

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

**APPLICATION OF COLGATE OPERATING,  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 22691**

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Compulsory Pooling Checklist

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# COMPULSORY POOLING APPLICATION CHECKLIST

## ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

<b>Case No.:</b>	<b>22691</b>
<b>Hearing Date:</b>	<b>4/21/2022</b>
Applicant	Colgate Operating, LLC
Designated Operator & OGRID	371449
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	N/A
Well Family	Uluru
<b>Formation/Pool</b>	
Formation Name(s) or Vertical Extent	Bone Spring
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Bone Spring
Pool Name and Pool Code	Winchester; Bone Spring (65010)
Well Location Setback Rules	Statewide
Spacing Unit Size	160-acre
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	160-acre
Building Blocks	quarter-quarter
Orientation	Laydown
Description: TRS/County	N/2S/2 of Section 35, Township 19 South, Range 28 East, Eddy County, New Mexico
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	To address other development in the Bone Spring formation, Applicant seeks to pool all uncommitted interests within each Unit from the top of the Bone Spring formation at a stratigraphic equivalent of approximately 4,320' MD to approximately 7,673' MD as observed on the Dero Federal #3 well log (API 3001530399).
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	N/A
<b>Well(s)</b>	
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	Uluru 35 Fed State Com 123H (API # pending) SHL: 703' FSL, 1039' FWL (Unit M) of Section 35, T19S-R28E BHL: 2032' FSL & 10' FEL (Unit I) of Section 35, T19S-R28E Completion Target: Bone Spring (Approximately 7509' TVD) Completion status: Standard
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	8,000
Production Supervision/Month \$	800
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%

<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibits C-2, C-4
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-5
<b>Ownership Determination</b>	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A-3
Ownership Depth Severance	N/A
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
<b>Geology</b>	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-6
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-5
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	
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-3
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-5
<b>Additional Information</b>	
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name</b> (Attorney or Party Representative):	Dana S. Hardy
<b>Signed Name</b> (Attorney or Party Representative):	/s/ Dana S. Hardy
<b>Date:</b>	4/19/2022

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

**APPLICATIONS OF COLGATE OPERATING,  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 22691**

**SELF-AFFIRMED STATEMENT  
OF MARK HAJDIK**

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

2. I am familiar with the land matters involved in the above-referenced case. A copy of Colgate’s application and proposed hearing notice is attached as **Exhibit A-1**.

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

4. In **Case No. 22691**:

- a. Colgate applies for an order pooling all uncommitted interests in the Winchester Bone Spring Pool (Code 65010) within the Bone Spring formation from the top of the Bone Spring formation at a depth of approximately 4,320’ to a depth of approximately 7,673’ underlying a 160-acre, more or less, standard horizontal spacing unit comprised of the N/2S/2 of Section 35, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”).

- b. The Unit will be dedicated to the Uluru 35 Fed State Com 123H well, which will be horizontally drilled from a surface hole location in the SW/4SW/4 (Unit M) of Section 35 to a bottom hole location in the NE/4SE/4 (Unit I) of Section 35.
5. To address other development in the Bone Spring formation, Applicant seeks to pool all uncommitted interests within each Unit from the top of the Bone Spring formation at a stratigraphic equivalent of approximately 4,320' MD to approximately 7,673' MD as observed on the Dero Federal #3 well log (API 3001530399).
6. **Exhibit A-2** contains the C-102 for the Well.
7. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Colgate seeks to pool highlighted in yellow. It also identifies any unlocatable parties.
8. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Well. The estimated costs reflected on the AFEs are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.
9. Colgate has conducted a diligent search of all county public records including phone directories and computer databases.
10. In my opinion, Colgate made a good-faith effort to reach voluntary joinder of uncommitted interests in the Well as indicated by the chronology of contact described in **Exhibit A-5**.
11. Colgate 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 Colgate and other operators in the vicinity.

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

13. In my opinion, the granting of Colgate's applications would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

14. I understand this Self-Affirmed Statement will be used as written testimony in the subject cases. I affirm that my testimony in paragraphs 1 through 15 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

/s/ Mark Hajdik  
Mark Hajdik

4/19/21  
Date

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

APPLICATION OF COLGATE OPERATING,  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 22691

APPLICATION

Pursuant to NMSA § 70-2-17, Colgate Operating, LLC (OGRID No. 371449) (“Applicant”) applies for an order pooling all uncommitted interests in the Bone Spring formation from the top of the Bone Spring formation at a depth of approximately 4,320’ to a depth of approximately 7,673’ underlying a 160-acre, more or less, standard horizontal spacing unit comprised of the N/2S/2 of Section 35, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Uluru 35 Fed State Com 123H** well, which will be horizontally drilled from a surface hole location in the SW/4SW/4 (Unit M) of Section 35 to a bottom hole location in the NE/4SE/4 (Unit I) of Section 35.
3. The completed interval of the Well will be orthodox.
4. To address other development in the Bone Spring formation, Applicant seeks to pool all uncommitted interests from the top of the Bone Spring formation at a stratigraphic equivalent of approximately 4,320’ MD to approximately 7,673’ MD as observed on the Dero Federal #3 well log (API 3001530399).
5. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Well but has been unable to obtain voluntary agreements from all interest owners.

Colgate Operating, LLC  
Case No. 22691  
Exhibit A-1

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

7. In order to allow Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted mineral interests in the Unit should be pooled and Applicant should be designated the operator of the Well and Unit.

WHEREFORE, Applicant requests this application be set for hearing on April 7, 2022, and that after notice and hearing, the Division enter an order:

- A. Pooling all uncommitted interests in the Unit;
- B. Approving the Well in the Unit;
- C. Designating Applicant as operator of the Unit and the Well to be drilled thereon;
- D. Authorizing Applicant to recover its costs of drilling, equipping and completing the Well;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- F. Imposing a 200% penalty for the risk assumed by Applicant in drilling and completing the Well against any working interest owner who does not voluntarily participate in the drilling of the Well.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy  
Michael Rodriguez  
Jaclyn M. McLean  
P.O. Box 2068  
Santa Fe, NM 87504-2068  
Phone: (505) 982-4554  
dhardy@hinklelawfirm.com  
mrodriguez@hinklelawfirm.com  
jmclean@hinklelawfirm.com  
*Counsel for Colgate Operating, LLC*

**Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.**

Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation from the top of the Bone Spring formation at a depth of approximately 4,320' to a depth of approximately 7,673' underlying a 160-acre, more or less, standard horizontal spacing unit comprised of the N/2S/2 of Section 35, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Uluru 35 Fed State Com 123H well, which will be horizontally drilled from a surface hole location in the SW/4SW/4 (Unit M) of Section 35 to a bottom hole location in the NE/4SE/4 (Unit I) of Section 35. To address other development in the Bone Spring formation, Applicant seeks to pool all uncommitted interests from the top of the Bone Spring formation at a stratigraphic equivalent of approximately 4,320' MD to approximately 7,673' MD as observed on the Dero Federal #3 well log (API 3001530399). Also to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 12 miles northeast of Carlsbad, New Mexico.

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
**District III**  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
**District IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

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

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<b>1 API Number</b>		<b>2 Pool Code</b> 65010		<b>3 Pool Name</b> Winchester; Bone Spring	
<b>4 Property Code</b>		<b>5 Property Name</b> ULURU 35 FED			<b>6 Well Number</b> 123H
<b>7 OGRID No.</b> 371449		<b>8 Operator Name</b> COLGATE ENERGY LLC			<b>9 Elevation</b> 3297'

**<sup>10</sup> Surface Location**

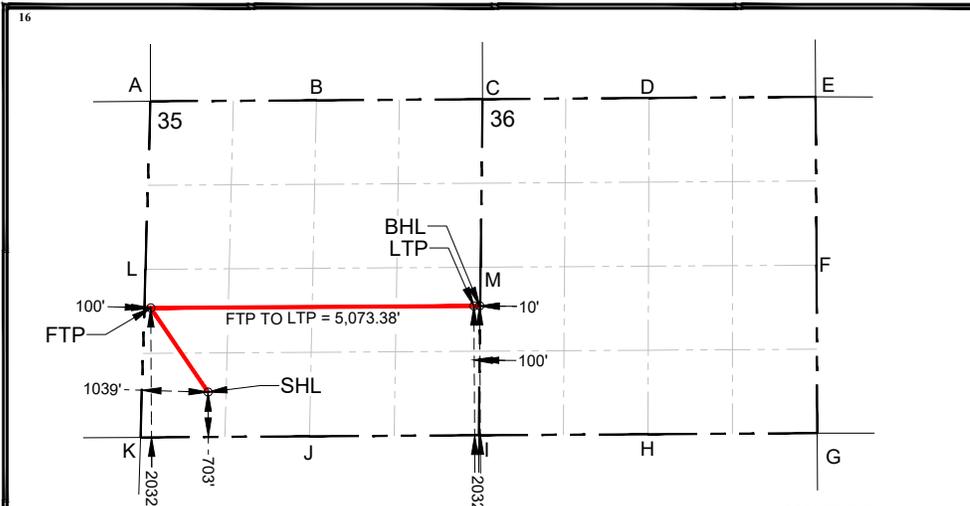
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	35	19-S	28-E		703'	SOUTH	1039'	WEST	EDDY

**<sup>11</sup> 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
I	35	19-S	28-E		2032'	SOUTH	10'	EAST	EDDY

<b>12 Dedicated Acres</b> 160	<b>13 Joint or Infill</b>	<b>14 Consolidation Code</b>	<b>15 Order No.</b>
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



**CORNER DATA**  
NEW MEXICO EAST - NAD 83

- A. FOUND IRON PIPE W/ BRASS CAP  
N:590981.15' E:595983.74'
- B. FOUND BENT IRON PIPE W/ BRASS CAP  
N:590996.87' E:598590.76'
- C. FOUND BENT IRON PIPE  
N:591014.52' E:601198.97'
- D. FOUND BENT IRON PIPE W/ BRASS CAP  
N:591033.50' E:603813.10'
- E. FOUND IRON PIPE W/ BRASS CAP  
N:591051.64' E:606427.41'
- F. FOUND IRON PIPE W/ BRASS CAP  
N:588406.86' E:606443.83'
- G. FOUND IRON PIPE W/ BRASS CAP  
N:585767.43' E:606452.80'
- H. FOUND IRON PIPE W/ BRASS CAP  
N:585750.61' E:603795.52'
- I. FOUND IRON PIPE W/ BRASS CAP  
N:585733.82' E:601140.05'
- J. FOUND IRON PIPE W/ BRASS CAP  
N:585717.65' E:598482.29'
- K. FOUND IRON PIPE W/ BRASS CAP  
N:585701.20' E:598282.61'
- L. FOUND IRON PIPE W/ BRASS CAP  
N:588340.39' E:595907.65'
- M. FOUND IRON PIPE W/ BRASS CAP  
N:588374.63' E:601169.66'

**SURFACE HOLE LOCATION (SHL)**  
NEW MEXICO EAST - NAD 83  
X=596888.94 LAT.= 32.61196608° N  
Y=586411.17 LONG.= 104.15291978° W  
NEW MEXICO EAST - NAD 27  
X=555708.89 LAT.= 32.61184867° N  
Y=586349.44 LONG.= -104.15241260° W  
703' FSL, 1039' FWL - SECTION 35

**FIRST TAKE POINT (FTP)**  
NEW MEXICO EAST - NAD 83  
X=595989.54 LAT.= 32.61560694° N  
Y=587734.22 LONG.= 104.15583358° W  
NEW MEXICO EAST - NAD 27  
X=554809.51 LAT.= 32.61548959° N  
Y=587672.47 LONG.= -104.15532623° W  
2032' FSL, 100' FWL - SECTION 35

**LAST TAKE POINT (LTP)**  
NEW MEXICO EAST - NAD 83  
X=601062.82 LAT.= 32.61566822° N  
Y=587765.38 LONG.= 104.13935639° W  
NEW MEXICO EAST - NAD 27  
X=559882.78 LAT.= 32.61555070° N  
Y=587703.59 LONG.= -104.13884945° W  
2032' FSL, 100' FEL - SECTION 35

**BOTTOM HOLE LOCATION (BHL)**  
NEW MEXICO EAST - NAD 83  
X=601152.83 LAT.= 32.61566929° N  
Y=587765.93 LONG.= 104.13906405° W  
NEW MEXICO EAST - NAD 27  
X=559972.80 LAT.= 32.61555177° N  
Y=587704.14 LONG.= -104.1385711° W  
2032' FSL, 10' FEL - SECTION 35

**17 OPERATOR CERTIFICATION**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

**18 SURVEYOR CERTIFICATION**

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

Date of Survey \_\_\_\_\_

Signature and Seal of Professional Surveyor: \_\_\_\_\_



Certificate Number \_\_\_\_\_

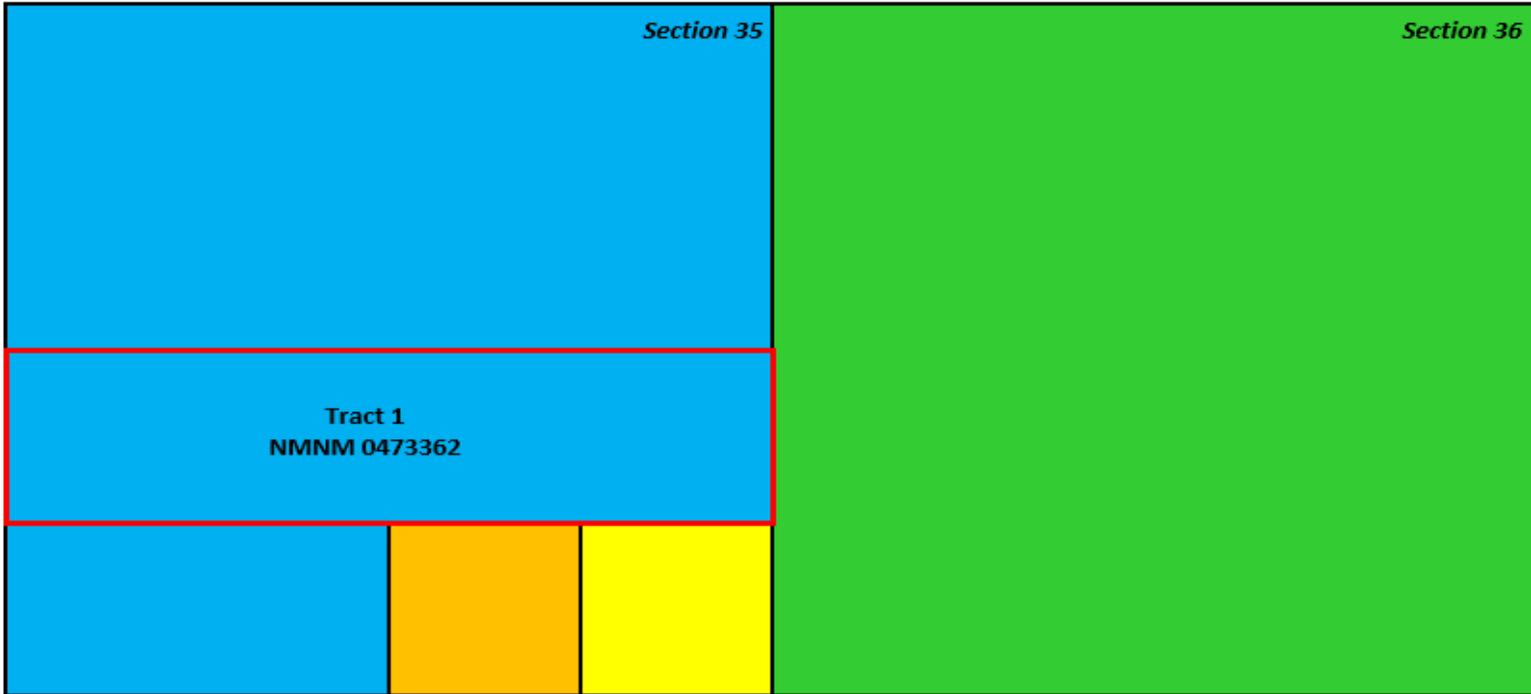
Colgate Operating, LLC  
Case No. 22691  
Exhibit A-2

<b>ULURU 35 FED STATE COM 122H (N/2S/2 Sec 35 Second Bone Spring) Case No. 22691</b>				
<b>WI OWNER</b>	<b>WI</b>	<b>Net Ac</b>	<b>Tract No</b>	<b>FORCE POOL INTEREST</b>
Colgate Production, LLC	64.0893%	102.543	1	Operator
Harvard Exploration Company	4.6875%	7.5	1	Yes
Michael Harrison Moore, Trustee of the Michael Harrison Moore Trust	3.222700%	5.15632	1	Yes
Richard Lyons Moore, Trustee of the Richard Lyons Moore Trust	3.222700%	5.15632	1	Yes
Lawrence O. Price (unlocatable)	3.332500%	5.332	1	Yes
EnPlat III, LLC	3.125000%	5	1	Yes
Charles Eugene Cooper and DeAnn Hutson, Co-Trustees	2.343800%	3.75008	1	Yes
Cheron Oil & Gas Company, Inc.	1.904300%	3.04688	1	No
Dorsar Investment Company	1.171900%	1.87504	1	Yes
Abbejane Masterson Bates	1.171900%	1.87504	1	No
JCJ Investments, LLC	1.171900%	1.87504	1	No
Krista Alicen Stephenson, Trustee of the Krista Alicen Stephenson Trust	1.171900%	1.87504	1	No
Harry M. Frank, Jr.	1.171900%	1.87504	1	Yes
Mallory L. Miller, Jr.	0.807300%	1.29168	1	Yes
Patricia Louis Miller	0.807300%	1.29168	1	Yes
Paul Burke Miller	0.807300%	1.29168	1	Yes
Virginia B. Dean	0.898400%	1.43744	1	Yes
Virginia B. Dean, Clinton H. Dean, Jr., and Robert R. Dean	0.898400%	1.43744	1	Yes
Clinton H. Dean, Jr.	0.599000%	0.9584	1	Yes
Michael C. Dean	0.599000%	0.9584	1	Yes
Robert R. Dean	0.599000%	0.9584	1	Yes
John B. Meaders	0.585900%	0.93744	1	Yes
Pregler Oil Company, LLC	0.439500%	0.7032	1	Yes
Beaird Mineral Interest, LP	1.171800%	1.87488	1	Yes
	100%	160		

<b>Lessee of Record</b>	<b>WI</b>	<b>Net Ac</b>	<b>Tract No</b>	<b>FORCE POOL INTEREST</b>
Estate of DW Underwood	None	None	1	Yes
Estate of JC Williamson	None	None	1	Yes
Oxy USA Inc.	None	None	1	Yes

Colgate Operating, LLC  
 Case No. 22691  
 Exhibit A-3

### Uluru 35 Fed State Com Tract Details



ORRI
Colgate Royalties, LP
Duane D. Anderson, as his separate property
Mark and Paula McClellan, husband and wife
Ross and Kandace McClellan, husband and wife
Frank J. Pisor, Jr., as his separate property
EnPlat III, LLC



February 4, 2022

*Via Certified Mail*

Dome Petroleum Corp.  
ATTN: Outside Operated JV  
PO Box 940970  
Houston, TX 77094

**RE: Uluru 35 Fed State Com – Well Proposals**  
Section 35: All, Section 36: All, T19S-R28E, Bone Spring and Wolfcamp Formation  
Eddy County, New Mexico

To Whom It May Concern:

Colgate Operating, LLC, as operator for Colgate Production, LLC (“Colgate”), hereby proposes the drilling and completion of the following eleven (11) wells, the Uluru 35 Fed State Com 121H, 122H, 123H, 124H, 131H, 132H, 133H, 134H, 201H, 202H, & 203H at the following approximate locations within Township 19 South, Range 28 East:

**1. Uluru 35 Fed State Com 121H**

SHL: At a legal location in the NW/4NW/4 of Section 35  
BHL: 10' FEL & 370' FNL of Section 35  
FTP: 100' FWL & 370' FNL of Section 35  
LTP: 100' FEL & 370' FNL of Section 35  
TVD: 7,524'  
TMD: Approximately 12,809'  
Proration Unit: N2N2 of Section 35  
Targeted Interval: 2<sup>nd</sup> Bone Spring  
Total Cost: See attached AFE

**2. Uluru 35 Fed State Com 122H**

SHL: At a legal location in the NW/4NW/4 of Section 35  
BHL: 10' FEL & 1,889' FNL of Section 35  
FTP: 100' FWL & 1,889' FNL of Section 35  
LTP: 100' FEL & 1,889' FNL of Section 35  
TVD: 7,524'  
TMD: Approximately 12,809'  
Proration Unit: S2N2 of Section 35  
Targeted Interval: 2<sup>nd</sup> Bone Spring  
Total Cost: See attached AFE

300 N. Marienfeld St., Suite 1000, Midland, Texas 79701  
P: (432) 695-4222 | F: (432) 695-4063  
www.ColgateEnergy.com

Colgate Operating, LLC  
Case No. 22691  
Exhibit A-4

## Uluru 35 Fed State Com Well Proposal

**3. Uluru 35 Fed State Com 123H**

SHL: At a legal location in the SE/4 of Section 35  
BHL: 10' FEL & 2,032' FSL of Section 35  
FTP: 100' FWL & 2,032' FSL of Section 35  
LTP: 100' FEL & 2,032' FSL of Section 35  
TVD: 7,509'  
TMD: Approximately 12,794'  
Proration Unit: N2S2 of Section 35  
Targeted Interval: 2<sup>nd</sup> Bone Spring  
Total Cost: See attached AFE

**4. Uluru 35 Fed State Com 124H**

SHL: At a legal location in the SE/4 of Section 35  
BHL: 10' FEL & 330' FSL of Section 36  
FTP: 100' FWL & 330' FSL of Section 35  
LTP: 100' FEL & 330' FSL of Section 36  
TVD: 7,509'  
TMD: Approximately 17,794'  
Proration Unit: S2S2 of Sections 35 & 36  
Targeted Interval: 2<sup>nd</sup> Bone Spring  
Total Cost: See attached AFE

**5. Uluru 35 Fed State Com 131H**

SHL: At a legal location the E/2E/2 of Section 34  
BHL: 10' FEL & 990' FNL of Section 36  
FTP: 100' FWL & 990' FNL of Section 35  
LTP: 100' FEL & 990' FNL of Section 36  
TVD: 8,662'  
TMD: Approximately 18,947'  
Proration Unit: N2N2 of Sections 35 & 36  
Targeted Interval: 3<sup>rd</sup> Bone Spring  
Total Cost: See attached AFE

**6. Uluru 35 Fed State Com 132H**

SHL: At a legal location the E/2E/2 of Section 34  
BHL: 10' FEL & 2,310' FNL of Section 36  
FTP: 100' FWL & 2,310' FNL of Section 35  
LTP: 100' FEL & 2,310' FNL of Section 36  
TVD: 8,662'  
TMD: Approximately 18,947'  
Proration Unit: S2N2 of Sections 35 & 36  
Targeted Interval: 3<sup>rd</sup> Bone Spring  
Total Cost: See attached AFE

**7. Uluru 35 Fed State Com 133H**

SHL: At a legal location the E/2E/2 of Section 34  
BHL: 10' FEL & 1,650' FSL of Section 36  
FTP: 100' FWL & 1,650' FSL of Section 35  
LTP: 100' FEL & 1,650' FSL of Section 36  
TVD: 8,647'  
TMD: Approximately 18,932'  
Proration Unit: N2S2 of Sections 35 & 36  
Targeted Interval: 3<sup>rd</sup> Bone Spring

Uluru 35 Fed State Com Well Proposal

Total Cost: See attached AFE

**8. Uluru 35 Fed State Com 134H**

SHL: At a legal location in the SE/4SE/4 of Section 34

BHL: 10' FEL & 330' FSL of Section 36

FTP: 100' FWL & 330' FSL of Section 35

LTP: 100' FEL & 330' FSL of Section 36

TVD: 8,647'

TMD: Approximately 18,932'

Proration Unit: S2S2 of Sections 35 & 36

Targeted Interval: 3<sup>rd</sup> Bone Spring

Total Cost: See attached AFE

**9. Uluru 35 Fed State Com 201H**

SHL: At a legal location in the NW/4NW/4 of Section 35

BHL: 10' FEL & 1,650' FNL of Section 36

FTP: 100' FWL & 1,650' FNL of Section 35

LTP: 100' FEL & 1,650' FNL of Section 36

TVD: 8,929'

TMD: Approximately 19,214'

Targeted Interval: Wolfcamp XY

Total Cost: See attached AFE

**10. Uluru 35 Fed State Com 202H**

SHL: At a legal location in the SE/4 of Section 35

BHL: 10' FEL & 2,310' FSL of Section 36

FTP: 100' FWL & 2,310' FSL of Section 35

LTP: 100' FEL & 2,310' FSL of Section 36

TVD: 8,929'

TMD: Approximately 19,214'

Targeted Interval: Wolfcamp XY

Total Cost: See attached AFE

**11. Uluru 35 Fed State Com 203H**

SHL: At a legal location in the SE/4SE/4 of Section 34

BHL: 10' FEL & 990' FSL of Section 36

FTP: 100' FWL & 990' FSL of Section 35

LTP: 100' FEL & 990' FSL of Section 36

TVD: 8,914'

TMD: Approximately 19,199'

Targeted Interval: Wolfcamp XY

Total Cost: See attached AFE

The locations, TVDs, and targets are approximate and subject to change dependent on surface or subsurface issues encountered. Colgate is proposing to drill these wells under the modified terms of the 1989 AAPL Operating Agreement and a form of said Operating Agreement is available upon request. The Operating Agreement has the following general provisions:

- 100%/300%/300% non-consent provisions
- \$8,000/\$800 drilling and producing rates
- Colgate Operating, LLC named as Operator

Uluru 35 Fed State Com Well Proposal

Please indicate your election to participate in the drilling and completion of the proposed wells in the space provided below. Please sign and return one copy of this letter, a signed copy of the previously proposed AFE, and your geologic well requirements.

In the interest of time, should we not reach an agreement within thirty (30) days of the date of your receipt of this letter, Colgate will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well. If you do not wish to participate, Colgate would be interested in acquiring your interest in the subject lands which is subject to further negotiation.

Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me at 432.357.3886 or by email at [mhajdik@colgateenergy.com](mailto:mhajdik@colgateenergy.com).

Respectfully,



Mark Hajdik  
Senior Staff Landman  
*Enclosures*

Uluru 35 Fed State Com Well Proposal

<b>Well Elections:</b> <i>(Please indicate your responses in the spaces below)</i>		
Well(s)	Elect to Participate	Elect to <u>NOT</u> Participate
Uluru 35 Fed State Com 121H		
Uluru 35 Fed State Com 122H		
Uluru 35 Fed State Com 123H		
Uluru 35 Fed State Com 124H		
Uluru 35 Fed State Com 131H		
Uluru 35 Fed State Com 132H		
Uluru 35 Fed State Com 133H		
Uluru 35 Fed State Com 134H		
Uluru 35 Fed State Com 201H		
Uluru 35 Fed State Com 202H		
Uluru 35 Fed State Com 203H		

Company Name (If Applicable):

\_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Colgate Energy**

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701

Phone (432) 695-4222 • Fax (432) 695-4063

**ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE**

DATE:	2/4/2022	AFE NO.:	0
WELL NAME:	Uluru 35 Fed Com 123H	FIELD:	Winchester; BONE SPRING
LOCATION:	Section 35, Block T19S-R28E	MD/TVD:	12754' MD / 7509' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	5,000
Colgate WI:		DRILLING DAYS:	11.1
GEOLOGIC TARGET:	SBSG	COMPLETION DAYS:	12.8
REMARKS:	Drill a horizontal 2nd BS well and complete. AFE includes drilling, completions, flowback and Initial AL install cost		

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 42,500	\$ -	\$ -	\$ 42,500
2 Location, Surveys & Damages	204,739	13,000	25,000	242,739
4 Freight / Transportation	34,270	26,500	-	60,770
5 Rental - Surface Equipment	55,224	117,100	13,700	186,024
6 Rental - Downhole Equipment	145,281	15,000	-	160,281
7 Rental - Living Quarters	25,712	36,700	-	62,412
10 Directional Drilling, Surveys	225,581	-	-	225,581
11 Drilling	360,681	-	-	360,681
12 Drill Bits	72,080	-	-	72,080
13 Fuel & Power	81,567	145,000	-	226,567
14 Cementing & Float Equip	149,460	-	-	149,460
15 Completion Unit, Swab, CTU	-	-	26,000	-
16 Perforating, Wireline, Slickline	-	142,950	9,000	151,950
17 High Pressure Pump Truck	-	29,500	-	29,500
18 Completion Unit, Swab, CTU	-	41,000	-	41,000
20 Mud Circulation System	50,554	-	-	50,554
21 Mud Logging	7,099	-	-	7,099
22 Logging / Formation Evaluation	2,282	6,000	-	8,282
23 Mud & Chemicals	147,836	145,483	-	293,319
24 Water	31,270	221,000	-	252,270
25 Stimulation	-	241,575	-	241,575
26 Stimulation Flowback & Disp	-	89,000	-	89,000
28 Mud / Wastewater Disposal	138,945	38,000	-	176,945
30 Rig Supervision / Engineering	49,398	71,700	9,800	130,898
32 Drig & Completion Overhead	4,500	-	-	4,500
35 Labor	103,986	35,000	20,000	158,986
54 Proppant	-	282,500	-	282,500
95 Insurance	6,790	-	-	6,790
97 Contingency	-	7,247	8,850	16,097
99 Plugging & Abandonment	-	-	-	-
<b>TOTAL INTANGIBLES &gt;</b>	<b>1,939,756</b>	<b>1,704,255</b>	<b>112,350</b>	<b>3,730,361</b>

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 21,818	\$ -	\$ -	\$ 21,818
61 Intermediate Casing	126,995	-	-	126,995
62 Drilling Liner	-	-	-	-
63 Production Casing	319,991	-	-	319,991
64 Production Liner	-	-	-	-
65 Tubing	-	-	55,000	55,000
66 Wellhead	46,640	-	59,100	105,740
67 Packers, Liner Hangers	10,600	-	4,500	15,100
68 Tanks	-	-	-	-
69 Production Vessels	-	-	84,000	84,000
70 Flow Lines	-	-	24,800	24,800
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	88,000	88,000
73 Compressor	-	-	-	-
74 Installation Costs	-	-	34,000	34,000
75 Surface Pumps	-	-	5,000	5,000
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	12,500	12,500
78 Gas Conditioning / Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	15,400	15,400
80 Gathering / Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	40,000	40,000
82 Tank / Facility Containment	-	-	-	-
83 Flare Stack	-	-	-	-
84 Electrical / Grounding	-	-	90,900	90,900
85 Communications / SCADA	-	-	15,000	15,000
86 Instrumentation / Safety	-	-	-	-
<b>TOTAL TANGIBLES &gt;</b>	<b>526,044</b>	<b>0</b>	<b>528,200</b>	<b>1,054,244</b>
<b>TOTAL COSTS &gt;</b>	<b>2,465,800</b>	<b>1,704,255</b>	<b>640,550</b>	<b>4,784,605</b>
	\$ 493	\$ 341		\$ 957

**PREPARED BY Colgate Energy:**

Drilling Engineer: SS/RM/IS  
 Completions Engineer: BA/ML  
 Production Engineer: Levi Harris

**Colgate Energy APPROVAL:**

Co-CEO: WH  
 Co-CEO: JW  
 VP - Operations: CRM  
 VP - Land & Legal: BC  
 VP - Geosciences: SO

**NON OPERATING PARTNER APPROVAL:**

Company Name: \_\_\_\_\_ Working Interest (%): \_\_\_\_\_ Tax ID: \_\_\_\_\_  
 Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ Approval:  Yes  No (mark one)

The costs on this AFE are estimates only and may not be construed as ceilings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including, legal, custative, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of spud.

### Uluru 35 Communication Timeline

**February 2, 2022** – Initial proposals sent for the Uluru 35 Wells

**February 2022** – The following actions were taken for bad delivery or unknown parties

- Throughout the month of February non deliverable proposals were resent to additional addresses
- Colgate utilized a number of resources to locate parties or new addresses
  - Employed land brokers to research online and county records
  - Utilized idiCore which is an subscription based online investigative search tool to locate last known addresses and other information about parties
  - Searched obituaries to identify possible heirs to send notice to
  - Searched Secretary of State website for details regarding entities that had bad delivery or were not locatable

**February 2022** – Galkay elected to non consent the proposals. Responded to several inquires via email and telephone, but no further response from the WI owners once their initial questions were answered.

**April 2022** – Several parties as noted to not force pool have signed JOAs and are prepared to participate. Ellie and Kenneth Garrett have agreed to sell, we are currently finalizing their purchase.

**February 2022 to present** – A number of parties have not responded to the proposals that were received and several parties were completely unlocatable.

Colgate Operating, LLC  
Case No. 22691  
Exhibit A-5

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

APPLICATION OF COLGATE OPERATING,  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

CASE NO. 22691

SELF-AFFIRMED STATEMENT  
OF DAVID DAGIAN

1. I am a geologist at Colgate Operating, LLC (“Colgate”) and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division (“Division”), and my credentials as an expert in petroleum geology matters were accepted and made a matter of record.

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

3. **Exhibit B-1** is a regional locator map that identifies the Uluru project area, in proximity to the Capitan Reef within the Delaware Basin, for the Bone Spring horizontal spacing units that are the subject of these applications.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing unit (“Unit”) within the Bone Spring formation. The approximate wellbore path for the proposed **Uluru 35 Fed Com 123H** well (“Well”) targeting the Second Bone Spring (SBSG) is represented by the dashed line. Existing producing wells in the Second Bone Spring (SBSG) intervals and are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section well names and a black line in proximity to the proposed well.

5. **Exhibit B-3** is Second Bone Spring (SBSG) Structure map on the base of the Second Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies

the approximate wellbore path for the **Uluru 35 Fed Com 123H** proposed SBSG well with an orange dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed well. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

6. **Exhibit B-4** identifies two wells penetrating the targeted interval I used to construct a structural cross-section from A to A'. The structural cross section from west to east shows the regional dip to the East-Southeast for both the SBSG and the TBSG. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area. The target zone for the proposed well is the Second Bone Spring formation, which is consistent across the units. The approximate well-path for the proposed well is indicated by dashed line to be drilled from west to east across the units.

7. **Exhibit B-5** is a stratigraphic cross-section from A to A' using the representative wells identified on **Exhibit B-4**. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is hung on the top of the Wolfcamp formation. The proposed landing zone for the Well is labeled on the exhibit. The approximate well-path for the proposed well is indicated by dashed line to be drilled from west to east across the units. This cross-section demonstrates the target interval is continuous across the Unit.

8. **Exhibit B-6** is a gun barrel diagram that shows the **Uluru 35 Fed Com 123H** well in the Second Bone Spring formation.

9. In my opinion, a laydown orientation for the Well is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and is the preferred fracture orientation in this portion of the trend.

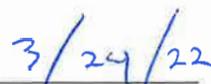
10. Based on my geologic study of the area, the targeted interval underlying the Unit is suitable for development by horizontal wells and the tracts comprising the Unit will contribute more or less equally to the production of the Well.

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

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

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

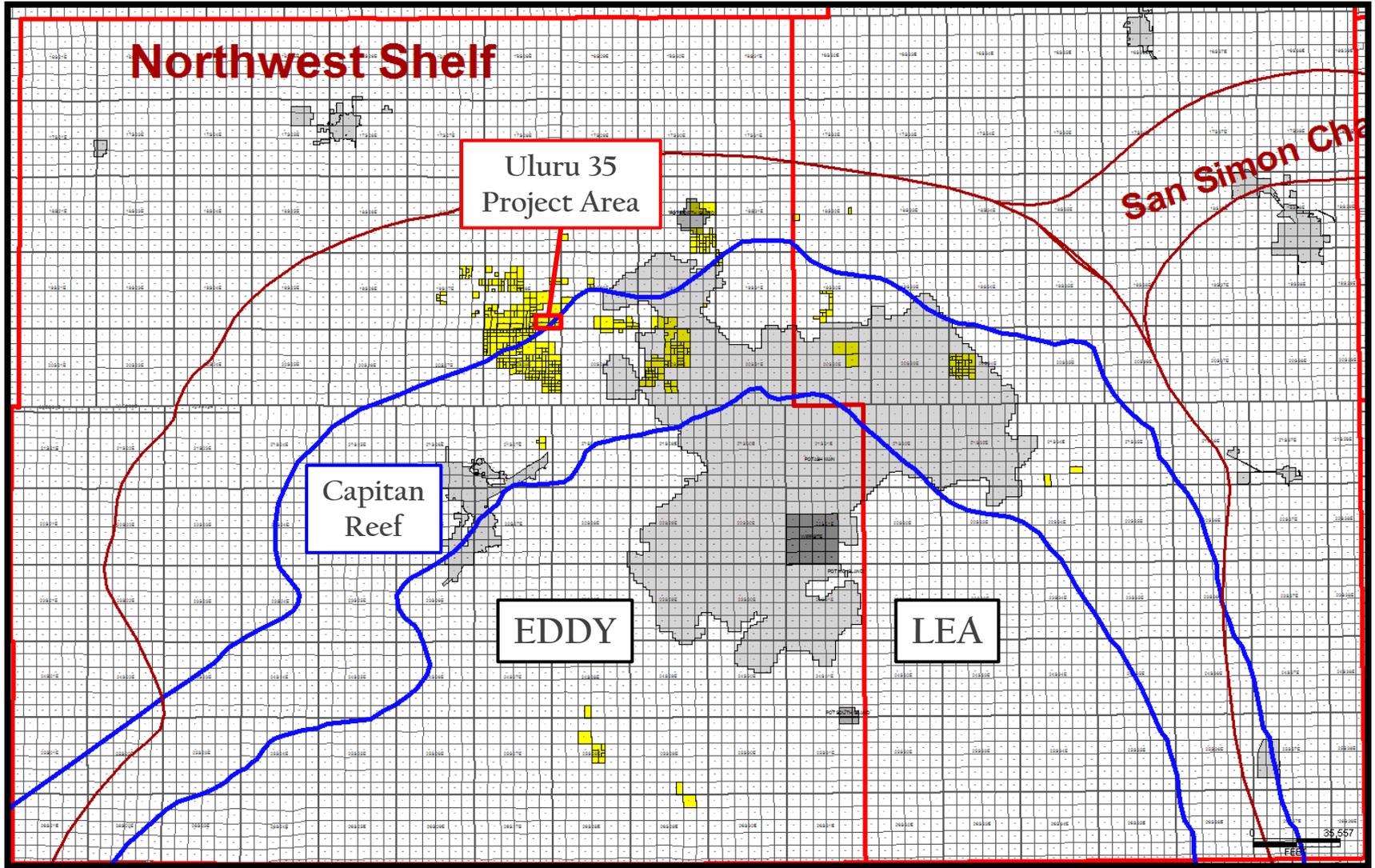
  
\_\_\_\_\_  
David DaGian

  
\_\_\_\_\_  
Date



Compulsory Pooling Hearing – Case No. 22691  
Geology Exhibits  
Uluru 35 Fed Com 123H  
4/7/2022

Regional Locator Map  
Uluru 35 Fed Com



Colgate Energy

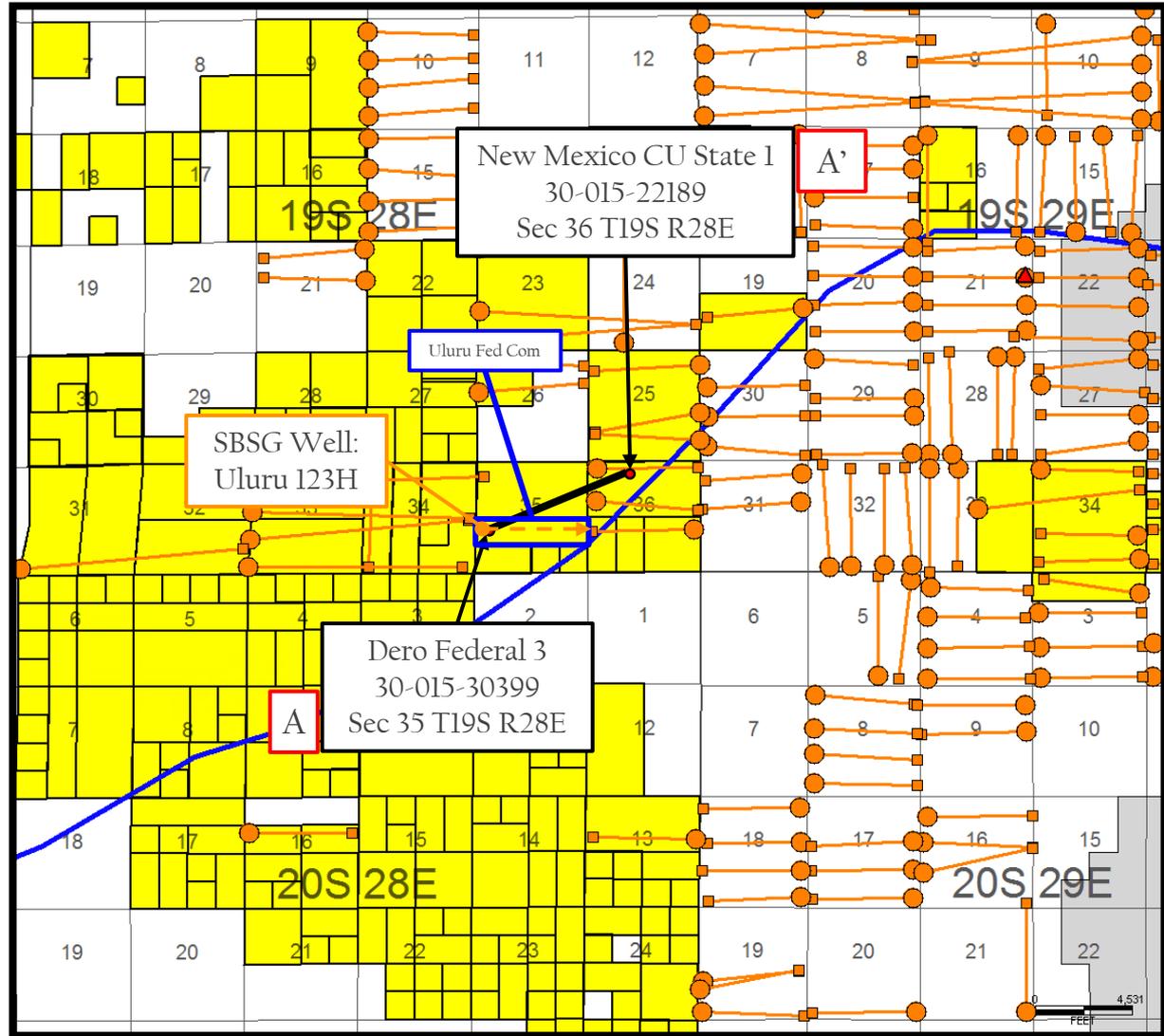
# Cross Section Locator Map

Uluru 35 Fed Com 123H

Colgate Operating, LLC

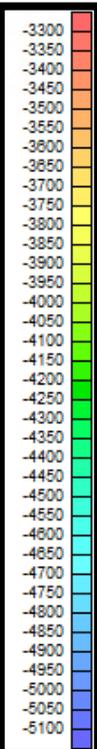
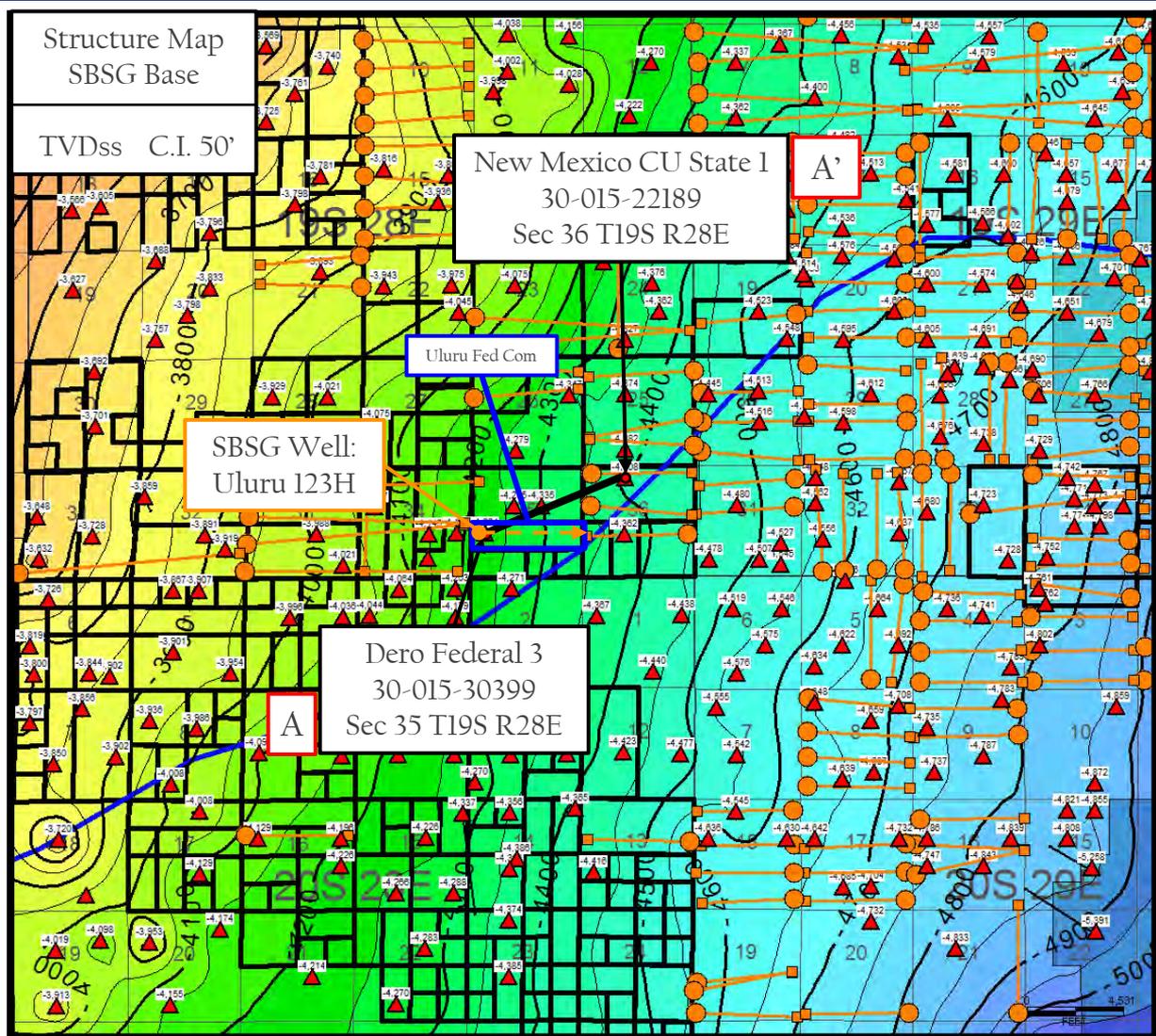
Case No. 22691

Exhibit B-2



Colgate Energy

Uluru 35 Fed Com



**Control Point**

TVDss



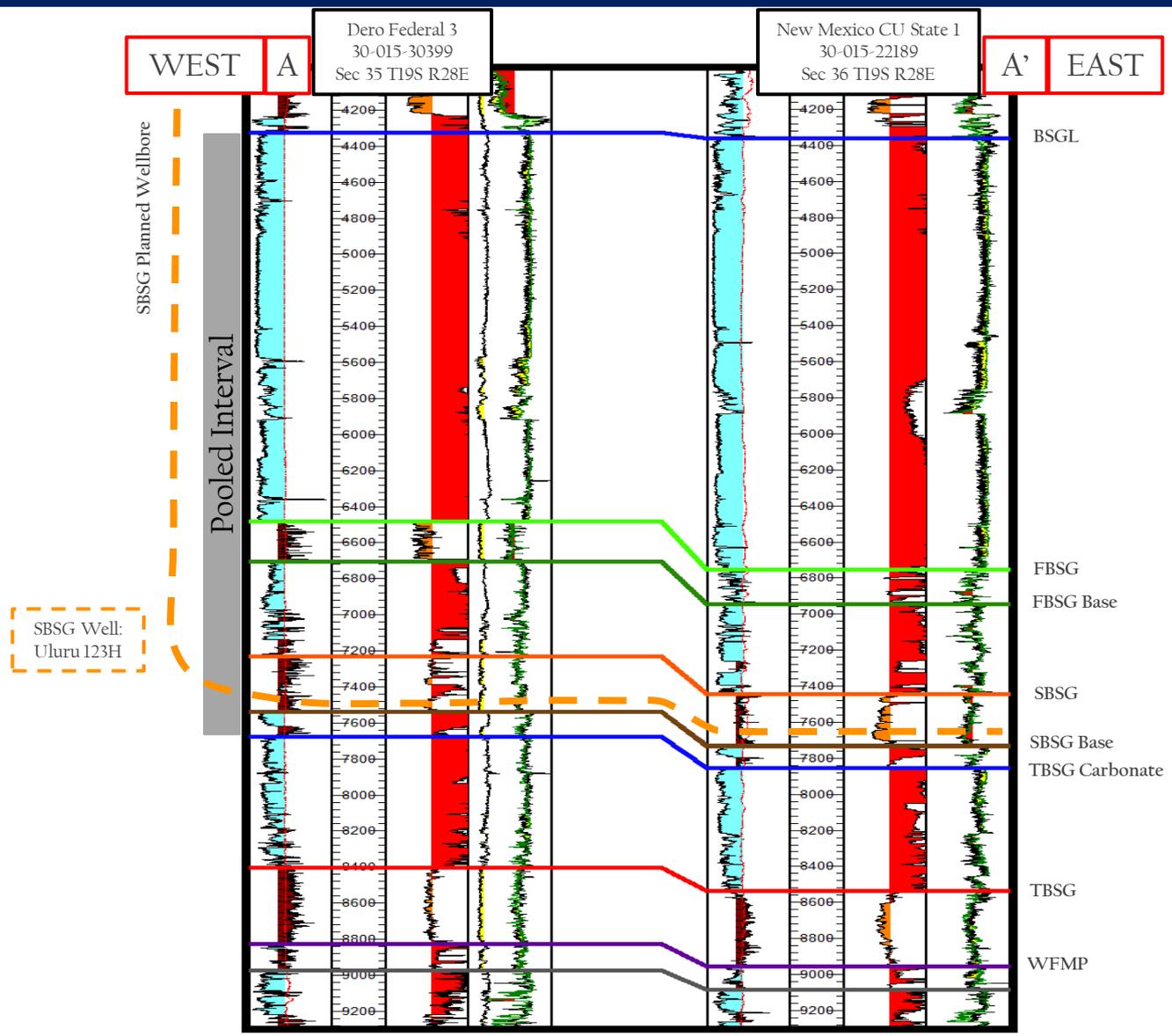
**Proposed Wells**



**Producing Wells**



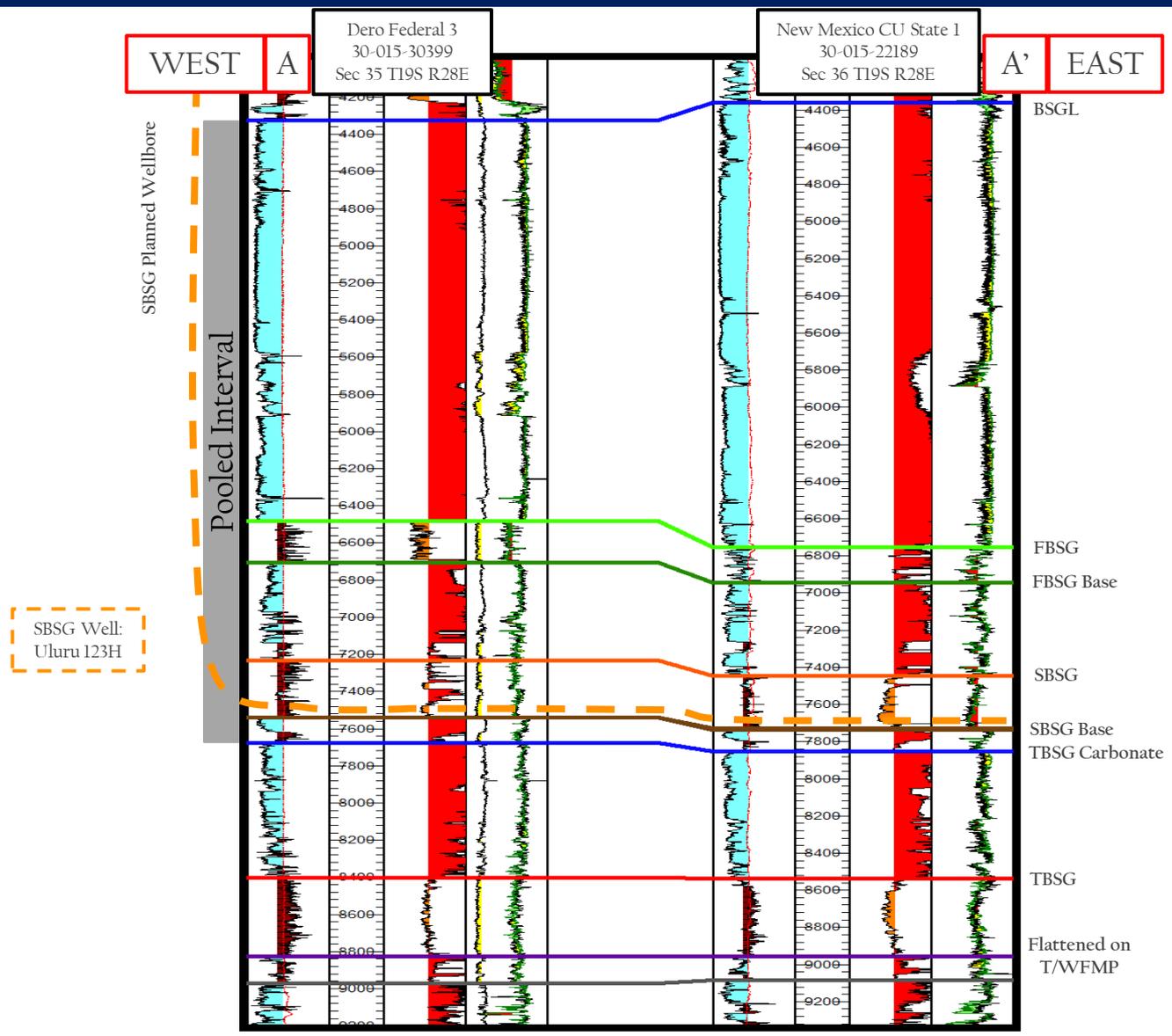
Colgate Energy

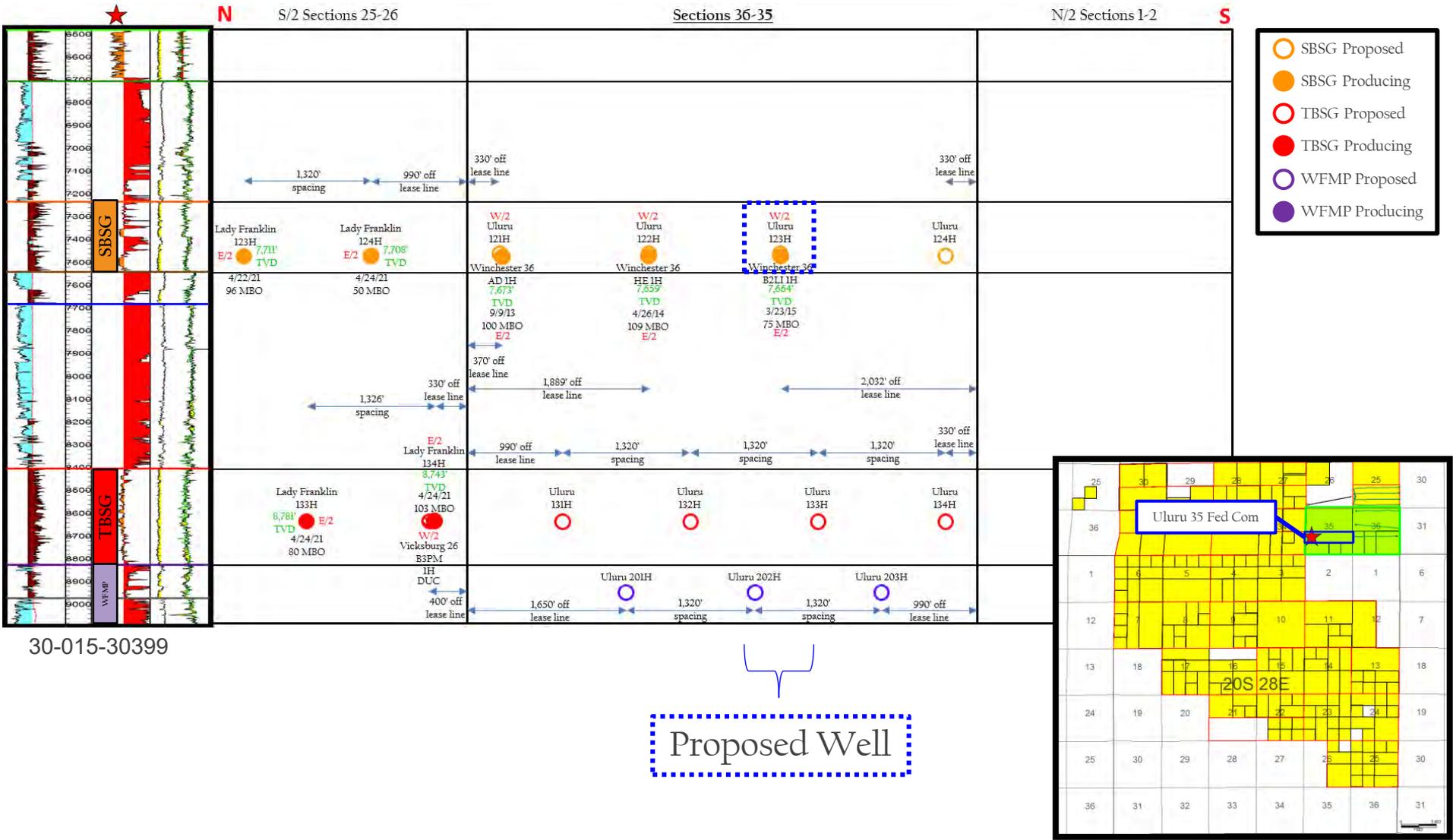


# Stratigraphic Cross Section A-A'

Uluru 35 Fed Com

Colgate Operating, LLC  
Case No. 22691  
Exhibit B-5



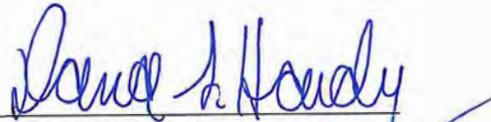


30-015-30399

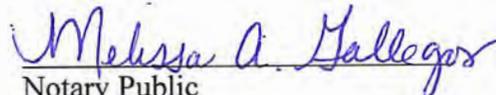
Proposed Well



6. On March 18, 2022, and April 6, 2022, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-5**.

  
Dana S. Hardy

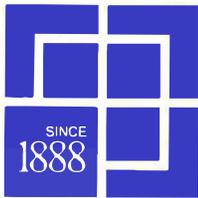
SUBSCRIBED AND SWORN before me this 19<sup>th</sup> day of April, 2022 by Dana S. Hardy.

  
Notary Public

My Commission Expires:

11.4.24

STATE OF NEW MEXICO  
NOTARY PUBLIC  
MELISSA A. GALLEGOS  
COMMISSION # 1131908  
EXPIRES NOVEMBER 4, 2024



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

March 10, 2022

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL INTERESTED PARTIES SUBJECT TO NOTICE**

**Re: Case No. 22691 - Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 7, 2022** 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 OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

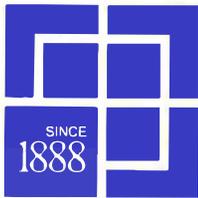
Enclosure

**Colgate Operating, LLC**  
**Case No. 22691**  
**Exhibit C-1**

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

PO BOX 1720  
ARTESIA, NEW MEXICO 88210  
575-622-6510  
(FAX) 575-746-6316

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



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

April 1, 2022

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL INTERESTED PARTIES SUBJECT TO NOTICE**

**Re: Case No. 22691 - Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 21, 2022** 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 OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

PO BOX 1720  
ARTESIA, NEW MEXICO 88210  
575-622-6510  
(FAX) 575-746-6316

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

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

APPLICATION OF COLGATE OPERATING  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

<b>PARTY</b>	<b>NOTICE LETTER SENT</b>	<b>RETURN RECEIVED</b>
Abbejane Masterson Bates 7433 Marquette Street Dallas, TX 75225	03/10/22	03/18/22
Beaird Mineral Interests, LP Attn: Vicki Osborn 5121 McKinney Avenue Dallas, TX 75025	03/10/22	04/04/22-returned as refused-unable to forward
J. Manly Bryan and wife Joanne L. Bryan, for the life of the survivor, Remainder to JM Bryan Oil, LLC P.O. Box 33349 Fort Worth, TX 76162	03/10/22	03/18/22
Chevron Oil & Gas Company P.O. Box 1722 Tulsa, OK 74101	03/10/22	03/18/22
Charles Eugene Cooper Trust P.O. Box 117 Canyon, TX 79015	03/10/22	03/16/22
Lillie Costanzo Trust fbo Brian Balliet 325 Russet Run Pittsboro, NC 27312	03/10/22	No return received, USPS status: Delivered to Agent for Final Delivery 3/14/22
Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust 202 North Gateway Circle Wichita, KS 67230	03/10/22	No return received
Douglas C. Cranmer 202 North Gateway Circle Wichita, KS 67230	03/10/22	No return received
Russell B. Cranmer 707 N. Lake Crest Place Andover, KS 67002	03/10/22	03/18/22
Trustees of the Alice G. Davis Trust 299 West 31 <sup>st</sup> Street, Cottage 473 Sea Island, GA 31561	03/10/22	03/16/22

Colgate Operating, LLC  
Case No. 22691  
Exhibit C-2

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

APPLICATION OF COLGATE OPERATING  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

J.W. Davis 299 West 31 <sup>st</sup> Street, Cottage 473 Sea Island, GA 31561	03/10/22	03/16/22
Clinton H. Dean, Jr. 4212 O'Keefe El Paso, TX 79902	03/10/22	03/31/22-returned-unable to forward
Clinton H. Dean, Jr. 6006 Balcones, #32 El Paso, TX 79902	03/14/22	03/18/22
Michael C. Dean 13306 Onion Creek Drive Manchaca, TX 78652	03/10/22	03/16/22
Robert R. Dean 22747 Estacado San Antonio, TX 78216	03/10/22	03/16/22
Virginia B. Dean 22747 Estacado San Antonio, TX 78216	03/10/22	03/16/22
Virginia B. Dean Estate 6006 Balcones, #32 El Paso, TX 79912	03/14/22	03/18/22
Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co- Trustees of the Clinton H. Dean Testamentary Trust 22747 Estacado El Paso, TX 79912	03/10/22	03/16/22
Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co- Trustees of the Clinton H.. Dean Testamentary Trust 6006 Balcones, #32 El Paso, TX 79912	03/14/22	03/18/22
Myrlene Mannschreck Dillon 1383 CR 141 Coleman, TX 76834	03/10/22	04/07/22
Dome Petroleum Corp. Attn: Outside Operated JV P.O. Box 940970 Houston, TX 77094	03/10/22	No return received, USPS status: Delivered PO Box 3/15/22

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

APPLICATION OF COLGATE OPERATING  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

Dorchester Exploration Inc. P.O. Box 4391 Houston, TX 77210	03/10/22	03/31/22-returned as not at location
Dorsar Investment Company 4855 N. Mesa St., Unit 120 El Paso, TX 79912	03/10/22	03/16/22
Ensource, Inc. 1201 Louisiana, Suite 1000 Houston, TX 77002	03/10/22	03/16/22
Robert G. Ettelson 2650 Lakeview Avenue Chicago, IL 60614	03/10/22	03/31/22-returned as undeliverable (passed away on 3/15/22)
Bill Ferguson 2700 Liberty Tower Oklahoma City, OK 73102	03/10/22	04/04/22-returned-unable to forward
Galkay, a joint venture 2 Graylyn Place Winston-Salem, NC 27106	03/10/22	No return received, USPS status: Delivered to agent for final delivery 3/15/22
James Kenneth Garrett 1293 Buck Ridge Drive NE Rochester, MN 55906	03/10/22	03/21/22
Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104	03/10/22	03/16/22
Estate of E. Dwayne Hamilton 1497 CR 141 Coleman, TX 76834	03/10/22	No return received
Harvard Exploration Company 200 E. 2 <sup>nd</sup> Street Roswell, NM 88201	03/10/22	3/14/22 – returned with no signature
William L. Hilliard 313 E. Loma Alta Dr. Altadena, CA 91001	03/10/22	Delivered, left with individual 3/15/22
Kedco Management 100 S. Main, #300 Hardage Center Wichita, KS 67202	03/10/22	03/31/22-returned-no such number

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

APPLICATION OF COLGATE OPERATING  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

Mary L. Kline 2638 Burton St. SE Grand Rapids, MI 49546	03/10/22	03/18/22
Robert H. Kriebel P.O. Box 507 Old Lyme, CT 06371	03/10/22	03/21/22
John B. Meaders 2908 Corby Drive Plano, TX 75025	03/10/22	03/21/22
Gerald L. Michard 11015 East 63 <sup>rd</sup> Street South Derby, KS 67037	03/10/22	No return received
Mallory L. Miller, Jr. 4617 117 <sup>th</sup> Street Lubbock, TX 79424	03/10/22	03/16/22
Patricia Louis Miller 5413 Topper Drive North Richland Hills, TX 76180	03/10/22	03/16/22
Paul Burke Miller 1201 E. Main St., #125 Round Rock, TX 78664	03/10/22	No return received
Michael Harrison Moore, Trustee Michael Harrison Moore 2006 Trust P.O. Box 51570 Midland, TX 79710	03/10/22	03/21/22
Richard Lyons Moore 2006 Trust P.O. Box 94077 Southlake, TX 76092	03/10/22	Picked up at Post Office 3/22/22
Pregler Oil Company, LLC 110 W. 7 <sup>th</sup> St., Ste. 720 Tulsa, OK 74119-1117	03/10/22	03/16/22
Reeves County Systems, Inc. P.O. Box 152 Odessa, TX 79760-0152	03/10/22	03/18/22
John G. Rocovich, Jr. P.O. Box 13606 Roanoke, VA 24034	03/10/22	03/18/22

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

APPLICATION OF COLGATE OPERATING  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

John S. Ross, Jr. 110 N. Woodrow Lane, Suite 120 Denton, TX 76205	03/10/22	03/16/22
Sombrero Associates 1 Chase Manhattan Plaza New York, NY 10005	03/10/22	No return received
Krista Alicen Stephenson Trust 1799 Oak Ridge St. Hideaway, TX 75771	03/10/22	03/18/22
Paul Umbarger and Zofia Umbarger 10 Woodstock Ct. Hilton Head, SC 29928	03/10/22	No return received
Ted J. Werts 426 Courtleigh St. Wichita, KS 67218	03/10/22	No return received
Wes-Tex Drilling Company 400 Pine St., #700 Abilene, TX 79601	03/10/22	03/21/22

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

APPLICATION OF COLGATE OPERATING  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-RECORD TITLE OWNERS

<b>PARTY</b>	<b>NOTICE LETTER SENT</b>	<b>RETURN RECEIVED</b>
Mewbourne Oil Company P.O. Box 7698 Tyler, TX 79701	04/01/22	4/11/22
OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046	04/01/22	04/08/22
Estate of D.W. Underwood 2320 Singletree Bend Georgetown, TX 78628	04/01/22	04/11/22
Estate of J.C. Williamson P.O. Box 16 Midland, TX 79701	04/01/22	4/18/22

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7021 0950 0002 0364 6058

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

APR 01 2022

Postmark Here

FE, NM 87501

USPS

Sent To	Mewbourne Oil Company
Street and	P.O. Box 7698
City, State	Tyler, TX 75711

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>G. Argote</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: center;"><i>G. Argote</i> <span style="float: right;"><b>4-7-22</b></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Mewbourne Oil Company P.O. Box 7698 Tyler, TX 75711</p> </div>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7021 0950 0002 0364 6058</p>	<p style="text-align: center;">9590 9402 6746 1074 2479 90</p>																
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																	

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SANTA FE, NM 87501  
APR 07 2022  
Postmark Here  
USPS

7021 0950 0002 0364 6072

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and A	Estate of DW Underwood
	2320 Singletree Bend
City, State, Z	Georgetown, TX 78628

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">Estate of DW Underwood 2320 Singletree Bend Georgetown, TX 78628</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0364 6072</p>	<p>9590 9402 6746 1074 2479 76</p>																
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																	

7021 0950 0002 0364 6065

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and	OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046
City, State	
pS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>CVIS</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046</p>	<p>B. Received by (Printed Name) <i>CVIS</i> C. Date of Delivery <i>4-4-22</i></p>																	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 6065</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																	
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																	
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																	
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PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt																

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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage and Fees		
\$		
Sent To Estate of JC Williamson P.O. Box 16 Street and Midland, TX 79701 City, State,		

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Estate of JC Williamson P.O. Box 16 Midland, TX 79701</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0364 6089</p>	

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Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
<b>Total Postage and Fees</b> \$ _____	
Sent To Street and Ap Baber Well Servicing Co PO Box 1772 Hobbs, NM 88241 City, State, Zi _____	

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

7021 0950 0002 0364 6027

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b></p> <p><input checked="" type="checkbox"/> <i>Lana Martinez</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <i>LANA MARTINEZ</i></p> <p><b>C. Date of Delivery</b> <i>4/4/22</i></p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Baber Well Servicing Co. PO Box 1772 Hobbs, NM 88241</p>	<p><b>3. Service Type</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0364 6027</p>																	
PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span>																	



7021 0950 0002 0367 0077

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To Abbejane Masterson Bates  
 Street and Apt. 7433 Marquette Street  
 City, State, ZIP+4 Dallas, TX 75225

PS Form 3800, April 2015 PSN7530-02-000-9047 See Reverse for Instructions

*Postmark Here: MAR 10 2022*

*SANTA FE, NM 87501*

*USPS*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Lawrence Bates</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lawrence Bates</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Abbejane Masterson Bates                  7433 Marquette Street                  Dallas, TX 75225</p>	<p><i>PRESTON MAR 15 2022 DALLAS TX 75225-9998</i></p>
<p>2. Article Number (Transfer from service label)                  7021 0950 0002 0367 0077</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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MAR 10 2022  
Postmark Here

USPS

7021 0950 0002 0367 6192

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To J. Manly Bryan and wife Joanne L. Bryan, for the life of the survivor	
Street and Apt. Remainder to JM Bryan Oil, LLC	
P.O. Box 33349	
City, State, ZIP+4 Fort Worth TX 76162	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:            J. Manly Bryan and wife Joanne L. Bryan,            for the life of the survivor            Remainder to JM Bryan Oil, LLC            P.O. Box 33349            Fort Worth, TX 76162-3349</p> <div style="text-align: center;">             9590 9402 6746 1074 2398 27         </div> <p>2. Article Number (Transfer from service label)            7021 0950 0002 0367 6192</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            J. Manly Bryan</p> <p>C. Date of Delivery            3/15/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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SANTA FE, NM 87501

MAR 10 2022

USPS

Postmark Here

7021 0950 0002 0365 3193

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Chevron Oil & Gas Company	
Street and A	P.O. Box 1722
Tulsa, OK 74101	
City, State, & ZIP	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Chevron Oil &amp; Gas Company P.O. Box 1722 Tulsa, OK 74101</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p style="text-align: center;">                   9590 9402 6746 1074 2397 35             </p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0365 3193</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	Postmark Here
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Charles Eugene Cooper Trust P.O. Box 117 Canyon, TX 79015	
Street and A/c	
City, State, Zi	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)                      Charles Eugene Cooper</p> <p>C. Date of Delivery                      MAR 14 2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Charles Eugene Cooper Trust P.O. Box 117 Canyon, TX 79015</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0367 6208</p>	<p style="text-align: center;">9590 9402 6746 1074 2398 10</p>																
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>																	
<p>Domestic Return Receipt</p>																	

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Certified Mail Fee  
\$

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

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

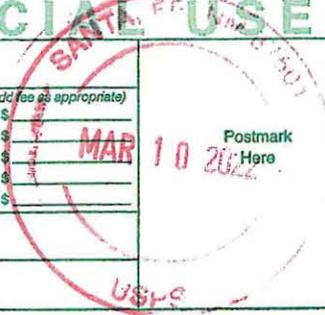
Postage  
\$

**Total Postage and Fees**  
\$

*Sent To* Russell B. Cranmer  
*Street and Ap* 707 N. Lake Crest Place  
Andover, KS 67002  
*City, State, Zi*

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

72021 0950 0002 0367 6161



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Russell Cranmer</p> <p>C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Russell B. Cranmer 707 N. Lake Crest Place Andover, KS 67002</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">72021 0950 0002 0367 6161</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

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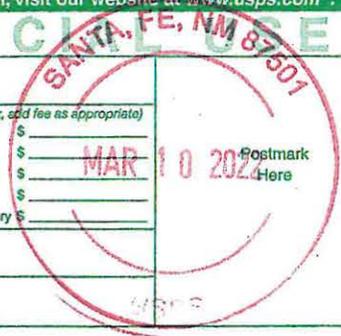
Certified Mail Fee \$ _____	POSTMARK ALBUQUERQUE, NM 87501 MAR 10 2022
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Trustee(s) of the Alice G. Davis Trust 299 West 31 <sup>st</sup> Street, Cottage 473 Sea Island, GA 31561	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>M. Sooga</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee																
1. Article Addressed to:  Trustee(s) of the Alice G. Davis Trust 299 West 31 <sup>st</sup> Street, Cottage 473 Sea Island, GA 31561	B. Received by (Printed Name) _____ C. Date of Delivery _____  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																
2. Article Number (Transfer from service label) 7021 0950 0002 0367 6017	3. Service Type <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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9590 9402 5760 0003 2719 79																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

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<b>OFFICIAL USE</b>	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	\$ _____
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
<b>Total Postage and Fees</b>	\$ _____
Sent To Street and Apt. J.W. Davis 299 West 31 <sup>st</sup> Street, Cottage 473 Sea Island, GA 31561 City, State, Zip	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7021 0950 0002 0367 6000



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> H. Davis <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  J.W. Davis 299 West 31 <sup>st</sup> Street, Cottage 473 Sea Island, GA 31561	B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7021 0950 0002 0367 6000	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
9590 9402 5760 0003 2719 86	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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7021 0950 0002 0367 2286

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	 Postmark Here <b>MAR 14 2022</b> 87501-9998
Postage \$ _____ <b>Total Postage and Fees</b> \$ _____	
Sent To Street or P.O. Box No. Clinton H. Dean, Jr. 6006 Balcones, #32 El Paso, TX 79902 City, State, and ZIP+4®	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Clinton H. Dean, Jr.                      6006 Balcones, #32                      El Paso, TX 79902</p> <div style="text-align: center;">                       9590 9402 5760 0003 2664 49                 </div> <p>2. Article Number (Transfer from service label)                      7021 0950 0002 0367 2286</p>	<p>A. Signature                      X <i>SUSANNA PUNTES</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>P</i> C. Date of Delivery <i>3-16-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

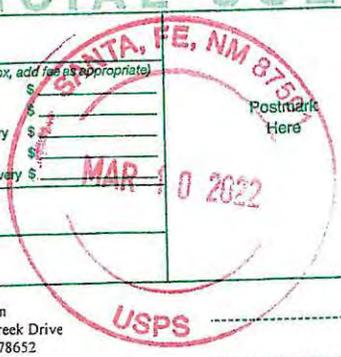
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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7021 0950 0002 0365 3162

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

Sent To: Michael C. Dean  
 Street and A: 13306 Onion Creek Drive  
 City, State, ZIP: Manchaca, TX 78652

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature:  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____
1. Article Addressed to:  Michael C. Dean 13306 Onion Creek Drive Manchaca, TX 78652   9590 9402 6746 1074 2397 66	3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7021 0950 0002 0365 3162	

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

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SANTA FE, NM 87501  
MAR 10 2022  
USPS

7021 0950 0002 0365 3179

Certified Mail Fee	\$
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Robert R. Dean
Street and Apt.	22747 Estacado
City, State, ZIP	San Antonio, TX 78216

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Dean</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>XF 235</i> <span style="float: right;"><i>3/14/22</i></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robert R. Dean 22747 Estacado San Antonio, TX 78216</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2397 59</p> <p>7021 0950 0002 0365 3179</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail™</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0365 3148

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OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To Virginia B. Dean 22747 Estacado San Antonio, TX 78261-4431	
City, State, Zi	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SANTA FE, NM 87501

MAR 10 2022

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <u>Dean</u> <span style="float: right;"><input type="checkbox"/> Agent</span>  <span style="float: right;"><input type="checkbox"/> Addressee</span></p>																	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Virginia B. Dean 22747 Estacado San Antonio, TX 78261-4431</p>	<p>B. Received by (Printed Name) <u>Xp 235</u></p>	<p>C. Date of Delivery <u>3/18/22</u></p>																
<p>2. Article Number (Transfer from service label) <b>7021 0950 0002 0365 3148</b></p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p style="text-align: center;">                   9590 9402 6746 1074 2397 80             </p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																	
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																	
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																	
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																		
<input type="checkbox"/> Insured Mail																		
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																		
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																		

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SANTA FE MAIN POST OFFICE  
MAR 14 2022  
87501-9998

7021 0950 0002 0367 2279

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and	Virginia B. Dean Estate 6006 Balcones, #32 El Paso, TX 79912
City, State	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Virginia B. Dean Estate c/o Clinton H. Dean, Jr., Executor 6006 Balcones, #32 El Paso, TX 79912</p> <div style="text-align: center;">             9590 9402 5760 0003 2664 56         </div> <p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2279</p>	<p>A. Signature</p> <p>X <i>SUSAN PUGH</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p><i>SP</i></p> <p>C. Date of Delivery</p> <p><i>3-16-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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7021 0950 0002 0365 3131

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

**Sent To** Virginia B. Dean, Clinton H. Dean, Jr. and  
**Street an** Robert Russell Dean, Co-Trustees of the  
 Clinton H. Dean Testamentary Trust  
**City, State** 22747 Estacado

Postmark Here  
**MAR 10 2022**

SANTA FE, NM 87501

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:                  Virginia B. Dean, Clinton H. Dean, Jr. and                  Robert Russell Dean, Co-Trustees of the                  Clinton H. Dean Testamentary Trust                  22747 Estacado                  San Antonio, TX 78261-4431</p> <div style="text-align: center; margin-top: 10px;">                       9590 9402 6746 1074 2397 97                 </div> <p>2. Article Number (Transfer from service label)  <b>7021 0950 0002 0365 3131</b></p>	<p>A. Signature                  X <u>Dean</u> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <u>XP 235</u>      C. Date of Delivery <u>3/14/22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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**MAR 14 2022**

87501-9998

7021 0950 0002 0367 2262

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 \_\_\_\_\_ Robert Russell Dean, Co-Trustees of the  
Clinton H. Dean Testamentary Trust  
6006 Balcones, #32

City, State, \_\_\_\_\_ El Paso, TX 79912

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X SUSANA PUGENTES</b> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust 6006 Balcones, #32 El Paso, TX 79912</p>	<p>B. Received by (Printed Name) <b>P</b></p> <p>C. Date of Delivery <b>3-16-22</b></p>
<p>2. Article Number (Transfer from service label)</p> <p><b>7021 0950 0002 0367 2262</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p style="text-align: center;">                       9590 9402 5760 0003 2664 63                 </p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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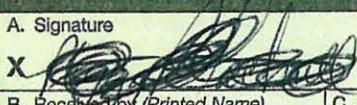
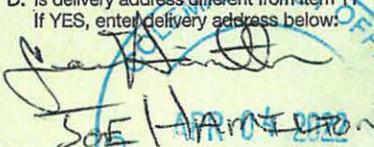
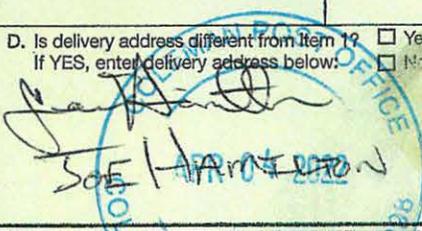
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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	 Postmark Here
Sent To Myrlene Mannschreck Dillon Street and 1383 CR 141 City, State Coleman, TX 76834	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:  Myrlene Mannschreck Dillon 1383 CR 141 Coleman, TX 76834	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No   
2. Article Number (Transfer from service label) 7021 0950 0002 0367 5973	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

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

7021 0950 0002 0367 6215

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Certified Mail Fee  
 \$

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

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

Postage  
 \$

Total Postage and Fees  
 \$

Sent To  
 Dorsar Investment Company  
 4855 N. Mesa St., Unit 120  
 El Paso, TX 79912

Street and Ap  
 City, State, Zi

Postmark Here  
**MAR 10 2022**

**SANTA FE, NM 87501**

**USPS**

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

**USPS TRACKING#**

EL PASO, TX 798  
 15 MAR 2022 PM 2 L

9590 9402 6746 1074 2398 03

**United States Postal Service**

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

Sonya Mares  
 Hinkle Shanor LLP  
 218 Montezuma Avenue  
 Santa Fe, NM 87501

Colgate/Uluni

First-Class Mail  
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 USPS  
 Permit No. G-10

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SANTA FE, NM 87501  
MAR 10 2022  
Postmark Here  
USPS

7021 0950 0002 0367 5966

Certified Mail Fee	
\$	
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
<b>Total Postage and Fees</b>	
\$	
<b>Sent To</b>	
<i>Street and A</i>	Ensource, Inc. 1201 Louisiana, Suite 1000
<i>City, State, Z</i>	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																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b> </p> <p><b>B. Received by (Printed Name)</b> <span style="float: right;"><b>C. Date of Delivery</b></span></p> <p style="text-align: right; font-size: 1.2em;">3-14-22</p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ensource, Inc. 1201 Louisiana, Suite 1000 Houston, TX 77002</p>	<p><b>3. Service Type</b></p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0367 5966</p>	<p>9590 9402 5760 0003 2720 20</p>																
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To James Kenneth Garrett

Street and Ap 1293 Buck Ridge Drive NE

City, State, Zi Rochester, MN 55906

Postmark Here

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X J Garrett <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  CPC-19R7</p> <p>C. Date of Delivery  3/16/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>James Kenneth Garrett  1293 Buck Ridge Drive NE  Rochester, MN 55906</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 0091</p>	
<p>9590 9402 6746 1074 2396 12</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Postage and Fees</b>	\$
<b>Sent To</b>	
Street and	Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104
City, State,	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) GUVEN</p> <p>C. Date of Delivery 3/14/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature		<input type="checkbox"/> Priority Mail Express®															
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 0107</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

7021 0950 0002 0365 3186

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<b>OFFICIAL U.S. MAIL</b>	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
<b>Total Postage and Fees</b>	\$ _____
Sent To	
Street and Apt. #	Harvard Exploration Company 200 E. 2 <sup>nd</sup> Street Roswell, NM 88201
City, State, ZIP+4	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



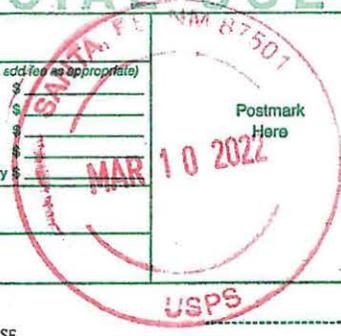
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
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<p>1. Article Addressed to:</p> <p>Harvard Exploration Company 200 E. 2<sup>nd</sup> Street Roswell, NM 88201</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 3186</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>9590 9402 6746 1074 2397 42</p>	<p>Domestic Return Receipt</p>																
PS Form 3811, July 2020 PSN 7530-02-000-9053																	

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Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Ap Mary L. Kline 2638 Burton St., SE Grand Rapids, MI 49546 City, State, Zi _____	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3.  <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.                 </p> <p>1. Article Addressed to:</p> <p style="text-align: center;">                     Mary L. Kline                      2638 Burton St., SE                      Grand Rapids, MI 49546                 </p> <div style="text-align: center;">                       9590 9402 5760 0003 2718 56                 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 6130</p>	<p>A. Signature</p> <p style="font-size: 1.5em; font-family: cursive;">X COU-19</p> <p style="text-align: right;"> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee                 </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery</p> <p style="font-size: 1.2em; font-family: cursive;">3/14/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
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7021 0950 0002 0367 6062

Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
<b>Total Postage and Fees</b>	\$ _____
<b>Sent To</b>	
Street and Ap	Robert H. Kriebel P.O. Box 507 Old Lyme, CT 06371
City, State, Zi	_____

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Mark Kriebel</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mark Kriebel</i> C. Date of Delivery <i>3-17-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robert H. Kriebel P.O. Box 507 Old Lyme, CT 06371</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 6062</p>	<p>Barcode: 9590 9402 5760 0003 2719 24</p>

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

7021 0950 0002 0365 3223

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
<b>Total Postage and Fees</b>	\$ _____
Sent To: John B. Meaders 2908 Corby Drive Plano, TX 75025	
City, State, ZIP: _____	
PS Form 3800, April 2015 PSN 7530-02-000-9047      See Reverse for Instructions	

SANTA FE, NM 87501  
 MAR 10 2022  
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee																
1. Article Addressed to:  John B. Meaders 2908 Corby Drive Plano, TX 75025	B. Received by (Printed Name) _____ C. Date of Delivery <u>3/18/22</u>  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																
<div style="text-align: center;">                       9590 9402 6746 1074 2397 04                 </div>	3. Service Type <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
2. Article Number (Transfer from service label) 7021 0950 0002 0365 3223																	
PS Form 3811, July 2020 PSN 7530-02-000-9053      Domestic Return Receipt																	

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7021 0950 0002 0365 3230

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and # City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature x <i>Mallory L. Miller, Jr.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; text-align: center;">                     Mallory L. Miller, Jr.                      4617 117<sup>th</sup> Street                      Lubbock, TX 79424                 </div>	B. Received by (Printed Name) <i>Mallory L. Miller, Jr.</i>
2. Article Number (Transfer from service label) 7021 0950 0002 0365 3230	C. Date of Delivery <i>3/14/22</i>
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
9590 9402 6746 1074 2396 98	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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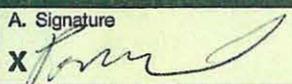
OFFICIAL USE

7021 0950 0002 0367 0039

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

Sent To: Patricia Louis Miller  
 Street and A: 5413 Topper Drive  
 North Richland Hills, TX 76180  
 City, State, Z: \_\_\_\_\_

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b>                  X  <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b>                  PL Miller 3.14.22</p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">Patricia Louis Miller                      5413 Topper Drive                      North Richland Hills, TX 76180</p> <div style="text-align: center;">                           9590 9402 6746 1074 2396 74                     </div>	<p><b>3. Service Type</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0367 0039</p>	<p style="text-align: right;">Domestic Return Receipt</p>																

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

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Postmark Here

7021 0950 0002 0367 0046

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Postage and Fees</b>	\$
<b>Sent To</b>	
Michael Harrison Moore, Trustee	
Michael Harrison Moore 2006 Trust	
P.O. Box 51570	
Midland, TX 79710	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b></p> <p><input checked="" type="checkbox"/> <i>Sam Larson</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>B. Received by (Printed Name)</b> Sam Larson</p> <p><b>C. Date of Delivery</b> 3-16-2022</p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Michael Harrison Moore, Trustee Michael Harrison Moore 2006 Trust P.O. Box 51570 Midland, TX 79710</p>	<div style="text-align: center;">  </div>
<div style="text-align: center;">  <p>9590 9402 6746 1074 2396 67</p> </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0367 0046</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail™</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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**MAR 10 2022**

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7021 0950 0002 0365 3209

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 Pregler Oil Company, LLC  
Street or 110 W. 7<sup>th</sup> St., Ste. 720  
City, Sta Tulsa, OK 74119-1117

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Staver</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <span style="float: right;">3-14-22</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Pregler Oil Company, LLC 110 W. 7<sup>th</sup> St., Ste. 720 Tulsa, OK 74119-1117</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail™</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0365 3209</p>	
<p>9590 9402 6746 1074 2397 28</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

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MAR 10 2022

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7021 0950 0002 0367 6116

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Reeves County Systems, Inc.	
P.O. Box 152	
Street and Odessa, TX 79760-0152	
City, State	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p>X <i>Kelfertiller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p>Reeves County Systems, Inc. P.O. Box 152 Odessa, TX 79760-0152</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 6116</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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



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MAR 15 2022  
USPS

7021 0950 0002 0367 5997

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
<b>Total Postage and Fees</b>	
\$	
Sent To	
John S. Ross, Jr. 110 N. Woodrow Lane, Suite 120 Denton, TX 76205	
Street and Apt.	
City, State, ZIP	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">John S. Ross, Jr. 110 N. Woodrow Lane, Suite 120 Denton, TX 76205</p> <div style="text-align: center;">             9590 9402 5760 0003 2719 93         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 5997</p>	<p>A. Signature</p> <p style="margin-left: 20px;"><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

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7021 0950 0002 0367 0060

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

Sent To: Krista Alicen Stephenson Trust  
 Street and Apt.: 1799 Oak Ridge St.  
 Hideaway, TX 75771  
 City, State, ZIP: \_\_\_\_\_

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">                     Krista Alicen Stephenson Trust                      1799 Oak Ridge St.                      Hideaway, TX 75771                 </p> <div style="text-align: center;"> <p>9590 9402 6746 1074 2396 43</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 0060</p>	<p>A. Signature</p> <p><b>X</b> </p> <p style="text-align: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p style="text-align: right; font-size: 1.2em;">3-15-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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SANTA FE, NM 87501  
MAR 10 2022  
USPS

7021 0950 0002 0367 0084

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Wes-Tex Drilling Company	
400 Pine St., #700	
Abilene, TX 79601	
City, State	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <span style="float: right;">3/14/22</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Wes-Tex Drilling Company 400 Pine St., #700 Abilene, TX 79601</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 0084</p>	<p>9590 9402 6746 1074 2396 29</p>																
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>																	

7021 0950 0002 0367 6024

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Paul Umbarger and Zofia Umbarger  
Street and Apt. 10 Woodstock Ct.  
City, State, ZIP+4 Hilton Head, SC 29928

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

7021 0950 0002 0367 6123

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Ted J. Werts  
Street and Apt. 426 Courleigh St.  
City, State, ZIP+4 Wichita, KS 67218

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

7021 0950 0002 0367 0053

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Richard Lyons Moore 2006 Trust  
Street and P.O. Box 94077  
City, State, ZIP+4 Southlake, TX 76092

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

7021 0950 0002 0367 6109

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Sombbrero Associates  
Street and Apt. 1 Chase Manhattan Plaza  
City, State, ZIP+4 New York, NY 10005

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

7021 0950 0002 0367 6079

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Estate of John R. Kline  
Street and 5045 E. St. Andrews Drive  
City, State, ZIP+4 Tucson, AZ 85718

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

7021 0950 0002 0367 0022

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Paul Burke Miller  
Street and 1201 E. Main St., #125  
City, State, ZIP+4 Round Rock, TX 78664

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

702J 0950 0002 0367 5935

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To  
 Street and Attn: Dome Petroleum Corp  
 P.O. Box 940970  
 City, State, Houston, TX 77094

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

702J 0950 0002 0367 5980

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To  
 Street and Estate of E. Dwayne Hamilton  
 P.O. Box 1497  
 City, State, Coleman, TX 76834

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702J 0950 0002 0367 6093

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To  
 Street and Attn: William L. Hilliard  
 P.O. Box 313  
 City, State, Altadena, CA 91001

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

702J 0950 0002 0367 6154

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To  
 Street and Attn: Douglas C. Cranmer  
 P.O. Box 202  
 City, State, Wichita, KS 67230

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

702J 0950 0002 0367 6178

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To  
 Street and Attn: Douglas C. Cranmer and Russell B. Cranmer,  
 Trustees of the Russell B. Cranmer Irrevocable Trust  
 P.O. Box 202  
 City, State, Wichita, KS 67230

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

702J 0950 0002 0367 6147

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To  
 Street and Attn: Lillie Costanzo Trust fbo Brian Balliet  
 P.O. Box 325  
 City, State, Pittsboro, NC 27312

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

7021 0950 0002 0367 6031

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<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees <i>(check box, add fee as appropriate)</i>	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and / City, State,	Galkay, a joint venture 2 Graylyn Place Winston-Salem, NC 27106 _____ _____
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7021 0950 0002 0365 3216

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Postmark Here  
**MAR 10 2022**

**SANTA FE, NM 87501**

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  
 Beaird Mineral Interests, LP  
 Attn: Vicki Osborn  
 5121 McKinney Ave.  
 Dallas, TX 75025

PS Form 3800, April 2015 PSN 7550-02-000-9047 See Reverse for Instructions

**FROM** **HINKLE SHANOR LLP**  
 ATTORNEYS AT LAW  
 PO BOX 2068 · 218 MONTEZUMA  
 SANTA FE, NEW MEXICO 87504

**TO**  
 Beaird Mineral Interests, LP  
 Attn: Vicki Osborn  
 5121 McKinney Ave.  
 Dallas, TX 75025

7021 0950 0002 0365 3216

NIXIE 731 DE 1 0003/25/22  
 RETURN TO SENDER  
 REFUSED  
 UNABLE TO FORWARD

BC: 67504206868 2265N084201-01338

REF

Received by OCD: 4/19/2022 5:24:10 PM  
7021 0950 0002 0367 6048

02.1P  
0000913767  
\$ 009.10  
MAR 10 20  
MAILED FROM ZIP CODE 875

Handwritten initials: *HT*

**FROM**  
**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
PO BOX 2068 • 218 MONTEZUMA  
SANTA FE, NEW MEXICO 87504



**TO**

Bill Ferguson  
2700 Liberty Tower  
Oklahoma City, OK 73102

7021 0950 0002 0367 6048

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Certified Mail Fee

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

Postage

Total Postage and Fees

Sent To

Bill Ferguson  
Street and Apt 2700 Liberty Tower  
City, State, Zip Oklahoma City, OK 73102

Postmark  
Here

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

FERG700 731 CC 1 N C0193/26/22  
UNABLE TO FORWARD/FOR REVIEW \*\*\*#\*#\*#

BC: 87504999955 DU2266N085153-00934

Vertical strip of text, possibly a return address or tracking information, partially obscured.

Handwritten initials: *HT*



7021 0950 0002 0367 6185

Page 84 of 156  
UNITED STATES POSTAL SERVICE  
02 1P  
0000913767 MAR 1  
\$ 009  
MAILED FROM ZIP CODE

**FROM**  
**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
PO BOX 2068 • 218 MONTEZUMA  
SANTA FE, NEW MEXICO 87504



**TO**

Robert G. Ettelson  
2650 Lakeview Avenue  
Chicago, IL 60614

Deceased 3/15/22

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

Total Postage and Fees \$

Sent To Robert G. Ettelson  
2650 Lakeview Avenue  
Street and Chicago, IL 60614  
City, State, ZIP+4®



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

7021 0950 0002 0367 6185

NIXIE

0103/20

ANK



7021 0950 0002 0365 3155

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CERTIFIED MAIL® RECEIPT  
Domestic Mail Only**

For delivery information, visit our website at [www.usps.com](http://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 Clinton H. Dean, Jr.  
4212 O'Keefe  
El Paso, TX 79902

Street and Apt. N

City, State, ZIP+4

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

**SANTA FE, NM 87507**

**MAR 10 2022**

Postmark Here

**USPS**

**FROM**

**HINKLE SHANOR LLP**

ATTORNEYS AT LAW

PO BOX 2068 • 218 MONTEZUMA  
SANTA FE, NEW MEXICO 87504

**TO**

Clinton H. Dean, Jr.  
4212 O'Keefe  
El Paso, TX 79902

NIXIE 731 C8 1 0103/20/22

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

BC: 87504206868 2067N079142-01142

# USPS Tracking®

[FAQs >](#)

## Track Another Package +

**Tracking Number:** 70210950000203676079

[Remove X](#)

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

**USPS Tracking Plus® Available** 

## Reminder to Schedule Redelivery of your item before April 27, 2022

Feedback 

**Schedule Redelivery** 

---

**Text & Email Updates** 

---

**Schedule Redelivery** 

---

**Tracking History** 

Reminder to Schedule Redelivery of your item before April 27, 2022

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

---

**April 13, 2022, 7:36 am**  
Available for Pickup  
SANTA FE, NM 87504

**April 13, 2022, 7:28 am**

Out for Delivery  
SANTA FE, NM 87501

---

**April 13, 2022, 7:17 am**

Arrived at Post Office  
SANTA FE, NM 87501

---

**April 12, 2022**

In Transit to Next Facility

---

**April 9, 2022, 3:53 pm**

Arrived at USPS Regional Facility  
PHOENIX AZ DISTRIBUTION CENTER ANNEX

---

**March 28, 2022, 9:14 am**

Forward Expired  
TUCSON, AZ 85718

---

**March 27, 2022, 1:08 am**

Departed USPS Regional Facility  
TUCSON AZ DISTRIBUTION CENTER

---

**March 26, 2022, 5:06 pm**

Arrived at USPS Regional Facility  
TUCSON AZ DISTRIBUTION CENTER

---

**March 24, 2022, 8:54 pm**

Departed USPS Facility  
ALBUQUERQUE, NM 87101

---

**March 22, 2022, 4:44 pm**

Arrived at USPS Facility  
ALBUQUERQUE, NM 87101

---

**March 21, 2022, 7:49 pm**

Departed USPS Regional Facility  
PHOENIX AZ DISTRIBUTION CENTER ANNEX

---

Feedback

---

**March 19, 2022, 9:13 pm**  
Arrived at USPS Regional Facility  
PHOENIX AZ DISTRIBUTION CENTER ANNEX

---

**March 14, 2022, 9:41 am**  
Forward Expired  
TUCSON, AZ 85718

---

**March 14, 2022, 6:58 am**  
Out for Delivery  
TUCSON, AZ 85718

---

**March 14, 2022, 6:47 am**  
Arrived at Post Office  
TUCSON, AZ 85718

---

**March 13, 2022, 4:48 am**  
Departed USPS Regional Facility  
TUCSON AZ DISTRIBUTION CENTER

---

**March 12, 2022, 2:29 pm**  
Arrived at USPS Regional Origin Facility  
TUCSON AZ DISTRIBUTION CENTER

---

**March 10, 2022, 9:50 pm**  
Departed USPS Facility  
ALBUQUERQUE, NM 87101

---

**March 10, 2022, 8:57 pm**  
Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

---

**March 10, 2022, 5:10 pm**  
Departed Post Office  
SANTA FE, NM 87501

---

**March 10, 2022, 4:50 pm**  
USPS in possession of item

Feedback

SANTA FE, NM 87501

---

**USPS Tracking Plus®**



---

**Product Information**



---

**See Less** ^

**Tracking Number:** 70210950000203670053

Remove X

Your item was picked up at the post office at 11:19 am on March 22, 2022 in SOUTHLAKE, TX 76092.

Feedback

**USPS Tracking Plus® Available** v

## **Delivered, Individual Picked Up at Post Office**

March 22, 2022 at 11:19 am  
SOUTHLAKE, TX 76092

**Get Updates** v

---

**Text & Email Updates**



---

**Tracking History**



**March 22, 2022, 11:19 am**

Delivered, Individual Picked Up at Post Office  
SOUTHLAKE, TX 76092

Your item was picked up at the post office at 11:19 am on March 22, 2022 in SOUTHLAKE, TX 76092.

Reminder to Schedule Redelivery of your item

---

**March 14, 2022, 11:50 am**

Available for Pickup  
SOUTHLAKE, TX 76092

---

**March 13, 2022, 5:00 am**

Departed USPS Regional Facility  
FORT WORTH TX DISTRIBUTION CENTER

---

**March 12, 2022, 9:10 am**

Arrived at USPS Regional Facility  
FORT WORTH TX DISTRIBUTION CENTER

---

**March 11, 2022**

In Transit to Next Facility

---

**March 10, 2022, 9:50 pm**

Departed USPS Facility  
ALBUQUERQUE, NM 87101

---

**March 10, 2022, 8:57 pm**

Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

---

**March 10, 2022, 5:10 pm**

Departed Post Office  
SANTA FE, NM 87501

---

**March 10, 2022, 4:50 pm**

USPS in possession of item  
SANTA FE, NM 87501

---

Feedback

---

**USPS Tracking Plus®**



## Product Information



See Less ^

**Tracking Number:** 70210950000203676024

Remove X

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

**USPS Tracking Plus® Available** ✓

## Reminder to Schedule Redelivery of your item

Get Updates ✓

Feedback

---

**Text & Email Updates**



---

**Tracking History**



Reminder to Schedule Redelivery of your item

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

---

**March 14, 2022, 1:02 pm**

Notice Left (No Authorized Recipient Available)

HILTON HEAD ISLAND, SC 29928

---

**March 13, 2022, 4:31 pm**

Departed USPS Regional Facility

CHARLESTON SC PROCESSING CENTER

---

**March 13, 2022, 1:35 am**  
Arrived at USPS Regional Facility  
CHARLESTON SC PROCESSING CENTER

**March 12, 2022**  
In Transit to Next Facility

**March 10, 2022, 10:56 pm**  
Departed USPS Origin Facility  
ALBUQUERQUE, NM 87101

**March 10, 2022, 8:57 pm**  
Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

**March 10, 2022, 5:10 pm**  
Departed Post Office  
SANTA FE, NM 87501

**March 10, 2022, 4:50 pm**  
USPS in possession of item  
SANTA FE, NM 87501

Feedback

**USPS Tracking Plus®**



**Product Information**



**See Less** ^

**Tracking Number:** 70210950000203670022

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

destination. It is currently in transit to the next facility.

USPS Tracking Plus® Available ✓

## In Transit to Next Facility

April 13, 2022

Get Updates ✓

Text & Email Updates



Tracking History



**April 13, 2022**

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

Feedback

**April 9, 2022, 7:16 am**

Departed USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

**April 8, 2022, 10:23 am**

Arrived at USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

**March 30, 2022, 5:07 pm**

Unclaimed/Being Returned to Sender

ROUND ROCK, TX 78664

Reminder to Schedule Redelivery of your item

**March 15, 2022, 10:27 am**

Notice Left (No Authorized Recipient Available)

ROUND ROCK, TX 78664

**March 15, 2022, 2:17 am**  
Departed USPS Regional Facility  
AUSTIN TX DISTRIBUTION CENTER

**March 13, 2022, 10:33 am**  
Arrived at USPS Regional Facility  
AUSTIN TX DISTRIBUTION CENTER

**March 10, 2022, 9:50 pm**  
Departed USPS Facility  
ALBUQUERQUE, NM 87101

**March 10, 2022, 8:57 pm**  
Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

**March 10, 2022, 5:10 pm**  
Departed Post Office  
SANTA FE, NM 87501

**March 10, 2022, 4:50 pm**  
USPS in possession of item  
SANTA FE, NM 87501

Feedback

**USPS Tracking Plus®**



**Product Information**



**See Less** ^

**Tracking Number:** 70210950000203676109

Remove X

Your item was returned to the sender on March 21, 2022 at 9:59 am in NEW YORK, NY 10005

Your item was returned to the sender on March 21, 2022 at 9:59 am in NEW YORK, NY 10005 because of an incomplete address.

USPS Tracking Plus® Available ✓

### Insufficient Address

March 21, 2022 at 9:59 am  
NEW YORK, NY 10005

Get Updates ✓

See More ✓

Tracking Number: 70210950000203676123

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

Feedback

USPS Tracking Plus® Available ✓

### In Transit to Next Facility

April 13, 2022

Get Updates ✓

---

Text & Email Updates



---

Tracking History



April 13, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

**April 9, 2022, 3:00 am**

Arrived at USPS Regional Facility  
COLORADO SPRINGS CO DISTRIBUTION CENTER

---

**April 6, 2022, 11:56 am**

Unclaimed/Being Returned to Sender  
WICHITA, KS 67208

---

Reminder to Schedule Redelivery of your item

---

**March 14, 2022, 6:25 pm**

Available for Pickup  
WICHITA, KS 67208

---

**March 14, 2022, 11:22 am**

Notice Left (No Authorized Recipient Available)  
WICHITA, KS 67218

---

**March 12, 2022, 8:05 pm**

Departed USPS Regional Facility  
WICHITA KS DISTRIBUTION CENTER

---

**March 12, 2022, 9:59 am**

Arrived at USPS Regional Facility  
WICHITA KS DISTRIBUTION CENTER

---

**March 10, 2022, 9:50 pm**

Departed USPS Facility  
ALBUQUERQUE, NM 87101

---

**March 10, 2022, 8:57 pm**

Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

---

**March 10, 2022, 5:10 pm**

Departed Post Office  
SANTA FE, NM 87501

---

Feedback

March 10, 2022, 4:50 pm  
USPS in possession of item  
SANTA FE, NM 87501

---

**USPS Tracking Plus®** 

---

**Product Information** 

---

**See Less** 

**Tracking Number:** 70210950000203676178

Remove   
Feedback 

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

**USPS Tracking Plus® Available** 

## In Transit to Next Facility

March 16, 2022

**Get Updates** 

---

**Text & Email Updates** 

---

**Tracking History** 

**March 16, 2022**

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

**March 12, 2022, 8:44 pm**  
Departed USPS Regional Facility  
WICHITA KS DISTRIBUTION CENTER

**March 12, 2022, 9:59 am**  
Arrived at USPS Regional Facility  
WICHITA KS DISTRIBUTION CENTER

**March 10, 2022, 9:50 pm**  
Departed USPS Facility  
ALBUQUERQUE, NM 87101

**March 10, 2022, 9:04 pm**  
Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

**March 10, 2022, 5:10 pm**  
Departed Post Office  
SANTA FE, NM 87501

**March 10, 2022, 4:50 pm**  
USPS in possession of item  
SANTA FE, NM 87501

Feedback

**USPS Tracking Plus®**



**Product Information**



**See Less** ^

**Tracking Number:** 70210950000203676093

Remove X

Your item was delivered to an individual at the address at 12:39 pm on March 15, 2022 in

Your item was delivered to an individual at the address at 12:39 pm on March 15, 2022 in ALTADENA, CA 91001.

**USPS Tracking Plus® Available** ✓

## ✓ **Delivered, Left with Individual**

March 15, 2022 at 12:39 pm  
ALTADENA, CA 91001

**Get Updates** ✓

---

**Text & Email Updates** ✓

---

**Tracking History** ^

**March 15, 2022, 12:39 pm**

Delivered, Left with Individual  
ALTADENA, CA 91001

Your item was delivered to an individual at the address at 12:39 pm on March 15, 2022 in ALTADENA, CA 91001.

Feedback

---

**March 15, 2022, 7:16 am**

Out for Delivery  
ALTADENA, CA 91001

---

**March 15, 2022, 7:05 am**

Arrived at Post Office  
ALTADENA, CA 91001

---

**March 14, 2022**

In Transit to Next Facility

---

**March 12, 2022, 2:19 pm**

Arrived at USPS Regional Facility  
VAN NUYS CA DISTRIBUTION CENTER

---

**March 12, 2022, 6:32 am**

Arrived at USPS Regional Facility

SANTA CLARITA CA DISTRIBUTION CENTER

March 10, 2022, 9:50 pm  
Departed USPS Facility  
ALBUQUERQUE, NM 87101

March 10, 2022, 8:57 pm  
Arrived at USPS Facility  
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



See Less ^

Feedback

Tracking Number: 70210950000203675935

Remove X

Your item has been delivered and is available at a PO Box at 10:50 am on March 15, 2022 in HOUSTON, TX 77079.

USPS Tracking Plus® Available v

**Delivered, PO Box**

March 15, 2022 at 10:50 am  
HOUSTON, TX 77079

Get Updates v

Text & Email Updates





## Tracking History

**March 15, 2022, 10:50 am**

Delivered, PO Box  
HOUSTON, TX 77079

Your item has been delivered and is available at a PO Box at 10:50 am on March 15, 2022 in HOUSTON, TX 77079.

**March 14, 2022, 2:01 am**

Departed USPS Regional Facility  
NORTH HOUSTON TX DISTRIBUTION CENTER

**March 12, 2022, 4:21 pm**

Arrived at USPS Regional Facility  
NORTH HOUSTON TX DISTRIBUTION CENTER

**March 11, 2022**

In Transit to Next Facility

**March 10, 2022, 9:50 pm**

Departed USPS Facility  
ALBUQUERQUE, NM 87101

**March 10, 2022, 8:57 pm**

Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

**March 10, 2022, 5:10 pm**

Departed Post Office  
SANTA FE, NM 87501

**March 10, 2022, 4:50 pm**

USPS in possession of item  
SANTA FE, NM 87501

Feedback

**USPS Tracking Plus®**



## Product Information



See Less ^

**Tracking Number:** 70210950000203676147

Remove X

Your item has been delivered to an agent for final delivery in PITTSBORO, NC 27312 on March 14, 2022 at 12:12 pm.

**USPS Tracking Plus® Available** v

## Delivered to Agent for Final Delivery

March 14, 2022 at 12:12 pm  
PITTSBORO, NC 27312

Feedback

**Get Updates** v

---

**Text & Email Updates**



---

**Tracking History**



**March 14, 2022, 12:12 pm**

Delivered to Agent for Final Delivery  
PITTSBORO, NC 27312

Your item has been delivered to an agent for final delivery in PITTSBORO, NC 27312 on March 14, 2022 at 12:12 pm.

---

**March 14, 2022, 9:48 am**

Out for Delivery  
PITTSBORO, NC 27312

**March 14, 2022, 9:37 am**

Arrived at Post Office  
PITTSBORO, NC 27312

---

**March 13, 2022, 1:15 am**

Departed USPS Regional Facility  
GREENSBORO NC DISTRIBUTION CENTER

---

**March 12, 2022, 8:26 am**

Arrived at USPS Regional Facility  
GREENSBORO NC DISTRIBUTION CENTER

---

**March 11, 2022**

In Transit to Next Facility

---

**March 10, 2022, 9:50 pm**

Departed USPS Facility  
ALBUQUERQUE, NM 87101

---

**March 10, 2022, 8:57 pm**

Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

---

**March 10, 2022, 5:10 pm**

Departed Post Office  
SANTA FE, NM 87501

---

**March 10, 2022, 4:50 pm**

USPS in possession of item  
SANTA FE, NM 87501

---

Feedback

---

**USPS Tracking Plus®**



---

**Product Information**



---

**See Less** ^

**Tracking Number:** 70210950000203676154

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

**USPS Tracking Plus® Available** ✓

## In Transit to Next Facility

March 16, 2022

**Get Updates** ✓

---

**Text & Email Updates**



Feedback

---

**Tracking History**



### March 16, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

---

### March 12, 2022, 8:44 pm

Departed USPS Regional Facility  
WICHITA KS DISTRIBUTION CENTER

---

### March 12, 2022, 9:59 am

Arrived at USPS Regional Facility  
WICHITA KS DISTRIBUTION CENTER

---

### March 10, 2022, 9:50 pm

Departed USPS Facility  
ALBUQUERQUE, NM 87101

**March 10, 2022, 9:04 pm**  
Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

**March 10, 2022, 5:10 pm**  
Departed Post Office  
SANTA FE, NM 87501

**March 10, 2022, 4:50 pm**  
USPS in possession of item  
SANTA FE, NM 87501

**USPS Tracking Plus®**



**Product Information**



**See Less** ^

Feedback

**Tracking Number:** 70210950000203675980

Remove X

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

**USPS Tracking Plus® Available** v

## **Reminder to Schedule Redelivery of your item before April 27, 2022**

**Schedule Redelivery** v

**Text & Email Updates**



---

## Schedule Redelivery

---

## Tracking History

Reminder to Schedule Redelivery of your item before April 27, 2022

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

---

**April 13, 2022, 7:39 am**

Notice Left (No Authorized Recipient Available)  
COLEMAN, TX 76834

---

**April 13, 2022, 7:38 am**

Arrived at Post Office  
COLEMAN, TX 76834

---

**April 13, 2022, 12:09 am**

Departed USPS Regional Destination Facility  
ABILENE TX DISTRIBUTION CENTER

---

**April 11, 2022, 2:36 pm**

Forwarded  
COLEMAN, TX

---

**March 14, 2022**

In Transit to Next Facility

---

**March 14, 2022, 12:37 pm**

Forwarded  
COLEMAN, TX

---

**March 14, 2022, 7:53 am**

Out for Delivery  
COLEMAN, TX 76834

---

Feedback

**March 14, 2022, 7:42 am**

Arrived at Post Office

COLEMAN, TX 76834

**March 13, 2022, 8:46 pm**

Arrived at USPS Regional Facility

ABILENE TX DISTRIBUTION CENTER

**March 12, 2022, 11:21 pm**

Departed USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

**March 12, 2022, 5:20 pm**

Arrived at USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

**March 10, 2022, 9:50 pm**

Departed USPS Facility

ALBUQUERQUE, NM 87101

**March 10, 2022, 8:57 pm**

Arrived at USPS Origin Facility

ALBUQUERQUE, NM 87101

**March 10, 2022, 5:10 pm**

Departed Post Office

SANTA FE, NM 87501

**March 10, 2022, 4:50 pm**

USPS in possession of item

SANTA FE, NM 87501

Feedback

**USPS Tracking Plus®**



**Product Information**



See Less ^

**Tracking Number:** 70210950000203676031

Remove X

Your item has been delivered to an agent for final delivery in WINSTON SALEM, NC 27106 on March 15, 2022 at 1:56 pm.

**USPS Tracking Plus® Available** v

## **Delivered to Agent for Final Delivery**

March 15, 2022 at 1:56 pm  
WINSTON SALEM, NC 27106

**Get Updates** v

Feedback

---

**Text & Email Updates** v

---

**Tracking History** ^

**March 15, 2022, 1:56 pm**

Delivered to Agent for Final Delivery  
WINSTON SALEM, NC 27106

Your item has been delivered to an agent for final delivery in WINSTON SALEM, NC 27106 on March 15, 2022 at 1:56 pm.

---

**March 14, 2022, 8:41 pm**

Departed USPS Regional Facility  
GREENSBORO NC DISTRIBUTION CENTER

---

**March 12, 2022, 8:26 am**

Arrived at USPS Regional Facility  
GREENSBORO NC DISTRIBUTION CENTER

**March 11, 2022**

In Transit to Next Facility

---

**March 10, 2022, 9:50 pm**

Departed USPS Facility  
ALBUQUERQUE, NM 87101

---

**March 10, 2022, 8:57 pm**

Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

---

**March 10, 2022, 5:10 pm**

Departed Post Office  
SANTA FE, NM 87501

---

**March 10, 2022, 4:50 pm**

USPS in possession of item  
SANTA FE, NM 87501

---

Feedback

---

**USPS Tracking Plus®**



---

**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**



**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

April 1, 2022

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO OVERRIDING ROYALTY INTEREST OWNERS SUBJECT TO NOTICE**

**Re: Case Nos. 22693, 22695, 22694, 22692, 22691, 22690, 22689, 22671, 22670, 22669 - Applications of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 21, 2022** 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 OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Colgate Operating, LLC  
 Case No. 22691  
 Exhibit C-3

Enclosure

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

APPLICATION OF COLGATE OPERATING  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-ORRIs

<b>PARTY</b>	<b>NOTICE LETTER SENT</b>	<b>RETURN RECEIVED</b>
Harvey S. Apple and wife, Carolyn Apple 801 Mann Avenue Artesia, NM 88210	04/01/22	04/08/11
Baber Well Servicing Co. PO Box 1772 Hobbs, NM 88241	04/01/22	04/11/22
Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701	04/01/22	04/11/22
BCRK 2004 Wyckham Place Norman, OK 73072	04/01/22	04/11/22
CMP Viva LP 600 Travis St, Suite 7200 Houston, TX 77002	04/01/22	04/11/22
Estate of J.M. Dunbar & Amanda P. Dunbar Attn: Neil Dunbar 724 Ridgeside Dr Golden, CO 80401	04/01/22	04/11/22
Virginia K. Edelson 25 Seminole Circle West Hartford, CT 06117	04/01/22	No return received, USPS status: Addressee Unknown – Returned to Sender on 4/7/22
Sylvia K. Gibbs 1801 LaVaca Austin, TX 78701	04/01/22	

Colgate Operating, LLC  
Case No. 22691  
Exhibit C-4

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

APPLICATION OF COLGATE OPERATING  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-ORRIs

D. Lloyd Henderson 332 San Saba St. Meadowlake, TX 78654	04/01/22	04/11/22
Sharron Wolfenbarger Jones 8207 NE Ward Rd Vancouver, WA 98682	04/01/22	
John D. Keslar Box 13 Oxford, NE 68967	04/01/22	No return received, USPS status: Delivered, Individual Picked Up at Post Office 4/18/22
Karl F. Koch 14140 Bruan Rd Golden, CO 80401	04/01/22	
Heirs of George A. Lauck and wife, Molly Lauck 151 Vernal Dr. Alamo, CA 94507	04/01/22	04/04/22
Estate of Gisella Olivero P.O. Box 3372 Pinnacle, CA 93650	04/01/22	
Estate of Gisella Olivero 6050 N. Marks, #137 Fresno, CA 93711	04/01/22	4/18/22
Frank J. Pisor, Jr. 11126 S Orange Ave Fresno, CA 93725	04/01/22	
SMAC Oil Limited Partnership PO Box 4190 Scottsdale, AZ 85253	04/01/22	4/18/22

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

APPLICATION OF COLGATE OPERATING  
LLC FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

Case No. 22669-22671; 22689-95

NOTICE LETTERS-ORRIs

Bill Smithton 3415 Lakside Lane Woodward, OK 73801	04/01/22	No return received, USPS status: Out for Delivery 4/13/22
George W. Strake, Jr. 712 Main St, Suite 3300 Houston, TX 77002	04/01/22	04/11/22
Catherine F. Sweeney P.O. Box 8248 Santa Fe, NM 87504	04/01/22	
Estate of Ralph E. Williamson c/o Elizabeth Anne Williamson P.O. Box 50498 Austin, TX 78763	04/01/22	04/11/22

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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 A: Harvey S. Apple and wife, Carolyn Apple  
 801 Mann Avenue  
 Artesia, NM 88210  
 City, State, Z

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

*Postmark Here*  
**APR 01 2022**  
 SANTA FE, NM 87501  
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Harvey S. Apple and wife, Carolyn Apple        801 Mann Avenue        Artesia, NM 88210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5760 0003 2744 06</p> <p>7021 0950 0002 0367 2354</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Postage and Fees</b>	\$
<b>Sent To</b>	
Street and A	Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701
City, State, Z	

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>9590 9402 5760 0003 2744 82</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 5983</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To BCRK  
 Street and Apt. 2004 Wyckham Place  
 Norman, OK 73072  
 City, State, ZIP: \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>4-4-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>BCRK          2004 Wyckham Place          Norman, OK 73072</p> <p>          9590 9402 5760 0003 2744 37</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2385</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To  
 D. Lloyd Henderson  
 332 San Saba St.  
 Meadowlake, TX 78654

Street and Apt. N  
 City, State, ZIP+4

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

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>[Signature]</i></p> <p>C. Date of Delivery  <i>4-4-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>D. Lloyd Henderson        332 San Saba St.        Meadowlake, TX 78654</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2330</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

Total Postage and Fees  
 \$ \_\_\_\_\_

Sent To  
 Estate of Ralph E. Williamson  
 c/o Elizabeth Anne Williamson  
 P.O. Box 50498  
 Austin, TX 78763

Postmark Here  
**SANTA FE, NM 87501**  
**APR 01 2022**

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>William</i></p> <p>C. Date of Delivery  <i>5/5/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Estate of Ralph E. Williamson        c/o Elizabeth Anne Williamson        P.O. Box 50498        Austin, TX 78763</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 6034</p>	
<p>Barcode: 9590 9402 5760 0003 2662 03</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Harvey S. Apple and wife, Carolyn Apple

Street and Apt. 801 Mann Avenue

Artesia, NM 88210

City, State, Z \_\_\_\_\_

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

*SANTA, FE, NM 87501*  
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**APR 01 2022**  
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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Harvey S. Apple and wife, Carolyn Apple        801 Mann Avenue        Artesia, NM 88210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2354</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Postage and Fees</b>	\$
<b>Sent To</b>	
Street and A	Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701
City, State, Z	

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>9590 9402 5760 0003 2744 82</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 5983</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Extra Services & Fees (check box, add fee if 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 BCRK  
 Street and Apt. 2004 Wyckham Place  
 Norman, OK 73072  
 City, State, ZIP: \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>4-4-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>BCRK          2004 Wyckham Place          Norman, OK 73072</p> <p>9590 9402 5760 0003 2744 37</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2385</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0367 2330

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To  
 D. Lloyd Henderson  
 332 San Saba St.  
 Meadowlake, TX 78654

Street and Apt. N  
 City, State, ZIP+4

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

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 Postmark Here  
**APR 01 2022**  
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>[Signature]</i></p> <p>C. Date of Delivery  <i>4-4-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>D. Lloyd Henderson          332 San Saba St.          Meadowlake, TX 78654</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2330</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0364 6034

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Certified Mail Fee  
 \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

Total Postage and Fees  
 \$ \_\_\_\_\_

Sent To  
 Estate of Ralph E. Williamson  
 c/o Elizabeth Anne Williamson  
 P.O. Box 50498  
 Austin, TX 78763

Postmark Here  
**SANTA FE, NM 87501**  
**APR 01 2022**

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>William</i></p> <p>C. Date of Delivery  <i>5/5/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Estate of Ralph E. Williamson          c/o Elizabeth Anne Williamson          P.O. Box 50498          Austin, TX 78763</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 6034</p>	
<p>Barcode: 9590 9402 5760 0003 2662 03</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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7021 0950 0002 0364 5945

Certified Mail Fee	
\$	
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To Street and Apt City, State, Zi	
CMP Viva LP 600 Travis St, Suite 7200 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
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>CMP Viva LP 600 Travis St, Suite 7200 Houston, TX 77002</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery</span></p> <p><input checked="" type="checkbox"/> Return Receipt for hardcopy <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number</p> <p>70</p>	<p>Domestic Return Receipt</p>
<p>9590 9402 5760 0003 2744 44</p>	
<p>PS Form 3800, July 2013 PSN 7530-02-000-9053</p>	

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SANTA FE, NM 87507  
APR 07 2022  
USPS

7021 0950 0002 0367 2347

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Estate of J.M. Dunbar & Amanda P. Dunbar	
Street and Apt.	Attn: Neil Dunbar
724 Ridgeside Dr	
City, State, ZIP	Golden, CO 80401

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Neil Dunbar <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name)   C. Date of Delivery</p> <p>NEIL DUNBAR   4/8/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Estate of J.M. Dunbar &amp; Amanda P. Dunbar Attn: Neil Dunbar 724 Ridgeside Dr Golden, CO 80401</p>	<p style="text-align: center; font-size: 1.5em; color: red;">GOLDEN POST OFFICE APR - 8 2022 USPS 80401</p>
<p style="text-align: center;">9590 9402 6746 1074 2395 99</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7021 0950 0002 0367 2347</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail™</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

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7021 0950 0002 0367 2293

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 Heirs of George A. Lauck and wife,  
 Street and, Molly Lauck  
 151 Vernal Dr.  
 City, State, Alamo, CA 94507

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

*SANTA FE, NM 87501*  
*APR 01 2022*  
 Postmark Here  
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>COULD-19</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>STEPHEN LAUCK</i> C. Date of Delivery <i>4/5/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Heirs of George A. Lauck and wife,          Molly Lauck          151 Vernal Dr.          Alamo, CA 94507</p> <p>          9590 9402 6746 1074 2395 44</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2293</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7201 0950 0002 0364 6034

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	Postmark Here
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Estate of Ralph E. Williamson c/o Elizabeth Anne Williamson P.O. Box 50498 Austin, TX 78763	
Street and Austin, TX 78763	
City, State	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)                  Williamson</p> <p>C. Date of Delivery                  5/5/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Estate of Ralph E. Williamson                  c/o Elizabeth Anne Williamson                  P.O. Box 50498                  Austin, TX 78763</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7201 0950 0002 0364 6034</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____ Sent To Street and Apt. _____ City, State, Zip _____	SANTA FE, NM 87501 Postmark Here APR 01 2022 USPS
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0367 2361

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> 1. Article Addressed to:  George W. Strake, Jr. 712 Main St, Suite 3300 Houston, TX 77002   9590 9402 5760 0003 2744 13	A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> _____ <input type="checkbox"/> Addressee B. Received By (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. A ?	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery
PS Form 3800, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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7021 0950 0002 0367 2354

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and A: Harvey S. Apple and wife, Carolyn Apple 801 Mann Avenue Artesia, NM 88210 City, State, Z: _____	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>Harvey S. Apple and wife, Carolyn Apple          801 Mann Avenue          Artesia, NM 88210</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2354</p>																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>																	
<p>Domestic Return Receipt</p>																	

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APR 01 2022  
USPS

7021 0950 0002 0364 5983

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
<b>Total Postage and Fees</b>	
\$	
Sent To	
Estate of Maylon S. Baker	
2405 W. Indiana Ave	
Midland, TX 79701	
City, State, ZIP	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0364 5983</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 5760 0003 2744 82</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	
<p>Domestic Return Receipt</p>	

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7021 0950 0002 0367 2385

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
BCRK	
Street and Apt. 2004 Wyckham Place	
Norman, OK 73072	
City, State, ZIP	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><b>X</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: right; font-weight: bold;">4-4-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes              If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">BCRK                  2004 Wyckham Place                  Norman, OK 73072</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 2385</p>																	

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

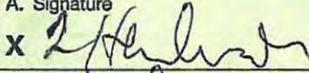
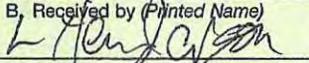
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**OFFICIAL USE**

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ <b>Total Postage and Fees</b> \$ _____	
Sent To Street and Apt. N D. Lloyd Henderson 332 San Saba St. City, State, ZIP+4 Meadowlake, TX 78654	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name)  C. Date of Delivery 4-4-22 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:  D. Lloyd Henderson 332 San Saba St. Meadowlake, TX 78654	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7021 0950 0002 0367 2330	

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

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7021 0950 0002 0367 2309

Certified Mail Fee \$ _____ Extra Services & Fees <i>(check box, add fee as appropriate)</i> <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ <b>Total Postage and Fees</b> \$ _____	 Postmark Here
Sent To Estate of Gisella Olivero Street and A P.O. Box 3372 Pinnacle, CA 93650 City, State, _____	

PS Form 3800, April 2015 PSN 7680-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Sam Olivero</i> C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Estate of Gisella Olivero P.O. Box 3372 Pinnacle, CA 93650</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number <i>(Transfer from service label)</i></p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 2309</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>																

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7021 0950 0002 0367 2378

Certified Mail Fee			
\$			
Extra Services & Fees (check box, add fee as appropriate)			
<input type="checkbox"/>	Return Receipt (hardcopy)		\$
<input type="checkbox"/>	Return Receipt (electronic)		\$
<input type="checkbox"/>	Certified Mail Restricted Delivery	\$	
<input type="checkbox"/>	Adult Signature Required	\$	
<input type="checkbox"/>	Adult Signature Restricted Delivery	\$	
Postage			
\$			
Total Postage and Fees			
\$			
Sent To			
SMAC Oil Limited Partnership			
PO Box 4190			
Scottsdale, AZ 85253			
City, State, Z			

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p>X </p> <p style="text-align: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">SMAC Oil Limited Partnership PO Box 4190 Scottsdale, AZ 85253</p>	<p>B. Received by (Printed Name) <i>Dorene Daniels</i></p> <p>C. Date of Delivery <i>4-13-22</i></p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0367 2378</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2015 PSN 7530-02-000-9053																	
Domestic Return Receipt																	

7021 0950 0002 0364 6010

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Certified Mail Fee  
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage  
\$

Total Postage and Fees  
\$

Sent To  
Street and Apt Bill Smithton  
3415 Lakeside Lane  
Woodward, OK 73801  
City, State, Zip

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



7021 0950 0002 0364 5952

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Certified Mail Fee  
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage  
\$

Total Postage and Fees  
\$

Sent To  
Street and Apt Catherine F. Sweeney  
P.O. Box 8248  
Santa Fe, NM 87504  
City, State, Zip

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



7021 0950 0002 0367 2316

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Certified Mail Fee  
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage  
\$

Total Postage and Fees  
\$

Sent To  
Street and Apt Estate of Gisella Olivero  
6050 N. Marks, #137  
Fresno, CA 93711  
City, State, Zip

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



7021 0950 0002 0367 2323

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Certified Mail Fee  
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage  
\$

Total Postage and Fees  
\$

Sent To  
Street and Apt Frank J. Pisor, Jr.  
11126 S Orange Ave  
Fresno, CA 93725  
City, State, Zip

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



7021 0950 0002 0364 6003

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Certified Mail Fee  
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage  
\$

Total Postage and Fees  
\$

Sent To  
Street and Apt John D. Keslar  
Box 13  
Oxford, NE 68967  
City, State, Zip

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



7021 0950 0002 0364 6041

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Certified Mail Fee  
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage  
\$

Total Postage and Fees  
\$

Sent To  
Street and Apt Karl F. Koch  
14140 Bruan Rd  
Golden, CO 80401  
City, State, Zip

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



7021 0950 0002 0364 5976

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Certified Mail Fee

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Sylvia K. Gibbs  
1801 LaVaca  
Austin, TX 78701

Street and Apt.

City, State, ZIP



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

See Reverse for Instructions

7021 0950 0002 0364 5990

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## OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Sharon Wolfenbarger Jones  
8207 NE Ward Rd  
Vancouver, WA 98682

Street and

City, State,



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

See Reverse for Instructions

7021 0950 0002 0364 5969

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## OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

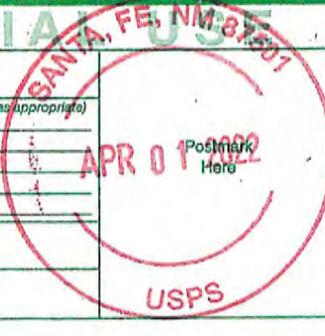
\$

Sent To

Virginia K. Edelson  
25 Seminole Circle  
West Hartford, CT 06117

Street and Apt.

City, State, ZIP



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

See Reverse for Instructions

# USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 70210950000203646010

Remove X

Your item is out for delivery on April 15, 2022 at 6:12 am in GARLAND, TX 75041.

USPS Tracking Plus® Available v

## Out for Delivery

April 15, 2022 at 6:12 am  
GARLAND, TX 75041

Feedback

Get Updates v

---

Text & Email Updates



---

Tracking History



April 15, 2022, 6:12 am

Out for Delivery  
GARLAND, TX 75041

Your item is out for delivery on April 15, 2022 at 6:12 am in GARLAND, TX 75041.

---

April 15, 2022, 6:11 am

Departed USPS Facility  
GARLAND, TX 75041

---

April 15, 2022, 6:11 am

Arrived at USPS Facility

GARLAND, TX 75041

---

**April 15, 2022, 6:01 am**

Arrived at Post Office  
GARLAND, TX 75041

---

**April 15, 2022, 2:39 am**

Departed USPS Regional Facility  
COPELL TX DISTRIBUTION CENTER

---

**April 13, 2022, 12:41 pm**

Arrived at USPS Regional Facility  
COPELL TX DISTRIBUTION CENTER

---

**April 11, 2022**

In Transit to Next Facility

---

**April 7, 2022, 8:22 am**

Departed USPS Regional Facility  
OKLAHOMA CITY OK DISTRIBUTION CENTER

---

**April 4, 2022, 8:44 am**

Addressee Unknown  
WOODWARD, OK 73801

---

**April 3, 2022, 1:28 pm**

Arrived at USPS Regional Facility  
OKLAHOMA CITY OK DISTRIBUTION CENTER

---

**April 1, 2022, 9:39 pm**

Departed USPS Facility  
ALBUQUERQUE, NM 87101

---

**April 1, 2022, 8:49 pm**

Arrived at USPS Facility  
ALBUQUERQUE, NM 87101

---

Feedback

**USPS Tracking Plus®**



**Product Information**



**See Less** ^

**Tracking Number:** 70210950000203645952

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

**USPS Tracking Plus® Available** v

## In Transit to Next Facility

April 18, 2022

**Get Updates** v

Feedback

**Text & Email Updates**



**Tracking History**



**April 18, 2022**

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

**April 16, 2022, 8:57 pm**

Arrived at USPS Regional Facility

PHOENIX AZ DISTRIBUTION CENTER ANNEX

**April 5, 2022, 11:02 am**

Vacant

SANTA FE, NM 87501

**April 5, 2022, 7:29 am**

Available for Pickup

SANTA FE, NM 87504

**April 5, 2022, 6:44 am**

Arrived at Post Office

SANTA FE, NM 87501

**April 3, 2022, 2:03 am**

Departed USPS Facility

ALBUQUERQUE, NM 87101

**April 1, 2022, 8:49 pm**

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

Feedback

**USPS Tracking Plus®**



**Product Information**



**See Less** ^

**Tracking Number:** 70210950000203672316

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

**USPS Tracking Plus® Available** v

# In Transit to Next Facility

April 7, 2022

Get Updates 

---

**Text & Email Updates** 

---

**Tracking History** 

**April 7, 2022**

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

---

**April 3, 2022, 5:22 pm**

Departed USPS Regional Facility  
FRESNO CA DISTRIBUTION CENTER

---

**April 3, 2022, 9:03 am**

Arrived at USPS Regional Facility  
FRESNO CA DISTRIBUTION CENTER

---

**April 1, 2022, 9:39 pm**

Departed USPS Facility  
ALBUQUERQUE, NM 87101

---

**April 1, 2022, 8:49 pm**

Arrived at USPS Facility  
ALBUQUERQUE, NM 87101

---

Feedback

---

**USPS Tracking Plus®** 

---

**Product Information** 

---

See Less ^

**Tracking Number:** 70210950000203672323

Remove X

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

**USPS Tracking Plus® Available** v

## Reminder to Schedule Redelivery of your item

**Get Updates** v

---

**Text & Email Updates**



Feedback

---

**Tracking History**



Reminder to Schedule Redelivery of your item

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

---

**April 4, 2022, 7:34 pm**

Notice Left (No Authorized Recipient Available)

FRESNO, CA 93725

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**April 4, 2022**

In Transit to Next Facility

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**April 3, 2022, 7:18 pm**

Departed USPS Regional Facility

FRESNO CA DISTRIBUTION CENTER

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**April 3, 2022, 9:03 am**  
Arrived at USPS Regional Facility  
FRESNO CA DISTRIBUTION CENTER

**April 1, 2022, 9:39 pm**  
Departed USPS Facility  
ALBUQUERQUE, NM 87101

**April 1, 2022, 8:49 pm**  
Arrived at USPS Facility  
ALBUQUERQUE, NM 87101

**USPS Tracking Plus®**



**Product Information**



**See Less** ^

Feedback

**Tracking Number:** 70210950000203646003

Remove X

Your item was picked up at the post office at 2:09 pm on April 18, 2022 in OXFORD, NE 68967.

**USPS Tracking Plus® Available** v

 **Delivered, Individual Picked Up at Post Office**

April 18, 2022 at 2:09 pm  
OXFORD, NE 68967

**Get Updates** v

**Text & Email Updates**



## Tracking History



**April 18, 2022, 2:09 pm**

Delivered, Individual Picked Up at Post Office  
OXFORD, NE 68967

Your item was picked up at the post office at 2:09 pm on April 18, 2022 in OXFORD, NE 68967.

Reminder to Schedule Redelivery of your item

**April 4, 2022, 9:50 am**

Available for Pickup  
OXFORD, NE 68967

**April 4, 2022, 8:13 am**

Arrived at Post Office  
OXFORD, NE 68967

**April 3, 2022, 8:52 pm**

Arrived at USPS Regional Facility  
LINCOLN NE DISTRIBUTION CENTER

**April 3, 2022, 1:02 pm**

Departed USPS Regional Facility  
OMAHA NE DISTRIBUTION CENTER

**April 3, 2022, 10:24 am**

Arrived at USPS Regional Facility  
OMAHA NE DISTRIBUTION CENTER

**April 2, 2022**

In Transit to Next Facility

**April 1, 2022, 9:39 pm**

Departed USPS Facility  
ALBUQUERQUE, NM 87101

Feedback

April 1, 2022, 8:49 pm  
Arrived at USPS Facility  
ALBUQUERQUE, NM 87101

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**USPS Tracking Plus®** 

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**Product Information** 

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**See Less** 

**Tracking Number:** 70210950000203646041

Remove 

Feedback

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

**USPS Tracking Plus® Available** 

## Reminder to Schedule Redelivery of your item

**Get Updates** 

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**Text & Email Updates** 

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**Tracking History** 

Reminder to Schedule Redelivery of your item  
This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

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April 5, 2022, 1:33 pm  
Notice Left (No Authorized Recipient Available)

GOLDEN, CO 80401

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**April 4, 2022, 5:35 pm**

Departed USPS Regional Facility  
DENVER CO DISTRIBUTION CENTER

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**April 4, 2022, 1:45 am**

Arrived at USPS Regional Facility  
DENVER CO DISTRIBUTION CENTER

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**April 3, 2022**

In Transit to Next Facility

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**April 1, 2022, 9:39 pm**

Departed USPS Facility  
ALBUQUERQUE, NM 87101

---

**April 1, 2022, 8:49 pm**

Arrived at USPS Facility  
ALBUQUERQUE, NM 87101

Feedback

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**USPS Tracking Plus®**



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**Product Information**



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**See Less** ^

**Tracking Number:** 70210950000203645976

Remove X

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

USPS Tracking Plus® Available ▾

## Reminder to Schedule Redelivery of your item before April 27, 2022

Schedule Redelivery ▾

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Text & Email Updates



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Schedule Redelivery



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Tracking History



Reminder to Schedule Redelivery of your item before April 27, 2022

This is a reminder to arrange for redelivery of your item before April 27, 2022 or your item will be returned on April 28, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

Feedback

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**April 13, 2022, 7:36 am**

Available for Pickup  
SANTA FE, NM 87504

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**April 13, 2022, 7:28 am**

Out for Delivery  
SANTA FE, NM 87501

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**April 13, 2022, 7:17 am**

Arrived at Post Office  
SANTA FE, NM 87501

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**April 11, 2022**

In Transit to Next Facility

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**April 7, 2022, 7:14 am**

Departed USPS Regional Facility  
OKLAHOMA CITY OK DISTRIBUTION CENTER

**April 6, 2022, 2:57 pm**  
Arrived at USPS Regional Facility  
OKLAHOMA CITY OK DISTRIBUTION CENTER

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**April 4, 2022, 9:06 am**  
Addressee Unknown  
AUSTIN, TX 78701

---

**April 4, 2022, 9:06 am**  
Forwarded  
AUSTIN, TX

---

**April 3, 2022, 8:59 pm**  
Departed USPS Regional Facility  
AUSTIN TX DISTRIBUTION CENTER

---

**April 3, 2022, 12:38 pm**  
Arrived at USPS Regional Facility  
AUSTIN TX DISTRIBUTION CENTER

---

**April 1, 2022, 9:39 pm**  
Departed USPS Facility  
ALBUQUERQUE, NM 87101

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**April 1, 2022, 8:49 pm**  
Arrived at USPS Facility  
ALBUQUERQUE, NM 87101

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Feedback

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**USPS Tracking Plus®**



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**Product Information**



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**See Less** ^

**Tracking Number:** 70210950000203645990

Remove X

This is a reminder to arrange for redelivery of your item before April 26, 2022 or your item will be returned on April 27, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

**USPS Tracking Plus® Available** ✓

## Reminder to Schedule Redelivery of your item before April 26, 2022

**Schedule Redelivery** ✓

**Text & Email Updates**



**Schedule Redelivery**



**Tracking History**



Feedback

Reminder to Schedule Redelivery of your item before April 26, 2022

This is a reminder to arrange for redelivery of your item before April 26, 2022 or your item will be returned on April 27, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

**April 12, 2022, 7:18 am**

Available for Pickup

SANTA FE, NM 87504

**April 12, 2022, 6:59 am**

Arrived at Post Office

SANTA FE, NM 87501

**April 11, 2022**

In Transit to Next Facility

**April 7, 2022, 7:15 am**  
Departed USPS Regional Facility  
SEATTLE WA DISTRIBUTION CENTER

**April 6, 2022, 3:07 pm**  
Arrived at USPS Regional Facility  
SEATTLE WA DISTRIBUTION CENTER

**April 4, 2022, 10:23 pm**  
Departed USPS Facility  
PORTLAND, OR 97215

**April 4, 2022, 1:14 am**  
Arrived at USPS Facility  
PORTLAND, OR 97215

**April 1, 2022, 9:39 pm**  
Departed USPS Facility  
ALBUQUERQUE, NM 87101

**April 1, 2022, 8:49 pm**  
Arrived at USPS Facility  
ALBUQUERQUE, NM 87101

Feedback

**USPS Tracking Plus®**



**Product Information**



**See Less** ^

**Tracking Number: 70210950000203645969**

Remove X

Your item was returned to the sender on April 7, 2022 at 5:45 pm in WEST HARTFORD, CT 06117

Your item was returned to the sender on April 7, 2022 at 5:45 pm in WEST HARTFORD, CT 06117 because the addressee was not known at the delivery address noted on the package.

USPS Tracking Plus® Available ▾

## Addressee Unknown

April 7, 2022 at 5:45 pm  
WEST HARTFORD, CT 06117

Get Updates ▾

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### Text & Email Updates ▾

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### Tracking History ^

**April 7, 2022, 5:45 pm**

Addressee Unknown  
WEST HARTFORD, CT 06117

Your item was returned to the sender on April 7, 2022 at 5:45 pm in WEST HARTFORD, CT 06117 because the addressee was not known at the delivery address noted on the package.

**April 7, 2022, 1:42 pm**

Addressee Unknown  
WEST HARTFORD, CT 06117

**April 6, 2022**

In Transit to Next Facility

**April 5, 2022, 8:07 pm**

Departed USPS Regional Facility  
SPRINGFIELD MA NETWORK DISTRIBUTION CENTER

**April 3, 2022, 10:27 am**

Arrived at USPS Regional Facility  
SPRINGFIELD MA NETWORK DISTRIBUTION CENTER

**April 1, 2022, 9:39 pm**

Departed USPS Facility

Feedback

ALBUQUERQUE, NM 87101

---

**April 1, 2022, 8:49 pm**  
Arrived at USPS Facility  
ALBUQUERQUE, NM 87101

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**USPS Tracking Plus®**



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**Product Information**



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**See Less**

## Can't find what you're looking for?

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

**FAQs**

Feedback

# Carlsbad Current Argus

PART OF THE USA TODAY NETWORK

## Affidavit of Publication

Ad # 0005175280

This is not an invoice

HINKLE SHANOR LLP  
218 MONTEZUMA

SANTA FE, NM 87501

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

03/18/2022



Legal Clerk

Subscribed and sworn before me this March 18, 2022:



State of WI, County of Brown  
NOTARY PUBLIC

1-7-25

My commission expires

KATHLEEN ALLEN  
Notary Public  
State of Wisconsin

Ad # 0005175280  
PO #: 22691-123H  
# of Affidavits 1

This is not an invoice

Colgate Operating, LLC  
Case No. 22691  
Exhibit C-5

This is to notify all interested parties, including Dome Petroleum Corp.; Dorchester Exploration, Inc.; Kedco Management Corporation; Ensource, Inc.; Myrlene Mannschreck Dillon; Estate of E. Dwayne Hamilton; John S. Ross, Jr.; J.W. Davis; Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992; Paul Umbarger; Zofia Umbarger; Galkay; Bill Ferguson; John G. Rocovich, Jr.; Robert H. Kriebler; Estate of John R. Kline; Olin Garrett; Gerald L. Michard; William L. Hilliard; Sombrello Associates; Reeves County Systems, Inc.; Ted J. Werts; Mary L. Kline; Lillie Costanzo Trust f/b/o Brian Balliet; Douglas C. Cranmer; Russell B. Cranmer; Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust; Robert G. Ettelson; J. Manly Bryan; Joanne L. Bryan; JM Bryan Oil, LLC; Charles Eugene Cooper Trust; Dorsar Investment Company; Richard S. Coulter and Camilla Coulter, Trustees of the Coulter Family Trust; Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust; Virginia B. Dean; Clinton H. Dean, Jr.; Michael C. Dean; Robert R. Dean; Harry M. Frank, Jr.; Harvard Exploration Company; Chevron Oil & Gas Company, Inc.; Pregler Oil Company, LLC; Beaird Mineral Interests, LP; John B. Meaders; Mallory L. Miller, Jr.; Paul Burke Miller; Patricia Louis Miller; Michael Harrison Moore, Trustee of the Michael Harrison Moore 2006 Trust; Richard Lyons Moore 2006 Trust; Krista Alicen Stephenson Trust; Abbejane Masterson Bates; Lawrence O. Price; Wes-Tex Drilling Company; James Kenneth Garrett; Joyce Eline Garrett; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22691). 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 April 7, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emnr.d.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation from the top of the Bone Spring formation at a depth of approximately 4,320' to a depth of approximately 7,673' underlying a 160-acre, more or less, standard horizontal spacing unit comprised of the N/2S/2 of Section 35, Township 19 South, Range 28 East, Eddy County, New Mexico (11-11-22). The

new mexico ( Unit ). The Unit will be dedicated to the Uluru 35 Fed State Com 123H well, which will be horizontally drilled from a surface hole location in the SW/4SW/4 (Unit M) of Section 35 to a bottom hole location in the NE/4SE/4 (Unit I) of Section 35. To address other development in the Bone Spring formation, Applicant seeks to pool all uncommitted interests from the top of the Bone Spring formation at a stratigraphic equivalent of approximately 4,320' MD to approximately 7,673' MD as observed on the Dero Federal #3 well log (API 3001530399). Also to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 12 miles northeast of Carlsbad, New Mexico.  
#5175280, Current Argus,  
March 18, 2022

# Carlsbad Current Argus.

Member of the USA TODAY NETWORK

## Affidavit of Publication

Ad # 0005203143

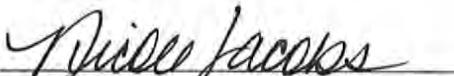
This is not an invoice

**HINKLE SHANOR LLP**  
218 MONTEZUMA

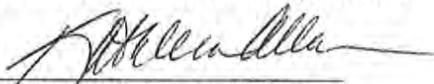
**SANTA FE, NM 87501**

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

04/06/2022

  
Legal Clerk

Subscribed and sworn before me this April 6, 2022:



State of WI, County of Brown  
NOTARY PUBLIC

1-7-22

My commission expires

KATHLEEN ALLEN  
Notary Public  
State of Wisconsin

Ad # 0005203143  
PO #: Case No. 22691  
# of Affidavits 1

This is not an invoice

This is to notify all interested parties, including Dome Petroleum Corp.; Dorchester Exploration, Inc.; Kedco Management Corporation; Ensource, Inc.; Myrlene Mannschreck Dillon; Estate of E. Dwayne Hamilton; John S. Ross, Jr.; J.W. Davis; Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992; Paul Umbarger; Zofia Umbarger; Galkay; Bill Ferguson; John G. Rocovich, Jr.; Robert H. Kriebel; Estate of John R. Kline; Olin Garrett; Gerald L. Michard; William L. Hilliard; Sombrero Associates; Reeves County Systems, Inc.; Ted J. Werts; Mary L. Kline; Lillie Costanzo Trust f/b/o Brian Balliet; Douglas C. Cranmer; Russell B. Cranmer; Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust; Robert G. Ettelson; J. Manly Bryan; Joanne L. Bryan; JM Bryan Oil, LLC; Charles Eugene Cooper Trust; Dorsar Investment Company; Richard S. Coulter and Camilla Coulter, Trustees of the Coulter Family Trust; Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust; Virginia B. Dean; Clinton H. Dean, Jr.; Michael C. Dean; Robert R. Dean; Harry M. Frank, Jr.; Harvard Exploration Company; Chevron Oil & Gas Company, Inc.; Pregler Oil Company, LLC; Baird Mineral Interests, LP; John B. Meaders; Mallory L. Miller, Jr.; Paul Burke Miller; Patricia Louis Miller; Michael Harrison Moore, Trustee of the Michael Harrison Moore 2006 Trust; Richard Lyons Moore 2006 Trust; Krista Alicen Stephenson Trust; Abbejane Masterson Bates; Lawrence O. Price; Wes-Tex Drilling Company; James Kenneth Garrett; Joyce Eline Garrett; Heirs of George A. Lauck and Molly Lauck; Duane D. Anderson; Heirs of Gisella Olivero; Frank J. Pisor, Jr.; D. Lloyd Henderson; Thomas B. Lemann; Barbara Lemann; Heirs of J.M. Dunbar and Amanda P. Dunbar; Harvey S. Apple; Carolyn Apple; George W. Strake, Jr.; SMAC Oil Limited Partnership; BCRK; CMP Viva LP; Catherine F. Sweeney; Virginia K. Edelson; Sylvia K. Gibbs; Elsie F. Henderson; Heirs of Maylon S. Baker; Sharron Wolfenbarger Jones; John D. Keslar; Bill Smithton; Barber Well Servicing Co.; Heirs of Ralph E. Williamson; Karl F. Koch; Heirs of R.N. Hillin; David R. Conley; Mewbourne Oil Company; Heirs of J.C. Williamson; Heirs of D.W. Underwood; Oxy USA Inc.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22691). 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 April 21, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation from the top of the Bone Spring formation at a depth of approximately 4,320' to a depth of approximately 7,673' underlying a 160-acre, more or less, standard horizontal spacing unit comprised of the N/2S/2 of Section 35, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Uluru 35 Fed State Com 123H well, which will be horizontally drilled from a surface hole location in the SW/4SW/4 (Unit M) of Section 35 to a bottom hole location in the NE/4SE/4 (Unit I) of Section 35. To address other development in the Bone Spring formation, Applicant seeks to pool all uncommitted interests from the top of the Bone Spring formation at a stratigraphic equivalent of approximately 4,320' MD to approximately 7,673' MD as observed on the Dero Federal #3 well log (API 3001530399). Also to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 12 miles northeast of Carlsbad, New Mexico.  
#5203143, Current Argus, April 6, 2022