of Lucille G. Stockton)*	0.006944
Mozell Tidwell	0.000868
Douglas Clayton Noll	0.000289
Rebecca Susan Dean	0.000289
Marjorie Ella Woodard	0.000289
Woodrow W. Renwick	0.004340
Sandra Lynn Jones	0.001736
Clayton Roy Willmon	0.000347
Shanda Danielle Willmon	0.000347
Judith Campbell	0.000651
Broos Duane Campbell	0.000488
Aisha Ellen Campbell	0.000488
Sharon Dale Street	0.000488
Julie A Palmer	0.000488
Nicholas C. Moran	0.001302
Katie Marie Moran	0.001302
Estate of Valerie E. Nichols Johansen (assumed successors Gloria Bumgarner, Susan Grenier, Loni Denman, Drew Tracy)	0.005208
Earth Justice Legal Defense Fund	0.000156
Weatherford College Development Foundation	0.000104
Natural Resources Defense Council Inc.	0.000052
Amnesty International of USA Inc.	0.000052
Advent Christian Village Inc.	0.000052
Toward Utility Rate Normalization of Los Angeles	0.000052
American Diabetes Association	0.000052
Howard Jarvis Tax Association	0.000052
Environmental Defense Fund Incorporation	0.000052
Greenpeace International Inc.	0.000052
Federation for American Immigration Reform	0.000052
Larry Beach	0.001493
Jon C. Beach	0.001493
Grant S. Pyle III	0.000747
Douglas Q. Willmon	0.000747
Estate of D. C. Willmon, Jr. (assumed successors David Clay Willmon, III, Chris Willmon, Colleen McBride)	0.005208
Estate of Geraldine Parish (assumed successors Richard C. Parish, Gregg M. Parish, Geraldine A. Wallace Johnston)	0.005208
Estate of Gloria Blakely (assumed successors Richard S. Blakely, Robert J. Blakely, Estate of Christopher Willmon Blakely, Estate of Noel Blakely, Beverly Blakely)	0.005208
Bradford "Rocky" Jones	0.001736
Estate of Debra Dallas DC Holt (assumed successors Ashley Holt, Tiffany Feet, Tina Martin)	0.001736
Billy L. Etcheson	0.001323
Jerry Glenn Ithaca	0.005208
Michael Earl Hale	0.002604
Trustee of the Estie Shelpman Testamentary Trust	0.020833
Total	1

Tract 2: Section 9: E/2 NE/4 (80 Acres)

COG Operating LLC	1.000000
Total	1

Tract 3: Section 9: E/2 SE/4 (80 Acres)

COG Operating LLC	1.000000
Total	1

Unit Working Interest

COG Operating LLC	0.918615
Marathon Oil Permian, LLC	0.006527
Chief Capital (OG) II, LLC	0.019484
Jetstream New Mexico, LLC	0.000870
Stephen Charles Dennis	0.000435
Kyle Remington Dennis	0.000435
Jerry Don Dennis	0.000435
Tina Carol Villnes	0.000435
Alicia Jo Gower (Coble)	0.000290
Shannon Gower	0.000290
Kristine Vickers	0.000290
Conner Gower	0.000290
Jennifer Gower	0.000580
Estate of Bill W. Echols*	0.003481
Estate of Jeannette Echols Thompson (assumed successor Arthur E. Thompson, Jr.)	0.001160
Estate of Jeannette Echols Thompson (assumed successor Jane Martinec)	0.001160
Estate of Jeanette Echols Thompson (assumed successor Nancy Thompson Soucy)	0.001160
Arthur E. Thompson, Jr.	0.000580
Jane Martinec	0.000580
Nancy Thompson Soucy	0.000580
Estate of Diane Russell*	0.000870
Estate of Patrick Bronson*	0.000870
Estate of Hubert Stockton (Unknown Heirs of Lucille G. Stockton)*	0.003481
Mozell Tidwell	0.000435
Douglas Clayton Noll	0.000145
Rebecca Susan Dean	0.000145
Marjorie Ella Woodard	0.000145
Woodrow W. Renwick	0.002176
Sandra Lynn Jones	0.000870
Clayton Roy Willmon	0.000174
Shanda Danielle Willmon	0.000174
Judith Campbell	0.000326
Broos Duane Campbell	0.000245

Aisha Ellen Campbell	0.000245
Sharon Dale Street	0.000245
Julie A Palmer	0.000245
Nicholas C. Moran	0.000653
Katie Marie Moran	0.000653
Estate of Valerie E. Nichols Johansen (assumed successors Gloria Bumgarner, Susan Grenier, Loni Denman, Drew Tracy)	0.002611
Earth Justice Legal Defense Fund	0.000078
Weatherford College Development Foundation	0.000052
Natural Resources Defense Council Inc.	0.000026
Amnesty International of USA Inc.	0.000026
Advent Christian Village Inc.	0.000026
Toward Utility Rate Normalization of Los Angeles	0.000026
American Diabetes Association	0.000026
Howard Jarvis Tax Association	0.000026
Environmental Defense Fund Incorporation	0.000026
Greenpeace International Inc.	0.000026
Federation for American Immigration Reform	0.000026
Larry Beach	0.000748
Jon C. Beach	0.000748
Grant S. Pyle III	0.000374
Douglas Q. Willmon	0.000374
Estate of D. C. Willmon, Jr. (assumed successors David Clay Willmon, III, Chris Willmon, Colleen McBride)	0.002611
Estate of Geraldine Parish (assumed successors Richard C. Parish, Gregg M. Parish, Geraldine A. Wallace Johnston)	0.002611
Estate of Gloria Blakely (assumed successors Richard S. Blakely, Robert J. Blakely, Estate of Christopher Willmon Blakely, Estate of Noel Blakely, Beverly Blakely)	0.002611
Bradford "Rocky" Jones	0.000870
Estate of Debra Dallas DC Holt (assumed successors Ashley Holt, Tiffany Feet, Tina Martin)	0.000870
Billy L. Etcheson	0.000663
Jerry Glenn Ithaca	0.002611
Michael Earl Hale	0.001305
Trustee of the Estie Shelpman Testamentary Trust	0.010443
Total	1

Overriding Royalty Interest Owners

Chilmark Properties, LLC

CrownRock Minerals, L.P.

McMullen Minerals, LLC

Pegasus Resources, LLC

Non-Participating Royalty Interest Owners

5588 Oil, LLC

Fez Federal Com 707H – Wolfbone Pool

Arrakis Holdings, LLC

Bugling Bull Investments, LLC

Carrollton Mineral Partners IV, LP

Carrollton Mineral Partners IV, LP, subject to Remaindermen Lea Claire McDonald Brooker and Katherine Madera Jarrett

CEP Minerals, LLC

Chisos Minerals, LLC

CMP Permian LP

CMP Permian LP, subject to Remaindermen Lea Claire McDonald Brooker and Katherine Madera Jarrett

Foundation Minerals, LLC

G. Dan Thompson

GGM Exploration, Inc.

Good News Minerals, LLC

Katherine Madera Jarrett, subject to life estate in Carrollton Minerals Partners IV, LP

Katherine Madera Jarrett, subject to life estate in CMP Permian LP

Lea Claire McDonald Brooker, subject to life estate in Carrollton Minerals Partners IV, LP*

Lea Claire McDonald Brooker, subject to life estate in CMP Permian LP*

Mavros Minerals II, LLC

Mavros Minerals, LLC

Michael Fred Madera

Mildred Maxine Madera McCall a/k/a Mildred Madera McCall

Oak Valley Mineral and Land, LP

Pamela Madera, as Trustee of The Madera Trust, U/A dated July 20, 2016

Pegasus Resources, LLC

Riverbend Oil & Gas IX, LLC

Sandra Lee Powers

TD Minerals, LLC

The Pitchfork Cattle Company, LLC

Tilden Capital Minerals, LLC



Uncommitted Owner

*

Unlocatable

Parties with Unmarketable Title Being Pooled

Chief Capital (OG) II, LLC

Jetstream New Mexico, LLC

Marathon Oil Permian, LLC

Advent Christian Village Inc.

Alicia Jo Gower

American Diabetes Association

Fez Federal Com 707H – Wolfbone Pool

Amnesty International of USA Inc.
Arthur E. Thompson, Jr.
Betty Crowley
Billy Etcheson
Billy Willmon Campbell
Clayton Roy Willmon
Conner Gower
Crystal Michelle Lucio
David Martinez
Douglas Clayton Noll
Douglas Q. Willmon
Earth Justice Legal Defense Fund
Environmental Defense Fund Incorporation
Heirs or Devisees of D. C. Willmon, Jr.
David C. Willmon
Colleen McBride
Chris Willmon
Heirs or Devisees of Geraldine Parish
Richard C. Parish
Gregg M. Parish
Geraldine A. Wallace Johnston
Heirs or Devisees of Gloria L. Blakely
Heirs or Devisees of David Blakely
Heirs or Devisees of Christopher Blakely
Richard S. Blakely
Robert Jack Blakely
David Michael Blakely
Katherine Blakely
Heirs or Devisees of Valerie E. Johansen
Heirs or Devisees of Constance Val Tracy
Susan Grenier
Gloria Bumgarner
Loni Denman
Drew Tracy
Federation for American Immigration Reform
Grant S. Pyle III
Greenpeace International Inc.
Howard Jarvis Tax Association
Jane Martinec
Jeanette Echols Thompson
Jennifer Gower

Fez Federal Com 707H – Wolfbone Pool

Jerry Don Dennis
Jerry Glenn Ithaca
Johnny Dean Crowley, Jr.
Jon C. Beach
Katie Marie Moran
Kristine Vickers
Kyle Remington Dennis
Larry Beach
Marjorie Ella Woodard
Michael Earl Hale
Mozell Tidwell
Nancy Thompson Soucy
Natural Resources Defense Council Inc.
Nicholas C. Moran
Rebecca Susan Dean
Sandra Lynn Jones
Shanda Daniella Willmon
Shannon Gower
Shawn Christopher Willmon
Sheila Darlene Jackson (Willmon)
Stephen Charles Dennis
Tina Carol Villnes
Toward Utility Rate Normalization of Los Angeles
Weatherford College Development Foundation
Woodrow W. Renwick
Heirs and devisees of Bill W. Echols
Heirs and devisees of Diane Russell
Estate of Donald J. Willmon, Or beneficiaries of Laura E. Willmon Testamentary Trust*
Heirs and devisees of Hubert Stockton
Heirs and devisees of Lucille G. Stockton
Heirs and devisees of Patrick Bronson
Trustee of the Estie Shelpman Testamentary Trust
5588 Oil, LLC
Arrakis Holdings, LLC
Bugling Bull Investments, LLC
Carrollton Mineral Partners IV, LP
Carrollton Mineral Partners IV, LP, subject to Remaindermen Lea Claire McDonald Brooker and Katherine Madera Jarett
CEP Minerals, LLC
Chisos Minerals, LLC
CMP Permian LP

CMP Permian LP, subject to Remaindermen Lea Claire McDonald Brooker and Katherine Madera Jarrett
Foundation Minerals, LLC
G. Dan Thompson
GGM Exploration, Inc.
Good News Minerals, LLC
Katherine Madera Jarrett, subject to life estate in Carrollton Minerals Partners IV, LP
Katherine Madera Jarrett, subject to life estate in CMP Permian LP
Lea Claire McDonald Brooker, subject to life estate in Carrollton Minerals Partners IV, LP
Lea Claire McDonald Brooker, subject to life estate in CMP Permian LP
Mavros Minerals II, LLC
Mavros Minerals, LLC
Michael Fred Madera
Mildred Maxine Madera McCall a/k/a Mildred Madera McCall
Oak Valley Mineral and Land, LP
Pamela Madera, as Trustee of The Madera Trust, U/A dated July 20, 2016
Pegasus Resources, LLC
Riverbend Oil & Gas IX, LLC
Sandra Lee Powers
TD Minerals, LLC
The Pitchfork Cattle Company, LLC
Tilden Capital Minerals, LLC
Robert & Donna Landreth
Heirs or devisees of Laura Willmon
Heirs or devisees of Lillian Beach
Heirs or devisees of Flora Stockton
Heirs or devisees of John D. Stockton
Heirs or devisees of O.T. Buntin
Heirs or devisees of Beulah B. Dennis
Heirs or devisees of Ola Bryant Echols
Heirs or devisees of Ada Ewers
Heirs or devisees of Debra Dallas DC Holt
Bradford "Rocky" Jones



October 1, 2020

Chief Capital (O&G) II LLC
8111 Westchester Drive Ste 900
Dallas, TX 75225

Re: **Well Proposal- FEZ FEDERAL COM #707H**
E/2E/2 of Sections 4 & 9, T25S-R35E
320.81 Ac – Wolfbone Pool
Lea County, New Mexico

Case No. 21538

COG OPERATING
Exhibit A-4

Dear Sir or Madam:

COG Operating LLC (“COG”), as Operator, hereby proposes the drilling of the following horizontal well with productive laterals located in the E/2E/2 of Sections 4 and 9, T25S-R35E, Lea County, New Mexico (collectively, the “Operation”). The surface pad location will be located in Unit Letter O of Section 9, T25S-R35E (or another location chosen by Operator).

- **FEZ FEDERAL COM #707H**, to be drilled to a depth sufficient to test the Wolfbone Pool at an approximate total vertical depth of 12,250 feet. The estimated surface hole location for this well is proposed at approximately 330’ FSL, 1540’ FEL of Section 9 or a location in unit letter O of Section 9. The first take point for this well is estimated at approximately 100’ FSL, 660’ FEL of Section 9, and the last take point is estimated at approximately 100’ FNL, 660’ FEL of Section 4. The estimated bottom hole location for this well is proposed at approximately 50’ FNL, 660’ FEL of Section 4 or a location in Unit A of Section 4. The dedicated horizontal spacing unit will be the E/2E/2 of Sections 4 and 9, T25S-R35E, Lea County, New Mexico. The total estimated cost to drill and complete said well is \$8,823,412, as shown on the attached Authority for Expenditure (“AFE”).

COG is proposing these wells under the terms of a new Operating Agreement which is included for your review and approval. It has the following general provisions:

- 100%/300% Non-Consenting Penalty;
- \$8000 Drilling and \$800 Producing Rate; and
- COG Operating LLC named as Operator.

If you do not wish to participate in the Operation, COG would like to discuss the term assignment of your interest to COG under the following indicative terms:

- \$2,000/acre bonus;
- 3 Year Primary Term; and
- Overriding Royalty Interest reserved unto assignor of the positive difference (if any) between existing burdens of record and 20%.

Please indicate your desire to term assign your Working Interest to COG by contacting me at the email or telephone number below. The offer for term assignment will remain open until thirty (30) days after our receipt of any pooling order obtained from the NMOCD.

In the interest of time, if we do not reach an agreement within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a horizontal spacing unit for the proposed wells.

Please indicate your participation elections in the spaces provided below, sign, and return this letter, along with a signed copy of the enclosed AFEs and a copy of your geologic requirements, to my attention at the letterhead address or by email to mtipton@concho.com.

If you have any questions, please do not hesitate to contact me at 432-685-2588.

Sincerely,

COG Operating LLC



Megan Tipton, RPL
Landman
MTipton@concho.com

Chief Capital (OG) II, LLC

_____ I/We hereby elect to participate in the drilling and completion of the
FEZ FEDERAL COM #707H

_____ I/We hereby elect not to participate in the drilling and completion of the
FEZ FEDERAL COM #707H

By: _____
Name: _____
Title: _____
Date: _____



October 2, 2020

**Advent Christian Village Inc.
10680 Dowling Park Dr.
Live Oak, FL 32060**

Re: Well Proposal- FEZ FEDERAL COM #707H
E/2E/2 of Sections 4 & 9, T25S-R35E
320.81 Ac – Wolfbone Pool
Lea County, New Mexico

Dear Sir or Madam:

COG Operating LLC (“COG”), as Operator, hereby proposes the drilling of the following horizontal well with productive laterals located in the E/2E/2 of Sections 4 and 9, T25S-R35E, Lea County, New Mexico (collectively, the “Operation”). The surface pad location will be located in Unit Letter O of Section 9, T25S-R35E (or another location chosen by Operator).

- **FEZ FEDERAL COM #707H**, to be drilled to a depth sufficient to test the Wolfbone Pool at an approximate total vertical depth of 12,250 feet. The estimated surface hole location for this well is proposed at approximately 330’ FSL, 1540’ FEL of Section 9 or a location in unit letter O of Section 9. The first take point for this well is estimated at approximately 100’ FSL, 660’ FEL of Section 9, and the last take point is estimated at approximately 100’ FNL, 660’ FEL of Section 4. The estimated bottom hole location for this well is proposed at approximately 50’ FNL, 660’ FEL of Section 4 or a location in Unit A of Section 4. The dedicated horizontal spacing unit will be the E/2E/2 of Sections 4 and 9, T25S-R35E, Lea County, New Mexico. The total estimated cost to drill and complete said well is \$8,823,412, as shown on the attached Authority for Expenditure (“AFE”).

COG is proposing these wells under the terms of a new Operating Agreement which is included for your review and approval. It has the following general provisions:

- 100%/300% Non-Consenting Penalty;
- \$8000 Drilling and \$800 Producing Rate; and
- COG Operating LLC named as Operator.

If you do not wish to participate in the Operation, COG would like to discuss the leasing of your interest to COG under the following indicative terms:

- \$2,000/acre bonus;
- 3 Year Primary Term; and
- 25% Royalty

Please indicate your desire to lease your interest to COG by contacting me at the email or telephone number below. The offer to lease remains open until thirty (30) days after your receipt of any pooling order obtained from the NMOCD.

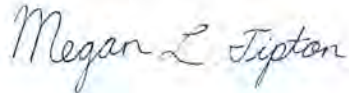
In the interest of time, if we do not reach an agreement within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a horizontal spacing unit for the proposed wells.

Please indicate your participation elections in the spaces provided below, sign, and return this letter, along with a signed copy of the enclosed AFEs and a copy of your geologic requirements, to my attention at the letterhead address or by email to mtipton@concho.com.

If you have any questions, please do not hesitate to contact me at 432-685-2588.

Sincerely,

COG Operating LLC



Megan Tipton, RPL
Landman
MTipton@concho.com

_____ I/We hereby elect to participate in the drilling and completion of the
FEZ FEDERAL COM #707H

_____ I/We hereby elect **not** to participate in the drilling and completion of the
FEZ FEDERAL COM #707H

Advent Christian Village Inc.

By: _____
Name: _____
Title: _____
Date: _____



Megan Tipton

October 2, 2020

Re: Unmarketable Title
E/2E/2 Sections 4 & 9, T25S-R35E
Lea County, NM

To Whom It May Concern:

COG Operating LLC ("COG"), as Operator, plans to develop the E/2E/2 of Sections 4 & 9, T25S-R35E by drilling horizontal well(s). COG recently received an updated title opinion covering the subject acreage, among other lands, and your interest is considered unmarketable. Due to the uncertainties involved with unsatisfied title requirements and unmarketable title, if your interest is not cured of title defects within 30 days of receipt of this letter, New Mexico compulsory pooling statutes and regulations require COG to apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into the proposed horizontal spacing unit at such time.

Please contact the undersigned if you would like to discuss your interest and this matter in more detail.

Very truly yours,

COG Operating LLC

Megan L. Tipton

Megan Tipton, RPL
Landman – Northern Delaware Basin
mtipton@concho.com
(432) 685-2588

October 1, 2020

RE: Ratification of Communitization Agreement – E2E2 Fez Federal Com
Township 25 South, Range 35 East, N.M.P.M.

E/2 E/2 – Fez Federal Com Unit

Section 4: E/2 E/2 equivalent

Section 9: E/2 E/2

Lea County, New Mexico

Dear Sir or Madam:

Enclosed for your records are one (1) copy of the referenced Communitization Agreement and a Ratification of said Communitization Agreement for the referenced spacing unit. Please execute and notarize the Ratification and return to:

COG Operating LLC
600 W. Illinois Ave.
Midland, TX 79701
Attn: Megan Tipton

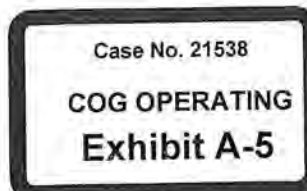
If you need additional information, please contact Megan Tipton by email at mtipton@concho.com or by phone at 432-685-2588.

Sincerely,
COG Operating LLC

Megan Tipton
Landman
Delaware Basin – NM

Summary Follow-Up contacts with the Uncommitted Interests

- A. On 10/2/2020, well proposals, AFEs, and COG's proposed form of JOA were sent to all uncommitted working interest owners, title requirement letters were sent to parties with unmarketable title, and ratifications of the communitization agreement were sent to non-participating royalty interest owners as well as overriding royalty interest owners
- B. Ongoing negotiation with Chief Capital (OG) II, LLC and Jetstream New Mexico, LLC, both of which signed the unit's JOA and are participating in the proposed well
- C. Ongoing phone and email communication with various unleased mineral owners regarding their interest in the unit, the planned development, and leasing their interests. Multiple owners indicated they are interested in leasing thus voluntarily committing their interests. Currently negotiating lease forms
- D. Received executed ratifications of the communitization agreement from multiple owners, and a variety of others indicated they plan on signing as well thus voluntarily pooling their interests
- E. Email and phone communication with Marathon Oil Permian, LLC regarding the planned development wherein I provided an estimated timeline and a breakdown of their interest, and they indicated they plan to participate
- F. Phone and email communication with a variety of unmarketable title owners discussing their outstanding title requirements



November 20, 2020

To Whom It May Concern:

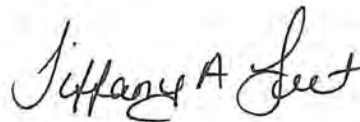
Re: Fifth Judicial Court, Lea County, New Mexico; Case No. D-506-CV-2020-01225
State of New Mexico Department Of Energy, Minerals, and Natural Resources Oil
Conservation Commission Case Number 21538 and Case Number 21539

Defendant: Tiffany A. Feet, 401 Forest Oak Cove, Jacksonville AR, 72076

This letter is in regards (response) to the summons/hearing notifications
referenced above.

I do not forfeit any legal claims I may have regarding the minerals right in the above
mentioned summons/lawsuit. In addition, I oppose any pooling of my interest
without my express permission.

If there are any questions please contact me (cell phone) 318-423-6923.



Tiffany A. Feet
401 Forest Oak Cove
Jacksonville, AR 72076
318-423-6923

Tiffany Feet
401 Forest Oak Cove
Jacksonville, AR 72076

Hinkle Shanor LLP
P.O. Box 20608
Santa Fe, NM 87504

Case No. 21538

COG OPERATING
Exhibit A-6

11/23/20

BRADFORD JONES
aka ROCKY JONES
4654 COUNTY RD. 4990
WILLOW SPRINGS, MO
65793-9110
ph 417-469-1857

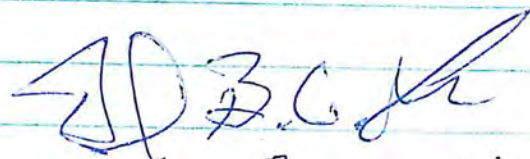
Ms DANA S. HARDY

I AM IN RECEIPT OF THE LETTERS & DOCUMENTS
NAMED ME, BRADFORD JONES, AS A DEFENDANT IN
CASES #21538 & #21539 IN REFERENCE OF THE
APPLICATION OF COG OPERATING LLC FOR COMPULSORY
POOLING IN LEA COUNTY, NM.

BE IT KNOWN THAT I HAVE NO OBJECTION TO THE
SUBJECT PROPERTY NAMED IN THOSE LETTERS
BEING DEVELOPED FOR THEIR OIL & GAS POTENTIAL,
PROVIDED THAT I AM NOT FORFEITING ANY RESPECT-
IVE MINERAL INTERESTS THAT HAS BEEN PASSED
DOWN TO ME.

I AM NOT AN ATTORNEY, SO PERHAPS I AM
MISINTERPRETING THE REQUESTS OF THE PLAINTIFF
AS STATED ON PAGE 51 OF THE CASE ASSIGNED TO
WILLIAM SHOOBRIDGE (CASE NO. D-506-CV-2020-01225),
IE, THAT EACH DEFENDANT BE FOREVER BARRED AND
ESTOPPED FROM HAVING OR CLAIMING ANY LIEN OR
OTHER INTERESTS IN SUBJECT PROPERTY,

BASED UPON MY INTERPRETATION OF THAT
GOAL OF COG OPERATING LLC, I OPPOSE
MY INTERESTS BEING POOLED



DONALD BRADFORD LEE JONES

**COG OPERATING LLC
AUTHORITY FOR EXPENDITURE
DRILLING**

WELL NAME:	FEZ FED COM 707H	PROSPECT NAME:	Bulldog 2535 (717109)
SHL Sec 9:	330 FSL 1540 FEL, or at a location in Unit O	STATE & COUNTY:	New Mexico, Lea
BHL Sec 4:	50 FNL 660 FEL, or at a location in Unit A	OBJECTIVE:	Drill and Complete
FORMATION:	Wolfbone Pool	DEPTH:	22,050
LEGAL:	Sec 9: T25S-R35E	TVD:	12,250

INTANGIBLE COSTS	Drig - Rig Release(D)	Completion(C)	Tank Btty Constructn(TB)	Pmpg Equipment(PEQ)	TOTAL
Title/Curative/Permit	201 20,000				20,000
Insurance	202 7,000	302			7,000
Damages/Right of Way	203 20,000	303	351 2,390		22,390
Survey/Stake Location	204 2,500	304 90,000	352 1		98,501
Location/Pits/Road Expense	205 165,000	305 10,000	353 59,580	366	234,580
Drilling / Completion Overhead	206 7,200	306 15,000			22,200
Turnkey Contract	207	307 658,000			658,000
Footage Contract	208	308 417,000			417,000
Daywork Contract	209 504,000	309 168,000			672,000
Directional Drilling Services	210 328,000	310 263,000			591,000
Fuel & Power	211 81,000	311 42,000	354 1	367	123,001
Water	212 75,000	312 521,000		368	596,000
Bits	213 115,000	313		369	115,000
Mud & Chemicals	214 205,200	314		370	205,200
Drill Stem Test	215	315 294,000			294,000
Coring & Analysis	216				0
Cement Surface	217 19,000				19,000
Cement Intermediate	218 83,700				83,700
Cement 2nd Intermediate/Production	219 65,000				65,000
Cement Squeeze & Other (Kickoff Plug)	220				0
Float Equipment & Centralizers	221 60,000			371	60,000
Casing Crews & Equipment	222 55,000				55,000
Fishing Tools & Service	223	323		372	0
Geologic/Engineering	224	324	355 1	373	1
Contract Labor	225 6,500	325	356 148,289	374 20,000	174,789
Company Supervision	226 44,000	326 10,000	357 7,236	375	61,236
Contract Supervision	227 97,000	327 120,000	358 1	376	217,001
Testing Casing/Tubing	228 40,000	328		377 900	40,900
Mud Logging Unit	229 40,000	329 65,000			105,000
Logging	230			378	0
Perforating/Wireline Services	231 10,000	331 286,000		379	276,000
Stimulation/Treating		332		380	0
Completion Unit		333		381 2,160	2,160
Swabbing Unit		334		382	0
Rentals-Surface	235 144,000	335 359	1 383 4,040		148,041
Rentals-Subsurface	236 132,000	336	384 300		132,300
Trucking/Forklift/Rig Mobilization	237 200,000	337 10,000	360 1	385 800	210,801
Welding Services	238 6,000	338	361 1	386	6,001
Water Disposal	239	339 40,000	362 1	387 150,000	190,001
Plug to Abandon	240	340			0
Seismic Analysis	241	341			0
Miscellaneous	242	342		389	0
Contingency	243 71,000	343 76,000	363 1	390	147,001
Closed Loop & Environmental	244 246,000	344 364	1 388		246,001
Fuel - Diesel	245	345 177,000			177,000
Coil Tubing		346 300,000		392 75,000	375,000
Flowback Crews & Equip		347		391 18,000	18,000
Offset Directional/Frac	246	348			0
TOTAL INTANGIBLES	2,869,100	3,548,000	217,523	271,200	6,905,623
TANGIBLE COSTS					
Surface Casing	401 35,000				35,000
Intermediate Casing	402 235,000				235,000
Production Casing/Liner	403 418,000				418,000
Tubing		504 52,000		530 400	52,400
Wellhead Equipment	405 70,000	505 22,000		531 95,300	187,300
Pumping Unit				506	0
Prime Mover				507	0
Rods				508	0
Pumps-Sub Surface (BH)		509		532 23,200	23,200
Tanks			510 69,482		69,482
Flowlines			511 67,552		67,552
Heater Treater/Separator			512 193,801		193,801
Electrical System			513 82,954	533	82,954
Packers/Anchors/Hangers	414 514	60,000		534 900	60,900
Couplings/Fittings/Valves	415		515 221,160		221,160
Gas Lift/Compression			516 1		1
Dehydration			517 1		1
Injection Plant/CO2 Equipment			518 1		1
Pumps-Surface			521 36,671		36,671
Instrumentation/SCADA/POC			522 35,552	529	35,552
Miscellaneous	419 0	519	523 1	535	1
Contingency	420	520	524 1	536	1
Meters/LACT			525 1		1
Flares/Combustors/Emission			526 167,611		167,611
Gas Lift/Compression		527 25,000			25,000
TOTAL TANGIBLES	758,000	165,000	674,789	119,800	1,917,589
TOTAL WELL COSTS	3,627,100	3,713,000	1,092,312	391,000	8,623,412

COG Operating LLC % of Total Well Cost

Date Prepared 9/24/20

COG Operating LLC

PS-KL-JH-RM

We approve:
_____% Working Interest

Company:
By: _____

Printed Name: _____
Title: _____
Date: _____

This AFE is only an estimate of the actual costs incurred. By signing you agree to pay your share.

Case No. 21538

**COG OPERATING
Exhibit A-7**



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

November 9, 2020

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTS SUBJECT TO POOLING PROCEEDINGS

Re: Case No. 21538: Application of COG Operating, LLC for Compulsory Pooling, Lea County, New Mexico

To whom it may concern:

Enclosed is a copy of an application that COG Operating, LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division") (Case No. 21538). COG requests an order pooling all uncommitted mineral interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098) underlying a 320.81-acre, more or less, standard horizontal spacing unit comprised of Lot 1, SE/4 NE/4 and the E/2 SE/4 of irregular Section 4 (E/2 E/2 equivalent) and the E/2 E/2 of Section 9, Township 25 South, Range 35 East in Lea County, New Mexico.

The hearing will be conducted on December 3, 2020 beginning at 8:15 a.m. During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. You are not required to attend the hearing, but as an owner of an interest that may be affected by COG's application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record, you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement at least four business days prior to the hearing, but in no event later than 5:00 p.m. mountain time on the Thursday preceding the hearing. The Pre-Hearing Statement must be filed with the Division and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

If you have any questions regarding this matter, please contact Megan Tipton at (432) 685-2588 or mtipton@concho.com.

Very truly yours,

Dana S. Hardy
Dana S. Hardy

Case No. 21538

COG OPERATING
Exhibit A-8

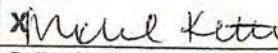
Enclosure

PO BOX 10
ROSWELL, NEW MEXICO 86202
575-622-6510
(FAX) 575-623-9332

PO BOX 1720
ARTESIA, NEW MEXICO 88211
575-622-6510
(FAX) 575-746-6316

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

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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  ☐ Agent ☐ Addressee	
1. Article Addressed to: 5588 Oil, LLC P.O. Box 470925 Fort Worth, TX 76107		B. Received by (Printed Name) Michael Ketter	C. Date of Delivery 11.24.20
2. Article Number (Transfer from service label) 7020 0640 0000 0143 2461		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 7630-02-000-9053		Domestic Return Receipt	



9590 9402 5941 0062 9845 78

2. Article Number (Transfer from service label)
7020 0640 0000 0143 2461

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

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

OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To Alicia Jo Coble (Gower)
1208 N Winston Ave
Tulsa, OK 74115-5249

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

PS Form 3800, April 2015 PSN 7630-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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  ☐ Agent ☐ Addressee	
1. Article Addressed to: Arrakis Holdings, LLC P.O. Box 26 Maypearl, TX 75864		B. Received by (Printed Name) Ken Cobb	C. Date of Delivery 11/17/20
2. Article Number (Transfer from service label) 7020 0640 0000 0143 2485		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 7630-02-000-9053		Domestic Return Receipt	



9590 9402 5941 0062 9845 54

2. Article Number (Transfer from service label)
7020 0640 0000 0143 2485

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 ☒ <u>K. E. O. C. 19</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: Betty Crowley McConnell 310 Crestview Ct Raymore, Missouri 64083		B. Received by (Printed Name) <u>CWA</u> C. Date of Delivery <u>11-16-2020</u>	
2. Article Number (Transfer from service label) <u>7020 0640 0000 0143 2089</u>		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 ☒ <u>K. E. O. C. 19</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: Bugling Bull Investments, LLC Attention: Robert A Roark, Director 4747 Research Forest Dr. #180-315 The Woodlands, Texas 77381-4912		B. Received by (Printed Name) <u>KATELIN B. ROARK</u> C. Date of Delivery <u>11/17/2020</u>	
2. Article Number (Transfer from service label) <u>7020 0640 0000 0143 2096</u>		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 ☒ <u>C. Wells</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: Carrollton Mineral Partners IV, LP 5950 Berkshire Ln. Ste. 1125 Dallas, TX 75225		B. Received by (Printed Name) <u>C. Wells</u> C. Date of Delivery <u>11/16/20</u>	
2. Article Number (Transfer from service label) <u>7020 0640 0000 0143 2102</u>		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7020 0640 0000 0143 2119

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

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

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To Chief Capital (O&G) LLC
Street and Apt. No., or PO Box 8111 Westchester Dr, Ste 900
City, State, ZIP+4® Dallas, TX 75225

Postmark MAY 12 2020
87501 9998

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
- 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 X <u>FELICIA</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>FELICIA</u> C. Date of Delivery <u>11/16/20</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Chilmark Properties, LLC C/O Robert L Landreth 110 W Louisiana Suite 404 Midland, TX 79701	
 9590 9402 5941 0062 9894 43	
2. Article Number (Transfer from service label) 7020 0640 0000 0143 2126	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
- 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 X <u>Carol Wells</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>CAROL WELLS</u> C. Date of Delivery <u>11/16/20</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: CMP Permian, LP 5950 Berkshire Ln. Ste. 1125 Dallas, TX 75225	
 9590 9402 5941 0062 9894 36	
2. Article Number (Transfer from service label) 7020 0640 0000 0143 2133	
PS Form 3811, July 2015 PSN 7530-02-000-9053	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:

Connor
131 Frar
Buffalo, Mo. 6622-4104



9590 9402 5941 0062 9894 29

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2140

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Connor*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Connor G. Frar

C. Date of Delivery

11/24/20

- 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 |
| ☐ Insured Mail | |

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:

Crown Minerals, L.P.
P.O. Box 1933
Midland, TX 79710



9590 9402 5941 0062 9894 12

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2157

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wilson*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Wilson

C. Date of Delivery

11/17/20

- 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 |
| ☐ Insured Mail | |

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:

David Martinez
23804 S. Southcrest Dr.
Peculiar, Missouri 64078



9590 9402 5941 0062 9894 05

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2164

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Martinez*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

David Martinez

C. Date of Delivery

11/17/20

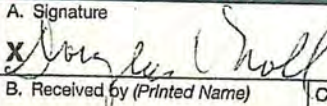
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

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 |
| ☐ Insured Mail | |

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- 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  B. Received by (Printed Name) Douglas Clayton Noll C. Date of Delivery 11.16.20 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: Douglas Clayton Noll 1656 N PUFFIN TRL INVERNESS, FL 34453-1552		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	
2. 7020 0640 0000 0143 2171 9590 9402 5941 0062 9893 99		(over \$500) 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

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 G. Dan Thompson

Street and Apt. No., or PO Box 12107 Lueders Ln

City, State, ZIP+4® Dallas, TX 75230

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

NOV 12 2020

Postmark Here

87501-9998

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

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

OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To GGM Exploration, Inc.

Street and Apt. No., or PO Box P.O. Box 123610

City, State, ZIP+4® Fort Worth, TX 76121

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

NOV 12 2020

Postmark Here

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY			
- 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  B. Received by (Printed Name) C. Date of Delivery			
1. Article Addressed to: Good News Minerals, LLC 4000 N Big Spring Street, Suite 310 Midland, TX 79710		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
2. Article Number (Transfer from service label) 7020 0640 0000 0143 2218		3. Service Type <table border="0"> <tr> <td> ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail </td> <td> ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery </td> </tr> </table>		☐ 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
☐ 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				

9590 9402 5941 0062 9893 68

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

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 Jane Martinec

Street and Apt. No., or PO Box 425 Charles Street

City, State, ZIP+4® Schenectady, NY 12302-1735

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

NOV 12 2020

87501-9998

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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To Jeanette Echols Thompson

Street and Apt. No., or PO Box 420 EDISON DR.

City, State, ZIP+4® PENSACOLA, FL 32505-4546

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

NOV 12 2020

87501-9998

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:

Jennifer L. Walters (Gower)



9590 9402 5941 0062 9893 37

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2249

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Kerry Walters

C. Date of Delivery

11/10/10

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ No

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

Restricted Delivery

Domestic Return Receipt

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fees 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

Jerry Ron Dennis

Street and Apt. No., or PO Box

503 Covey Lane

City, State, ZIP+4®

Harrison, AR 72601-1866

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:

Jerry Glen Ithaca
1001 6th Ave
Canyon, TX 79015-3635

9590 9402 5941 0062 9893 13

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2263

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Jerry Glen Ithaca

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ 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

Domestic Return Receipt

7020 0640 0000 0143 2270

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

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

OFFICIAL USE

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)	\$	
☐ Return Receipt (hardcopy)	\$	
☐ Return Receipt (electronic)	\$	
☐ Certified Mail Restricted Delivery	\$	
☐ Adult Signature Required	\$	
☐ Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Jetstream New Mexico, LLC	
Street and Apt. No., or PO Box	P.O. Box 471396	
City, State, ZIP+4®	Fort Worth, TX 76147	

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

7020 0640 0000 0143 2287

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

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

OFFICIAL USE

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)	\$	
☐ Return Receipt (hardcopy)	\$	
☐ Return Receipt (electronic)	\$	
☐ Certified Mail Restricted Delivery	\$	
☐ Adult Signature Required	\$	
☐ Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Johnny Dean Crowley, Jr.	
Street and Apt. No., or PO Box	26406 S. Westlake Dr.	
City, State, ZIP+4®	Harrisonville, Missouri 64701	

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:

Katherine Madera Jarret
1202 Cherrywood Court
Allen, TX 75002



9590 9402 5941 0062 9828 19

2. Article Number (Transfer from service label)

7020 0640 0000 0143 1884

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

W. D. C. 9/6/1

☒ Agent
☒ Addressee

B. Received by (Printed Name)

K. Jarret

C. Date of Delivery

11/16/20

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ No

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

all 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:

Kristine Vickers (Gower)
205 Baron
Grand Prairie, TX 75051-4079



9590 9402 5941 0062 9828 02

2. Article Number (Transfer from service label)

7020 0640 0000 0143 1891

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

WILLIAM

C. Date of Delivery

11/1/18

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ 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

(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:

Kyle Remington Dennis
4319 S. 177th E. Pl.
Tulsa, OK, 74134



9590 9402 5941 0062 9828 40

2. Article Number (Transfer from service label)

7020 0640 0000 0143 1907

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

WILLIAM

C. Date of Delivery

11/1/18

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ 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

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:

Marathon Oil Permian LLC
Attn: Non-Op Land
5555 San Felipe St.
Houston, TX 77056



9590 9402 5941 0062 9828 64

2. Article Number (Transfer from service label)

7020 0640 0000 0143 1914

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

WILLIAM

C. Date of Delivery

11/1/18

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ 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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marjorie Ella Woodard
 23011 NW SHEPHERD RD
 BLUE SPRING, FL 32909



9590 9402 5941 0062 9828 57

2. Article Number (Transfer from service label)

7020 0640 0000 0143 1921

PS Form 3811, July 2015 PSN 7630-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

M. Woodard

☐ Agent☐ Addressee

B. Received by (Printed Name)

Marjorie Ella Woodard

C. Date of Delivery

11-17-20

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

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. 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 5941 0062 9828 71

2. Article Number (Transfer from service label)

7020 0640 0000 0143 1938

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Crystal Leeper

☐ Agent☐ Addressee

B. Received by (Printed Name)

Crystal Leeper

C. Date of Delivery

11-17-20

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

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 5941 0062 9828 88

2. Article Number (Transfer from service label)

7020 0640 0000 0143 1945

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Crystal Leeper

☐ Agent☐ Addressee

B. Received by (Printed Name)

Crystal Leeper

C. Date of Delivery

11-17-20

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

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

7020 0640 0000 0143 1969

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

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

OFFICIAL USE

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

Postage \$
 Total Postage and Fees \$

Sent To McMullen Minerals, LLC
 Street and Apt. No., or PO Box No. 2821 West 7th Street Ste. 515
 City, State, ZIP+4® Fort Worth, TX 76107

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

Postmark Here
 NOV 12 2020

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
- 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 ☒ X <i>CEG</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>11-16</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Michael Earl Hale 711 Stevenson Street Borger, TX 79007-2848	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
2. Article Number (Transfer from service label) 7020 0640 0000 0143 1969	Restricted Delivery

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
- 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 ☒ X <i>Michael Madera</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Michael Madera 11-17-20</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Michael Fred Madera P.O. Box 645 La Pine, OR 97739-0645	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
2. Article Number (Transfer from service label) 7020 0640 0000 0143 1976	all Restricted Delivery

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

Mildred Maxine Madera McCall
1710 Brookside Pine Ln
Kingwood, TX 77345



9590 9402 5941 0062 9829 25

2. Article Number (Transfer from service label)

7020 0640 0000 0143 1983

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C19 RHeel* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

A. Weimer C. Date of Delivery *11-17-00*

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 |
| ☐ Insured Mail | |

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:

Mozell Tidwell
3517 GRANADA DR.
RICHMOND HILLS, TX 76118-5952



9590 9402 5941 0062 9829 32

2. Article Number (Transfer from service label)

7020 0640 0000 0143 1990

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *1805 C19* ☐ 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 | ☐ 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 |
| ☐ Insured Mail | |

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:

Nancy Thompson Scott
612 Poinsettia Drive
Venice, FL 34285-2626



9590 9402 5941 0062 9829 49

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2003

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nancy Thompson Scott* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Nancy Thompson Scott C. Date of Delivery *11/16/00*

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 |
| ☐ Insured Mail | |

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:

Oak Valley Mineral and Land, LP
303 Veterans Air Park Lane
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☒ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

11-17-20

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



9590 9402 5941 0062 9845 85

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2454

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted 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®.

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

See Reverse for Instructions

Pamela Madera, Trustee

4621 W. Agave Ave.

Fluv. A7 85131

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

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

See Reverse for Instructions

Pegasus Resources LLC

2821 West 7th St, Ste 500

Fort Worth, Texas 76107

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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: Rebecca Susan Dean 914 W EASTLAND AVE NASHVILLE, TN 37206-3532		A. Signature X <i>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>11/13/20</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number (Transfer from service label) 7020 0640 0000 0143 2423		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	

9590 9402 5941 0062 9846 15

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 MAIL RECEIPT

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To Riverbend Oil & Gas LLC
Street and Apt. No., or PO Box 1200 Smith Street Ste. 1950
City, State, ZIP+4® Houston, TX 77002

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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: Sandra Lee Powers 92-1512 Ali'Nui Dr. #3 Kapala, HI 96707		A. Signature X <i>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>S. Powers</i> C. Date of Delivery <i>11/17/20</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
2. Article Number (Transfer from service label) 7020 0640 0000 0143 2409		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	

9590 9402 5941 0062 9846 39

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 ☒ Agent ☒ Addressee	
1. Article Addressed to: Shannon Gower 1682 E 508 SALINA, OK 74365-2871		B. Received by (Printed Name) Shannon Gower C. Date of Delivery 11-18-20	
2. Article Number (Transfer from service label) 7020 0640 0000 0143 2393		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	



9590 9402 5941 0062 9846 46

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 ☒ Agent ☐ Addressee	
1. Article Addressed to: Stephen Charles Dennis 116 Hallmark Dr. Conroe, TX 77304		B. Received by (Printed Name) Stephen Charles Dennis C. Date of Delivery 11/17/20	
2. Article Number (Transfer from service label) 7020 0640 0000 0143 2386		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	



9590 9402 5941 0062 9846 53

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 ☒ Agent ☐ Addressee	
1. Article Addressed to: TD Minerals, LLC 8111 Westchester, Suite 900 Dallas, TX 75225		B. Received by (Printed Name) Rashad Al-Ugadi C. Date of Delivery 11-16-20	
2. Article Number (Transfer from service label) 7020 0640 0000 0143 2379		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	



9590 9402 5941 0062 9846 60

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

7020 0640 0000 0143 2362

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

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

OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To The Pitchfork Cattle Co.

125 Belavia Circle

Ruidoso, NM 88345

City, State, ZIP+4®

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

NOV 12 2020

Postmark Here

67-501-9998

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:

Tilden Capital Minerals, LLC
P.O. Box 470857
Fort Worth, TX 76147

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2355

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Ed Hutchins ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ed Hutchins

C. Date of Delivery 11/17/2020

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

☐ Insured Mail ☐ Restricted Delivery

Domestic Return Receipt

7020 0640 0000 0143 2348

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

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

OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Tina Carol Villines

P.O. Box 1289

Harrison, AR 72602-1289

City, State, ZIP+4®

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

NOV 12 2020

Postmark Here

501-

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:

Woodrow W. Renwick
206 1/2 H ST S
NORTHWOOD, IA 50459-1728



9590 9402 5941 0062 9847 07

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2331

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Woodrow W. Renwick ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/16/20

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

Woodrow W. Renwick

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

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:

CEP Minerals LLC
PO BOX 50820
Midland, TX 79710



9590 9402 5941 0062 9847 14

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2324

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Crystal ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-17-20

- 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

(over \$500)

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:

Chisos Minerals, LLC
1111 Bagby St. Ste. 2150
Houston, TX 77002



9590 9402 5941 0062 9847 21

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2317

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-16-20

- 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

Mail
All Restricted Delivery
(0)

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:

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



9590 9402 5941 0062 9847 38

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2300

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Crystal Ayuda

C. Date of Delivery

11-17-20

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☐ Insured 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

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:

Arthur E. Thompson, Jr.
767 Corte San Luis
Oceanside, CA 92057-7516



9590 9402 5941 0062 9847 45

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2294

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

ARTHUR E THOMPSON JR

C. Date of Delivery

11/17/2020

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☐ Insured 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

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:

The Utility Reform Network, f/k/a Toward
Utility Rate Normalization of Los Angeles
c/o Richard A. Perez, Registered Agent
829 53rd Street
Oakland, CA 94608



9590 9402 5483 9249 1339 39

2. Article Number (Transfer from service label)

7017 3380 0000 1064 3191

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Richard A. Perez*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/21/20

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
- ☐ Certified Mail Delivery Restricted Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail®
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING



9590 9402 5483 9249 1339 39

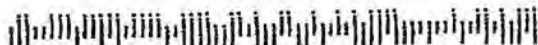
First-Class Mail,
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010

1-001010



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:

Geraldine A. Wallace
a.k.a. Geraldine A. Johnston
2822 Ridgewood St.
Santa Ana, CA 92705-6837



9590 9402 5483 9249 1330 52

2. Article Number (Transfer from service label)

7017 3380 0000 1064 4228

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Geraldine A. Johnston

C. Date of Delivery

11/12/15

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 |

☐ Mail Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 5483 9249 1330 52

**United States
Postal Service**

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010



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:

Ashley Holt
986 NW 4th St. Apt. 29
Ontario, OR 97914-1772



9590 9402 5483 9249 1330 90

2. Article Number (Transfer from service label).

7017 3380 0000 1064 4181

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X A. Holt

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-16-20

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

COVID 19

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

Mail Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



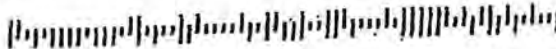
9590 9402 5483 9249 1330 90

**United States
Postal Service**

* Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



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:

Chris Willmon
5469 Via Del Tecolote
Riverside, CA 92507-6471



9590 9402 5483 9249 1338 54

2

7017 3380 0000 1064 4129

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

C.19

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C.19

C. Date of Delivery

10/2/12

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 5483 9249 1338 54

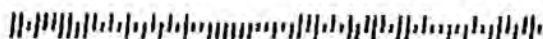
**United States
Postal Service**

* Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

02-001010



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:

Katie Marie Moran
980 Oneonta Drive
Los Angeles, CA 90065-4217



9590 9402 5483 9249 1345 78

2. Article Number (Transfer from service label)

7019 0700 0001 2275 1644

PS Form 3811, July 2016 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1?** ☐ Yes
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 |
| ☐ Mail Restricted Delivery | |

Domestic Return Receipt

USPS TRACKING#



9590 9402 5483 9249 1345 78

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

**United States
Postal Service**

* Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY													
■ 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 X ☐ Agent ☐ Addressee													
1. Article Addressed to: Federation for American Immigration Reform c/o Daniel Stein, Registered Agent 25 Massachusetts Avenue, NW Washington, D.C., 20001		B. Received by (Printed Name) C. Date of Delivery 11/12													
2. Article Number (Transfer from service label) 7019 0700 0001 2275 1828		3. Service Type <table border="0"> <tr> <td>☐ Adult Signature</td> <td>☐ Priority Mail Express®</td> </tr> <tr> <td>☐ Adult Signature Restricted Delivery</td> <td>☐ Registered Mail™</td> </tr> <tr> <td>☐ Certified Mail®</td> <td>☐ Registered Mail Restricted Delivery</td> </tr> <tr> <td>☐ Certified Mail Restricted Delivery</td> <td>☐ Return Receipt for Merchandise</td> </tr> <tr> <td>☐ Collect on Delivery</td> <td>☐ Signature Confirmation™</td> </tr> <tr> <td>☐ Collect on Delivery Restricted Delivery</td> <td>☐ Signature Confirmation Restricted Delivery</td> </tr> </table>		☐ 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
☐ 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													

USPS TRACKING #		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
9590 9402 5483 9249 1343 94		
United States Postal Service		
* Sender: Please print your name, address, and ZIP+4® in this box* Jared A. Hembree HINKLE SHANOR LLP P. O. Box 10 Roswell, NM 88202-0010		

ON FRIDAY, NOV. 20 STARTING AT 1 AM ET, PACKAGE TRACKING WILL BE BRIEFLY...

USPS Tracking®

[FAQs >](#)

Track Another Package +

Tracking Number: 70190700000122751828

Remove X

Your item was delivered to the front desk, reception area, or mail room at 3:41 pm on November 12, 2020 in WASHINGTON, DC 20001.

Delivered

November 12, 2020 at 3:41 pm
Delivered, Front Desk/Reception/Mail Room
WASHINGTON, DC 20001

Get Updates 

Text & Email Updates



Tracking History



Product Information



See Less 

Feedback

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback

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.

Richard C. Parish
1526 7th Ave
Oakland, CA 94606-2963



9590 9402 5483 9249 1330 76

2. Article Number (Transfer from service label)

7017 3380 0000 1064 4204

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

11/2

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 |
| ☐ Restricted Delivery | |

USPS TRACKING#



9590 9402 5483 9249 1330 76

United States
Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010

USPS Tracking®

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70173380000010644204[Remove X](#)

Your item was delivered to an individual at the address at 3:45 pm on November 12, 2020 in OAKLAND, CA 94606.

Delivered

November 12, 2020 at 3:45 pm
Delivered, Left with Individual
OAKLAND, CA 94606

[Feedback](#)[Get Updates ∨](#)

[Text & Email Updates](#)

[Tracking History](#)

[Product Information](#)

[See Less ^](#)

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback

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:

Tiffany Feet
401 Forest Oak Cove
Jacksonville, AR 72076-3780



9590 9402 5483 9249 1331 06

2. Article Restricted Delivery:

7017 3380 0000 1064 4174

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

11/2

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

very Restricted Delivery

stricted Delivery

(over \$500)

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

Domestic Return Receipt

USPS TRACKING#



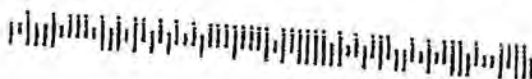
9590 9402 5483 9249 1331 06

United States
Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010



USPS Tracking®

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70173380000010644174[Remove X](#)

Your item has been delivered to an agent for final delivery in JACKSONVILLE, AR 72076 on November 12, 2020 at 11:58 am.

✓ Delivered to Agent

November 12, 2020 at 11:58 am
Delivered to Agent for Final Delivery
JACKSONVILLE, AR 72076

[Feedback](#)[Get Updates ∨](#)

[Text & Email Updates](#)

[Tracking History](#)

[Product Information](#)

[See Less ^](#)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 X <i>Billy Etcheson</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Billy Etcheson a.k.a. Billy L. Etcheson 16801 Colton Lane Diamond, MO 64840-8325		B. Received by (Printed Name) C. Date of Delivery 11/18/10	
2. Article Number (Transfer from service label) 7017 3380 0000 1064 4273		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 ☐ Registered Mail® ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation 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 7530-02-000-8053		Domestic Return Receipt	

USPS TRACKING#

SPRINGFIELD MO 658

12 NOV 2010 PM 13 L

9590 9402 5483 9249 1343 87

United States Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010

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:

Sandra Lynn Jones
2423 Hidden Valley Dr.
Grand Junction, CO 81507-4604



9590 9402 5483 9249 1345 23

2. Article Number (Transfer from carrier label)

7019 0700 0001 2275 1699

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
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 |
| ☐ Mail Restricted Delivery | |

(over 500)

Domestic Return Receipt

USPS TRACKING#



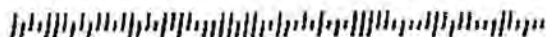
9590 9402 5483 9249 1345 23

**United States
Postal Service**

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010



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:

Broos Duane Campbell
495 Howard Street
Ventura, CA 93003-4532



9590 9402 5483 9249 1342 26

2. Article Number (Transfer from service label)

7017 3380 0000 1064 4433

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
JULY 12 2003

- 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 |
| ☐ Restricted Delivery | |

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

Domestic Return Receipt

USPS TRACKING #



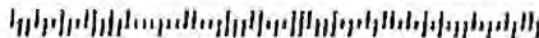
9590 9402 5483 9249 1342 26

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

**United States
Postal Service**

* Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010



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:

Aisha Ellen Campbell
420 Richmond Avenue
San Jose, CA 95128-2338



9590 9402 5483 9249 1342 19

2. Article Number (Transfer from service label)

7017 3380 0000 1064 4440

Restricted Delivery

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

Aisha Campbell

C. Date of Delivery

11/12/20

D. Is delivery address different from item 1? ☐ YesIf 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 |

USPS TRACKING#



9590 9402 5483 9249 1342 19

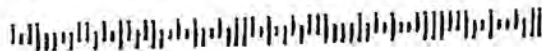
United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010

First-Class Mail,
Postage & Fees Paid
USPS
Permit No. G-10

2-001010



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:

Julie A. Palmer
495 Howard Street
Ventura, CA 93003-4532



9590 9402 5483 9249 1341 96

2. Article Number (Transfer from carrier label)

7017 3380 0000 1064 4464

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1?** ☐ Yes
- 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
- ☐ Registered Mail[™]
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation[™]
- ☐ Signature Confirmation Restricted Delivery
- ☐ Priority Mail Express[®]

Domestic Return Receipt

USPS TRACKING#



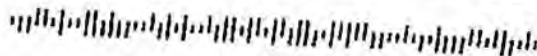
9590 9402 5483 9249 1341 96

**United States
Postal Service**

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4[®] in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010



ENDER: 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:

Susan Grenier
1292 Jodi Dr.
Yuba City, CA 95993-9265



9590 9402 5483 9249 1345 61

2. Service Type (Transfer from service label)

7019 0700 0001 2275 1651

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Peter*

☐ 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

☐ Mail Restricted Delivery

(20)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



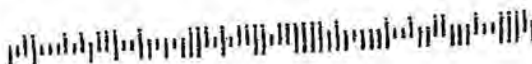
9590 9402 5483 9249 1345 61

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P. O. Box 10
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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nicholas C. Moran
4532 Jackson Bend Ct.
Granbury, TX 76049



9590 9402 5483 9249 1345 85

2. Article Number (Transfer from covering label)

7019 0700 0001 2275 1637

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/13/20

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ 1 Mail
- ☐ 1 Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over 500)

Domestic Return Receipt

USPS TRACKING #



9590 9402 5483 9249 1345 85

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USPS
Permit No. G-10

United States
Postal Service

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P. O. Box 10
Roswell, NM 88202-0010



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:

Drew Tracy
1869 Ridgeview Dr.
Roseville, CA 95661-5836



9590 9402 5483 9249 1345 30

2. Article Number (Transfer from service label)

7019 0700 0001 2275 1682

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kurt L. Mandrich*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Kurt L. Mandrich

C. Date of Delivery

11/12/20

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

☐ Insured 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

USPS TRACKING#



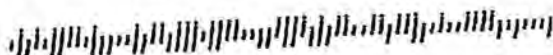
9590 9402 5483 9249 1345 30

**United States
Postal Service**

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- 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:
 Clayton Roy Willmon
 P. O. Box 488
 Holyoke, CO 80734-0488



9590 9402 5483 9249 1345 16

2. Article Number (Transfer from service label)

7019 0700 0001 2275 1705

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Clayton Roy Willmon

C. Date of Delivery

10/13/10

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
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#
 DENVER CO 802



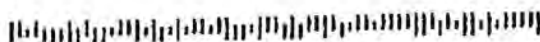
9590 9402 5483 9249 1345 16

United States
 Postal Service

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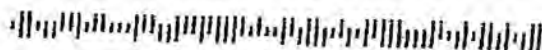
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Shanda Danielle Willmon 1025 S. Sherman Ave. Holyoke, CO, 80734-2031		A. Signature x <i>ST 0601 C19</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>S. Willmon</i> C. Date of Delivery <i>11-12-00</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number (Transfer from sender label) 7019 0700 0001 2275 1712		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 (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

USPS TRACKING#	
9590 9402 5483 9249 1345 09	First-Class Mail Postage & Fees Paid USPS Permit No. G-10

United States
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HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010



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- 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:

EarthJustice Legal Defense Fund
c/o Cogency Global Inc., Agent
1325 J St. 1550
Sacramento, CA, 95814



9590 9402 5483 9249 1344 93

2. Article Number (Transfer from address label)

7019 0700 0001 2275 1729

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

COGENCY GLOBAL INC.

B. Received by (Printed Name)

C. Date of Delivery

11/12/20

- 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 |
| ☐ Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

USPS TRACKING #



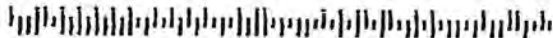
9590 9402 5483 9249 1344 93

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Postal Service**

* Sender: Please print your name, address, and ZIP+4® in this box*

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Roswell, NM 88202-0010

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Postage & Fees Paid
USPS
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SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- 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
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:

The Howard Jarvis Taxpayers Association
c/o Craig Mordoh, Registered Agent
621 S. Westmoreland Ave., #200
Los Angeles, CA 90005



9590 9402 5483 9249 1344 24

2. Article Number (Transfer from service label)
7019 0700 0001 2275 1798

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

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

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P. O. Box 10
Roswell, NM 88202-0010

* Sender: Please print your name, address, and ZIP+4® in this box*

9590 9402 5483 9249 1344 24



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USPS
Permit No. G-10



-001010

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

1. Article Addressed to:

Grant S. Pyle III
4725 SW Birdsong Dr.
Corvallis, OR 97333-1495



9590 9402 5483 9249 1339 08

2. Article Number (Transfer from random label)

7017 3380 0000 1064 4075

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/4/20

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
- ☐ Insured on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

USPS TRACKING#



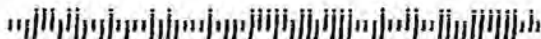
9590 9402 5483 9249 1339 08

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

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P. O. Box 10
Roswell, NM 88202-0010

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Postage & Fees Paid
USPS
Permit No. G-10



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:

Larry C. Beach
2846 W 12075 S
Riverton, UT 84065-7634

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-12

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

9590 9402 5483 9249 1338 92

2. Article Number (Transfer from service label)

7017 3380 0000 1064 4082

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

USPS TRACKING#



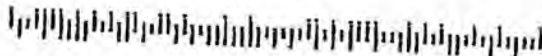
9590 9402 5483 9249 1338 92

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Postage & Fees Paid
USPS
Permit No. G-10

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P. O. Box 10
Roswell, NM 88202-0010



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

1. Article Description

David C. Willmon
5419 Pinchurst Dr.
Riverside, CA 92504-1349



9590 9402 5483 9249 1338 47

2. Addressee (Transfer from service label)

7017 3380 0000 1064 4136

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
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 |
| ☐ Restricted Delivery | |

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

Domestic Return Receipt

USPS TRACKING #



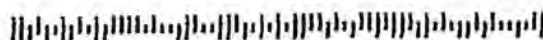
9590 9402 5483 9249 1338 47

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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. Business Addressee only
 Gregg M. Parish
 3933 Sycamore St.
 Pasadena, CA 91107-4919



9590 9402 5483 9249 1330 69

7017 3380 0000 1064 4211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* *2717* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *C-19* C. Date of Delivery *11/12/20*

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 |
| ☐ <small>full</small> Restricted Delivery | |
| ☐ <small>over 5000</small> | |

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 5483 9249 1330 69

First-Class Mail
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 USPS
 Permit No. G-10

**United States
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 HINKLE SHANOR LLP
 P. O. Box 10
 Roswell, NM 88202-0010



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 Blakely
 175 Calline Maues Run
 Buda, TX 78610-5132



9590 9402 5483 9249 1330 45

2. Article Number (Marked on reverse of item)

7017 3380 0000 1064 4235

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x R Blakely

☐ Agent
☒ Addressee

B. Received by (Printed Name)

R Blakely

C. Date of Delivery

11-12

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 |
| ☐ Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

USPS TRACKING#

AUSTIN TX 787



9590 9402 5483 9249 1330 45

United States
 Postal Service

First-Class Mail
 Postage & Fees Paid
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 HINKLE SHANOR LLP
 P. O. Box 10
 Roswell, NM 88202-0010



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 Blakely
2719 Wilcrest Dr.
Austin, TX 78748-5748



9590 9402 5483 9249 1330 38

2. Article Number (Transfer from outside label)

7017 3380 0000 1064 4242

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X.T.D. 4840 C-19

☒ Agent☐ Addressee

B. Received by (Printed Name)

R.B.

C. Date of Delivery

11/12/2008

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
- ☐ Mail Restricted Delivery (over \$500)

- ☐ 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

USPS TRACKING#



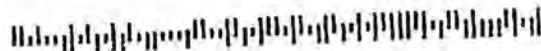
9590 9402 5483 9249 1330 38

United States
Postal Service

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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:

Michael Blakely
9009 Spicebrush Dr.
Austin, TX 78759-7748



9590 9402 5483 9249 1348 13

2. Article Number (Transfer from service label)

7017 3380 0000 1064 4259

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

DAVID BLAKELY

C. Date of Delivery

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

11/13

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 |
| ☐ All Restricted Delivery | |

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

Domestic Return Receipt

USPS TRACKING#



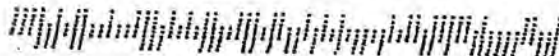
9590 9402 5483 9249 1348 13

**United States
Postal Service**

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4® in this box*

Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010



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:

Katherine Blakely
6800 W. Gate Blvd., Ste. 132
Austin, TX 78745-4868



9590 9402 5483 9249 1348 06

2. Article Number (Transfer from service label)

7017 3380 0000 1064 4266

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

PBM

C. Date of Delivery

10-11-20

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
- ☐ 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

USPS TRACKING#



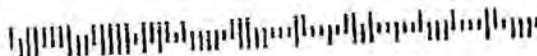
9590 9402 5483 9249 1348 06

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Postage & Fees Paid
USPS
Permit No. G-10

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HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010



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:

Geraldine A. Wallace
a.k.a. Geraldine A. Johnston
2822 Ridgewood St.
Santa Ana, CA 92705-6837



9590 9402 5483 9249 1330 52

Article Number (Transfer from service label)

7017 3380 0000 1064 4228

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Geraldine A. Wallace

C. Date of Delivery

11/12/15

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 |
| ☐ Mail Restricted Delivery | |

Domestic Return Receipt

USPS TRACKING #



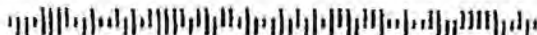
9590 9402 5483 9249 1330 52

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

1. Article Addressed to:

Ashley Holt
986 NW 4th St. Apt. 29
Ontario, OR 97914-1772



9590 9402 5483 9249 1330 90

2. Article Number (Transfer from service label)

7017 3380 0000 1064 4181

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *A. Holt*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-16-20

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

COVID 19

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #

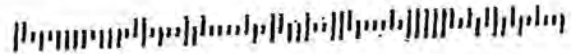


9590 9402 5483 9249 1330 90

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Roswell, NM 88202-0010



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- 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:

Chris Willmon
5469 Via Del Tecolote
Riverside, CA 92507-6471



9590 9402 5483 9249 1338 54

2

7017 3380 0000 1064 4129

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

C.19

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C.19

C. Date of Delivery

11/2/20

- 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

Domestic Return Receipt

USPS TRACKING#



9590 9402 5483 9249 1338 54

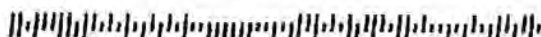
**United States
Postal Service**

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Roswell, NM 88202-0010

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USPS
Permit No. G-10

32-001010



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- 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:

Katie Marie Moran
980 Oneonta Drive
Los Angeles, CA 90065-4217



9590 9402 5483 9249 1345 78

2. Article Number (Transfer from service label)

7015 0700 0001 2275 1644

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1?** ☐ Yes
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 |
| ☐ Mail Restricted Delivery | |

Domestic Return Receipt

USPS TRACKING#



9590 9402 5483 9249 1345 78

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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P. O. Box 10
Roswell, NM 88202-0010



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:

Federation for American
Immigration Reform
c/o Daniel Stein, Registered Agent
25 Massachusetts Avenue, NW
Washington, D.C., 20001



9590 9402 5483 9249 1343 94

2. Article Number (Transfer from service label)

7019 0700 0001 2275 1828

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

11/12

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

1 Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 5483 9249 1343 94

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Permit No. G-10

ON FRIDAY, NOV. 20 STARTING AT 1 AM ET, PACKAGE TRACKING WILL BE BRIEFLY...

USPS Tracking®

[FAQs >](#)

Track Another Package +

Tracking Number: 70190700000122751828

Remove X

Your item was delivered to the front desk, reception area, or mail room at 3:41 pm on November 12, 2020 in WASHINGTON, DC 20001.

Delivered

November 12, 2020 at 3:41 pm
Delivered, Front Desk/Reception/Mail Room
WASHINGTON, DC 20001

Get Updates v

Text & Email Updates



Tracking History



Product Information



See Less ^

Feedback

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback

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.

Richard C. Parish
1526 7th Ave
Oakland, CA 94606-2963



9590 9402 5483 9249 1330 76

2. Article Number (Transfer from service label)

7017 3380 0000 1064 4204

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
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☐ Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 5483 9249 1330 76

United States
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Jared A. Hembree
HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010

USPS Tracking®

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70173380000010644204[Remove X](#)

Your item was delivered to an individual at the address at 3:45 pm on November 12, 2020 in OAKLAND, CA 94606.

Delivered

November 12, 2020 at 3:45 pm
Delivered, Left with Individual
OAKLAND, CA 94606

[Feedback](#)[Get Updates ∨](#)

[Text & Email Updates](#)

[Tracking History](#)

[Product Information](#)

[See Less ^](#)

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback

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:

Tiffany Feet
401 Forest Oak Cove
Jacksonville, AR 72076-3780



9590 9402 5483 9249 1331 06

2. Article Identification Number:

7017 3380 0000 1064 4174

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

11/12

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

very Restricted Delivery

stricted Delivery

(over \$500)

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

Domestic Return Receipt

USPS TRACKING#



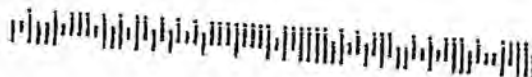
9590 9402 5483 9249 1331 06

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HINKLE SHANOR LLP
P. O. Box 10
Roswell, NM 88202-0010



USPS Tracking®

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70173380000010644174[Remove X](#)

Your item has been delivered to an agent for final delivery in JACKSONVILLE, AR 72076 on November 12, 2020 at 11:58 am.

✓ Delivered to Agent

November 12, 2020 at 11:58 am
Delivered to Agent for Final Delivery
JACKSONVILLE, AR 72076

[Feedback](#)[Get Updates ▼](#)

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[Tracking History](#)

[Product Information](#)

[See Less ^](#)

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:

Billy Etcheson a.k.a. Billy L. Etcheson
16801 Colton Lane
Diamond, MO 64840-8325



9590 9402 5483 9249 1343 87

2. Article Number (Transfer from service label)

7017 3380 0000 1064 4273

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Billy Etcheson* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/2/10

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™ |
| ☐ Certified Mail Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Collect on Delivery Restricted Delivery | |

Domestic Return Receipt

USPS TRACKING#



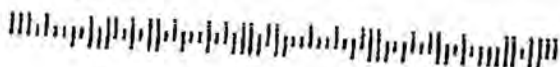
9590 9402 5483 9249 1343 87

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Permit No. G-10

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P. O. Box 10
Roswell, NM 88202-0010



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:

Sandra Lynn Jones
2423 Hidden Valley Dr.
Grand Junction, CO 81507-4604



9590 9402 5483 9249 1345 23

2. Article Number (Transfer from service label)

7019 0700 0001 2275 1699

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? ☐ YesIf 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 |

(over 500)

Domestic Return Receipt

USPS TRACKING#



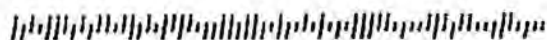
9590 9402 5483 9249 1345 23

United States
Postal Service

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USPS
Permit No. G-10



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

1. Article Addressed to:

The Utility Reform Network, f/k/a Toward
Utility Rate Normalization of Los Angeles
c/o Richard A. Perez, Registered Agent
829 53rd Street
Oakland, CA 94608



9590 9402 5483 9249 1339 39

2. Article Number (Transfer from service label)

7017 3380 0000 1064 3191

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Richard A. Perez*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/21/12

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
- ☐ Registered Mail®
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING



9590 9402 5483 9249 1339 39

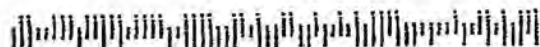
United States
Postal Service

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Permit No. G-10

2-001010



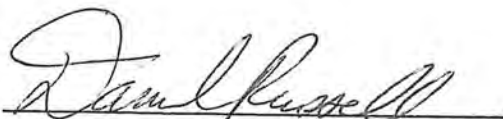
LEGAL NOTICE
November 13, 2020

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

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

Beginning with the issue dated
November 13, 2020
and ending with the issue dated
November 13, 2020.


Publisher

Sworn and subscribed to before me this
13th day of November 2020.


Business Manager

My commission expires

January 29, 2023

(Seal)

OFFICIAL SEAL
GUSSIE BLACK
Notary Public
State of New Mexico

My Commission Expires 1-29-23

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

This is to notify all interested parties, including Chief Capital (OG) II, LLC, Jetstream New Mexico, LLC, Marathon Oil Permian, LLC, Advent Christian Village Inc., Alicia Jo Gower, American Diabetes Association, Amnesty International of USA Inc., Arthur E. Thompson, Jr., Betty Crowley aka Betty McConnell, Billy Etcheson, Billy Willmon Campbell, Clayton Roy Willmon, Conner Gower, Crystal Michelle Lucio, David Martinez, Douglas Clayton Noll, Douglas Q. Willmon, Earth Justice Legal Defense Fund, Environmental Defense Fund Incorporated, Estate of D. C. Willmon, Jr. c/o David C. Willmon, Estate of D.C. Willmon, Jr. c/o Colleen McBride, Estate of D.C. Willmon, Jr. c/o Chris Willmon, Estate of Geraldine Parish c/o Richard C. Parish, Estate of Geraldine Parish c/o Gregg M. Parish, Estate of Geraldine Parish c/o Geraldine A. Wallace Johnston, Estate of Gloria L. Blakely c/o Richard S. Blakely, Estate of Gloria L. Blakely c/o Robert Jack Blakely, Estate of Gloria L. Blakely c/o David Michael Blakely, Estate of Gloria L. Blakely c/o Katherine Blakely, Estate of Valerie E. Johansen c/o Susan Grenier, Estate of Valerie E. Johansen c/o Gloria Bumgarner, Estate of Valerie E. Johansen c/o Loni Denman, Estate of Valerie E. Johansen c/o Drew Tracy, Federation for American Immigration Reform, Grant S. Pyle III, Greenpeace International Inc., Howard Jarvis Tax Association, Jane Martinec, Jeanette Echols Thompson, Jennifer Gower, Jerry Don Dennis, Jerry Glenn Ithaca, Johnny Dean Crowley, Jr., Jon C. Beach, Katie Marie Moran, Kristine Vickers, Kyle Remington Dennis, Larry Beach, Marjorie Ella Woodard, Michael Earl Hale, Mozell Tidwell, Nancy Thompson Soucy, Natural Resources Defense Council Inc., Nicholas C. Moran, Rebecca Susan Dean, Sandra Lynn Jones, Shanda Daniella Willmon, Shannon Gower, Shawn Christopher Willmon, Sheila Darlene Jackson (Willmon), Stephen Charles Dennis, Tina Carol Villnes, Toward Utility Rate Normalization of Los Angeles, Weatherford College Development Foundation, Woodrow W. Renwick, Estate of Bill W. Echols, Deceased, Estate of Diane Russell, Deceased, Estate of Donald J. Willmon, or Beneficiaries of Laura E. Willmon Testamentary Trust, Estate of Hubert Stockton, Heirs and/or Devises of Lucille G. Stockton, Estate of Patrick Bronson, Deceased, Trustee of the Estie Shelpman Testamentary Trust, Chilmark Properties, LLC, CrownRock Minerals, L.P., McMullen Minerals, LLC, Pegasus Resources, LLC, 5588 Oil, LLC, Arrakis Holdings, LLC, Bugling Bull Investments, LLC, Carrollton Mineral Partners IV, LP, Carrollton Mineral Partners IV, LP, subject to Remaindermen Lea Claire McDonald Brooker and Katherine Madera Jarrett, CEP Minerals, LLC, a Delaware limited liability company, Chisos Minerals, LLC, a Delaware limited liability company, CMP Permian LP, CMP Permian LP, subject to Remaindermen Lea Claire McDonald Brooker and Katherine Madera Jarrett, Foundation Minerals, LLC, a Delaware limited liability company, G. Dan Thompson, GGM Exploration, Inc., Good News Minerals, LLC, a Texas limited liability company, Katherine Madera Jarrett, subject to life estate in Carrollton Minerals Partners IV, LP, Katherine Madera Jarrett, subject to life estate in CMP Permian LP, Lea Claire McDonald Brooker, subject to life estate in Carrollton Minerals Partners IV, LP, Lea Claire McDonald Brooker, subject to life estate in CMP Permian LP, Mavros Minerals II, LLC, a Delaware limited liability company, Mavros Minerals, LLC, a Delaware limited liability company, Michael Fred Madera, Mildred Maxine Madera McCall a/k/a Mildred Madera McCall, Oak Valley Mineral and Land, LP, a Texas limited partnership, Pamela Madera, as Trustee of The Madera Trust, U/A dated July 20, 2016, Riverbend Oil & Gas IX, LLC, Sandra Lee Powers, TD Minerals, LLC, The Pitchfork Cattle Company, LLC, a New Mexico limited liability company, Tilden Capital Minerals, LLC, Estate of Billy Willmon Campbell c/o Aisha Ellen Campbell, Estate of Debra Dallas DC Holt c/o Ashley Holt Mitchell, Estate of Gloria L. Blakely c/o Beverly Blakely, Bradford Jones, Brooks Duane Campbell, Estate of Billy Willmon Campbell c/o Judith Campbell, Julie A. Palmer, Estate of Valerie Johansen c/o Linda Nichols, Estate of Valerie Johansen c/o Ronnie Nichols, Estate of Valerie Johansen c/o Roy Nichols, Sharon Dale Street, Estate of Debra Dallas D.C. Holt c/o Tiffany Feet, Estate of Debra Dallas D.C. Holt c/o Tina Martin, Estate of Jeannette Echols Thompson c/o Jane Martinec, Estate of Jeannette Echols Thompson c/o Arthur E. Thompson, Jr., and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating, LLC (Case No. 21538). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on December 3, 2020 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant seeks an order pooling all uncommitted mineral interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098) underlying a 320.81-acre, more or less, standard horizontal spacing unit comprised of Lot 1, SE/4 NE/4 and the E/2 SE/4 of irregular Section 4 (E/2 E/2 equivalent) and the E/2 E/2 of Section 9, Township 25 South, Range 35 East in Lea County, New Mexico. The horizontal spacing unit will be dedicated to the Fez Federal Com #707H well, which will be horizontally drilled from a surface location in Unit O in Section 9 to a bottom hole location in Lot 1 in Section 4. The completed interval of the well will be orthodox. Also to be considered will be the costs of drilling and completing the well and the allocation of the costs, the designation of COG Operating, LLC as the operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well is located approximately 11 miles northwest of Jal, New Mexico. #35986

MINNELL, HENSEL, SHANOR & MARTIN, LLP

PO BOX 2068

SANTA FE, NM 87504

Case No. 21538

COG OPERATING
Exhibit A-9

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

**APPLICATION OF COG OPERATING
LLC FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

Case No. 21538

**SELF-AFFIRMED STATEMENT OF
ALLISON HOLCOMB**

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.
2. I am a geologist at COG Operating LLC ("COG"). I have previously testified before the New Mexico Oil Conservation Division, and my credentials as an expert in petroleum geology were accepted.
3. I am familiar with the geological matters that pertain to COG's application.
4. The target interval for the Fez Federal Com #707H well is in the Wolfbone Pool, within the Bone Spring and Wolfcamp Formations underlying the subject acreage.
5. Exhibit B-1 is a location map that shows the proposed Fez Federal Com #707H well in relation to surrounding development in the Wolfcamp Formation and Third Bone Spring Sand. The standup orientation of the proposed well is consistent with the surrounding development and suggest this is the preferred orientation.
6. Exhibit B-2 is a subsea structure map of the top of the Wolfcamp Formation that is representative of the target interval within the Bone Spring and Wolfcamp Formations. The proposed spacing unit is highlighted in yellow and the proposed well is depicted with a dashed line. The contour intervals are 100 feet and show the structure dipping to the west. The structure

Case No. 21538

**COG OPERATING
Exhibit B**

appears consistent across the proposed spacing unit and I do not observe any faulting, pinch outs, or other geologic impediments to drilling horizontal wells.

7. Exhibit B-3 contains a line of cross section from A to A' using two wells. I chose these wells because they contain a good set of well logs and are representative of the geology in the subject area.

8. Exhibit B-4 is a stratigraphic cross-section that I prepared using the representative wells shown on Exhibit B-3. Each well on the cross-section contains gamma ray, resistivity, and porosity logs. The target interval for the well is bracketed. The cross-section demonstrates that the target interval is continuous across the proposed spacing unit.

9. Based on my geologic study, I am able to conclude that:

- (a) The horizontal spacing unit is justified from a geologic standpoint;
- (b) There is no faulting or other geologic impediment that could adversely affect the drilling of the proposed well; and
- (c) Each quarter-quarter section in the horizontal spacing unit will contribute more or less equally to production.

10. In my opinion, the granting of COG's application will be in the best interest of conservation, the prevention of waste, and the protection of correlative rights.

11. The attached exhibits were either prepared by me or compiled from company records.

12. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 11 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.



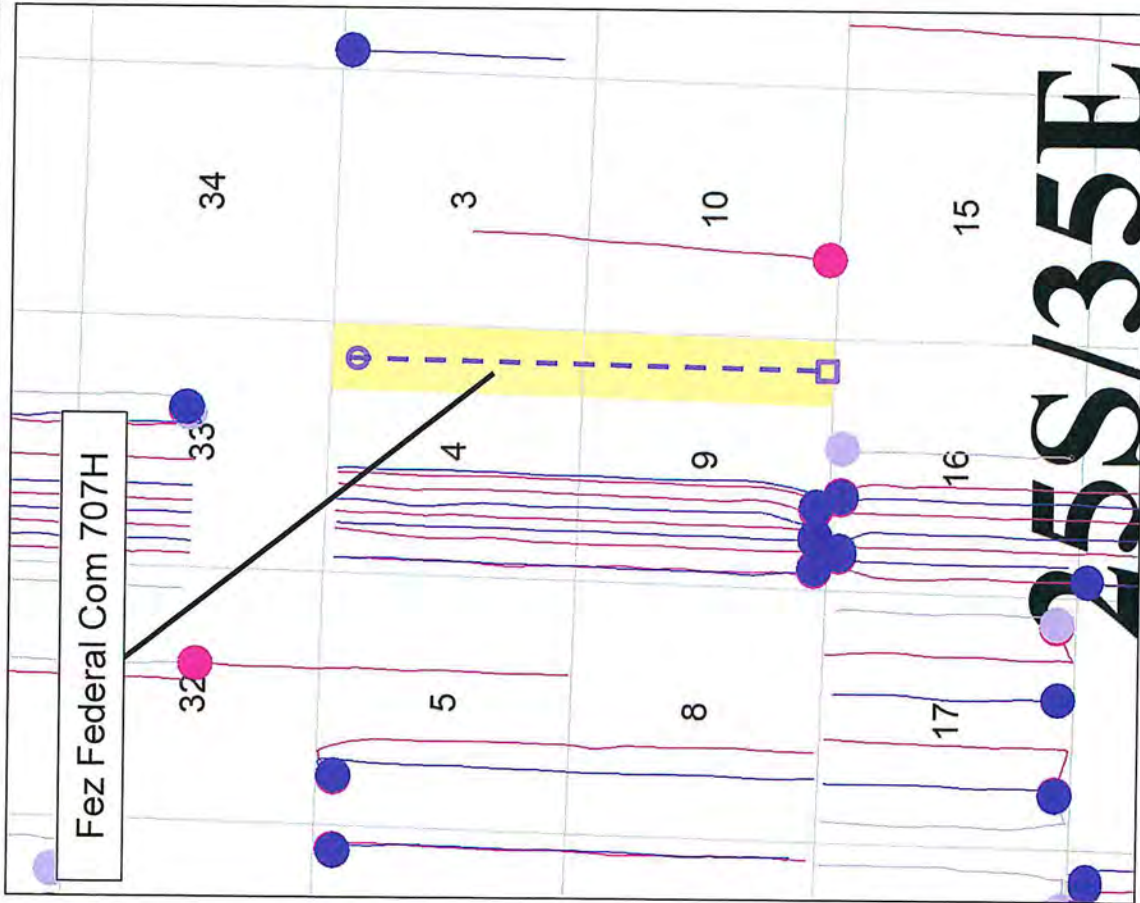
Allison Holcomb

11/30/2020

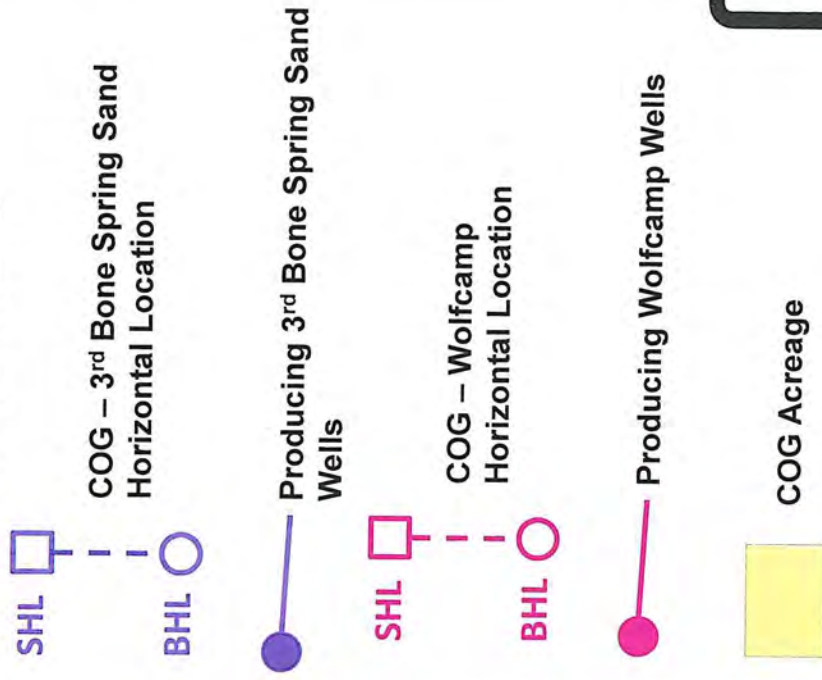
Date

Wolfbone Pool

Fez Federal Com 707H



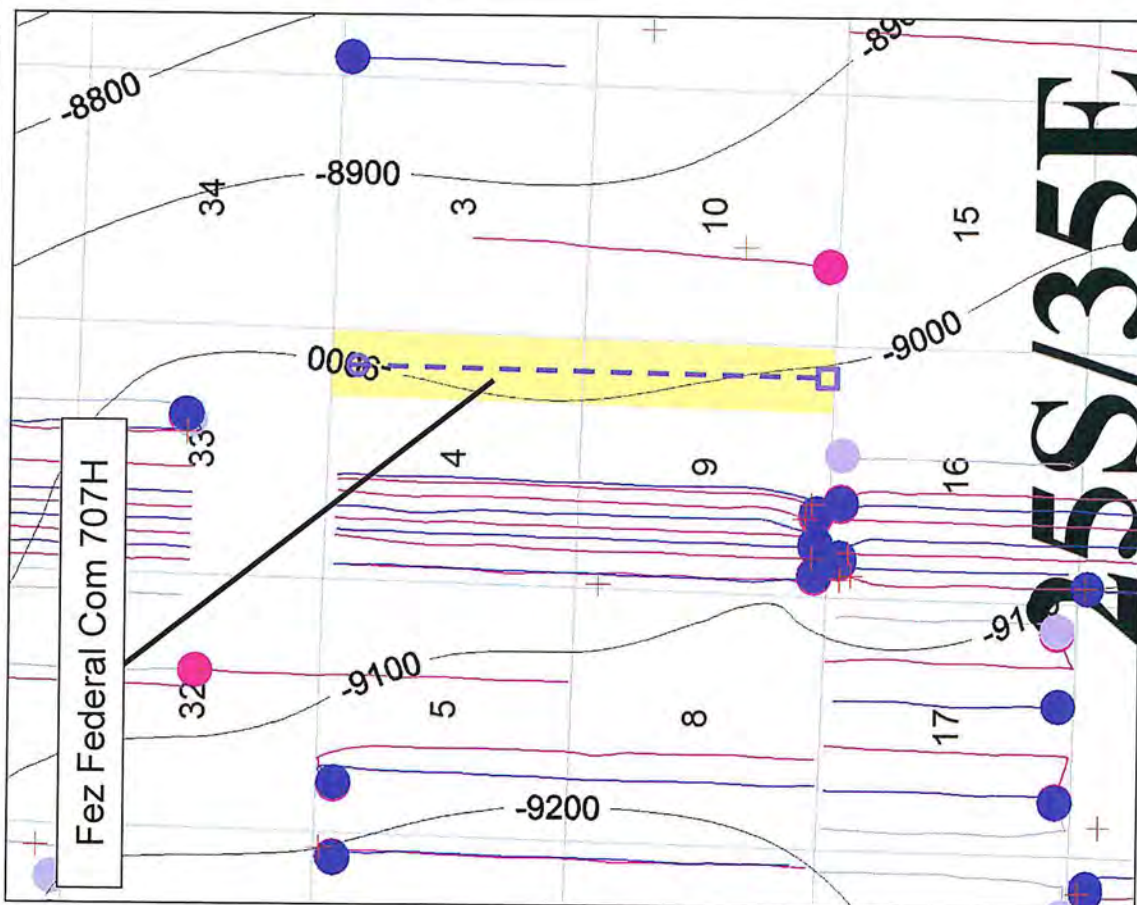
Map Legend



Case No. 21538
COG OPERATING
Exhibit B-1

Wolfcamp Subsea Structure Map

Wolfbone Pool



Map Legend

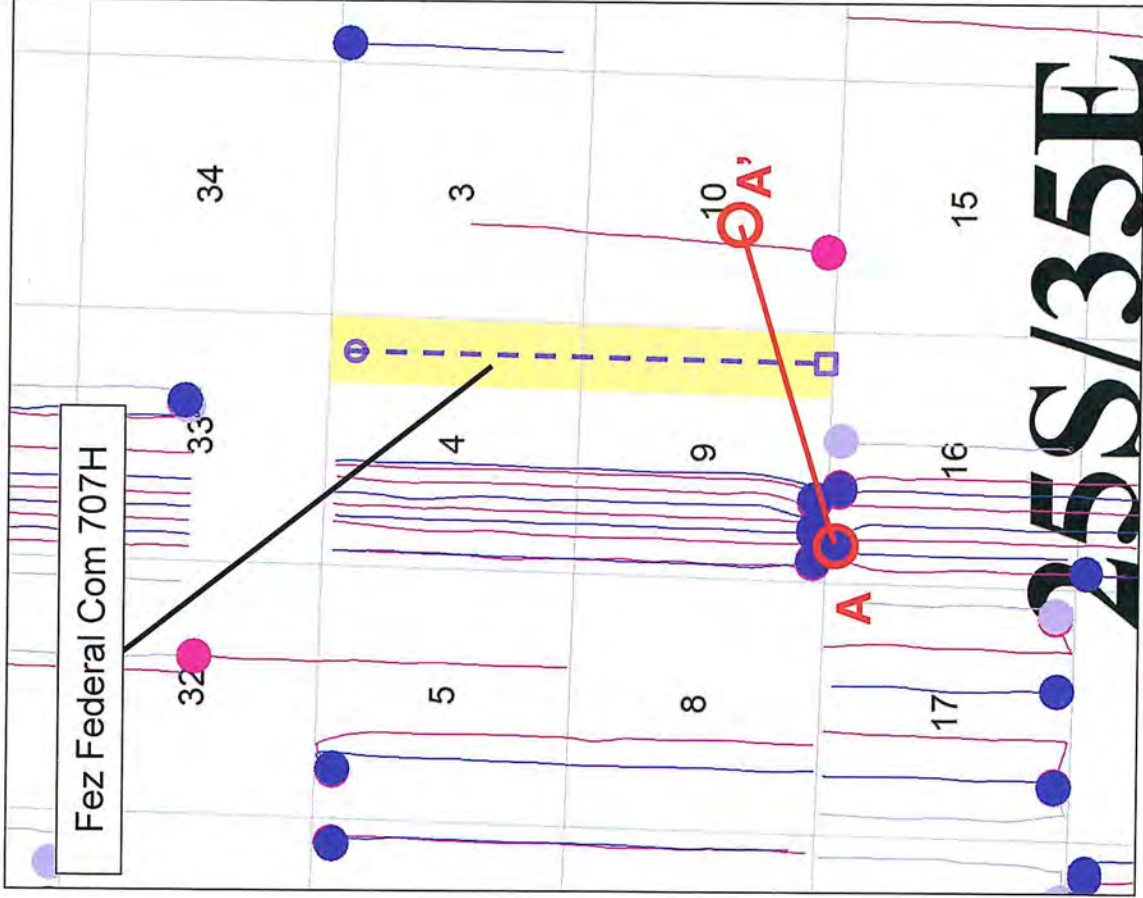
- SHL □ --- BHL ○ COG - 3rd Bone Spring Sand Horizontal Location
- Producing 3rd Bone Spring Sand Wells
- SHL □ --- BHL ○ COG - Wolfcamp Horizontal Location
- Producing Wolfcamp Wells
- + Data point
- ~ Wolfcamp Subsea Structure CI: 100'
- COG Acreage

Case No. 21538

COG OPERATING
Exhibit B-2

Wolfbone Pool

Fez Federal Com 707H



Map Legend

- SHL
- BHL
- COG - 3rd Bone Spring Sand Horizontal Location
- Producing 3rd Bone Spring Sand Wells
- SHL
- BHL
- COG - Wolfcamp Horizontal Location
- Producing Wolfcamp Wells
- Cross Section Line
- COG Acreage

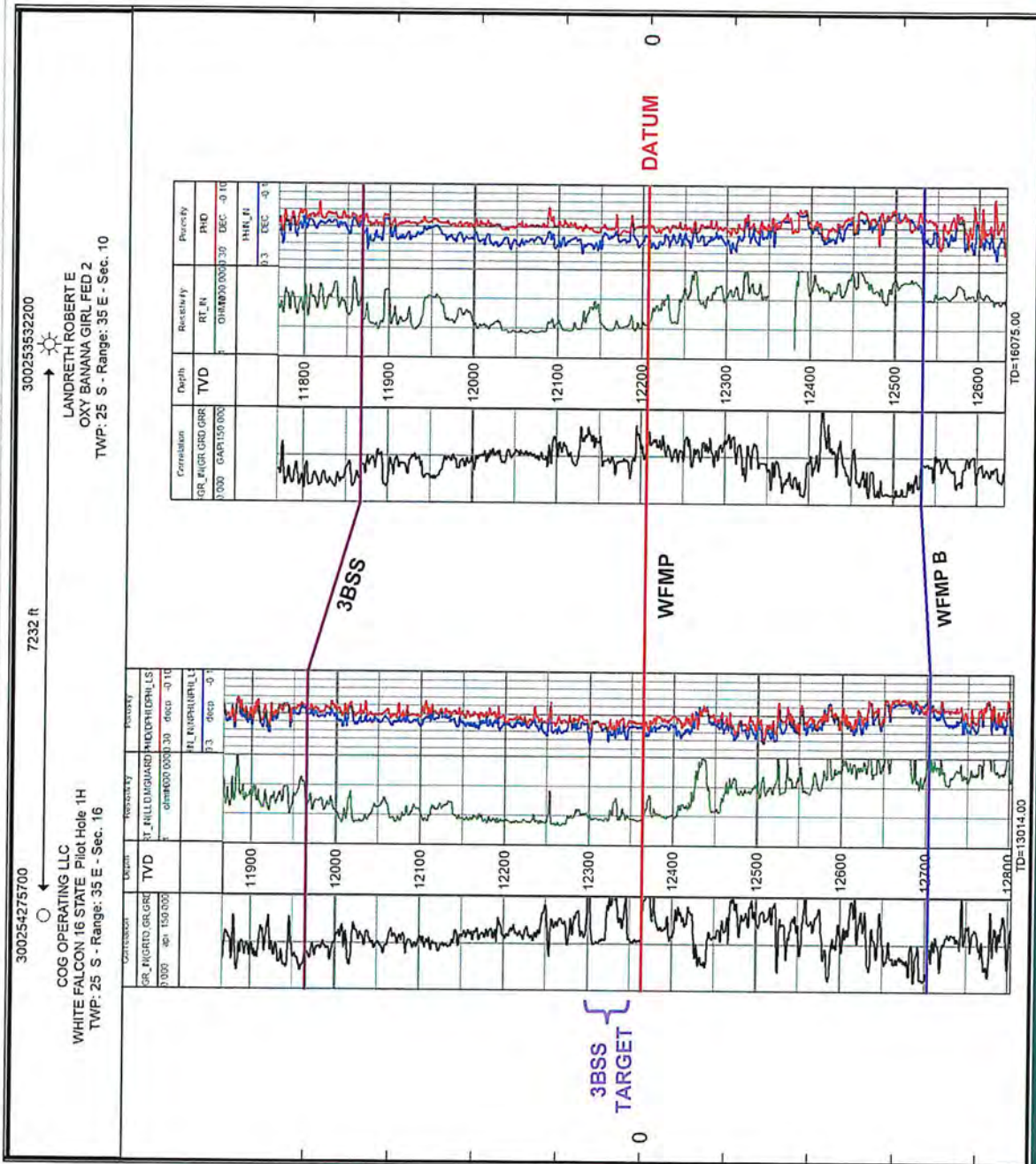
Case No. 21538

COG OPERATING
Exhibit B-3

Stratigraphic Cross Section A – A'

A

A'



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COG OPERATING
Exhibit B-4