

**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 NOS. 22689-22690**

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Compulsory Pooling Checklist Case No. 22690

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**COMPULSORY POOLING APPLICATION CHECKLIST****ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

<b>Case No.:</b>	<b>22689</b>
<b>Hearing Date:</b>	<b>5/19/2022</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/2N/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 121H (API # pending) SHL: 571' FNL, 330' FWL (Unit D) of Section 35, T19S-R28E BHL: 330' FNL & 10' FEL (Unit A) of Section 35, T19S-R28E Completion Target: Bone Spring (Approximately 7524' 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 D-2, D-4
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit D-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-7
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-6
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, B-4
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-6
<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>	5/17/2022

**COMPULSORY POOLING APPLICATION CHECKLIST****ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

<b>Case No.:</b>	<b>22690</b>
<b>Hearing Date:</b>	<b>5/19/2022</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	S/2N/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 122H (API # pending) SHL: 595' FNL, 330' FWL (Unit D) of Section 35, T19S-R28E BHL: 1889' FNL & 10' FEL (Unit H) of Section 35, T19S-R28E Completion Target: Bone Spring (Approximately 7524' TVD) Completion status: Standard
Horizontal Well First and Last Take Points	Exhibit A-2
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<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 D-2, D-4
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit D-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)	Exhibi C
Spacing Unit Schematic	Exhibit C-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit C-6
Well Orientation (with rationale)	Exhibi C
Target Formation	Exhibi C
HSU Cross Section	Exhibit C-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 C-1
Well Bore Location Map	Exhibit C-1
Structure Contour Map - Subsea Depth	Exhibit C-3
Cross Section Location Map (including wells)	Exhibit C-2
Cross Section (including Landing Zone)	Exhibit C-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>	5/17/2022

**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 NOS. 22689-22690**

**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 cases. Copies of Colgate’s applications and proposed hearing notices are attached as **Exhibit A-1**.

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

4. **In Case No. 22689:**

- a. Colgate applies for an order pooling all uncommitted interests in 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/2N/2 of Section 35, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”).

Colgate Operating LLC  
Case Nos. 22689-22690  
Exhibit A

- b. The Unit will be dedicated to the Uluru 35 Fed State Com 121H well which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the NE/4NE/4 (Unit A) of Section 35.
5. **In Case No. 22690:**
- 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 S/2N/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 122H well, which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the SE/4NE/4 (Unit H) of Section 35. The completed intervals of the Wells will be orthodox.
6. 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).
7. **Exhibit A-2** contains the C-102s for the Wells.
8. **Exhibit A-3** contains plats identifying ownership by tract in the Units. This exhibit also includes any applicable lease numbers, unit recapitulations, and the interests Colgate seeks to pool highlighted in yellow. It also identifies any unlocatable parties.



9. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Wells. 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.

10. Colgate has conducted a diligent search of all county public records including phone directories and computer databases.

11. In my opinion, Colgate made a good-faith effort to reach voluntary joinder of uncommitted interests in the Wells as indicated by the chronology of contact described in **Exhibit A-5**.

12. Colgate requests overhead and administrative rates of \$8,000 per month while the Wells are being drilled and \$800 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Colgate and other operators in the vicinity.

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

14. 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.

15. 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.

  
\_\_\_\_\_  
Mark Hajdik

5/11/22  
\_\_\_\_\_  
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. 22689

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/2N/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 121H** well, which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the NE/4NE/4 (Unit A) 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 Nos. 22689-22690  
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  
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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/2N/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 121H well which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the NE/4NE/4 (Unit A) 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.

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. 22690

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 S/2N/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 122H** well, which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the SE/4NE/4 (Unit H) 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.

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

Jaelyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

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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 S/2N/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 122H well, which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the SE/4NE/4 (Unit H) 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>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> 121H	
<b>7 OGRID No.</b> 371449	<b>8 Operator Name</b> COLGATE ENERGY LLC		<b>9 Elevation</b> 3321'	

**10 Surface Location**

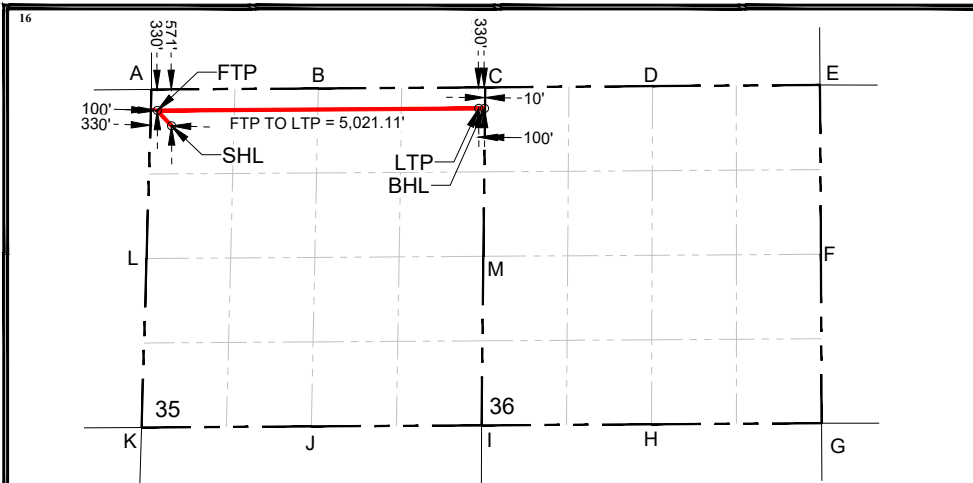
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	35	19-S	28-E		571'	NORTH	330'	WEST	EDDY

**11 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
A	35	19-S	28-E		330'	NORTH	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:595828.61'
- 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=596297.51 LAT.= 32.62296734° N  
Y=590412.49 LONG.= 104.15481876° W  
NEW MEXICO EAST - NAD 27  
X=555117.53 LAT.= 32.62285005° N  
Y=590350.68 LONG.= -104.15431124° W  
571' FNL, 330' FWL - SECTION 35

**FIRST TAKE POINT (FTP)**  
NEW MEXICO EAST - NAD 83  
X=596074.29 LAT.= 32.62362586° N  
Y=590651.69 LONG.= 104.15554248° W  
NEW MEXICO EAST - NAD 27  
X=554894.31 LAT.= 32.62350858° N  
Y=590589.87 LONG.= -104.15503493° W  
330' FNL, 100' FWL - SECTION 35

**LAST TAKE POINT (LTP)**  
NEW MEXICO EAST - NAD 83  
X=601095.29 LAT.= 32.62369000° N  
Y=590683.81 LONG.= 104.13923361° W  
NEW MEXICO EAST - NAD 27  
X=559915.31 LAT.= 32.62357255° N  
Y=590621.95 LONG.= -104.13872645° W  
330' FNL, 100' FEL - SECTION 35

**BOTTOM HOLE LOCATION (BHL)**  
NEW MEXICO EAST - NAD 83  
X=601185.31 LAT.= 32.62369122° N  
Y=590684.42 LONG.= 104.13894124° W  
NEW MEXICO EAST - NAD 27  
X=560005.32 LAT.= 32.62357377° N  
Y=590622.56 LONG.= -104.13843409° W  
330' FNL, 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]* 02.14.2022  
Signature Date

Mikah Thomas

Printed Name

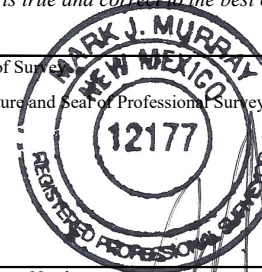
mthomas@colgateenergy.com

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

2/14/2022

Colgate Operating LLC  
Case Nos. 22689-22690  
Exhibit A-2

**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> 122H
<b>7 OGRID No.</b> 371449		<b>8 Operator Name</b> COLGATE ENERGY LLC			<b>9 Elevation</b> 3321'

**10 Surface Location**

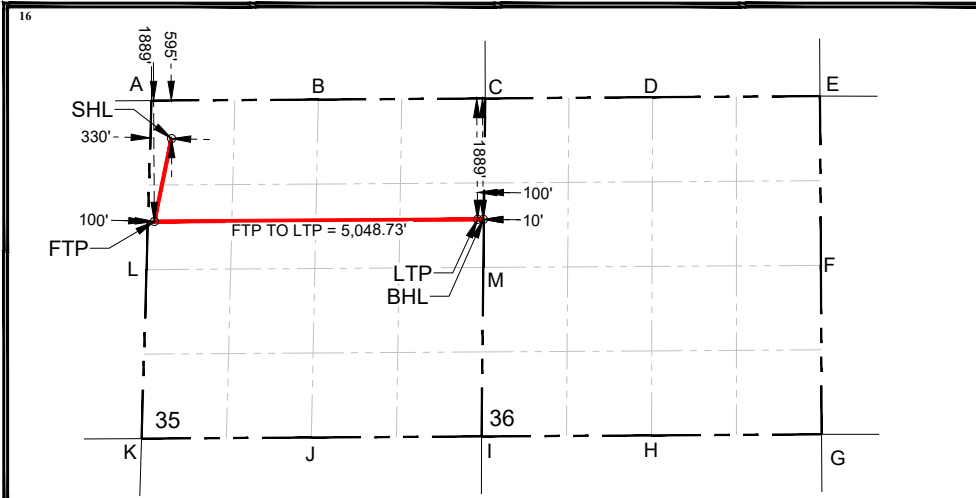
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	35	19-S	28-E		595'	NORTH	330	WEST	EDDY

**11 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
H	35	19-S	28-E		1889'	NORTH	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>
----------------------------------	---------------------------	------------------------------	---------------------

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:595828.61'
- 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=596296.82 LAT.= 32.62289987° N  
Y=590387.95 LONG.= 104.15482112° W  
NEW MEXICO EAST - NAD 27  
X=555116.84 LAT.= 32.62278258° N  
Y=590326.13 LONG.= -104.15431360° W  
595' FNL, 330' FWL - SECTION 35

**FIRST TAKE POINT (FTP)**  
NEW MEXICO EAST - NAD 83  
X=596029.36 LAT.= 32.61933999° N  
Y=589092.39 LONG.= 104.15569689° N  
NEW MEXICO EAST - NAD 27  
X=554849.35 LAT.= 32.61922268° N  
Y=589030.61 LONG.= -104.15518944° W  
1889' FNL, 100' FWL - SECTION 35

**LAST TAKE POINT (LTP)**  
NEW MEXICO EAST - NAD 83  
X=601077.98 LAT.= 32.61940455° N  
Y=589124.71 LONG.= 104.13929910° W  
NEW MEXICO EAST - NAD 27  
X=559897.97 LAT.= 32.61928706° N  
Y=589062.88 LONG.= -104.13879205° W  
1889' FNL, 100' FEL - SECTION 35

**BOTTOM HOLE LOCATION (BHL)**  
NEW MEXICO EAST - NAD 83  
X=601167.99 LAT.= 32.61940568° N  
Y=589125.28 LONG.= 104.13900674° W  
NEW MEXICO EAST - NAD 27  
X=559987.98 LAT.= 32.61928819° N  
Y=589063.46 LONG.= -104.13849971° W  
1889' FNL, 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 \_\_\_\_\_

<b>ULURU 35 FED STATE COM 121H (N/2N/2 Sec 35 Second Bone Spring) Case No. 22689</b>				
<b>WI OWNER</b>	<b>WI</b>	<b>Net Ac</b>	<b>Tract No</b>	<b>FORCE POOL INTEREST</b>
Colgate Production, LLC	57.8125%	92.5	1	Operator
Dome Petroleum Corp.	13.7351%	21.9762	1	Yes
Dorchester Exploration, Inc.	8.7830%	14.0527	1	Yes
Kedco Management Corporation	4.3421%	6.94728	1	Yes
Ensource, Inc.	3.8561%	6.16971	1	Yes
Myrlene Mannschreck Dillon, as her separate property	2.3438%	3.75	1	Yes
E. Dwyane Hamilton, as his separate property	2.3438%	3.75	1	Yes
John S. Ross, Jr.	1.5356%	2.45701	1	Yes
J. W. Davis	1.3437%	2.14987	1	Yes
Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992	1.3437%	2.14987	1	Yes
Paul Umbarger and Zofia Umbarger	0.7130%	1.14074	1	Yes
Galkay, a joint venture	0.4662%	0.74587	1	Yes
Bill Ferguson (Unlocatable)	0.3197%	0.51149	1	Yes
John G. Rocovich, Jr.	0.1406%	0.22501	1	No
Robert H. Krieble	0.1399%	0.22376	1	Yes
Estate of John R. Kline, Deceased (Unlocatable)	0.1399%	0.22378	1	Yes
James Kenneth Garrett	0.0206%	0.03291	1	Yes
Joyce Eline Garrett	0.0206%	0.03291	1	Yes
Donna Marie Studer, Administrator of the Estate of Genevieve Studer	0.0103%	0.01645	1	Yes
Carl Joseph Garrett, Executor of the Estate of Jasper Ben Garrett, Jr.	0.0103%	0.01645	1	Yes
Connie Gale Becker	0.0103%	0.01645	1	Yes
Ginger Lee Meyers	0.0103%	0.01645	1	Yes
Gerald L. Michard	0.0799%	0.12787	1	Yes
William L. Hilliard (Unlocatable)	0.0799%	0.12786	1	Yes
Sombreo Associates (Unlocatable)	0.0599%	0.09589	1	Yes
Reeves County Systems, Inc.	0.0599%	0.09589	1	Yes

Colgate Operating LLC  
Case Nos. 22689-22690  
Exhibit A-3

Ted J. Werts (Unlocatable)	0.0400%	0.06395	1	Yes
Mary L. Kline	0.0400%	0.06394	1	Yes
Lillie Costanzo, Trust for the benefit of Brian Balliet	0.0400%	0.06394	1	Yes
Douglas C. Cranmer	0.0400%	0.06394	1	Yes
Russell B. Cranmer	0.0400%	0.06394	1	Yes
Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust	0.0400%	0.06394	1	Yes
Robert G. Ettelson	0.0400%	0.06394	1	Yes
	100%	160		

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

### Uluru 35 Fed State Com Tract Details



ORRI Owners
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
D. Lloyd Henderson

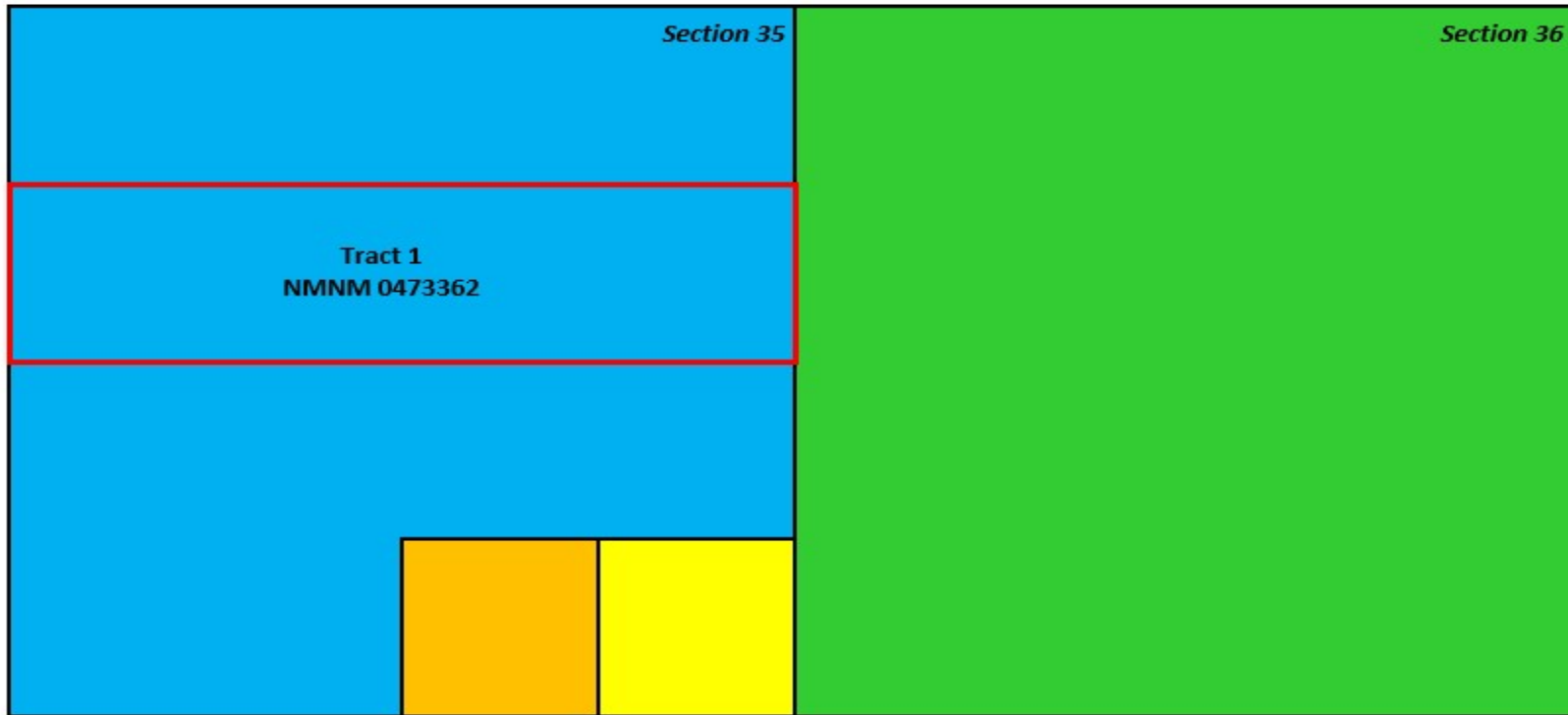
<b>ULURU 35 FED STATE COM 122H (S/2N/2 Sec 35 Second Bone Spring) Case No 22690</b>				
<b>WI OWNER</b>	<b>WI</b>	<b>Net Ac</b>	<b>Tract No</b>	<b>FORCE POOL INTEREST</b>
Colgate Production, LLC	57.8125%	92.5	1	Operator
Dome Petroleum Corp.	13.7351%	21.9762	1	Yes
Dorchester Exploration, Inc.	8.7830%	14.0527	1	Yes
Kedco Management Corporation	4.3421%	6.94728	1	Yes
Ensource, Inc.	3.8561%	6.16971	1	Yes
Myrlene Mannschreck Dillon, as her separate property	2.3438%	3.75	1	Yes
E. Dwyane Hamilton, as his separate property	2.3438%	3.75	1	Yes
John S. Ross, Jr.	1.5356%	2.45701	1	Yes
J. W. Davis	1.3437%	2.14987	1	Yes
Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992	1.3437%	2.14987	1	Yes
Paul Umbarger and Zofia Umbarger	0.7130%	1.14074	1	Yes
Galkay, a joint venture	0.4662%	0.74587	1	Yes
Bill Ferguson (Unlocatable)	0.3197%	0.51149	1	Yes
John G. Rocovich, Jr.	0.1406%	0.22501	1	Yes
Robert H. Krieble	0.1399%	0.22376	1	Yes
Estate of John R. Kline, Deceased (Unlocatable)	0.1399%	0.22378	1	Yes
James Kenneth Garrett	0.0206%	0.03291	1	Yes
Joyce Eline Garrett	0.0206%	0.03291	1	Yes
Donna Marie Studer, Administrator of the Estate of C	0.0103%	0.01645	1	Yes
Carl Joseph Garrett, Executor of the Estate of Jasper Ben Garrett, Jr.	0.0103%	0.01645	1	Yes
Connie Gale Becker	0.0103%	0.01645	1	Yes
Ginger Lee Meyers	0.0103%	0.01645	1	Yes
Gerald L. Michard	0.0799%	0.12787	1	Yes
William L. Hilliard (Unlocatable)	0.0799%	0.12786	1	Yes
Sombreo Associates (Unlocatable)	0.0599%	0.09589	1	Yes
Reeves County Systems, Inc.	0.0599%	0.09589	1	Yes
Ted J. Werts (Unlocatable)	0.0400%	0.06395	1	Yes

Mary L. Kline	0.0400%	0.06394	1	Yes
Lillie Costanzo, Trust for the benefit of Brian Balliet	0.0400%	0.06394	1	Yes
Douglas C. Cranmer	0.0400%	0.06394	1	Yes
Russell B. Cranmer	0.0400%	0.06394	1	Yes
Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust	0.0400%	0.06394	1	Yes
Robert G. Ettelson	0.0400%	0.06394	1	Yes
	100%	160		

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



### Uluru 35 Fed State Com Tract Details



ORRI Owners
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
D. Lloyd Henderson



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 Nos. 22689-22690  
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 121H	FIELD:	Winchester; BONE SPRING
LOCATION:	Section 35, Block T19S-R28E	MD/TVD:	12809' MD / 7524' 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)

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**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 122H	FIELD:	Winchester; BONE SPRING
LOCATION:	Section 35, Block T19S-R28E	MD/TVD:	12809' MD / 7524' 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
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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
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<b>TOTAL TANGIBLES &gt;</b>	<b>526,044</b>	<b>0</b>	<b>528,200</b>	<b>1,054,244</b>
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 Co-CEO: JW  
 VP - Operations: CRM  
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68 Tanks	-	-	-	-
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72 Artificial Lift Equipment	-	-	88,000	88,000
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81 Valves, Dumps, Controllers	-	-	40,000	40,000
82 Tank / Facility Containment	-	-	-	-
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### 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 Nos. 22689-22690  
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. 22689

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 121H** 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 121H** 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 121H** 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.

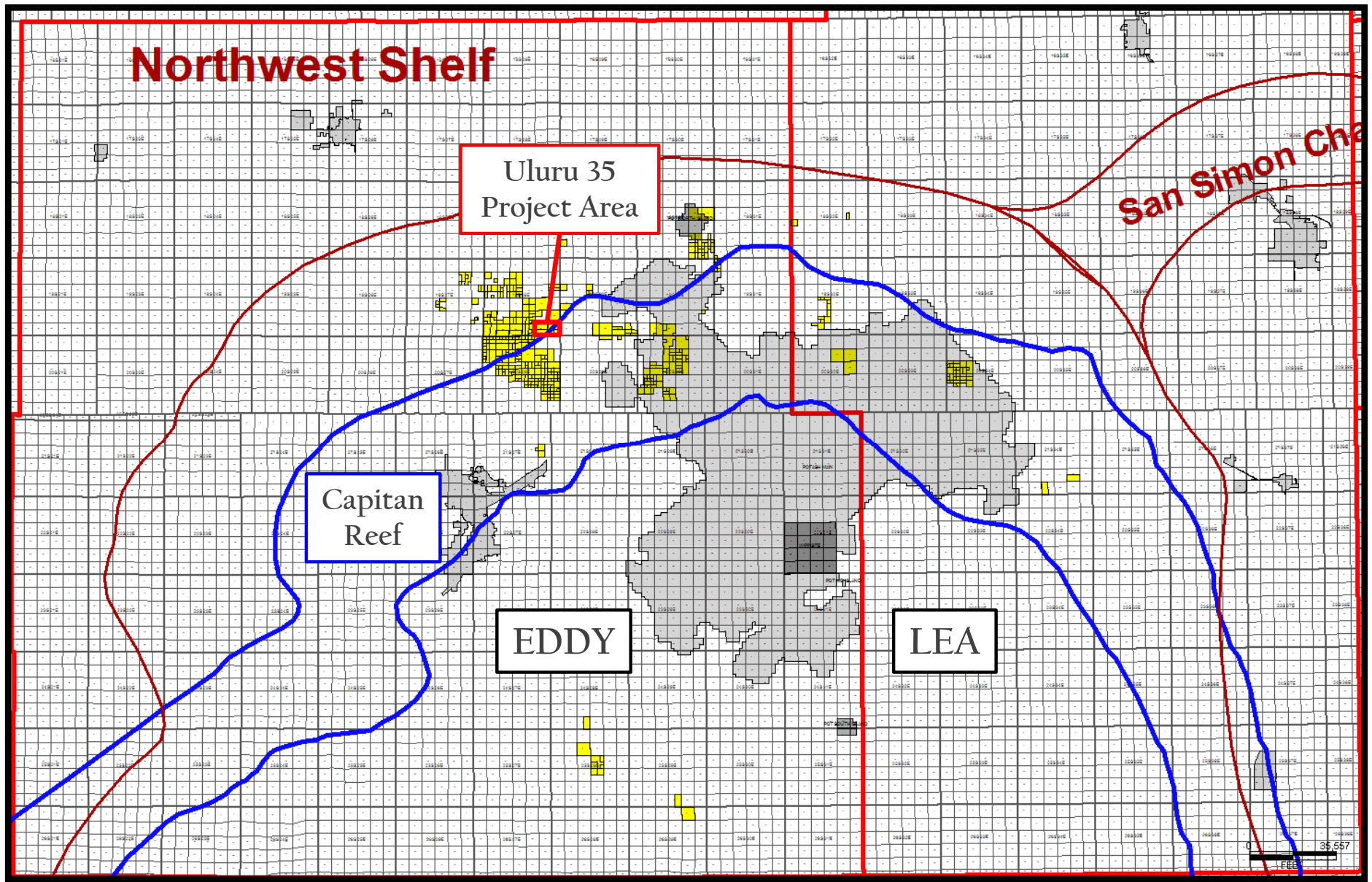
13. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 12 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next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

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

  
\_\_\_\_\_  
Date



Compulsory Pooling Hearing – Case No. 22689  
Geology Exhibits  
Uluru 35 Fed Com 121H  
4/7/2022



 Colgate Energy

# Cross-Section Locator Map

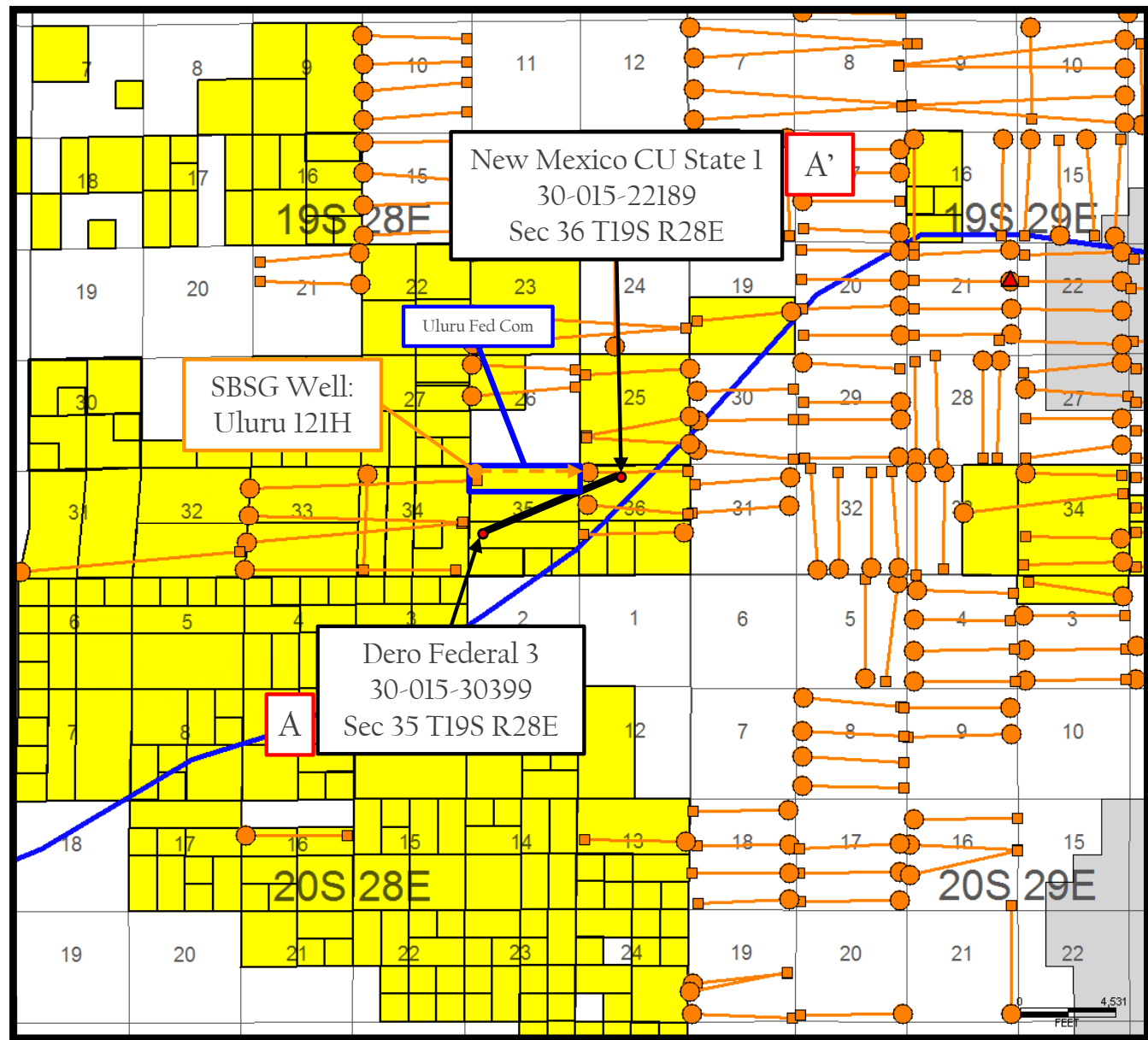
Uluru 35 Fed Com 12IH

Exhibit B-2



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Released to Imaging: 5/17/2022 1:54:37 PM



### Proposed Wells



### Producing Wells



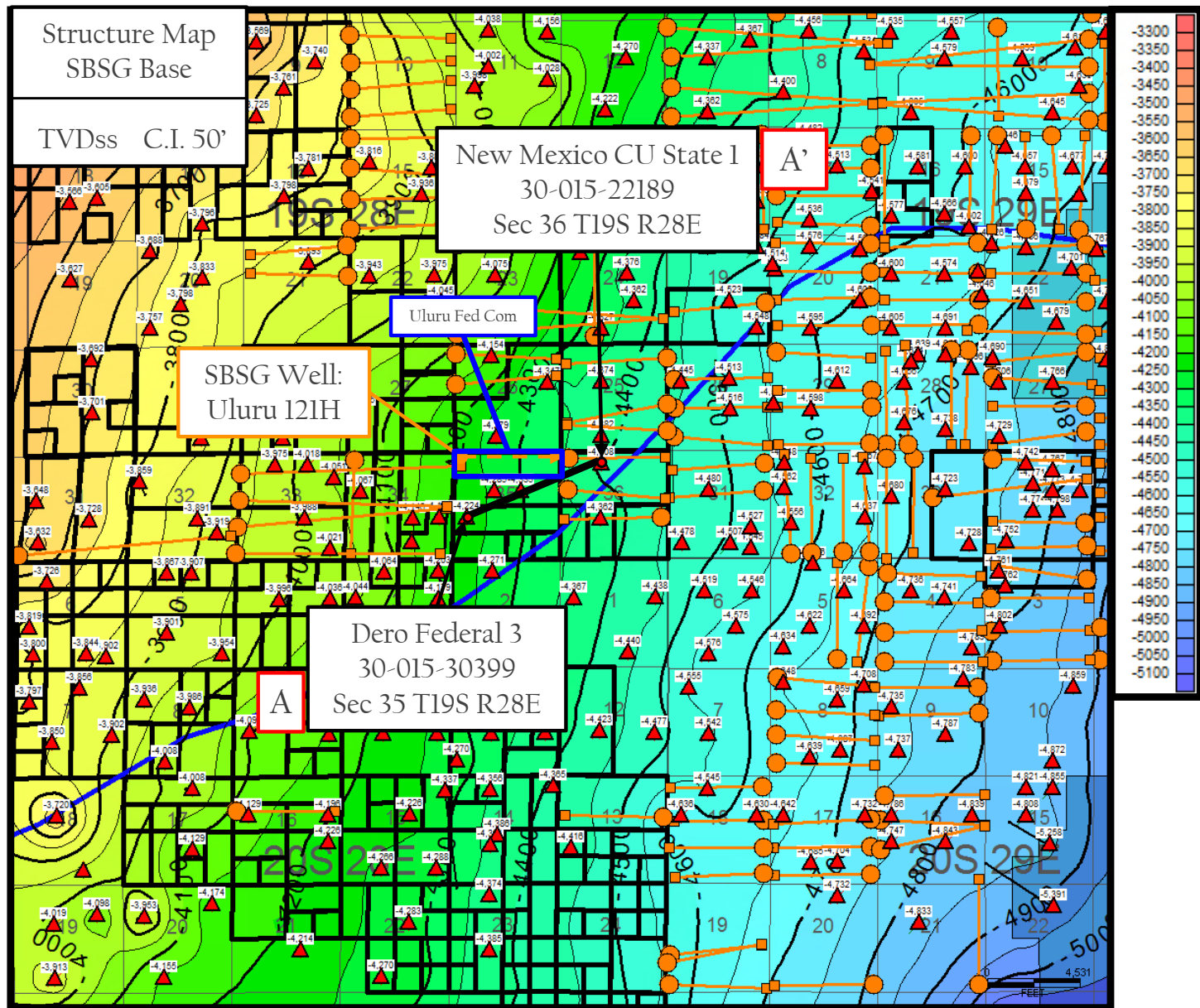
Colgate Energy

Colgate Operating, LLC

Case No. 22689-22690

Exhibit B-2





Control Point

TVDss



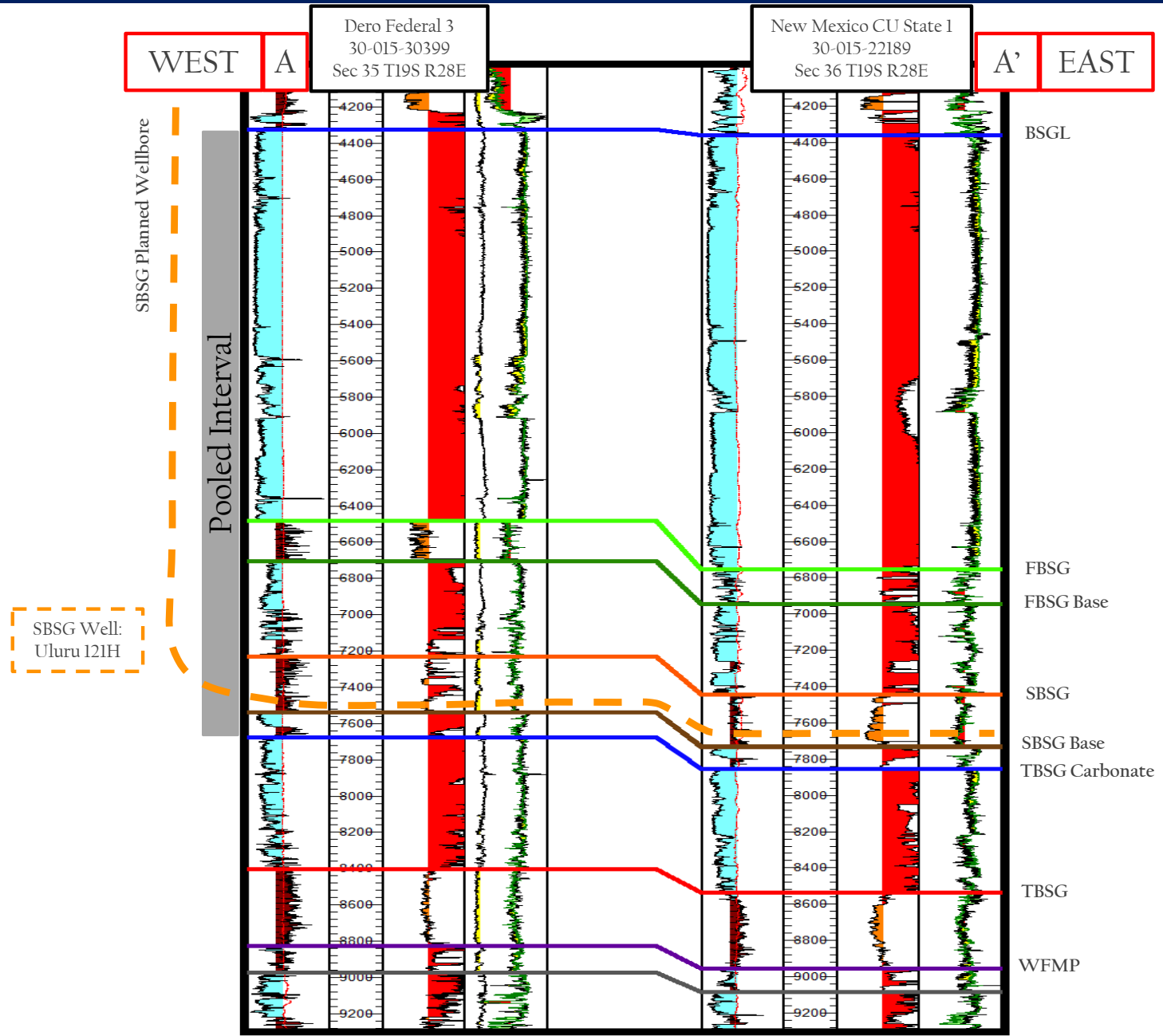
Proposed Wells



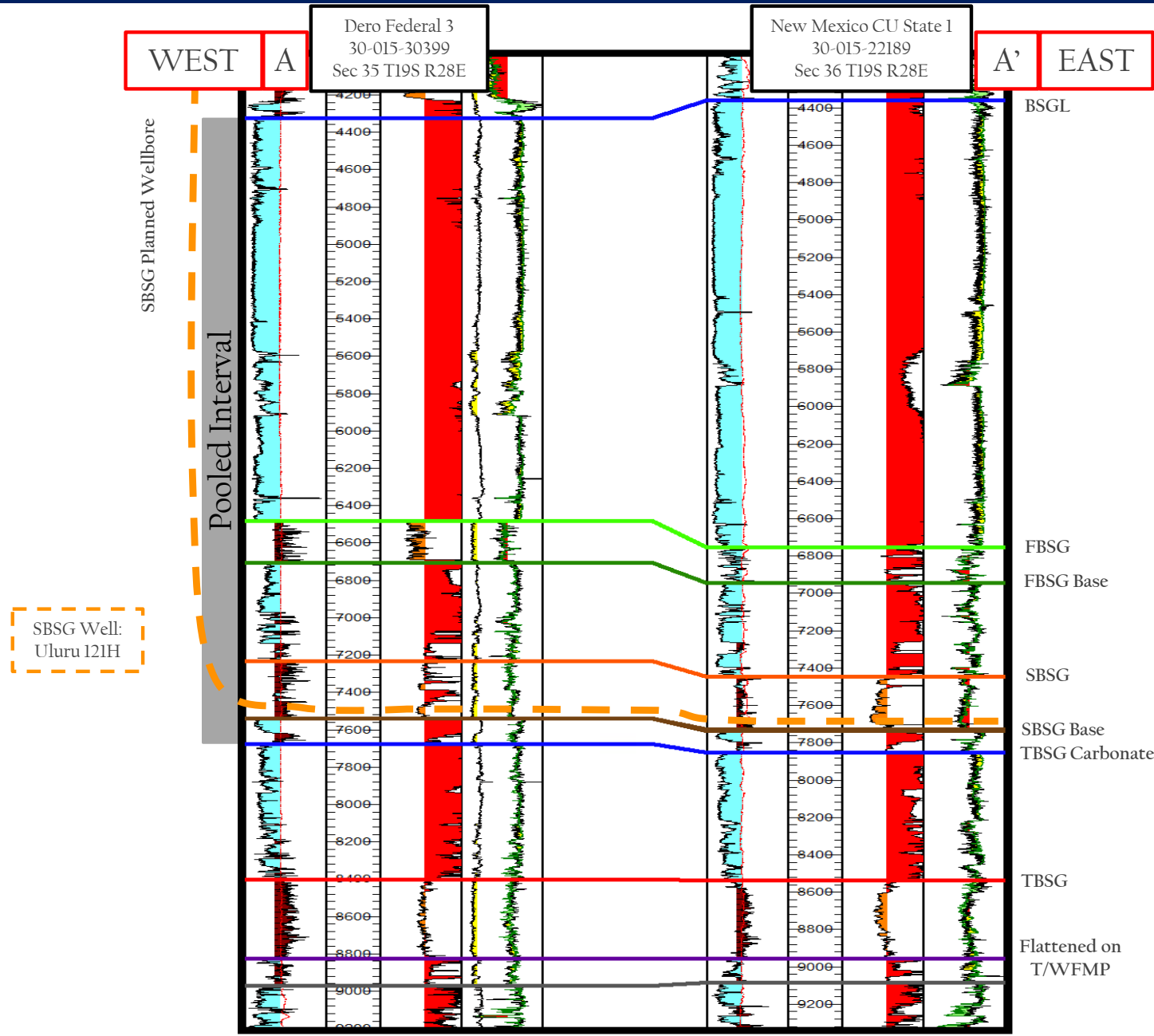
Producing Wells



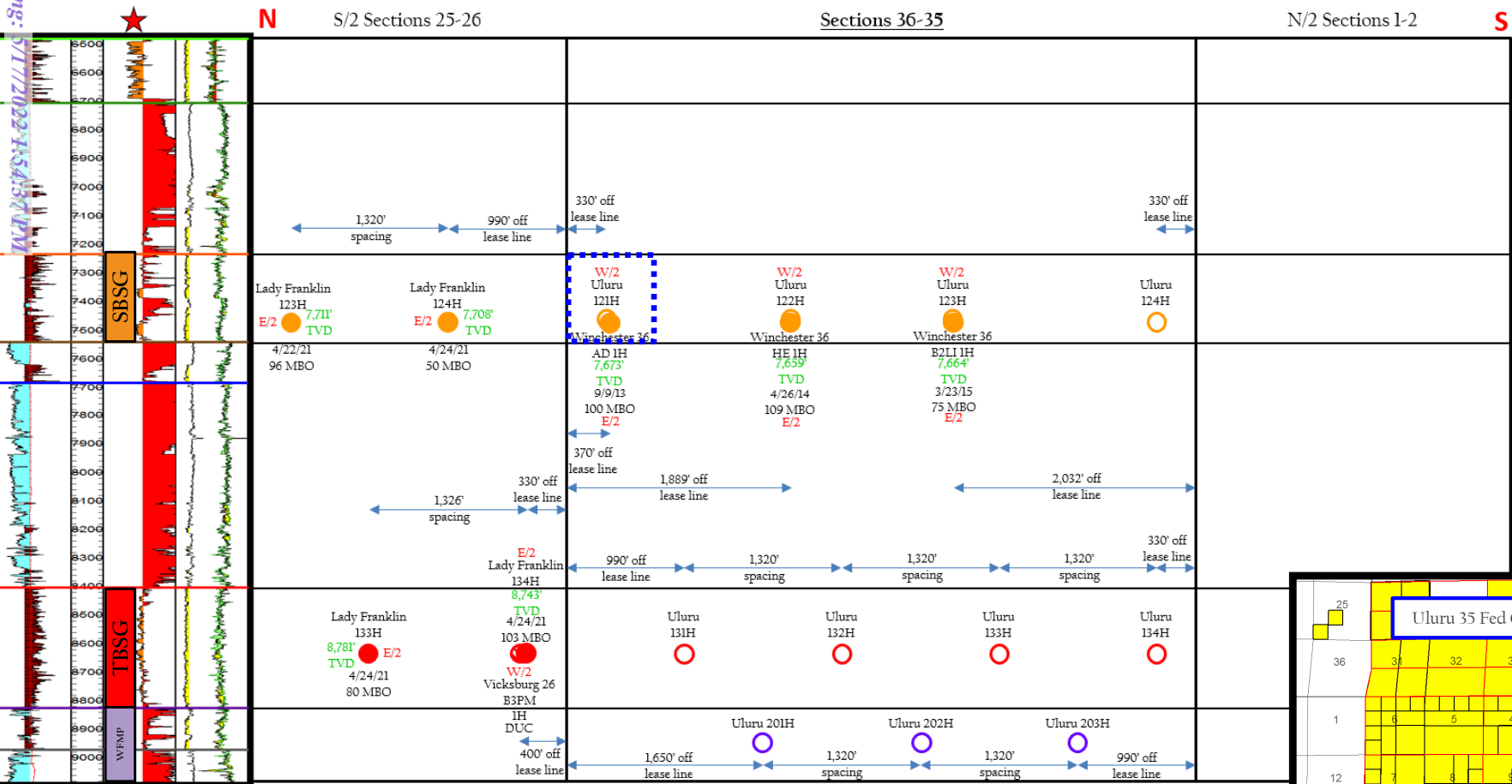
Colgate Energy



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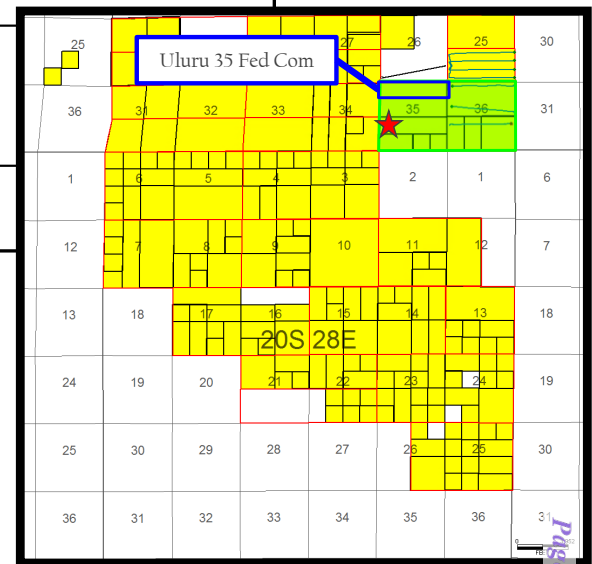
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- SBSG Proposed
- SBSG Producing
- TBSG Proposed
- TBSG Producing
- WFMP Proposed
- WFMP Producing

30-015-30399

Proposed Well



STATE OF NEW MEXICO  
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the approximate wellbore path for the **Uluru 35 Fed Com 122H** 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 C-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 C-5** is a stratigraphic cross-section from A to A' using the representative wells identified on **Exhibit C-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 C-6** is a gun barrel diagram that shows the **Uluru 35 Fed Com 122H** 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

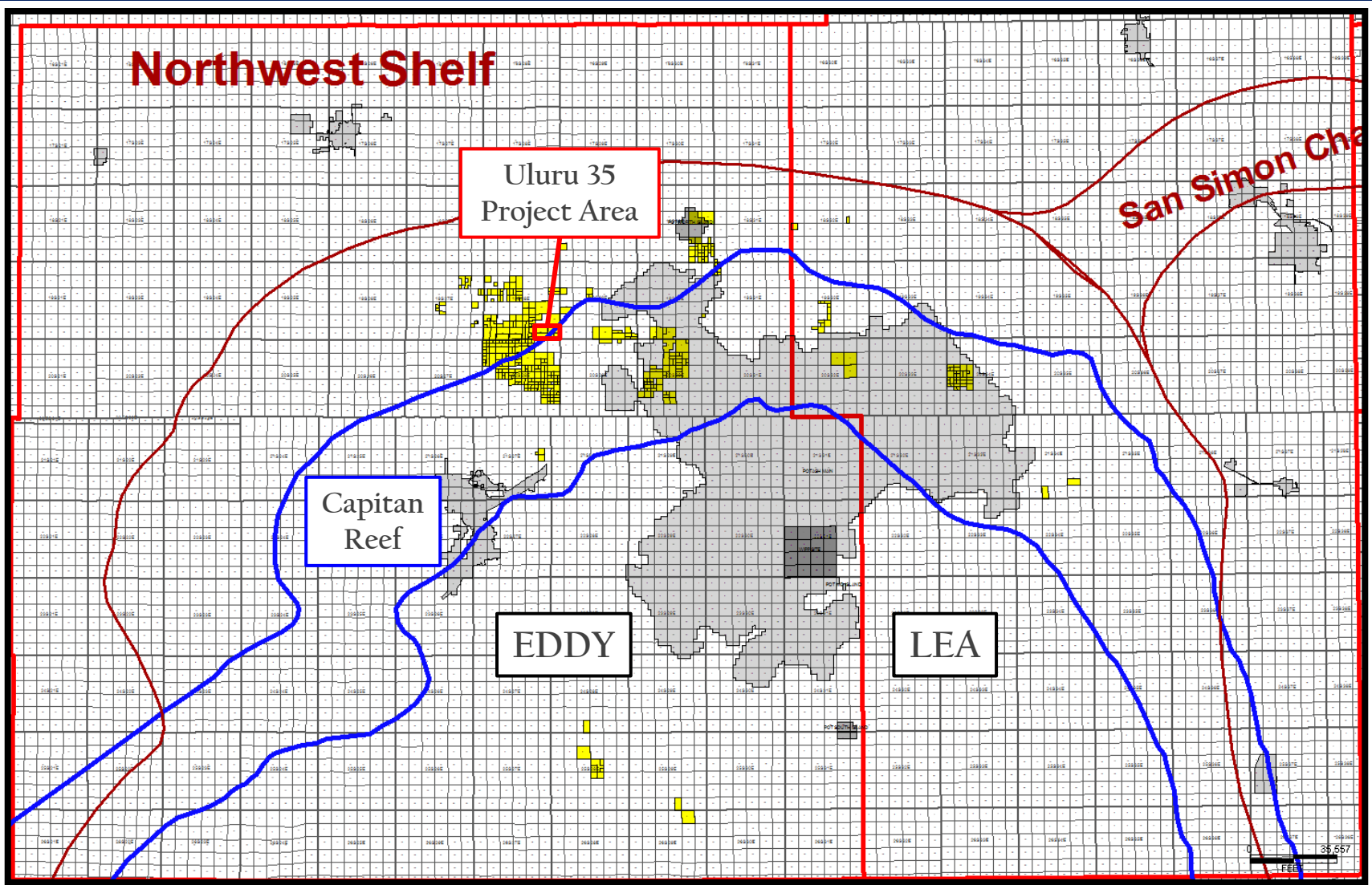
  
\_\_\_\_\_  
Date



Compulsory Pooling Hearing – Case No. 22690  
Geology Exhibits  
Uluru 35 Fed Com 122H  
4/7/2022



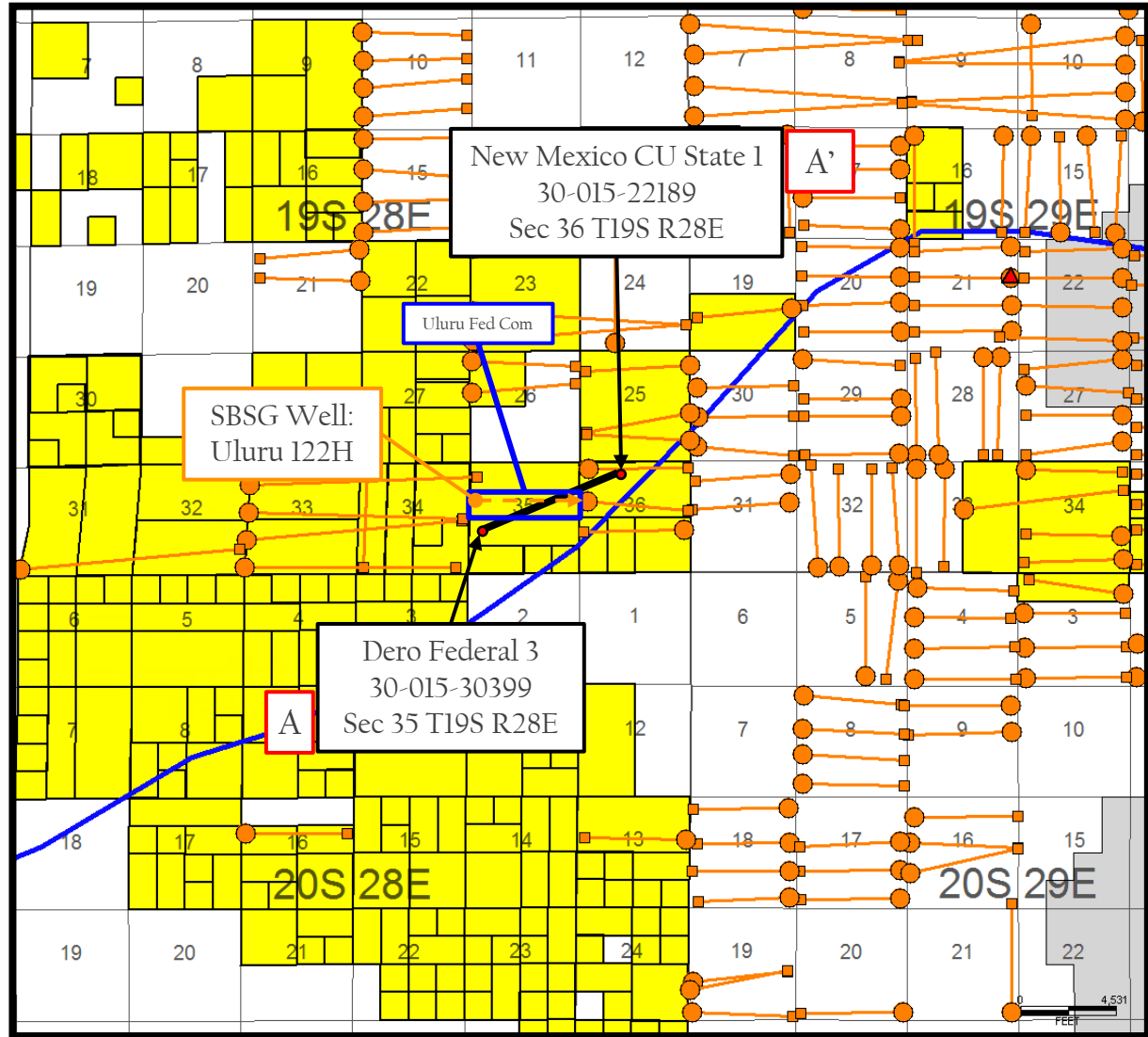
Regional Locator Map  
Uluru 35 Fed Com



 Colgate Energy

# Cross Section Locator Map

## Uluru 35 Fed Com 122H



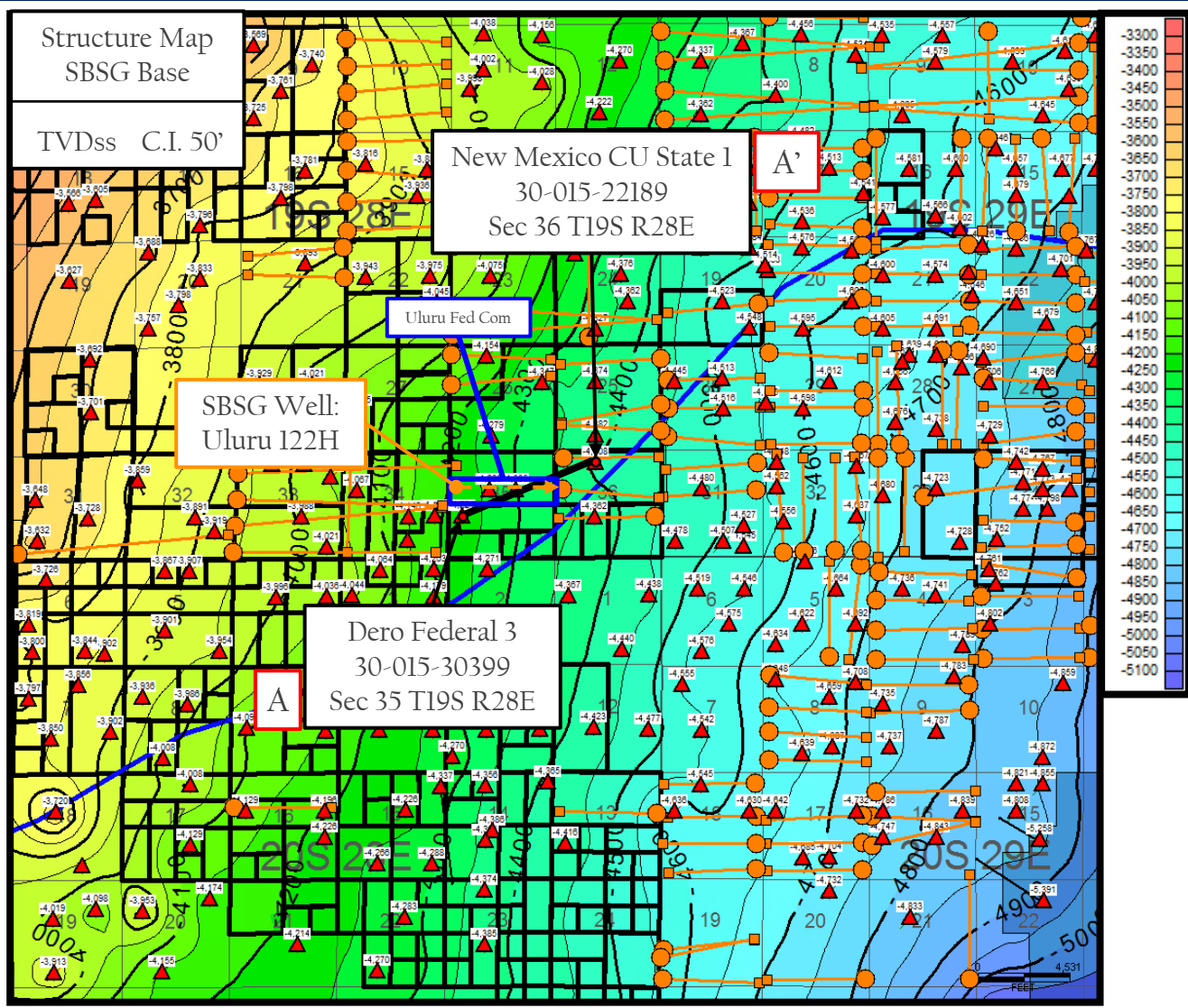
Colgate Energy

Proposed Wells

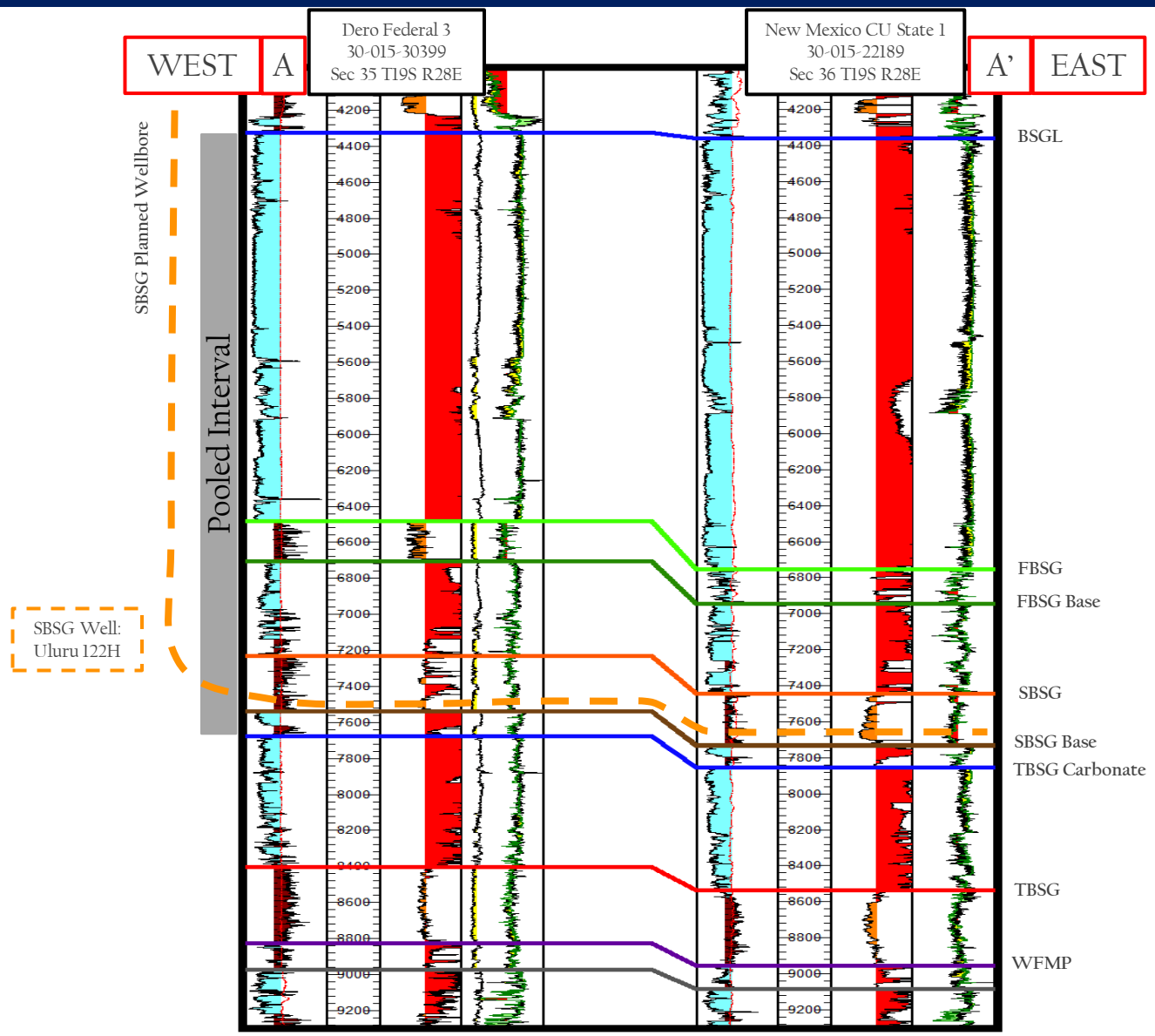


Producing Wells





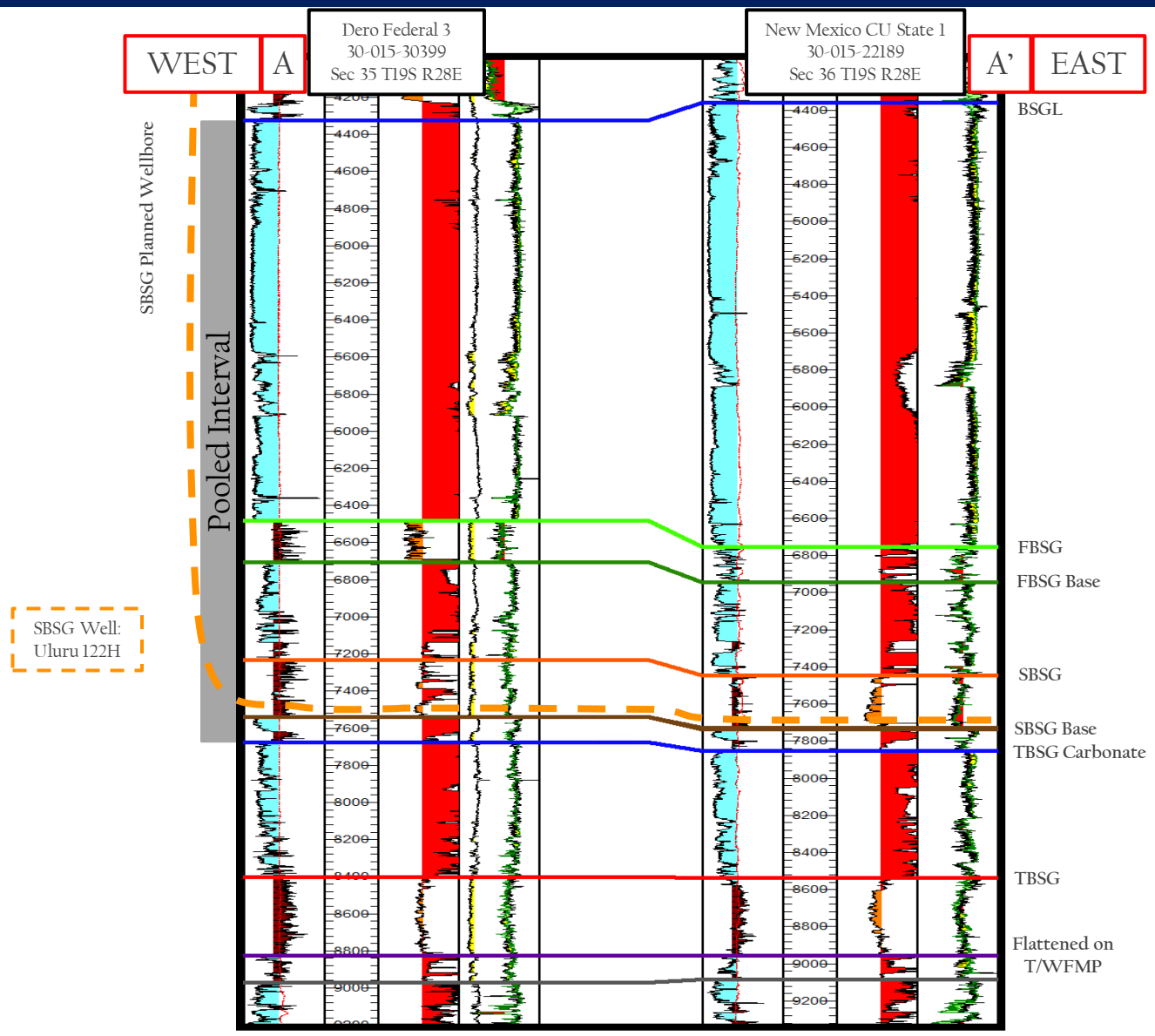
Colgate Energy

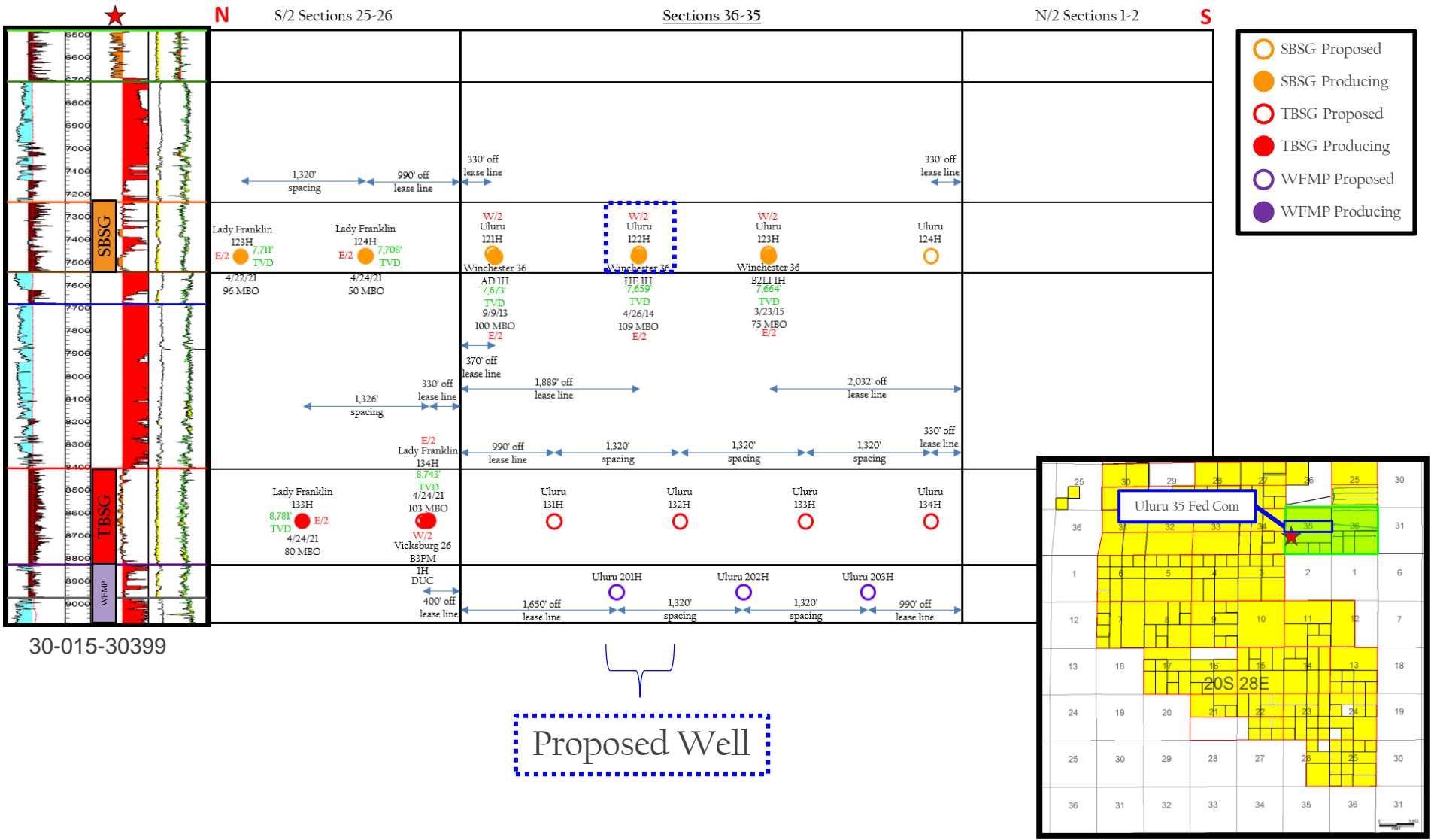


# Stratigraphic Cross Section A-A'

Uluru 35 Fed Com

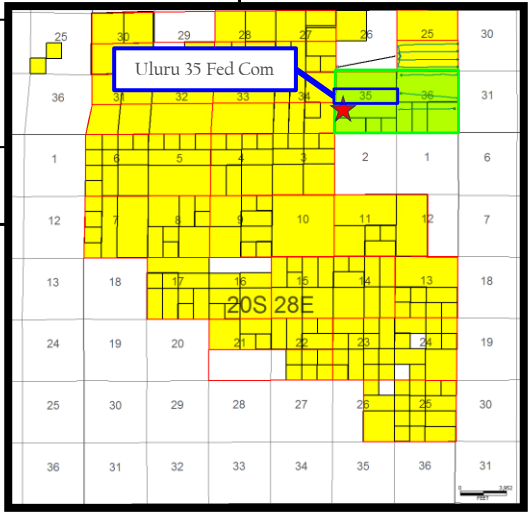
Colgate Operating, LLC  
Case No. 22689-22690  
Exhibit C-5





30-015-30399

Proposed Well



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 NOS. 22689 - 22690

SELF-AFFIRMED STATEMENT OF  
DANA S. HARDY

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

2. I am familiar with the Notice Letter attached as **Exhibit D-1** and caused the Notice Letter to be sent to the parties set out in the chart attached as **Exhibit D-2**.

3. The above-referenced Application was provided, along with the Notice Letters, to the recipients listed in Exhibit D-2.

4. Exhibit D-2 also provides the date each Notice Letter was sent and the date each return was received.

5. Copies of the certified mail green cards and white slips are attached as **Exhibit D-3** as supporting documentation for proof of mailing and the information provided on Exhibit D-2.

6. On March 18, 2022, April 6, 2022, and May 4, 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 D-4**.

/s/ Dana S. Hardy  
Dana S. Hardy

May 17, 2022  
Date

Colgate Operating, LLC  
Case No. 22689 - 22690  
Exhibit D



**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:

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Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

Colgate Operating LLC  
 Case No. 22689-22690  
 Exhibit D-1





hinklelawfirm.com

**HINKLE SHANOR LLP**

ATTORNEYS AT LAW

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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. 22690 - Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.**

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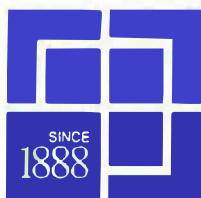
Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

WRITER:

Dana S. Hardy, Partner  
dhardy@hinklelawfirm.com

April 1, 2022

**VIA CERTIFIED MAIL**  
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Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

WRITER:

Dana S. Hardy, Partner  
 dhardy@hinklelawfirm.com

April 28, 2022

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

**TO ALL INTERESTED PARTIES SUBJECT TO POOLING**

**Re: Case Nos. 22669, 22689, 22690, 22693, 22694 - Applications of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.**

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Sincerely,

/s/ Dana S. Hardy

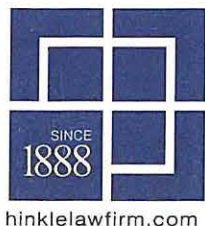
Dana S. Hardy

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WRITER:  
 Dana S. Hardy, Partner  
 dhardy@hinklelawfirm.com

April 1, 2022

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

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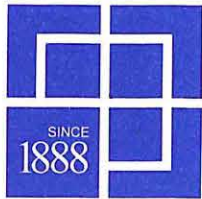
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Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure



hinklelawfirm.com

**HINKLE SHANOR LLP**  
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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. 22689 - Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.**

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Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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WRITER:

Dana S. Hardy, Partner  
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April 1, 2022

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/s/ Dana S. Hardy

Dana S. Hardy

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WRITER:

Dana S. Hardy, Partner  
 dhardy@hinklelawfirm.com

April 28, 2022

**VIA CERTIFIED MAIL**  
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Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

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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>
Duane D. Anderson <b><u>(Deceased)</u></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	04/26/22 – Return to sender – Unable to forward

Colgate Operating LLC  
Case Nos. 22689-22690  
Exhibit D-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-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	04/26/22 Return to sender – not deliverable as addressed
John D. Keslar Box 13 Oxford, NE 68967	04/01/22	04/25/22
Karl F. Koch 14140 Bruan Rd Golden, CO 80401	04/01/22	No return received, USPS status: In transit to next facility 5/15/22
Heirs of George A. Lauck and wife, Molly Lauck 151 Vernal Dr. Alamo, CA 94507	04/01/22	04/04/22
Mark and Paula McClellan 601 Tierra Berrenda Dr Roswell, NM 88201	4/29/22	Return to Sender – Unable to Forward 5/11/22
Ross and Kandace McClellan 105W 3 <sup>rd</sup> St Ste 316 Roswell, NM 88202	4/29/22	5/6/22
Estate of Gisella Olivero P.O. Box 3372 Pinnacle, CA 93650	04/01/22	4/18/22
Estate of Gisella Olivero 6050 N. Marks, #137 Fresno, CA 93711	04/01/22	No return received, USPS status: In transit to next facility 4/7/22
Frank J. Pisor, Jr. 11126 S Orange Ave Fresno, CA 93725	04/01/22	04/26/22 Return to sender – unclaimed

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

SMAC Oil Limited Partnership PO Box 4190 Scottsdale, AZ 85253	04/01/22	4/18/22
Bill Smithton 3415 Lakside Lane Woodward, OK 73801	04/01/22	No return received, USPS status: in transit to destination 4/16/22
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	04/26/22 return to sender – not deliverable as addressed
Estate of Ralph E. Williamson c/o Elizabeth Anne Williamson P.O. Box 50498 Austin, TX 78763	04/01/22	04/08/22

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

<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
Connie Gale Becker 16715 E 80 <sup>th</sup> St., N. Owasso, OK 74055	4/29/22	No return received, USPS status: in transit to next facility 5/9/22
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
Cheron 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, USPS status: in transit to next facility 3/16/22
Douglas C. Cranmer 202 North Gateway Circle Wichita, KS 67230	03/10/22	No return received, USPS status: in transit to next facility 3/16/22
Russell B. Cranmer 707 N. Lake Crest Place Andover, KS 67002	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

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
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- Return to sender - 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

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

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
Dorchester Exploration Inc. P.O. Box 4391 Houston, TX 77210	03/10/22	03/31/22-Return to sender - 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 – Return to sender - 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
Carl Joseph Garrett 237 Simmons Dr. Hurst, TX 76053	4/29/22	No return received, USPS status: Delivered, left w/ individual 5/2/22
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	4/25/22
Harvard Exploration Company 200 E. 2 <sup>nd</sup> Street Roswell, NM 88201	03/10/22	3/14/22 – returned with no signature

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

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

William L. Hilliard 313 E. Loma Alta Dr. Altadena, CA 91001	03/10/22	No return received. USPS status: Delivered, left with individual 3/15/22
Kedco Management 100 S. Main, #300 Hardage Center Wichita, KS 67202	03/10/22	03/31/22- Return to sender -no such number
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
Ginger Lee Meyers 1305 North Hudson Ave, Apt 509 Oklahoma, OK 73103	4/29/22	No return received. USPS status: Notice left, no authorized recipient available. 05/02/22
Gerald L. Michard 11015 East 63 <sup>rd</sup> Street South Derby, KS 67037	03/10/22	Return to sender, not deliverable as addressed, unable to forward
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	04/18/22 Return to sender – Unclaimed
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	No return received. USPS status: Picked up at Post Office 3/22/22

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

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
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. USPS status: item is being returned to sender for insufficient address. 03/21/22
Krista Alicen Stephenson Trust 1799 Oak Ridge St. Hideaway, TX 75771	03/10/22	03/18/22
Donna Marie Studer, Admin, Estate of Genevieve Studer 817 Jodie Drive Weatherford, TX 76087	4/29/22	Return to sender. Forward time expired 5/11/22
Paul Umbarger and Zofia Umbarger 10 Woodstock Ct. Hilton Head, SC 29928	03/10/22	No return received. USPS status: Item in transit to the destination 05/15/22
Ted J. Werts 426 Courtleigh St. Wichita, KS 67218	03/10/22	04/18/22 Return to sender - unclaimed
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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Return Receipt (hardcopy) \$ \_\_\_\_\_

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

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

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

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

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

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

Sent To **Connie Gale Becker**

Street and **16715 E 80th St., N.**

City, State, **Owasso, OK 74055** Colgate/Uluru \_\_\_\_\_

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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 **Douglas C. Cranmer**

Street and **202 North Gateway Circle**

City, State, **Wichita, KS 67230**

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

*Postmark: SANTA FE, NM MAR 10 2022*

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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 **Dome Petroleum Corp.**

Street and **Attn: Outside Operated JV**

City, State, **P.O. Box 940970 Houston, TX 77094**

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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 **Lillie Costanzo Trust fbo Brian Balliet**

Street and **325 Russet Run**

City, State, **Pittsboro, NC 27312**

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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 **Douglas C. Cranmer and Russell B. Cranmer,**

Street and **Trustees of the Russell B. Cranmer Irrevocable**

City, State, **Trust 202 North Gateway Circle**

**Wichita, KS 67230**

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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 **Galkay, a joint venture**

Street and **2 Graylyn Place**

City, State, **Winston-Salem, NC 27106**

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Colgate Operating LLC  
Case Nos. 22689-22690  
Exhibit D-3

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

Sent To: **Carl Joseph Garett**  
Street and Apt. #: **237 Simmons Dr.**  
City, State, ZIP+4: **Hurst, TX 76053** Colgate/Uluru **TX**

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

Sent To: **William L. Hilliard**  
Street and Apt. #: **313 E. Loma Alta Dr.**  
City, State, ZIP: **Altadena, CA 91001**

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

Sent To: **Ginger Lee Meyers**  
Street and Apt. #: **1305 North Hudson Ave, Apt 509**  
City, State, ZIP+4: **Oklahoma, OK 73103** Colgate/Uluru **WT**

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

Sent To: **Richard Lyons Moore 2006 Trust**  
Street and Apt. #: **P.O. Box 94077**  
City, State: **Southlake, TX 76092**

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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: **Sombrero Associates**  
Street and Apt. #: **1 Chase Manhattan Plaza**  
City, State, ZIP+4: **New York, NY 10005**

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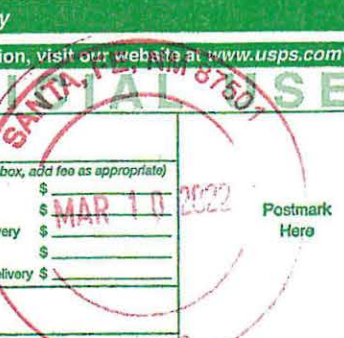
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery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

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

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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 Harvey S. Apple and wife, Carolyn Apple

Street and Address 801 Mann Avenue

City, State, ZIP+4® Artesia, NM 88210

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;">Harvey S. Apple and wife, Carolyn Apple 801 Mann Avenue Artesia, NM 88210</p> <div style="text-align: center;">             9590 9402 5760 0003 2744 06         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 2354</p>	<p>A. Signature</p> <p style="font-size: 1.5em; color: blue;">X <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>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <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)           </td> <td style="vertical-align: top;"> <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           </td> </tr> </table>	<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 checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<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 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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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 \$ _____	<p>Postmark Here</p>
---	----------------------

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

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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Baber Well Servicing Co.                      PO Box 1772                      Hobbs, NM 88241                 </div> <div style="text-align: center; margin: 5px 0;"> <p>9590 9402 5760 0003 2745 29</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0364 6027</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Lana Martinez</i> <span style="float: right;"><input type="checkbox"/> Agent</span></p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>LANA MARTINEZ</i> <span style="float: right;"><i>4-4-22</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>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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SANTA FE, NM 87501  
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	
Street and A	2405 W. Indiana Ave
	Midland, TX 79701
City, State, &	

PS Form 3800, April 2015 PSN 7630-02-000-9047 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>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 style="text-align: center;">                   9590 9402 5760 0003 2744 82             </p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0364 5983</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 checked="" type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input 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 checked="" 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)	
<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 checked="" 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																

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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.: BCRK 2004 Wyckham Place  
 Norman, OK 73072  
 City, State, ZIP: \_\_\_\_\_

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

7021 0950 0002 0367 2385



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  <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 style="text-align: center;">BCRK                  2004 Wyckham Place                  Norman, OK 73072</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 style="text-align: center;">7021 0950 0002 0367 2385</p>	<p style="text-align: center;">9590 9402 5760 0003 2744 37</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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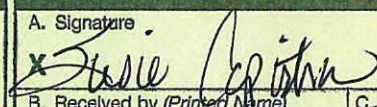
OFFICIAL USE

Postmark  
APR 01 2022  
SANTA FE, NM 87501  
USPS

702J 0950 0002 0364 5945

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	
Street and Apt	CMP Viva LP 600 Travis St, Suite 7200 Houston, TX 77002
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 type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <span style="font-size: 1.5em;">4/5/22</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>CMP Viva LP 600 Travis St, Suite 7200 Houston, TX 77002</p>	<p>3. Service Type</p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Hardcopy <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery
<p>2. Article Number</p> <p>702J 0950 0002 0364 5945</p>	
PS Form 3800, July 2013 PSN 7530-02-000-9053	Domestic Return Receipt

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7021 0950 0002 0367 2347

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 J.M. Dunbar & Amanda P. Dunbar

Street and Apt. Attn: Neil Dunbar

City, State, ZIP+4 Golden, CO 80401

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

SANTA FE, NM 87501  
 APR 01 2022  
 USPS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Estate of J.M. Dunbar & Amanda P. Dunbar  
 Attn: Neil Dunbar  
 724 Ridgeside Dr  
 Golden, CO 80401

2. Article Number (Transfer from service label)

7021 0950 0002 0367 2347

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Neil Dunbar  Agent  Addressee

B. Received by (Printed Name) NEIL DUNBAR C. Date of Delivery 4/8/22

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Certified Mail Restricted Delivery  Registered Mail Restricted Delivery

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

GOLDEN POST OFFICE  
 APR - 8 2022  
 80401  
 USPS

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



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OFFICIAL USE

7021 0950 0002 0367 2330

Certified Mail Fee \$ _____	SAN ANTONIO, FE, NM 87501  Postmark Here <b>APR 01 2022</b>  USPS
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. N City, State, ZIP+4	D. Lloyd Henderson 332 San Saba St. 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																
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<p>1. Article Addressed to:</p> <p style="text-align: center;">D. Lloyd Henderson 332 San Saba St. Meadowlake, TX 78654</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 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 2330</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span>																	

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SANTA, FE, NM 87501

APR 01 2022

USPS

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

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 D. Keslar Box 13 536 Oxford, NE 68967</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Susan K. Keslar</i> <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="margin-left: 20px;"><i>Susan K. Keslar</i> <span style="float: right;"><i>4-18-22</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>
 9590 9402 5760 0003 2745 05	<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 style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0364 6003</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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APR 01 2022  
USPS

7021 0950 0002 0367 2293

Certified Mail Fee \$ _____	Postmark Here
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 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

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 <u>COCHRAN-19</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  Heirs of George A. Lauck and wife, Molly Lauck 151 Vernal Dr. Alamo, CA 94507	B. Received by (Printed Name) <u>STEPHEN LAUCK</u> C. Date of Delivery <u>4/5/22</u> 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 2293	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)
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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7021 0950 0002 0366 0825

Certified Mail Fee \$

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

<input type="checkbox"/> Return Receipt (hard copy)	\$
<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

Postage \$

Total Postage and Fees \$

Sent To  
Street **Ross and Kandace McClellan**  
City, State, ZIP+4® **Roswell, NM 88202** Colg./Uluru-ORRI

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

*Stamp: SANTA FE, NM APR 29 2022*

**USPS TRACKING#**

HUBBOK TX 7904

2 MAY 2022 PM 1 L

9590 9402 6746 1074 2452 86

**United States Postal Service**

**RECEIVED**

MAY -6 2022

Hinkle Shanor LLP  
Santa Fe NM 87504

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

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

Everett Holmes  
Hinkle Shanor, LLP  
218 Montezuma Ave.  
Santa Fe, NM 87504

Colgate/Uluru—ORRI

|||||

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**APR 01 2022**

**USPS**

SANTA FE, NM 87501

7021 0950 0002 0367 2309

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 Gisella Olivero	
Street and A	P.O. Box 3372
	Pinnacle, CA 93650
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>	<p>A. Signature</p> <p>X  <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> <span style="float: right;">APR 01 2022</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 Gisella Olivero P.O. Box 3372 Pinnacle, CA 93650</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 2309</p>	<p style="text-align: center;">9590 9402 6746 1074 2395 51</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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SANTA FE, NM 87501

USPS

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>1. Article Addressed to:</p> <p style="text-align: center;">SMAC Oil Limited Partnership PO Box 4190 Scottsdale, AZ 85253</p> <div style="text-align: center;">             9590 9402 5760 0003 2744 20         </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0367 2378</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" 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: center;"><i>Diane Daniels</i> <span style="float: right;">4-13-22</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" 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																

7021 0950 0002 0367 2361

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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: George W. Strake, Jr.  
 Street and Apt.: 712 Main St, Suite 3300  
 City, State, ZIP: Houston, TX 77002

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>4-15-22</u></p> <p>C. Date of Delivery <u>4-15-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>George W. Strake, Jr.          712 Main St, Suite 3300          Houston, TX 77002</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 Hardcopy <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery</p>
<p>2. A</p> <p>7</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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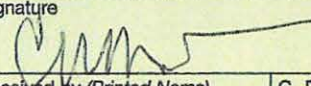

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7021 0950 0002 0364 6034

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	

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="font-family: cursive;">William</span> <span style="float: right;">5/5/22</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;">Estate of Ralph E. Williamson c/o Elizabeth Anne Williamson P.O. Box 50498 Austin, TX 78763</p> <div style="text-align: center;">                       9590 9402 5760 0003 2662 03                 </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 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;">7021 0950 0002 0364 6034</p>																	
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7021 0950 0002 0364 5969

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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  
 Virginia K. Edelson  
 Street and Apt.: 25 Seminole Circle  
 City, State, ZIP: West Hartford, CT 06117

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)

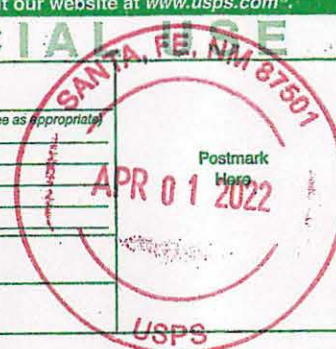
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$

**Total Postage and Fees**  
 \$

Sent To  
 Karl F. Koch  
 Street a: 14140 Bruan Rd  
 City, St: Golden, CO 80401

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



7021 0950 0002 0367 2316

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**OFFICIAL USE**

Certified Mail Fee  
 \$

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

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

Postage  
 \$

**Total Postage and Fees**  
 \$

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

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



7021 0950 0002 0364 6016

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**OFFICIAL USE**

Certified Mail Fee  
 \$

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

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

Postage  
 \$

**Total Postage and Fees**  
 \$

Sent To  
 Bill Smithton  
 Street and: 3415 Lakside Lane  
 City, State, Woodward, OK 75801

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



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7021 0950 0002 0364 6058

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>	Mewbourne Oil Company
<b>Street and</b>	P.O. Box 7698
	Tyler, TX 75711
<b>City, State</b>	

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>G. Argote</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>B. Received by (Printed Name)</b> <span style="float: right;"><b>C. Date of Delivery</b></span></p> <p><i>G. Argote</i> <span style="float: right;"><b>4-7-22</b></span></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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Mewbourne Oil Company P.O. Box 7698 Tyler, TX 75711</p> </div>	<p><b>3. Service Type</b></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"/> Restricted Delivery</span></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="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>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

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7021 0950 0002 0364 6065

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	
OXY USA Inc.	
Street and, 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                  X <i>CVIS</i> <span style="float: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>En Calles</i> <span style="float: right;">7-4-22</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;">OXY USA Inc.                  5 Greenway Plaza, Suite 110                  Houston, TX 77046</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 0364 6065</p>	<p>9590 9402 6746 1074 2480 03</p>																
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>																	

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SANTA FE, NM 87501  
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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	
Estate of DW Underwood	
Street and A	2320 Singletree Bend
Georgetown, TX 78628	
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><b>X</b> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></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>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<div style="text-align: center;"> <p>9590 9402 6746 1074 2479 76</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0364 6072</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.9em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input checked="" 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 checked="" 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 checked="" 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)																	

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**SANTA FE, NM 87501**

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7021 0950 0002 0364 6089

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 JC Williamson  
Street and P.O. Box 16  
City, State, Midland, TX 79701

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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Estate of JC Williamson P.O. Box 16 Midland, TX 79701</p> </div> <p style="text-align: center;">             9590 9402 6746 1074 2479 83         </p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0364 6089</p>	<p>A. Signature</p> <p style="text-align: right;"><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 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®																
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<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)																	
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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  
 Dallas, TX 75225  
 City, State, ZIP \_\_\_\_\_

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

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 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>	<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>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 0077</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

*PRESTON*  
 MAR 15 2022  
 DALLAS TX 75225-9998

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MAR 10 2022  
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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 \$ _____	
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 Ft. Worth TX 76162	

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

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 9590 9402 6746 1074 2398 27	<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																
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)                      7021 0950 0002 0367 6192</p>																	

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

7021 0950 0002 0365 3193

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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	\$
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	



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<p>1. Article Addressed to:</p> <p>Chevron Oil &amp; Gas Company P.O. Box 1722 Tulsa, OK 74101</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>9590 9402 6746 1074 2397 35</p> <p>7021 0950 0002 0365 3193</p>	
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)

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

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

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

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

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

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

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

Sent To Charles Eugene Cooper Trust  
Street and A/c P.O. Box 117  
Canyon, TX 79015  
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"/> Charles E. Cooper <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Charles E. 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> <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 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 Domestic Return Receipt</p>	

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7979 2960 0002 0367 6161  
7021 0950 0002 0367 6161

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 Ap. Russell B. Cranmer  
 707 N. Lake Crest Place  
 Andover, KS 67002  
 City, State, Zi.

Postmark Here: MAR 10 2022

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)            Russell Cranmer</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Russell B. Cranmer            707 N. Lake Crest Place            Andover, KS 67002</p>	<p>3. Service Type</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><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</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5760 0003 2718 25</p> <p>7021 0950 0002 0367 6161</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL USE

7021 0950 0002 0367 6017

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		
Trustee(s) of the Alice G. Davis Trust		
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

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>Trustee(s) of the Alice G. Davis Trust 299 West 31<sup>st</sup> Street, Cottage 473 Sea Island, GA 31561</p> <div style="text-align: center;">             9590 9402 5760 0003 2719 79         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7021 0950 0002 0367 6017</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> M. Soog <span style="float: right;"><input type="checkbox"/> Agent</span></p> <p><input type="checkbox"/> Addressee</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>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 0367 6000

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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	\$ _____
Total Postage and Fees	\$ _____
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	



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 type="checkbox"/> Addressee</p> <p><b>X</b> <i>M. Davis</i></p>	
<p>1. Article Addressed to:</p> <p>J.W. Davis 299 West 31<sup>st</sup> Street, Cottage 473 Sea Island, GA 31561</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 6000</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</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>	
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7021 0950 0002 0367 2286

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 at Clinton H. Dean, Jr.  
 6006 Balcones, #32  
 El Paso, TX 79902

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

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

SANTA FE MAIN POST OFFICE  
 Postmark Here  
 MAR 14 2022  
 87501-9998

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 SUSANNA PUENTES</b> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>P</b> C. Date of Delivery <b>3-16-22</b></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>Clinton H. Dean, Jr.          6006 Balcones, #32          El Paso, TX 79902</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 2286</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0365 3162

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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 Michael C. Dean Street and A 13306 Onion Creek Drive Manchaca, TX 78652 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>	<b>A. Signature</b> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee 
<b>1. Article Addressed to:</b>  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           Michael C. Dean            13306 Onion Creek Drive            Manchaca, TX 78652         </div>	<b>B. Received by (Printed Name)</b> _____ <b>C. Date of Delivery</b> _____  <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<div style="text-align: center;"> <p>9590 9402 6746 1074 2397 66</p> </div>	<b>3. Service Type</b>
<b>2. Article Number (Transfer from service label)</b> 7021 0950 0002 0365 3162	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <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	

7021 0950 0002 0365 3179

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OFFICIAL MAIL	
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 \$ _____	Postmark Here
Total Postage and Fees \$ _____	
Sent To Robert R. Dean Street and Apt. 22747 Estacado San Antonio, TX 78216 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>	A. Signature X <u>Dean</u> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Robert R. Dean                      22747 Estacado                      San Antonio, TX 78216                 </div>	B. Received by (Printed Name) <u>XF 235</u>
2. Article Number (Transfer from service label) <u>7021 0950 0002 0365 3179</u>	C. Date of Delivery <u>3/4/22</u>
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)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <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 2397 59	
PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span>	

7021 0950 0002 0365 3148

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Certified Mail Fee \$

Extra Services & Fees (check box, add fees 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 B. Dean  
 Street and Address 22747 Estacado  
 San Antonio, TX 78261-4431  
 City, State, Zip

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

*(Postmark: SANTA FE, NM 87501 MAR 10 2022)*

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 <u>Dean</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Xp 235</u> C. Date of Delivery <u>3/8/22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Virginia B. Dean                  22747 Estacado                  San Antonio, TX 78261-4431</p> <p>                  9590 9402 6746 1074 2397 80</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 0365 3148</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



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Postmark  
**MAR 14 2022**

87301-9998

7021 0950 0002 0367 2279

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 No. Virginia B. Dean Estate  
6006 Balcones, #32

City, State, Zip 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>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> <p style="text-align: center;"> 9590 9402 5760 0003 2664 56</p> <p>2. Article Number (Transfer from sender label) <b>7021 0950 0002 0367 2279</b></p>	<p>A. Signature X <i>BUSNAPUBEN TOG</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S P</i></p> <p>C. Date of Delivery <b>3-16-22</b></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

7021 0950 0002 0365 3131

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

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

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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 US

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>Dem</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>B. Received by (Printed Name)</b> <span style="float: right;"><b>C. Date of Delivery</b></span></p> <p><i>XP 235</i> <span style="float: right;"><i>3/14/22</i></span></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>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>	<p><b>3. Service Type</b></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>7021 0950 0002 0365 3131</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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87501-9998

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

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

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, 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> <div style="text-align: center;">             9590 9402 5760 0003 2664 63         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 2262</p>	<p>A. Signature</p> <p><b>X SUSANA PUGENTES</b> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>P</b></p> <p>C. Date of Delivery <b>3-16-22</b></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 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 checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</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 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 5973

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 Myrlene Mannschreck Dillon Street and 1383 CR 141 Coleman, TX 76834 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>	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  Myrlene Mannschreck Dillon 1383 CR 141 Coleman, TX 76834	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 
<p style="text-align: center;">9590 9402 5760 0003 2720 13</p>	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) <b>7021 0950 0002 0367 5973</b>	

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 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 Dorsar Investment Company  
 Street and Ap 4855 N. Mesa St., Unit 120  
 El Paso, TX 79912  
 City, State, Zi

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



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EL PASO, TX 798  
 15 MAR 2022 PM 2 L

9590 9402 6746 1074 2398 03

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7021 0950 0002 0367 5966

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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>	
\$	
Sent To	
Street and A	Ensource, Inc. 1201 Louisiana, Suite 1000 Houston, TX 77002
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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X </p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ensource, Inc. 1201 Louisiana, Suite 1000 Houston, TX 77002</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 3-14-02</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 5966</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input 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 style="font-size: 0.8em;">PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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SANTA FE, NM 87201  
MAR 16 2022  
USPS

7021 0950 0002 0367 0091

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>\$ _____</b>
Sent To	
James Kenneth Garrett	_____
Street and Ap 1293 Buck Ridge Drive NE	_____
Rochester, MN 55906	_____
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><b>A. Signature</b></p> <p>x J Garrett <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>B. Received by (Printed Name)</b> CPC-19 R7 <span style="float: right;"><b>C. Date of Delivery</b> 3/16/22</span></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;">James Kenneth Garrett 1293 Buck Ridge Drive NE Rochester, MN 55906</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 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;">7021 0950 0002 0367 0091</p>	<p style="text-align: center;">9590 9402 6746 1074 2396 12</p>																
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>																	

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USPS

7021 0950 0002 0367 0107

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: Joyce Eline Garrett  
Street and: 625 Dayton Ave.  
City, State: St. Paul, MN 55104

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) <u>GUVEN</u> C. Date of Delivery <u>3/16/22</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>Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104</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>9590 9402 6746 1074 2396 05</p> <p>7021 0950 0002 0367 0107</p>	
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)

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

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

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

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

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

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

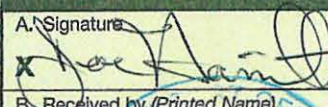
Total Postage and Fees \$ \_\_\_\_\_

Sent To Estate of E. Dwayne Hamilton  
 Street and 1497 CR 141  
 Coleman, TX 76834  
 City, State \_\_\_\_\_

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

7021 0950 0002 0367 5980

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 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>Estate of E. Dwayne Hamilton          1497 CR 141          Coleman, TX 76834</p>	<p>COLEMAN TX 76834-9998          APR 20 2022</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 5980</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0365 3186

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<b>OFFICIAL USPS</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
<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>Harvard Exploration Company 200 E. 2<sup>nd</sup> Street Roswell, NM 88201</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 0365 3186</p>	
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 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 \$ _____	
Postage \$ _____	Postmark Here
Total Postage and Fees \$ _____	
Sent To Mary L. Kline Street and Ap 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>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Mary L. Kline 2638 Burton St., SE Grand Rapids, MI 49546</p> <div style="text-align: center;"> <p>9590 9402 5760 0003 2718 56</p> </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><b>X</b> <u>COU-19</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>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%; 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																

7021 0950 0002 0367 6062

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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 H. Kriebel

Street and Ap P.O. Box 507

City, State, Zi Old Lyme, CT 06371

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

*Postmark Here*  
 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>	<p>A. Signature <i>Robert H. Kriebel</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MARK ROBERTSON</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"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 6062</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0365 3223

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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 Apt. 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	

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 checked="" 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 3/18/22  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) 9590 9402 6746 1074 2397 04 7021 0950 0002 0365 3223	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)																	
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 Street and # City, State, ZIP+4®	Mallery L. Miller, Jr. 4617 117th Street Lubbock, TX 79424
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 type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           Mallery L. Miller, Jr.            4617 117th Street            Lubbock, TX 79424         </div>	B. Received by (Printed Name) Mallery L. Miller, Jr.
	C. Date of Delivery 3/14/22
	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 0365 3230	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
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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 A	Patricia Louis Miller 5413 Topper Drive North Richland Hills, TX 76180
City, State, Z	

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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>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;">  <p>9590 9402 6746 1074 2396 74</p> </div> <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>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: center; padding: 5px;">PL Miller <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 checked="" 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)																	
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7021 0950 0002 0367 0046

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><b>1. Article Addressed to:</b></p> <p style="text-align: center;">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><b>2. Article Number (Transfer from service label)</b> 7021 0950 0002 0367 0046</p>	<p><b>3. Service Type</b></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>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)

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

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;">Pregler Oil Company, LLC 110 W. 7<sup>th</sup> St., Ste. 720 Tulsa, OK 74119-1117</p> <div style="text-align: center;">             9590 9402 6746 1074 2397 28         </div> <p>2. Article Number (Transfer from service label) <b>7021 0950 0002 0365 3209</b></p>	<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;"><b>3-11-22</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>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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72021 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	
Odessa, TX 79760-0152	
City, State	

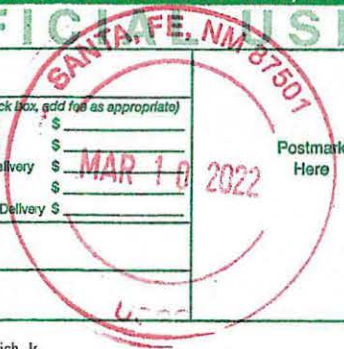
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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><input checked="" type="checkbox"/> <i>Kelfertiller</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>Reeves County Systems, Inc.                  P.O. Box 152                  Odessa, TX 79760-0152</p>	<p style="text-align: center;">  </p>
<p style="text-align: center;">                   9590 9402 5760 0003 2718 70             </p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">72021 0950 0002 0367 6116</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>

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

7021 0950 0002 0367 6055

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT. Domestic Mail Only	
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	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
<b>Total Postage and Fees</b>	\$ _____
Sent To	
Street and	John G. Rocovich, Jr. P.O. Box 13606 Roanoke, VA 24034
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 <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>John G. Rocovich, Jr. P.O. Box 13606 Roanoke, VA 24034</p>	<p>3. Service Type</p> <p><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 <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 6055</p>	<p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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


Postmark Here  
MAR 10 2022  
SANTA FE, NM 87501

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

Sent To  
 John S. Ross, Jr.  
 Street and Apt. 110 N. Woodrow Lane, Suite 120  
 Denton, TX 76205  
 City, State, ZIP \_\_\_\_\_

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

7021 0950 0002 0367 5997

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)  <span style="font-size: 1.2em;">7021 0950 0002 0367 5997</span></p>	<p>A. Signature  <span style="font-size: 1.5em; font-weight: bold;">X</span> <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>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 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 checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</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 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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MAY 10 2022

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

7021 0950 0002 0367 0060

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X <i>Krista Alicen Stephenson</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><span style="float: right;">3-15-22</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;">Krista Alicen Stephenson Trust 1799 Oak Ridge St. Hideaway, TX 75771</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 0367 0060</p>	<p style="text-align: center;">9590 9402 6746 1074 2396 43</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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SANTA FE NM 87501  
MAR 10 2022  
USPS

7021 0950 0002 0367 0084

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	
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</p> <p><input checked="" type="checkbox"/> <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;"> <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; padding: 10px;">Wes-Tex Drilling Company 400 Pine St., #700 Abilene, TX 79601</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="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 0084</p>	<p style="text-align: center;">9590 9402 6746 1074 2396 29</p> <p style="text-align: center;">PS Form 3811, July 2020 PSN 7530-02-000-9053</p>

Domestic Return Receipt

7021 0950 0002 0365 3216

0002 0365

**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

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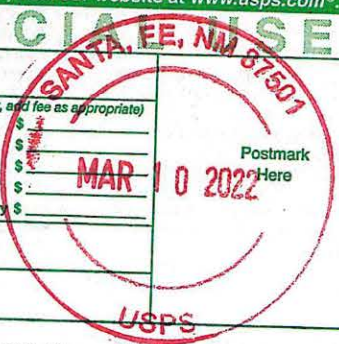
**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, and 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 Ap Beaird Mineral Interests, LP  
 Attn: Vicki Osborn  
 5121 McKinney Ave.  
 City, State, Z Dallas, TX 75025

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



7021 0950 0002 0365 3216

REF

NIXIE 731 DE 1 0003/25/22  
 RETURN TO SENDER  
 REFUSED  
 UNABLE TO FORWARD  
 BC: 87504206868 2266N034201-01338



7021 0950 0002 0365 3155

ANK

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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 \$ \_\_\_\_\_

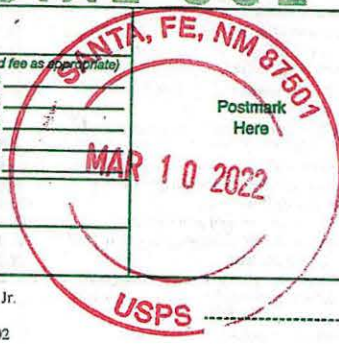
Postage \$ \_\_\_\_\_

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

Sent To 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



**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







7021 0950 0002 0367 5942



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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 \_\_\_\_\_

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

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7021 0950 0002 0367 5942



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

**TO**

Dorchester Exploration, Inc.  
**RETURN TO SENDER**

Moved left no address

No such number

Moved not forwardable

Addressee unknown

not this location

P.O. Box 3178  
Midland, TX  
79702

NIXIE 773 MCC 1 7203/25/22

RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSEE  
 UNABLE TO FORWARD

40  
3/30



7021 0950 0002 0367 6185



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)	
<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 G. Ettelson  
2650 Lakeview Avenue  
Street and Chicago, IL 60614  
City, State, ZIP+4®

7021 0950 0002 0367 6185

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7021 0950 0002 0367 6048

02 1P \$ 009.16  
0000913767 MAR 10 20  
MAILED FROM ZIP CODE 075

IA

**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

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

Postmark Here

Postage \$  
Total Postage and Fees \$

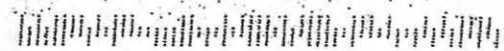
Sent To Bill Ferguson  
Street and Apt. 2700 Liberty Tower  
Oklahoma City, OK 73102  
City, State, Zip

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

7021 0950 0002 0367 6048

FERG700 731 CC 1 N C0103/26/22  
UNABLE TO FORWARD FOR REVIEW  
\*\*\*\*\*

BC: 87504999955 DU2266N085153-00934



4n  
411



7021 0950 0002 0367 5959



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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	Kedco Management Corporation	
Street and	100 S. Main, #300 Hardage Center	
City, State,	Wichita, KS 67202	

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

FROM	<b>HINKLE SHANOR LLP</b> ATTORNEYS AT LAW PO BOX 2068 • 218 MONTEZUMA SANTA FE, NEW MEXICO 87504
TO	1000 W IH 10, Ste. 200 San Antonio, TX 78230-2242  Kedco Management Corporation 100 S. Main, #300 Hardage Center Wichita, KS 67202 <i>Hardage</i>

NIXIE 808 DE 1 0003/19/22

RETURN TO SENDER  
NO SUCH NUMBER  
UNABLE TO FORWARD

EC: 87504205868 0159N078070-01069



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**POSTAGE RECEIVED**

fee as appropriate)

MAR 10 2022 Postmark Here

6875

See Reverse for Instructions

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

---

**TO**

Gerald L. Michard  
 11015 East 63<sup>rd</sup> Street South  
 Derby, KS 67037

UTF




7021 0950 0002 0367 0022



1st 0315 2022  
2nd 3-19  
3rd 3-30

NIXIE 731 DE 1 0004/08/22  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
EC: 87504206868 2067N098152-00894

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

---

**TO**

Paul Burke Miller  
1201 E. Main St., #125  
Round Rock, TX 78664

RECEIVED  
APR 18 2022  
Hinkle Shanor LLP  
Santa Fe NM 87504

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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 Round Rock, TX 78664

PS Form 3800, April 2018 PSN 7530-02-000-9047 See Reverse for Instructions

**SANTA FE, NM 87501**  
MAR 10 2022  
USPS

FIMD



FIRST-CLASS



US POSTAGE<sup>SM</sup> PITNEY BOWES



ZIP 87501 \$ 008.56<sup>0</sup>  
02 7H  
0006052409 APR 29 2022

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

**TO**  
Donna Marie Studer, Admin, Estate  
of Genevieve Studer  
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SANTA FE, NEW MEXICO 87504

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TO

Sharron Wolfenbarger Jones  
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Vancouver, WA 98682

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**TO**

Sylvia K. Gibbs  
1801 LaVaca  
Austin, TX 78701

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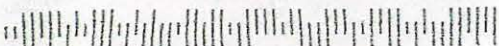


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Roswell, NM 88201

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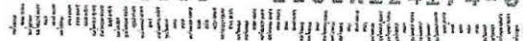
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601 Tierra Berrenda Dr  
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Frank J. Pisor, Jr.  
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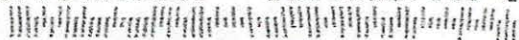
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Catherine F. Sweeney  
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Santa Fe, NM 87504

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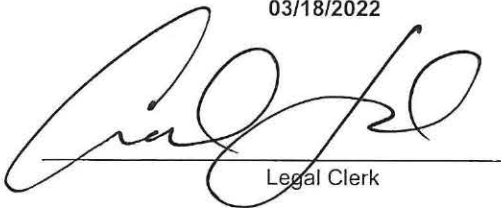
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218 MONTEZUMA

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:

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\_\_\_\_\_  
Legal Clerk

Subscribed and sworn before me this March 18, 2022:

  
\_\_\_\_\_  
State of WI, County of Brown  
NOTARY PUBLIC

1-7-95

My commission expires

KATHLEEN ALLEN  
Notary Public  
State of Wisconsin

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PO #: 22690-122H  
# of Affidavits 1

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Colgate Operating LLC  
Case Nos. 22689-22690  
Exhibit D-4

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; 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. 22690). 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 S/2N/2 of Section 35, Township 19 South, Range 28 East, Eddy County, New Mexico (22690). The

NEW MEXICO ( UNIT ). The Unit will be dedicated to the Uluru 35 Fed State Com 122H well, which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the SE/4NE/4 (Unit H) 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.  
#5175307, Current Argus,  
March 18, 2022



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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 # 0005203135  
PO #: Case No. 22690  
# of Affidavits 1

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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; 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; Beard 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. 22690). 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 S/2N/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 122H well, which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the SE/4NE/4 (Unit H) 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.  
#5203135, Current Argus, April 6, 2022

# Carlsbad Current Argus.

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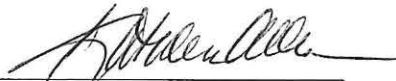
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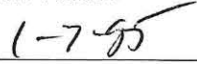
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements 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:

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Legal Clerk

Subscribed and sworn before me this March 18, 2022:

  
\_\_\_\_\_  
State of WI, County of Brown  
NOTARY PUBLIC

  
\_\_\_\_\_  
My commission expires

KATHLEEN ALLEN  
Notary Public  
State of Wisconsin

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PO #: 22689-121H  
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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; Sombreno 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; Beard 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. 22689). 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/2N/2 of Section 35, Township 19 South, Range 28 East, Eddy County, New Mexico (11-14-22). The

NEW MEXICO ( Unit ). The Unit will be dedicated to the Uluru 35 Fed State Com 121H well which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the NE/4NE/4 (Unit A) 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.  
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**SANTA FE, NM 87501**

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04/06/2022

  
Legal Clerk

Subscribed and sworn before me this April 6, 2022:



State of WI, County of Brown  
NOTARY PUBLIC

1-7-25

My commission expires

**KATHLEEN ALLEN**  
Notary Public  
State of Wisconsin

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PO #: Case No. 22689  
# 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. Kriebler; 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; Beard 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. 22689). 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.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/2N/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 121H well which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the NE/4NE/4 (Unit A) 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.  
#5203130, Current Argus, April 6, 2022

**Affidavit of Publication**

Ad # 0005241132

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:

05/04/2022



Legal Clerk

Subscribed and sworn before me this May 4, 2022:



State of WI, County of Brown  
NOTARY PUBLIC

1-7-25

My commission expires

**KATHLEEN ALLEN**  
Notary Public  
State of Wisconsin

Ad # 0005241132  
PO #: Case No. 22690  
# of Affidavits 1

This is not an invoice

This is to notify all interested parties, including Carl Joseph Garrett; Connie Gale Becker; Donna Marie Studer, Admin, Estate of Genevieve Studer; Ginger Lee Meyers; Ross and Kandace McClellan; Mark and Paula McClellan; Duane D. Anderson; 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; 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; 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. 22690). 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 May 19, 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 S/2N/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 122H well**, which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the SE/4NE/4 (Unit H) 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.  
#5241132, Current Argus, May 4, 2022

**Affidavit of Publication**

Ad # 0005241188

This is not an invoice

**HINKLE SHANOR LLP**  
218 MONTEZUMA

**SANTA FE, NM 87501**

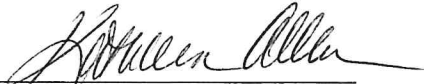
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements 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:

05/04/2022

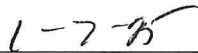


Legal Clerk

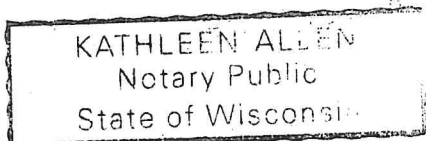
Subscribed and sworn before me this May 4, 2022:



State of WI, County of Brown  
NOTARY PUBLIC



My commission expires



Ad # 0005241188  
PO #: Case No. 22689  
# of Affidavits 1

This is not an invoice

This is to notify all interested parties, including Carl Joseph Garrett; Connie Gale Becker; Donna Marie Studer, Admin, Estate of Genevieve Studer; Ginger Lee Meyers; Ross and Kandace McClellan; Mark and Paula McClellan; Duane D. Anderson; 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; Beard 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. 22689). 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 May 19, 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/2N/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 121H well which will be horizontally drilled from a surface hole location in the NW/4NW/4 (Unit D) of Section 35 to a bottom hole location in the NE/4NE/4 (Unit A) 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.  
#5241188, Current Argus, May 4, 2022