

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

**APPLICATION OF MARATHON
OIL PERMIAN LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT,
NON-STANDARD LOCATIONS,
AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

Case Nos. 15906 and 15907

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

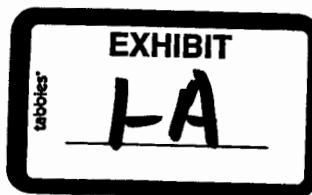
**APPLICATION OF MARATHON
OIL PERMIAN LLC FOR A NON-STANDARD
OIL SPACING AND PRORATION UNIT,
NON-STANDARD LOCATIONS,
AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NO. _____

APPLICATION

Marathon Oil Permian LLC ("Marathon"), OGRID Number 372098, through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of N.M. Stat. Ann. § 70-2-17, for an order: (1) creating a non-standard 160-acre spacing a proration unit in the Bone Spring formation, comprised of the E/2 E/2 of Section 26, Township 24 South, Range 34 East, NMPPM, Lea County, New Mexico; (2) approving non-standard locations, and (3) pooling all mineral interests in the Bone Spring formation underlying this proposed non-standard spacing and proration unit. In support of this application, Marathon states:

1. Marathon is an interest owner in the subject lands and has a right to drill a well thereon.
2. Marathon plans to drill and complete the **Knife Fight Fee 24 34 26 TB 7H**, which is a horizontal well that will develop the Red Hills Bone Spring, North Pool (Pool Code 96434) underlying the E/2 E/2 of Section 26 to form a non-standard 160-acre oil spacing and proration unit (the "project area").



3. The **Knife Fight Fee 24 34 26 WXY 7H** well will be drilled from NE/4 NE/4 (Unit A) of Section 26 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 26. The first and last perforations for the well will be non-standard. The first perforation for this well will be located 150' from the North line and 994' from the East line, and the last perforation for this well will be located 150' from the South line and 988' from the East line. Other than the locations for the first and last perforations for the well, the completed interval for this well will comply with the 330' setbacks required by the Division's rules.

4. The Red Hills Bone Spring, North Pool (Pool Code 96434) is subject to the Division's statewide rule providing for 40 acre spacing units.

5. Marathon plans to develop each 40 acre spacing unit within the project area.

6. Marathon sought, but has been unable to obtain a voluntary agreement from all interest owners in the Red Hills Bone Spring, North formation underlying the proposed project area to participate in the drilling of the wells or to otherwise commit their interests to the wells.

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

8. In order to permit Marathon to obtain it's just and fair share of the oil and gas underlying the subject lands, all interests in this non-standard spacing unit should be pooled and Marathon should be designated operator of the proposed horizontal wells and spacing unit.

9. Notice of this application is being given in accordance with Division rules.

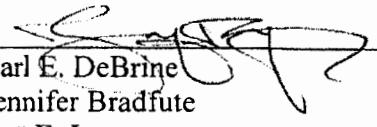
WHEREFORE, Marathon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on December 21, 2017, and, after notice and hearing as required by law, the Division enter an order:

- A. Creating a 160-acre non-standard spacing and proration unit in the Bone Spring formation, comprised of the E/2 E/2 of Section 26, Township 24 South, Range 34 East, NMPM, Lea County, New Mexico;
- B. Approving non-standard locations;
- C. Pooling all mineral interests in the non-standard spacing and proration unit;
- D. Designating Marathon Oil Permian LLC operator of this non-standard spacing unit and the horizontal wells to be drilled thereon;
- E. Authorizing Marathon to recover its costs of drilling, equipping and completing the wells;
- F. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- G. Imposing a 200% penalty for the risk assumed by Marathon in drilling, completing and equipping the wells against any working interest owner who does not voluntarily participate in the drilling of the well.

Respectfully submitted,

MODRALL, SPERLING, ROEHL, HARRIS
& SISK, P.A.

By:


Earl E. DeBrine
Jennifer Bradfute
Zoë E. Lees
P.O. Box 2168
500 Fourth Street NW, Suite 1000
Albuquerque, New Mexico 87103-2168
Telephone: 505.848.1800
Attorneys for Applicant

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

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OIL PERMIAN LLC FOR A NON-STANDARD
OIL SPACING AND PRORATION UNIT,
NON-STANDARD LOCATION
AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NO. _____

APPLICATION

Marathon Oil Permian LLC ("Marathon"), OGRID Number 372098, through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of N.M. Stat. Ann. § 70-2-17, for an order: (1) creating a non-standard 320-acre spacing and proration unit in the Wolfcamp formation, comprised of the E/2 of Section 26, Township 24 South, Range 34 East, NMPM, Lea County, New Mexico; (2) approving non-standard locations; and (3) pooling all mineral interests in the Wolfcamp formation underlying this proposed non-standard spacing and proration unit. In support of this application, Marathon states:

1. Marathon is an interest owner in the subject lands and has a right to drill a well thereon.
2. Marathon proposes to dedicate the above-referenced spacing and proration unit as the project area for three proposed wells: the proposed **Knife Fight Fee 24 34 26 WXY 3H**, **Knife Fight Fee 24 34 26 WA 6H**, and **Knife Fight Fee 24 34 26 WXY 19H** wells, which are horizontal wells that will develop the Antelope Ridge Wolfcamp Pool (Pool Code 2220)



underlying the E/2 of Section 26, Township 24 South, Range 34 East, NMPM, Lea County, New Mexico (the “project area”). The three proposed horizontal wells will be pad drilled.

3. The **Knife Fight Fee 24 34 26 WXY 3H** well will be drilled from a surface location in the NW/4 NE/4 (Unit B) of Section 26 to a bottom hole location in the SW/4 SE/4 (Unit O) of Section 26. The first perforation for this well will be located 150' from the North Line and 2,317' from the East line of Section 26. The last perforation for this well will be located 150' from the South line and 2,302' from the East line.

4. The **Knife Fight Fee 24 34 26 WA 6H** well will be drilled from a surface location in the NE/4 NE/ of Section 26 to a bottom hole location in SW/4 SE/4 of Section 26. The first perforation for this well will be located 150' from the North Line and 1,324' from the East line of Section 26. The last perforation for this well will be located 150' from the South line and 1,318' from the East line.

5. The **Knife Fight Fee 24 34 26 WXY 19H** well will be drilled from NE/4 NE/4 (Unit A) of Section 26 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 26. The first perforation for this well will be located 150' from the North Line and 330' from the East line of Section 26. The last perforation for this well will be located 150' from the South line and 330' from the East line.

6. Other than the locations for the first and last perforations for each well, the completed interval for the wells will comply with the 330 foot setback requirements established under the statewide rules.

7. The Antelope Ridge Wolfcamp Pool (Pool Code 2220) is subject to the Division’s statewide rule providing for 40 acre spacing units.

8. Marathon plans to develop each 40 acre spacing unit within the project area.

9. Marathon sought, but has been unable to obtain a voluntary agreement from all interest owners in the Antelope Ridge Wolfcamp formation underlying the proposed project area to participate in the drilling of the wells or to otherwise commit their interests to the wells.

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

11. In order to permit Marathon to obtain its just and fair share of the oil and gas underlying the subject lands, all interests in this non-standard spacing unit should be pooled and Marathon should be designated operator of the proposed horizontal wells and spacing unit.

12. Notice of this application is being given in accordance with Division rules.

WHEREFORE, Marathon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on December 21, 2017, and, after notice and hearing as required by law, the Division enter an order:

A. Creating a 320-acre non-standard spacing and proration unit in the Wolfcamp formation, comprised of the E/2 of Section 26, Township 24 South, Range 34 East, NMPM, Lea County, New Mexico;

B. Approving non-standard locations for each well;

C. Pooling all mineral interests in the non-standard spacing and proration unit;

D. Designating Marathon Oil Permian LLC operator of this non-standard spacing unit and the horizontal wells to be drilled thereon;

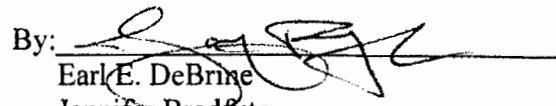
E. Authorizing Marathon to recover its costs of drilling, equipping and completing the wells;

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

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

Respectfully submitted,

MODRALL, SPERLING, ROEHL, HARRIS
& SISK, P.A.

By: 
Earl E. DeBrine
Jennifer Bradfute
Zoë E. Lees
P.O. Box 2168
500 Fourth Street NW, Suite 1000
Albuquerque, New Mexico 87103-2168
Telephone: 505.848.1800
Attorneys for Applicant

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
1030 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

¹ API Number		² Pool Code 96434	³ Pool Name RED HILLS: BONE SPRING, NORTH			
⁴ Property Code		⁵ Property Name KNIFE FIGHT FEE 24 34 26 TB				
⁷ OGRID No. 372098		⁸ Operator Name MARATHON OIL PERMIAN, LLC				

¹⁰ Surface Location

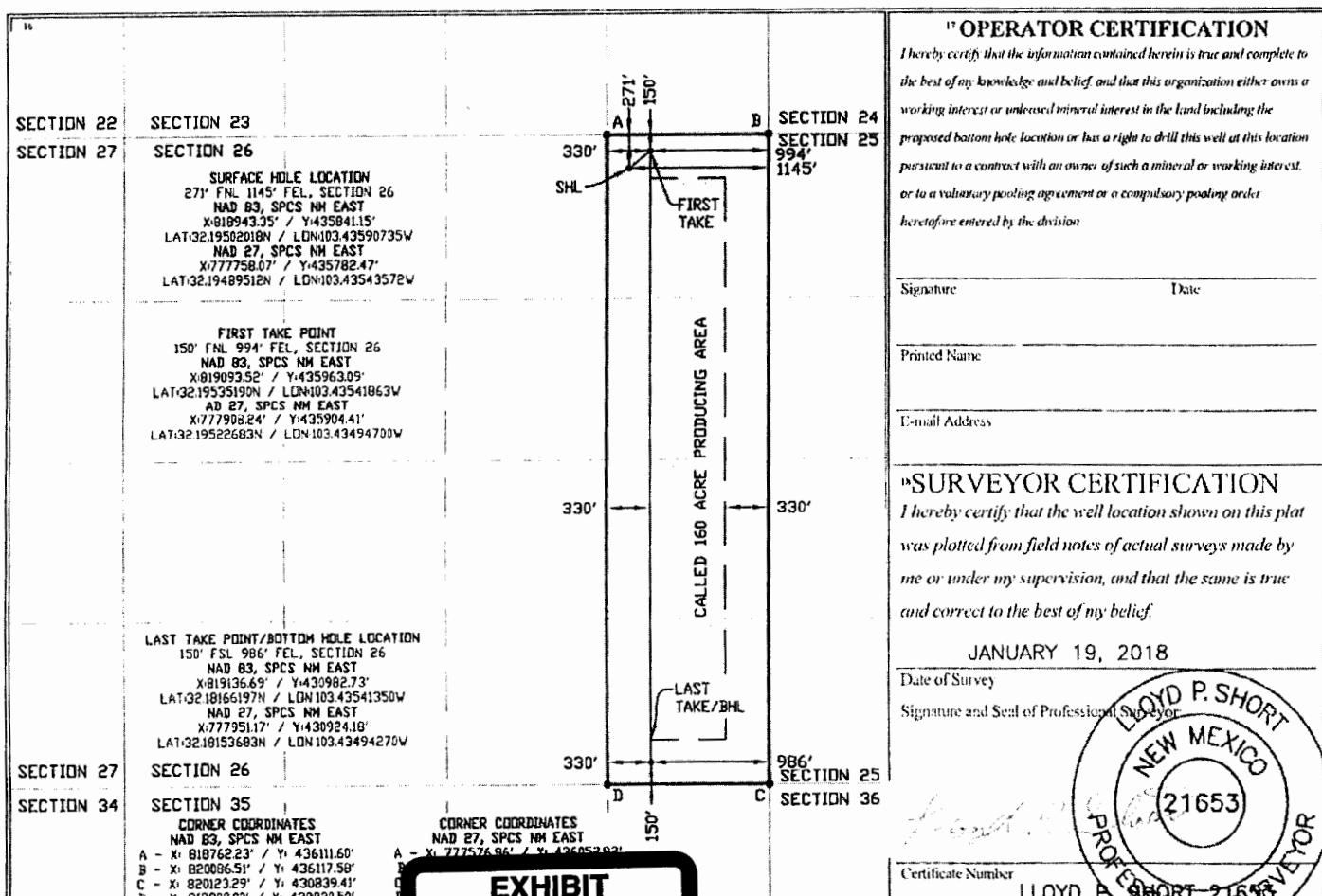
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the North/South line	Feet from the North/South line	Feet from the East/West line	County
A	26	T24S	R34E	271	NORTH	1145	EAST	LEA

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 North/South line	Feet from the East/West line	County
P	26	T24S	R34E	150	SOUTH	986	EAST	LEA

¹² Dedicated Acres ¹³ Joint or Infill ¹⁴ Consolidation Code ¹⁵ Order No.
160.00

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.



3 01/19/2018 CAP
REV. DATE BY

District I
1625 N French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 2220	³ Pool Name ANTELope RIDGE WOLFCAMP
⁴ Property Code		⁵ Property Name KNIFE FIGHT FEE 24 34 26 WXY	
⁷ OGRID No. 372098		⁸ Operator Name MARATHON OIL PERMIAN, LLC	

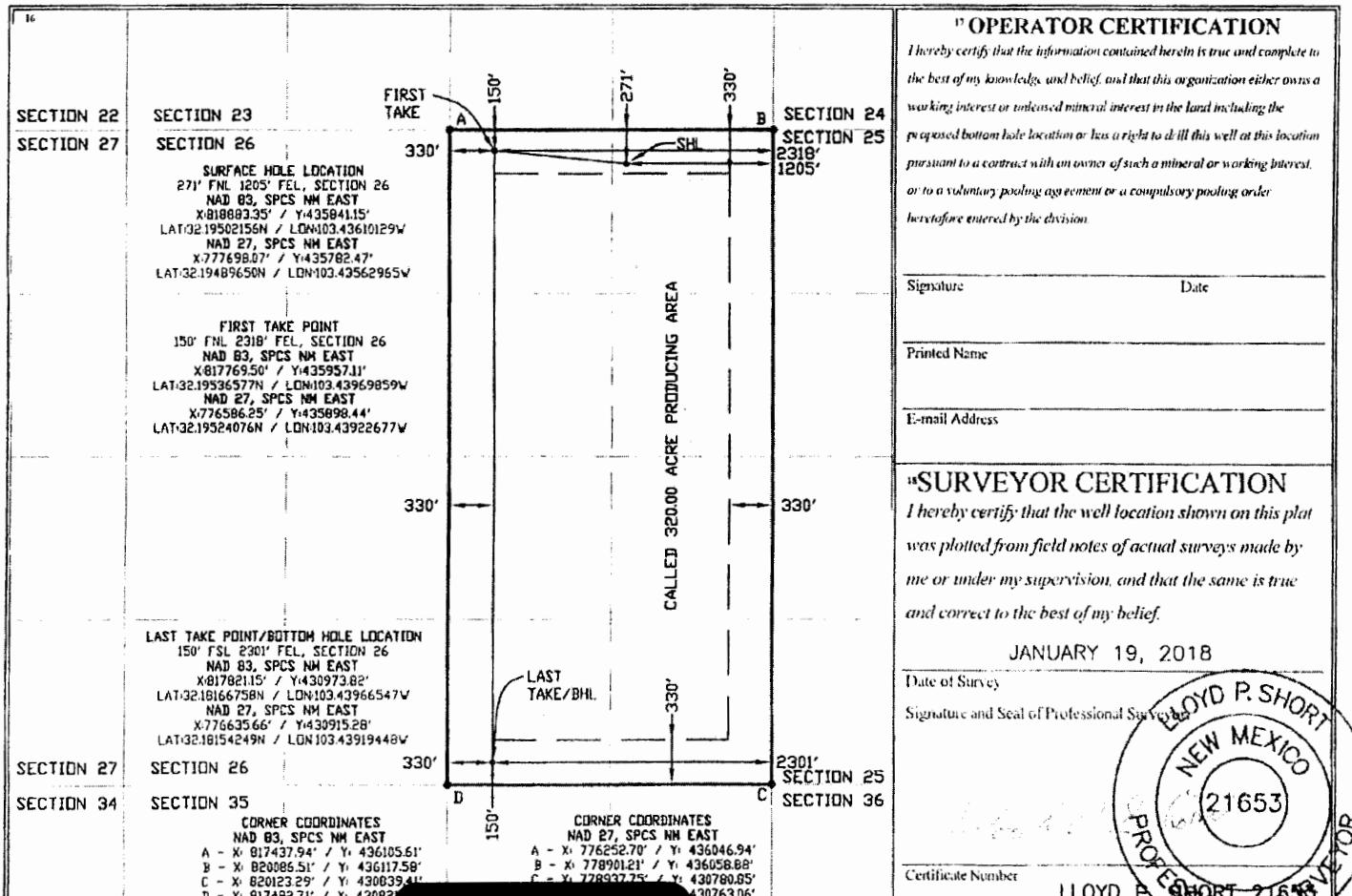
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	26	T24S	R34E		271	NORTH	1205	EAST	LEA

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	
O	26	T24S	R34E		150	SOUTH	2301	EAST	LEA	
¹² Dedicated Acres 320.00	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.							

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



EXHIBIT

2-B

tables

3 01/19/2018 CAP
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 2220	³ Pool Name ANTELOPE RIDGE: WOLFCAMP			
⁴ Property Code		⁵ Property Name KNIFE FIGHT FEE 24 34 26 WXY				
⁷ OGRID No. 372098		⁶ Well Number 19H				

⁸ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	26	T24S	R34E	271	271	NORTH	1115	EAST	LEA

⁹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	26	T24S	R34E	150	150	SOUTH	330	EAST	LEA

¹⁰ Dedicated Acres ¹¹ Joint or Infill ¹² Consolidation Code ¹³ Order No.
320.00

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.

<p>¹⁴</p> <p>SECTION 22 SECTION 23 SECTION 27 SECTION 26</p> <p>SURFACE HOLE LOCATION 271' FNL 1115' FEL, SECTION 26 NAD 83, SPCS NM EAST X:818973.35' / Y:435841.15' LAT:32.19501949N / LON:103.43581037W NAD 27, SPCS NM EAST X:777788.07' / Y:435782.47' LAT:32.19489443N / LON:103.43533875W</p> <p>FIRST TAKE POINT 150' FNL 330' FEL, SECTION 26 NAD 83, SPCS NM EAST X:819757.54' / Y:435965.09' LAT:32.19534489N / LON:103.43327218W NAD 27, SPCS NM EAST X:778572.24' / Y:435907.40' LAT:32.19521980N / LON:103.43280065W</p> <p>LAST TAKE POINT/BOTTOM HOLE LOCATION 150' FSL 330' FEL, SECTION 26 NAD 83, SPCS NM EAST X:819792.24' / Y:430987.17' LAT:32.18165912N / LON:103.43329472W NAD 27, SPCS NM EAST X:778606.71' / Y:430928.61' LAT:32.18153395N / LON:103.43282401W</p> <p>SECTION 27 SECTION 26 SECTION 34 SECTION 35</p> <p>CORNER COORDINATES NAD 83, SPCS NM EAST A - X: 817437.94' / Y: 436105.61' B - X: 820086.51' / Y: 436117.58' C - X: 820123.29' / Y: 430839.41' D - X: 817492.71' / Y: 430821.59'</p>			<p>"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 leased 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.</p> <p>Signature _____ Date _____</p> <p>Printed Name _____</p> <p>E-mail Address _____</p> <p>"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.</p> <p>JANUARY 19, 2018</p> <p>Date of Survey _____</p> <p>Signature and Seal of Professional Surveyor:</p> <p>LLOYD P. SHORT NEW MEXICO 21653 PROFESSIONAL SURVEYOR</p> <p>Certificate Number: LLOYD P. SHORT 21653</p>
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 2220		³ Pool Name ANTELOPE RIDGE: WOLFCAMP				
⁴ Property Code		⁵ Property Name KNIFE FIGHT FEE 24 34 26 WA				⁶ Well Number 6H		
⁷ OGRID No. 372098		⁸ Operator Name MARATHON OIL PERMIAN, LLC				⁹ Elevation 3447'		

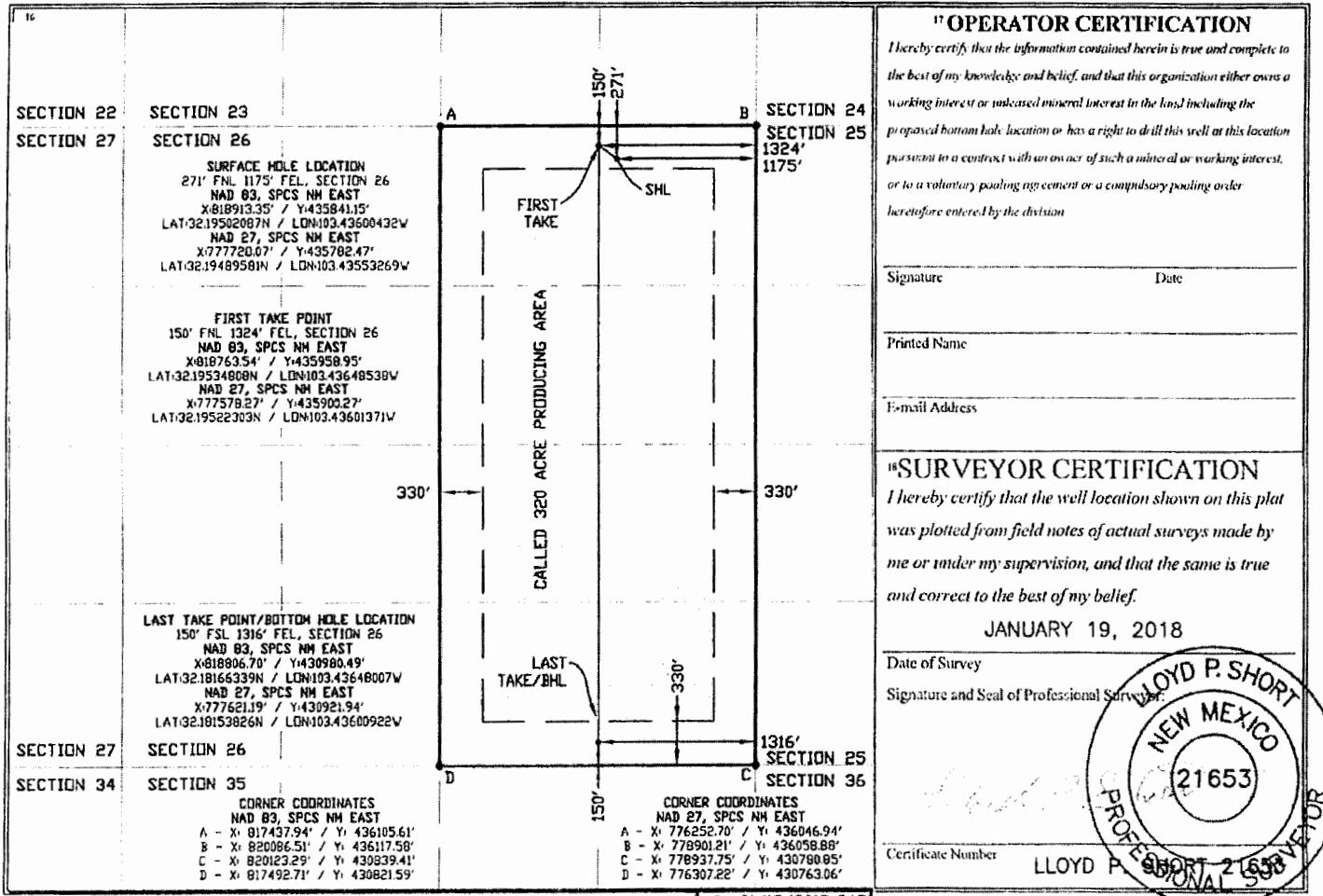
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	26	T24S	R34E		271	NORTH	1175	EAST	LEA

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	
P	26	T24S	R34E		150	SOUTH	1316	EAST	LEA	
¹² Dedicated Acres 320.00	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.							

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



**Exhibit "3" Lease Tract Map
Knife Fight Fee 24 34 26 TB 7H
E/2 E/2 of Section 26, 24S-34E – 160 acres**

- Tract 1: Fee Acreage
 - Tract 2: Fee Acreage
 - Tract 3: Fee Acreage
 - Tract 4: Fee Acreage
- 22 23 24

Tract 1	Tract 2	Tract 3	Tract 4
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**Exhibit "3" Lease Tract Map
Knife Fight Fee 24 34 26 WXY 3H, Knife Fight Fee 24 34 26 WA 6H, and Knife Fight Fee 24 34 26 WXY 19H
E/2 of Section 26, 24S-34E – 320 acres**

- Tract 1: Fee Acreage
- Tract 2: Fee Acreage
- Tract 3: Fee Acreage
- Tract 4: Fee Acreage
- Tract 5: Fee Acreage
- Tract 6: Fee Acreage
- Tract 7: Fee Acreage
- Tract 8: Fee Acreage

24

23

22

Tract 1	Tract 2
Tract 3	Tract 4
Tract 5	Tract 6
Tract 7	Tract 8

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**Exhibit "4" Summary of Interests
Knife Fight Fee 24 34 26 WXY 3H, Knife Fight Fee 24 34 26 WA 6H, and Knife Fight Fee 24 34 26 WXY 19H
E/2 Section 26, 24S-34E**

<u>Committed Working Interest:</u> Marathon Oil Permian LLC	60.865625%	60.865625%
<u>Uncommitted Working Interest:</u>		27.412500%
EOG Y Resources, Inc.	9.028125%	
MRC Permian Company	7.290625%	
Energen Resources Corporation	4.218750%	
Legion Petroleum, LLC	2.187500%	
Advance Energy Partners	4.687500%	
<u>Unleased Mineral Interest:</u>		11.721875%
Roy Light	0.231250%	
Bill G. Taylor, Jr.	1.443750%	
Kathy J. Smith	1.443750%	
Harvey R. Taylor	1.443750%	
Marilyn S. Taylor	1.443750%	
Carolyn A. Taylor	1.443750%	
Curtis Robert Taylor	0.521875%	
The Estate of Rita Sumner	1.562500%	
Rubert Fred Madera	2.187500%	



**Exhibit "4" Summary of Interests
Knife Fight Fee 24 34 26 TB 7H
E/2 E/2 Section 26, 24S-34E**

Committed Working Interest:
Marathon Oil Permian LLC

Uncommitted Working Interest:

EOG Y Resources, Inc.
MRC Permian Company
Energen Resources Corporation
Advance Energy Partners

Unleased Mineral Interest:

Roy Light
Bill G. Taylor, Jr.
Kathy J. Smith
Harvey R. Taylor
Marilyn S. Taylor
Carolyn A. Taylor
Curtis Robert Taylor
The Estate of Rita Sumner

45.068750%

42.012500%

12.918750%

45.068750%

18.056250%
14.581250%
6.250000%
3.125000%



Ryan Gyllenband
Land Professional



Marathon Oil Permian LLC
5555 San Felipe Street
Houston, TX 77056
Telephone: 713.296.2453 Mobile: 281.684.7389
Fax: 713.513.4006
mrgyllenband@marathonoil.com

October 17, 2017

VIA CERTIFIED RETURN RECEIPT MAIL

MRC Permian Company
Attn: Nick Weeks
5400 Lyndon B. Johnson Fwy.
Dallas, TX 75240

Re: Knife Fight 3H, 6H, 7H and 19H Well Proposals
Section 26, T24S-R34E
Lea County, New Mexico

Dear MRC Permian Company:

Marathon Oil Permian LLC ("MRO") proposes the drilling of the following wells located in the east half of Section 26, 24S-34E, Lea County, New Mexico all to be drilled from the same surface pad location.

- Knife Fight Fee 24 34 26 WXY 3H with a proposed first take point located 2,310' FEL and 330' FNL of Section 26, 24S-34E, and a proposed last take point located 2,310' FEL and 330' FSL of Section 26, 24S-34E. The well will have a targeted interval located in the Wolfcamp XY Formation (~12,433' TVD) with a productive lateral length of approximately 4,614'. The total estimated drilling and completion cost is \$7,350,667 as shown in the attached AFE.
- Knife Fight Fee 24 34 26 WA 6H with a proposed first take point located 1,320' FEL and 330' FNL of Section 26, 24S-34E, and a proposed last take point located 1,320' FEL and 330' FSL of Section 26, 24S-34E. The well will have a targeted interval located in the Wolfcamp A Formation (~12,552' TVD) with a productive lateral length of approximately 4,616'. The total estimated drilling and completion cost is \$9,441,096, including a pilot hole as shown in the attached AFE.
- Knife Fight Fee 24 34 26 TB 7H with a proposed first take point located 990' FEL and 330' FNL of Section 26, 24S-34E, and a proposed last take point located 990' FEL and 330' FSL of Section 26, 24S-34E. The well will have a targeted interval located in the 3rd Bone Spring Formation (~12,301' TVD) with a productive lateral length of approximately 4,617'. The total estimated drilling and completion cost is \$7,397,073 as shown in the attached AFE.
- Knife Fight Fee 24 34 26 WXY 19H with a proposed first take point located 330' FEL and 330' FNL of Section 26, 24S-34E, and a proposed last take point located 330' FEL and 330' FSL of Section 26, 24S-34E. The well will have a targeted interval located in the Wolfcamp XY Formation (~12,473' TVD) with a productive lateral length of approximately 4,618'. The total estimated drilling and completion cost is \$7,350,667 as shown in the attached AFE.

These proposed locations and target depths are subject to change depending on any surface or subsurface concerns encountered. The AFEs represent an estimate of the costs that will be incurred to drill and complete the wells, but those electing to participate in the wells are responsible for their proportionate share of the actual costs incurred.

MRO proposes drilling the well under the terms of the 1989 AAPL JOA and a form of this JOA will be sent to you following this proposal. The JOA will have these general provisions:

- 100%/300%/300% non-consent penalty
- \$7,000/\$700 drilling and producing rates
- Contract area of E/2 Section 26, 24S-34E, covering all depths

Our title records show that you own 7.290625% WI in the proposed unit.



If your election is to participate in the drilling and completion of the wells please sign and return a copy of this letter along with the enclosed AFE within thirty (30) days of receipt of this proposal.

If you do not wish to participate, Marathon proposes to acquire your interest via term assignment at the following terms:

- 3 year lease term
- \$2000 bonus consideration per net mineral acre
- Delivering a 75% NRI, proportionately reduced

This term assignment offer terminates December 15, 2017 and is subject to due diligence and title verification satisfactory to Marathon.

Should you have any questions regarding this or other matters, please don't hesitate to contact me at the above listed numbers.

Sincerely,

Ryan Gyllenband

MRC Permian Company elects to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WXY 3H well.

MRC Permian Company elects NOT to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WXY 3H well.

MRC Permian Company elects to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WA 6H well.

MRC Permian Company elects NOT to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WA 6H well.

MRC Permian Company elects to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 TB 7H well.

MRC Permian Company elects NOT to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 TB 7H well.

MRC Permian Company elects to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WXY 19H well.

MRC Permian Company elects NOT to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WXY 19H well.

MRC Permian LKE, Co.

By: _____

Print Name: _____

Title: _____

Date: _____

Ryan Gyllenband
Land Professional



Marathon Oil Permian LLC
5555 San Felipe Street
Houston, TX 77056
Telephone: 713.296.2453 Mobile: 281.684.7389
Fax: 713.513.4006
mrgyllenband@marathonoil.com

October 17, 2017

VIA CERTIFIED RETURN RECEIPT MAIL

Curtis Robert Taylor
507 East Russell
Carlsbad, NM 88220

Re: Knife Fight 3H, 6H, 7H and 19H Well Proposals
Section 26, T24S-R34E
Lea County, New Mexico

Dear Mr. Taylor:

Marathon Oil Permian LLC ("Marathon") shows you with 1.67 unleased net mineral acres in the east half of Section 26, 24S-34E. As an unleased mineral owner, Marathon would like to offer you the opportunity to lease your minerals to Marathon at the below lease terms:

- 3 year lease term with a 2 year option to extend
- \$2000 bonus consideration per net mineral acre
- 20% royalty rate

This offer to lease terminates December 15, 2017 and is subject to due diligence and title verification satisfactory to Marathon. Should you be agreeable to this offer to lease, please sign the lease form included in this proposal in the presence of a notary and return to my attention at the address listed above.

Marathon proposes the drilling of the following wells located in the east half of Section 26, 24S-34E, Lea County, New Mexico all to be drilled from the same surface pad location and should you not elect to lease, Marathon would also like to offer you the opportunity to participate in the drilling of the wells as a working interest owner.

- Knife Fight Fee 24 34 26 WXY 3H with a proposed first take point located 2,310' FEL and 330' FNL of Section 26, 24S-34E, and a proposed last take point located 2,310' FEL and 330' FSL of Section 26, 24S-34E. The well will have a targeted interval located in the Wolfcamp XY Formation (~12,433' TVD) with a productive lateral length of approximately 4,614'. The total estimated drilling and completion cost is \$7,350,667 as shown in the attached AFE.
- Knife Fight Fee 24 34 26 WA 6H with a proposed first take point located 1,320' FEL and 330' FNL of Section 26, 24S-34E, and a proposed last take point located 1,320' FEL and 330' FSL of Section 26, 24S-34E. The well will have a targeted interval located in the Wolfcamp A Formation (~12,552' TVD) with a productive lateral length of approximately 4,616'. The total estimated drilling and completion cost is \$9,441,096, including a pilot hole as shown in the attached AFE.
- Knife Fight Fee 24 34 26 TB 7H with a proposed first take point located 990' FEL and 330' FNL of Section 26, 24S-34E, and a proposed last take point located 990' FEL and 330' FSL of Section 26, 24S-34E. The well will have a targeted interval located in the 3rd Bone Spring Formation (~12,301' TVD) with a productive lateral length of approximately 4,617'. The total estimated drilling and completion cost is \$7,397,073 as shown in the attached AFE.
- Knife Fight Fee 24 34 26 WXY 19H with a proposed first take point located 330' FEL and 330' FNL of Section 26, 24S-34E, and a proposed last take point located 330' FEL and 330' FSL of Section 26, 24S-34E. The well will have a targeted interval located in the Wolfcamp XY Formation (~12,473' TVD) with a productive lateral length of approximately 4,618'. The total estimated drilling and completion cost is \$7,350,667 as shown in the attached AFE.

These proposed locations and target depths are subject to change depending on any surface or subsurface concerns encountered. The AFEs represent an estimate of the costs that will be incurred to drill and complete the wells, but those electing to participate in the wells are responsible for their proportionate share of the actual costs incurred.

MRO proposes drilling the well under the terms of the 1989 AAPL JOA and a form of this JOA will be sent to you following this proposal. The JOA will have these general provisions:

- 100%/300%/300% non-consent penalty
- \$7,000/\$700 drilling and producing rates
- Contract area of E/2 Section 26, 24S-34E, covering all depths

Your estimated WI would be 0.52%.

If your election is to participate in the drilling and completion of the wells please sign and return a copy of this letter along with the enclosed AFE within thirty (30) days of receipt of this proposal.

Should you have any questions regarding this or other matters, please don't hesitate to contact me at the above listed numbers.

Sincerely,

Ryan Gyllenband

I elect to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WXY 3H well.

I elect NOT to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WXY 3H well.

I elect to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WA 6H well.

I elect NOT to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WA 6H well.

I elect to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 TB 7H well.

I elect NOT to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 TB 7H well.

I elect to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WXY 19H well.

I elect NOT to participate in the drilling, completing, and equipping of the Knife Fight Fee 24 34 26 WXY 19H well.

Curtis Robert Taylor

Print Name: _____

Date: _____



Drilling Project #
Pad Project #
DATE: 9/13/2017

Permian Asset Team	
Field	0
Lease / Facility	KNIFE FIGHT FEE 24 34 26 TB 7H
Operator	MARATHON OIL PERMIAN LLC
Location 24, 34, 26	
Rig	498
State	NEW MEXICO
County/Parish	LEA
Estimated Start Date	20-Feb-2018
Estimated Completion Date	22-Mar-2018

Estimated Gross Cost This AFE: \$7,397,073

Project Description & Reason for Expenditure: Drill, Complete, & Equip a Horizontal Well

This well is planned to be drilled and completed with multistage fracturing using plug and perf. The estimated cost of drilling, testing, completing, and equipping the well is \$7,397,073 as detailed in the provided authority for expenditure document. This will include installation of transitional and long term artificial lift systems.

The well will be drilled to a total vertical depth of 12,301' and a total measured depth of 17,300', with an estimated treatable lateral length of 4,617' and will be completed with an estimated 30 stages and approximately 2,500 lbs/ft of proppant.

Prepared By: AG PRADEEP, CAMILO ARIAS, JOSH SHANNON, MATT HENSCHEN, BILLY MOORE, LANE NEAL

Final Approval

 Date: 10/11/2017
Title: Regional Vice President Permian Asset Team

Participant's Approval

Name of Company: _____

Signature: _____

Title: _____ Date: _____



MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 9/13/2017
DRILLING & LOCATION PREPARED BY CAMILO ARIAS
COMPLETION PREPARED BY JOSH SHANNON
FACILITIES & ARTIFICIAL LIFT PREPARED BY MATT HENSCHEN

Asset Team	PERMIAN	FORMATION: 3RD BONE SPRINGS	WILDCAT	EXPLORATION
Field	RED HILLS		DEVELOPMENT	RECOMPLETION
Lease/Facility	KNIFE FIGHT FEE TB 7H		X EXPLOITATION	WORKOVER
Location	LEA COUNTY			
Prospect	RED HILLS			

Est Total Depth 17,300 Est Drilling Days 23.3 Est Completion Days 5.5

LOCATION COST - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access	\$0,000
7001250	Land Broker Fees and Services	37,500
TOTAL LOCATION COST - INTANGIBLE		
		<u>87,500</u>

DRILLING COST - TANGIBLE

7012050	Conductor Pipe	30,000
7012050	Surface Casing	36,000
7012050	Intermediate Casing 1	149,000
7012050	Intermediate Casing 2	275,000
7012050	Production Casing	60,000
7012050	Drill Liner Hanger, Tieback Eq & Csg Accessories	65,000
7012550	Drilling Wellhead Equipment	65,000
7012040	Casing & Tubing Access	24,000
7012270	Miscellaneous MRO Materials	-
TOTAL DRILLING - TANGIBLE		
		<u>704,000</u>

DRILLING COST - INTANGIBLE

7019200	Drilling Rig - day work/footage	37,500
7019220	Directional Drilling Services	465,000
7019040	Cement and Cementing Service	195,500
7019020	Cement and Cementing Service	30,000
7019020	Cement and Cementing Service	40,000
7019020	Cement and Cementing Service	50,000
7019140	Mud Fluids & Services	50,000
7012310	Solids Control equipment	75,000
7012020	Bits	37,200
7019010	Casing Crew and Services	80,000
7016350	Fuel (Rig)	35,000
7019140	Fuel (Mud)	71,610
7001460	Water (non potable)	11,000
7019000	Well Logging Services	25,000
7019150	Mud Logging+geosteering	-
7019250	Stabilizers, Hole Openers, Underreamers (DH rentals)	18,050
7019110	Casing inspection/cleaning	15,000
7019110	Drill pipe/collar inspection services	8,000
7016180	Freight - truck	18,000
7001460	Water hauling and disposal (Includes soil farming)	40,000
7001440	Vacuum Trucks	120,000
7000030	Contract Labor - general	20,000
7018150	Rental Tools and Equipment (surface rentals)	35,000
7018150	Rig Equipment and Misc.	116,250
7001110	Telecommunications Services	6,975
7001120	Consulting Services	10,000
7001400	Safety and Environmental	90,675
7018120	Rental Buildings (trailers)	25,575
7019310	Coring (sidewalls & analysis)	-
7011010	B% Contingency & Taxes	145,820
TOTAL DRILLING - INTANGIBLE		
		<u>\$1,872,155</u>

TOTAL DRILLING COST \$1,872,155

COMPLETION - TANGIBLE

7012580	Tubing	87,500
7012040	Tubing Accessories (nipple, wireline entry)	15,000
7012550	Wellhead Equip	20,000
7012560	Packers - Completion Equipment	38,850

TOTAL COMPLETION - TANGIBLE \$161,350

MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 9/13/2017

Asset Team PERMIAN
Field RED HILLS FORMATION: 3RD BONE SPRINGS
Lease/Facility KNIFE FIGHT FEE TB 7H

COMPLETION - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access (dress location after rig move, set anchors)	20,000
7019220	Drilling Rig During Completion	21,600
7019140	Mud Fluids & Services	-
7019030	Coiled Tubing Services (3 runs)	90,000
7019240	Snubbing Services	30,000
7019270	Pulling/Swab Units	11,520
7016350	Fuel (from drig)	-
7019010	Casing Crew and Services	-
7019020	Cement and Cementing Services	66,500
7019080	Well Testing Services (flow hand & equip)	2,000,000
7019320	Fracturing Services	132,000
7019330	Perforating	-
7019360	Wireline Services	-
7001460	Water Hauling & Disposal (frac fluids)	600,000
7016180	Freight - Truck (haul pipe; drig & compl)	30,000
7018150	BOP Rental & Testing	-
7018150	Rental Tools and Equipment (inc drig, lightplant, hydra-walk)	45,000
7018150	CT Downhole Rental Equipment (ie. Bit, BHA)	20,000
7000030	Contract Labor - general	15,000
7001110	Telecommunications Services	-
7001400	Safety and Environmental	24,000
7001120	Consulting Services	57,600
7018150	Zipper Manifold	30,000
7019300	Frack Stack Rentals	-
7016190	Freight (Transportation Services)	-
7018150	Equipment Rental (w/o operator, frac tanks, lightplants)	80,000
7018120	Rental Buildings (trailers)	40,000
7000030	Contract Labor - Pumping (pump-down pumps)	42,000
7011010	8% Contingency & Taxes	281,326
	TOTAL COMPLETION - INTANGIBLE	\$3,636,546

TOTAL COMPLETION COST

\$3,797,896

SURFACE EQUIPMENT - TANGIBLE

7012350	Misc. Piping, Fittings & Valves	82,871
7006640	Company Labor & Burden	-
7000030	Contract Labor - General	66,368
7001110	Telecommunication equip (Telemetry)	-
7012410	Line Pipe & Accessories	25,847
7012270	Miscellaneous Materials (containment system)	41,091
7008060	SCADA	-
7016180	Freight - truck	-
7001190	Contract Engineering	27,792
7012290	Metering and Instrumentation	239,430
7012290	I&E Materials	-
7012200	Gas Treating	-
7012200	Dehydration	-
7012010	Compressor	-
7012350	Power	-
7012610	Vapor Recovery Unit	-
7012440	Separator & other pressure vessels	101,137
7012500	Tanks	136,189
7012100	Heater Treater	12,406
7012640	Flare & Accessories	16,675
7000010	Electrical Labor	27,792
7000010	Mechanical Labor	-
7012480	Rod Pumping unit & Pad	-
7012180	Pumping Unit Engine	-
7012350	Electrical Power (electrical cooperative construction costs)	22,234
	TOTAL SURFACE EQUIPMENT - TANGIBLE	\$799,782

TOTAL SURFACE EQUIPMENT COST

\$ 799,782

ARTIFICIAL LIFT

7006640	Company Labor	7,500
7012180	Gas Lift Equipment	-
7012480	Rod Pumping, Sucker Rods & Rod Pump	-
7012140	Elect Sub Pumps (ESP)	78,000
7019350	Well Services-Well/Wellhead Services	22,500
7012270	Materials & Supplies-Tangible	13,000
7012550	Surface Wellhead Equipment	8,500
7012390	Pig Launchers/Receivers & Rel Equip	-
7011010	8% Contingency & Taxes	6,240
	TOTAL ARTIFICIAL LIFT	135,740

TOTAL ARTIFICIAL LIFT COST

\$ 135,740

SUMMARY OF ESTIMATED DRILLING WELL COSTS

TOTAL COST

TOTAL LOCATION COST	\$ 87,500
TOTAL DRILLING COST	\$ 2,576,155
TOTAL COMPLETIONS COST	\$ 3,797,896
TOTAL SURFACE EQUIPMENT COST	\$ 799,782
TOTAL ARTIFICIAL LIFT COST	\$ 135,740
GRAND TOTAL COST	\$7,397,073



Drilling Project #
Pad Project #
DATE: 9/13/2017

Permian Asset Team		Location	24 34 26	Rig	498
Field	0	State	NEW MEXICO		
Lease / Facility	KNIFE FIGHT FEE 24 34 26 WXY 3H	County/Parish	LEA		
Operator	MARATHON OIL PERMIAN LLC	Estimated Start Date	14-May-2018		
		Estimated Completion Date	13-Jun-2018		

Estimated Gross Cost This AFE: \$7,350,667

Project Description & Reason for Expenditure: Drill, Complete, & Equip a Horizontal Well

This well is planned to be drilled and completed with multistage fracturing using plug and perf. The estimated cost of drilling, testing, completing, and equipping the well is \$7,350,667 as detailed in the provided authority for expenditure document. This will include installation of transitional and long term artificial lift systems.

The well will be drilled to a total vertical depth of 12,433' and a total measured depth of 18,212', with an estimated treatable lateral length of 4,614' and will be completed with an estimated 30 stages and approximately 2,500 lbs/ft of proppant.

Prepared By:

AG PRADEEP, CAMILO ARIAS, JOSH SHANNON, MATT HENSCHEN, BILLY MOORE, LANE NEAL

Final Approval


Title: Regional Vice President Permian Asset Team

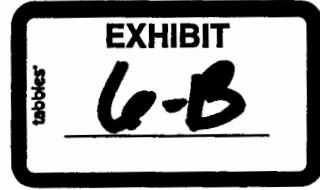
Date: 10/11/2017

Participant's Approval

Name of
Company: _____

Signature: _____

Title: _____ Date: _____



MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 9/13/2017
DRILLING & LOCATION PREPARED BY CAMILO ARIAS
COMPLETION PREPARED BY JOSH SHANNON
FACILITIES & ARTIFICIAL LIFT PREPARED BY MATT HENSCHEN

Asset Team	PERMIAN	FORMATION: WOLFCAMP Y	WILDCAT	EXPLORATION
Field	RED HILLS		DEVELOPMENT	RECOMPLETION
Lease/Facility	KNIFE FIGHT FEE 24 34 26 WXY 3H		X EXPLOITATION	WORKOVER
Location	LEA COUNTY			
Prospect	RED HILLS			

Est Total Depth 18,212 Est Drilling Days 23.3 Est Completion Days 5.5

LOCATION COST - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access	50,000
7001250	Land Broker Fees and Services	37,500

TOTAL LOCATION COST - INTANGIBLE 87,500

DRILLING COST - TANGIBLE

7012050	Conductor Pipe	30,000
7012050	Surface Casing	36,000
7012050	Intermediate Casing 1	149,000
7012050	Intermediate Casing 2	283,000
7012050	Production Casing	60,000
7012050	Drg Uner Hanger, Tieback Eq & Csg Accessories	65,000
7012550	Drilling Wellhead Equipment	65,000
7012040	Casing & Tubing Access	24,000
7012270	Miscellaneous MRO Materials	-

TOTAL DRILLING - TANGIBLE 712,000

DRILLING COST - INTANGIBLE

7019200	Drilling Rig Mob/Demob	37,500
7019220	Drilling Rig - day work/footage	465,000
7019040	Directional Drilling Services	195,500
7019020	Cement and Cementing Service	30,000
7019020	Cement and Cementing Service	40,000
7019020	Cement and Cementing Service	50,000
7019140	Cement and Cementing Service	50,000
7022310	Mud Fluids & Services	75,000
7012020	Solids Control equipment	37,280
7019010	Bits	80,000
7016350	Casing Crew and Services	35,000
7019140	Fuel (Rig)	71,764
7001460	Fuel (Mud)	11,000
7019000	Water (non potable)	25,000
7019150	Well Logging Services	-
7019250	Mud Logging/geosteering	18,050
7019110	Stabilizers, Hole Openers, Underreamers (OH rentals)	15,000
7019110	Casing Inspection/cleaning	8,000
7016180	Drill pipe/collar inspection services	18,000
7001460	Freight - truck	40,000
7001440	Water hauling and disposal (includes soil farming)	120,000
7000030	Vacuum Trucks	20,000
7000030	Contract Labor - general	35,000
7018150	Rental Tools and Equipment (surface rentals)	116,500
7018150	Rig Equipment and Misc.	6,990
7001110	Telecommunications Services	10,000
7001120	Consulting Services	90,870
7001400	Safety and Environmental	25,630
7018120	Rental Buildings (trailers)	-
7019310	Coring (sidewalls & analysis)	-
7011010	8% Contingency & Taxes	146,405

TOTAL DRILLING - INTANGIBLE \$1,874,489

TOTAL DRILLING COST \$2,586,489

COMPLETION - TANGIBLE

7012580	Tubing	87,500
7012040	Tubing Accessories (nipple, wireline entry)	15,000
7012550	Wellhead Equip	20,000
7012560	Packers - Completion Equipment	38,850

TOTAL COMPLETION - TANGIBLE \$161,350

MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 9/13/2017

Asset Team	PERMIAN	FORMATION: WOLFCAMP Y
Field	RED HILLS	
Lease/Facility	KNIFE FIGHT FEE WXY 3H	

COMPLETION - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270		20,000
7019220	Drilling Rig During Completion	21,600
7019140	Mud Fluids & Services	-
7019030	Coiled Tubing Services (3 runs)	90,000
7019240	Snubbing Services	30,000
7019270	Pulling/Swab Units	11,520
7016350	Fuel (from drig)	-
7019010	Casing Crew and Services	-
7019020	Cement and Cementing Services	-
7019080	Well Testing Services (flow hand & equip)	66,500
7019320	Fracturing Services	2,000,000
7019330	Perforating	132,000
7019360	Wireline Services	-
7001460	Water Hauling & Disposal (frac fluids)	600,000
7016180	Freight - Truck (haul pipe; drig & compl)	30,000
7018150	BOP Rental & Testing	-
7018150	Rental Tools and Equipment (incl drig; lightplant,hydra-walk)	-
7018150	CT Downhole Rental Equipment (ie. Bit, BHA)	45,000
7000030	Contract Labor - general	20,000
7001110	Telecommunications Services	15,000
7001400	Safety and Environmental	-
7001120	Consulting Services	24,000
7018150	Zipper Manifold	57,600
7019300	Frac Stack Rentals	30,000
7016190	Freight (Transportation Services)	-
2018150	Equipment Rental (w/o operator, frac tanks, lightplants)	80,000
7018120	Rental Buildings (trailers)	40,000
7000030	Contract Labor - Pumping (pump-down pumps)	42,000
7011010	8% Contingency & Taxes	281,326

TOTAL COMPLETION - INTANGIBLE

\$ 3,636,546

TOTAL COMPLETION COST

\$ 3,797,896

SURFACE EQUIPMENT - TANGIBLE

7012350	Misc. Piping, Fittings & Valves	82,821
7006640	Company Labor & Burden	-
7000030	Contract Labor - General	66,368
7001110	Telecommunication equip (Telemetry)	-
7012410	Line Pipe & Accessories	25,847
7012270	Miscellaneous Materials (containment system)	41,091
7008060	SCADA	-
7016180	Freight - truck	-
7001190	Contract Engineering	27,792
7012290	Metering and Instrumentation	239,430
7012290	IEE Materials	-
7012200	Gas Treating	-
7012200	Dehydration	-
7012010	Compressor	-
7012350	Power	-
7012610	Vapor Recovery Unit	-
7012440	Separator & other pressure vessels	101,137
7012500	Tanks	136,189
7012100	Heater Treater	12,406
7012640	Flare & Accessories	16,675
7000010	Electrical Labor	27,792
7000010	Mechanical Labor	-
7012480	Rod Pumping unit & Pad	-
7012180	Pumping Unit Engine	-
7012350	Electrical Power (electrical cooperative construction costs)	22,234

TOTAL SURFACE EQUIPMENT - TANGIBLE

\$ 799,782

TOTAL SURFACE EQUIPMENT COST

\$ 799,782

ARTIFICIAL LIFT

7006640	Company Labor	2,500
7012180	Gas Lift Equipment	38,000
7012480	Rod Pumping, Sucker Rods & Rod Pump	-
7012140	Elect Sub Pump (ESP)	-
7019350	Well Services-Well/Wellhead Services	20,000
7012270	Materials & Supplies-Tangible	13,000
7012550	Surface Wellhead Equipment	5,500
7012390	Pig Launchers/Receivers & Rel Equip	-
7011010	8% Contingency & Taxes	-

TOTAL ARTIFICIAL LIFT

\$ 79,000

TOTAL ARTIFICIAL LIFT COST

\$ 79,000

SUMMARY OF ESTIMATED DRILLING WELL COSTS

TOTAL COST

TOTAL LOCATION COST	\$ 87,500
TOTAL DRILLING COST	\$ 2,586,489
TOTAL COMPLETIONS COST	\$ 3,797,896
TOTAL SURFACE EQUIPMENT COST	\$ 799,782
TOTAL ARTIFICIAL LIFT COST	\$ 79,000

GRAND TOTAL COST

\$ 7,350,667



AUTHORITY FOR EXPENDITURE
EXPLORATION & PRODUCTION

Drilling Project #
Pad Project #
DATE: 9/13/2017

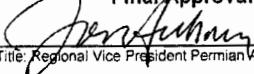
Permian Asset Team	
Field	0
Lease / Facility	KNIFE FIGHT FEE 24 34 26 WXY 19H
Operator	MARATHON OIL PERMIAN LLC
Estimated Gross Cost This AFE: \$7,350,667	
Location 0 Rig 498	
State NEW MEXICO	
County/Parish LEA	
Estimated Start Date 16-Apr-2018	
Estimated Completion Date 16-May-2018	

Project Description & Reason for Expenditure: Drill, Complete, & Equip a Horizontal Well

This well is planned to be drilled and completed with multistage fracturing using plug and perf. The estimated cost of drilling, testing, completing, and equipping the well is \$7,350,667 as detailed in the provided authority for expenditure document. This will include installation of transitional and long term artificial lift systems. The well will be drilled to a total vertical depth of 12,473' and a total measured depth of 18,232', with an estimated treatable lateral length of 4,618' and will be completed with an estimated 30 stages and approximately 2,500 lbs/ft of proppant.

Prepared By AG PRADEEP, CAMILO ARIAS, JOSH SHANNON, MATT HENSCHEN, BILLY MOORE, LANE NEAL

Final Approval


Date: 10/11/2017
Title: Regional Vice President Permian Asset Team

Participant's Approval

Name of Company: _____

Signature: _____

Title: _____ Date: _____



MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 9/13/2017
DRILLING & LOCATION PREPARED BY CAMILO ARIAS
COMPLETION PREPARED BY JOSH SHANNON
FACILITIES & ARTIFICIAL LIFT PREPARED BY MATT HENSCHEN

Asset Team	PERMIAN	FORMATION: WOLFCAMP Y	WILDCAT	EXPLORATION
Field	RED HILLS		DEVELOPMENT	RECOMPLETION
Lease/Facility	KNIFE FIGHT FEE 24 34 26 WXY 15H		X EXPLOITATION	WORKOVER
Location	LEA COUNTY			
Prospect	RED HILLS			

Est Total Depth 18,232 Est Drilling Days 23.3 Est Completion Days 5.5

LOCATION COST - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access	50,000
7001250	Land Broker Fees and Services	37,500
	TOTAL LOCATION COST - INTANGIBLE	<u>87,500</u>

DRILLING COST - TANGIBLE

7012050	Conductor Pipe	30,000
7012050	Surface Casing	36,000
7012050	Intermediate Casing 1	149,000
7012050	Intermediate Casing 2	283,000
7012050	Production Casing	60,000
7012050	Drg Liner Hanger, Tieback Eq & Csg Accessories	65,000
7012550	Drilling Wellhead Equipment	65,000
7012040	Casing & Tubing Access	24,000
7012270	Miscellaneous MRO Materials	-
	TOTAL DRILLING - TANGIBLE	<u>712,000</u>

DRILLING COST - INTANGIBLE

7019200	Drilling Rig Mob/Demob	37,500
7019220	Drilling Rig - day work/footage	466,000
7019040	Directional Drilling Services	195,500
7019020	Cement and Cementing Service	30,000
7019020	Cement and Cementing Service	40,000
7019020	Cement and Cementing Service	50,000
7019020	Cement and Cementing Service	50,000
7019140	Mud Fluids & Services	75,000
7012310	Solids Control equipment	37,280
7012020	Bits	80,000
7019010	Casing Crew and Services	35,000
7016350	Fuel (Rig)	71,764
7019140	Fuel (Mud)	11,000
7001460	Water (non potable)	25,000
7019000	Well Logging Services	-
7019150	Mud Logging/geosteering	18,050
7019250	Stabilizers, Hole Openers, Underreamers (DH rentals)	15,000
7019110	Casing inspection/cleaning	8,000
7019110	Drill pipe/collar Inspection services	18,000
7016180	Freight - truck	40,000
7001460	Water hauling and disposal (includes soil farming)	120,000
7001440	Vacuum Trucks	20,000
7000030	Contract Labor - general	35,000
7018150	Rental Tools and Equipment (surface rentals)	116,500
7018150	Rig Equipment and Misc.	6,990
7001110	Telecommunications Services	10,000
7001120	Consulting Services	90,870
7001400	Safety and Environmental	25,630
7018120	Rental Buildings (trailers)	-
7019310	Coring (sidewalls & analysis)	-
7011010	8% Contingency & Taxes	146,405
	TOTAL DRILLING - INTANGIBLE	<u>\$1,874,489</u>

TOTAL DRILLING COST **\$2,586,489**

COMPLETION - TANGIBLE

7012580	Tubing	87,500
7012040	Tubing Accessories (nipple, wireline entry)	15,000
7012550	Wellhead Equip	20,000
7012560	Packers - Completion Equipment	38,850

TOTAL COMPLETION - TANGIBLE **\$161,350**

MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 9/13/2017

Asset Team:	PERMIAN	FORMATION: WOLFCAMP Y
Field:	RED HILLS	
Lease/Facility:	KNIFE FIGHT FEE WXY 19H	

COMPLETION - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access (dress location after rig move, set anchors)	20,000
7019220	Drilling Rig During Completion	21,600
7019140		-
7019030	Mud Fluids & Services	90,000
7019240	Coiled Tubing Services (3 runs)	30,000
7019270	Snubbing Services	11,520
7016350	Pulling/Swab Units	-
7019010	Fuel (from drig)	-
7019020	Casing Crew and Services	-
7019080	Cement and Cementing Services	-
7019320	Well Testing Services (flow hand & equip)	66,500
7019330	Fracturing Services	2,000,000
7019360	Perforating	132,000
7001460	Wireline Services	-
7016180	Water Hauling & Disposal (frac fluids)	600,000
7018150	Freight - Truck (haul pipe, drig & compl)	30,000
7018150	BOP Rental & Testing	-
7018150	Rental Tools and Equipment (incl drig, lightplant,hydra-walk)	-
7018150	CT Downhole Rental Equipment (ie. Bit, BHA)	45,000
7000030	Contract Labor - general	20,000
7001110	Telecommunications Services	15,000
7001400	Safety and Environmental	-
7001120	Consulting Services	24,000
7018150	Zipper Manifold	57,600
7019300	Frac Stack Rentals	30,000
7016190	Freight (Transportation Services)	-
7018150	Equipment Rental (w/o operator, frac tanks, lightplants)	80,000
7018120	Rental Buildings (trailers)	40,000
7000030	Contract Labor - Pumping (pump-down pumps)	42,000
7011010	8% Contingency & Taxes	281,326
	TOTAL COMPLETION - INTANGIBLE	\$ 3,636,546

TOTAL COMPLETION COST \$ 3,797,896

SURFACE EQUIPMENT - TANGIBLE

7012350	Misc. Piping, Fittings & Valves	82,821
7006640	Company Labor & Burden	-
7000030	Contract Labor - General	66,368
7001110	Telecommunication equip (Telemetry)	-
7012410	Line Pipe & Accessories	25,847
7032270	Miscellaneous Materials (containment system)	41,091
7008060	SCADA	-
7016180	Freight - truck	-
7001190	Contract Engineering	27,792
7012290	Metering and Instrumentation	239,430
7012290	J&E Materials	-
7012200	Gas Treating	-
7012200	Dehydration	-
7012010	Compressor	-
7012350	Power	-
7012610	Vapor Recovery Unit	-
7012440	Separator & other pressure vessels	101,137
7012500	Tanks	136,189
7012100	Heater Treater	12,406
7012640	Flare & Accessories	16,675
7000010	Electrical Labor	27,792
7000010	Mechanical Labor	-
7012480	Rod Pumping unit & Pad	-
7012180	Pumping Unit Engine	-
7012350	Electrical Power (electrical cooperative construction costs)	22,234
	TOTAL SURFACE EQUIPMENT - TANGIBLE	\$ 799,782

TOTAL SURFACE EQUIPMENT COST \$ 799,782

ARTIFICIAL LIFT

7005540	Company Labor	2,500
7012180	Gas Lift Equipment	38,000
7012480	Rod Pumping, Sucker Rods & Rod Pump	-
7012140	Elect Sub Pumps (ESP)	-
7019350	Well Services-Well/Wellhead Services	20,000
7012270	Materials & Supplies-Tangible	13,000
7012550	Surface Wellhead Equipment	5,500
7012390	Pig Launchers/Receivers & Rel Equip	-
7011010	8% Contingency & Taxes	-
	TOTAL ARTIFICIAL LIFT	79,000

TOTAL ARTIFICIAL LIFT COST \$ 79,000

SUMMARY OF ESTIMATED DRILLING WELL COSTS

TOTAL COST

TOTAL LOCATION COST	\$ 87,500
TOTAL DRILLING COST	\$ 2,586,489
TOTAL COMPLETIONS COST	\$ 3,797,896
TOTAL SURFACE EQUIPMENT COST	\$ 799,782
TOTAL ARTIFICIAL LIFT COST	\$ 79,000
GRAND TOTAL COST	\$ 7,350,667



0	Drilling Project #
0	1/0/1900
DATE:	7/24/2017

Permian Asset Team		Location	0	Rig	480
Field	0	State	NEW MEXICO		
Lease / Facility	KNIFE FIGHT FEE 24 34 26 WA 6H	County/Parish	EDDY		
Operator	MARATHON OIL PERMIAN LLC	Estimated Start Date	19-Mar-2018		
		Estimated Completion Date	3-May-2018		

Estimated Gross Cost This AFE: \$9,441,096

Project Description & Reason for Expenditure: Drill, Complete, & Equip a Horizontal Well

This well is planned to be drilled and completed with multistage fracturing using plug and perf. The estimated cost of drilling, testing, completing, and equipping the well is \$9,441,096 as detailed in the provided authority for expenditure document. This will include installation of transitional and long term artificial lift systems.

The well will be drilled to a total vertical depth of 12,552' and a total measured depth of 18,281', with an estimated treatable lateral length of 4,616' and will be completed with an estimated 30 stages and approximately 2,500 lbs/ft of proppant with Pilot Hole and Coring Tests.

Prepared By: LANE NEAL, AG PRADEEP, CAMILO ARIAS, JOSH SHANNON, & BILLY MOORE

Final Approval

Lane Neal Date: 10/11/2017
Title: Regional Vice President Permian Asset Team

Participant's Approval

Name of
Company: _____

Signature: _____

Title: _____ Date: _____



MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 7/24/2017
DRILLING & LOCATION PREPARED BY CAMILO ARIAS
COMPLETION PREPARED BY JOSH SHANNON
FACILITIES & ARTIFICIAL LIFT PREPARED BY MATT HENSCHEN

Asset Team	PERMIAN	FORMATION: WOLFCAMP A	WILDCAT	EXPLORATION	
Field	0		DEVELOPMENT	RECOMPLETION	
Lease/Facility	KNIFE FIGHT FEE 24 34 26 WA 6H		X EXPLOITATION	WORKOVER	
Location	LEA COUNTY				
Prospect	RED HILLS				
Est Total Depth	18,281	Est Drilling Days	37.8	Est Completion Days	5.5

LOCATION COST - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access	50,000
7001250	Land Broker Fees and Services	37,500
	TOTAL LOCATION COST - INTANGIBLE	87,500

DRILLING COST - TANGIBLE

7012050	Conductor Pipe	30,000
7012050	Surface Casing	36,089
7012050	Intermediate Casing 1	149,215
7012050	Intermediate Casing 2	273,000
7012050	Production Casing	86,040
7012050	Drill Uner Hanger, Tieback Eq & Csg Accessories	65,000
7012550	Drilling Wellhead Equipment	65,000
7012040	Casing & Tubing Access	24,000
7012270	Miscellaneous MRO Materials	-
	TOTAL DRILLING - TANGIBLE	728,343

DRILLING COST - INTANGIBLE

7019200	Drilling Rig - day work/footage	37,500
7019040	Directional Drilling Services	756,000
7019020	Cement and Cementing Service	282,500
7019020	Cement and Cementing Service	74,000
7019020	Cement and Cementing Service	40,000
7019020	Cement and Cementing Service	50,000
7019140	Cement and Cementing Service	50,000
7012310	Mud Fluids & Services	105,000
7012020	Solids Control equipment	63,380
7019010	Bits	95,000
7016350	Casing Crew and Services	35,000
7019140	Fuel (Rig)	116,424
7001460	Fuel (Mud)	26,000
7019000	Water (non potable)	25,000
7019150	Well Logging Services	460,000
7019250	Mud Logging/geosteering	118,050
7019110	Stabilizers, Hole Openers, Underreamers (DH rentals)	25,000
7019110	Casing inspection/cleaning	8,000
7016180	Drill pipe/collar inspection services	23,000
7001460	Freight - truck	60,000
7001440	Water hauling and disposal (includes soil farming)	145,000
7000030	Vacuum Trucks	20,000
7018150	Contract Labor - general	70,000
7018150	Rental Tools and Equipment (surface rentals)	196,500
7001110	Rig Equipment and Misc.	41,990
7001120	Telecommunications Services	18,500
7001400	Consulting Services	159,020
7018120	Safety and Environmental	41,580
7019310	Rental Buildings (trailers)	-
7011010	Coring (sidewall & analysis)	541,400
	8% Contingency & Taxes	264,731
	TOTAL DRILLING - INTANGIBLE	\$3,948,575

TOTAL DRILLING COST

\$4,676,918

COMPLETION - TANGIBLE

7012580	Tubing	87,500
7012040	Tubing Accessories (nipple, wireline entry)	15,000
7012550	Wellhead Equip	20,000
7012560	Packers - Completion Equipment	38,850

TOTAL COMPLETION - TANGIBLE

\$161,350

MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 7/24/2017

Asset Team	PERMIAN
Field	0
Lease/Facility	KNIFE FIGHT FEE TB 6H

COMPLETION - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access (dress location after rig move, set anchors)	20,000
7019220	Drilling Rig During Completion	21,600
7019140	Mud Fluids & Services	-
7019030	Coiled Tubing Services (3 runs)	90,000
7019240	Snubbing Services	30,000
7019270	Pulling/Swab Units	11,520
7016350	Fuel (from drilg)	-
7019010	Casing Crew and Services	-
7019020	Cement and Cementing Services	-
7019080	Well Testing Services (flow hand & equip)	66,500
7019320	Fracturing Services	2,000,000
7019330	Perforating	132,000
7019360	Wireline Services	-
7001460	Water Hauling & Disposal (frac fluids)	600,000
7016180	Freight - Truck (haul pipe; drilg & compl.)	30,000
7018150	BOP Rental & Testing	-
7018150	Rental Tools and Equipment (incl drilg, lightplant, hydra-walk)	-
7018150	CT Downhole Rental Equipment (ie. Bit, BHA)	45,000
7000090	Contract Labor - general	20,000
7001110	Telecommunications Services	15,000
7001400	Safety and Environmental	-
7001120	Consulting Services	24,000
7018150	Zipper Manifold	57,600
7019300	Frac Stack Rentals	30,000
7016190	Freight (Transportation Services)	-
7018150	Equipment Rental (w/o operator, frac tanks, lightplants)	80,000
7018120	Rental Buildings (trailers)	40,000
7000030	Contract Labor - Pumping (pump-down pumps)	42,000
7011010	10% Contingency & Taxes	281,326
TOTAL COMPLETION - INTANGIBLE		\$3,636,546

TOTAL COMPLETION COST

\$3,797,896

SURFACE EQUIPMENT - TANGIBLE

7012350	Misc. Piping, Fittings & Valves	82,821
9005027	Company Labor & Burden	-
7000030	Contract Labor - General	66,368
7001110	Telecommunication equip (Telemetry)	-
7012410	Line Pipe & Accessories	25,847
7012270	Miscellaneous Materials (containment system)	41,091
7008060	SCADA	-
7016180	Freight - truck	-
7001190	Contract Engineering	27,792
7012290	Metering and Instrumentation	239,430
7012290	I&E Materials	-
7012200	Gas Treating	-
7012200	Dehydration	-
7012010	Compressor	-
7012350	Power	-
7012610	Vapor Recovery Unit	-
7012440	Separator & other pressure vessels	101,137
7012500	Tanks	136,189
7012100	Heater Treater	12,406
7012640	Flare & Accessories	16,675
7000010	Electrical Labor	27,792
7000010	Mechanical Labor	-
7012480	Rod Pumping unit & Pad	-
7012180	Pumping Unit Engine	-
7012350	Electrical Power (electrical cooperative construction costs)	22,234
TOTAL SURFACE EQUIPMENT - TANGIBLE		\$799,782

TOTAL SURFACE EQUIPMENT COST

\$ 799,782

ARTIFICIAL LIFT

7012180	Company Labor	2,500
7012480	Gas Lift Equipment	38,000
7012140	Rod Pumping, Sucker Rods & Rod Pump	-
7019350	Elect Sub Pumps (ESP)	-
7012270	Well Services-Well/Wellhead Services	20,000
7012270	Materials & Supplies-Tangible	13,000
7012550	Surface Wellhead Equipment	5,500
7012390	Pig Launchers/Receivers & Rel Equip	-
7011010	10% Contingency & Taxes	-
TOTAL ARTIFICIAL LIFT		\$ 79,000

TOTAL ARTIFICIAL LIFT COST

\$ 79,000

SUMMARY OF ESTIMATED DRILLING WELL COSTS

TOTAL COST

TOTAL LOCATION COST	\$ 87,500
TOTAL DRILLING COST	\$ 4,676,918
TOTAL COMPLETIONS COST	\$ 3,797,896
TOTAL SURFACE EQUIPMENT COST	\$ 799,782
TOTAL ARTIFICIAL LIFT COST	\$ 79,000
GRAND TOTAL COST	
\$9,441,096	

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

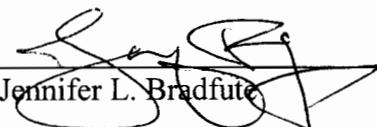
APPLICATION OF MARATHON
OIL PERMIAN LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT,
NON-STANDARD LOCATIONS,
AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. 15906

AFFIDAVIT

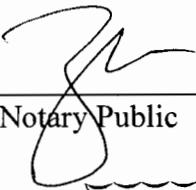
STATE OF NEW MEXICO)
)
) ss.
COUNTY OF BERNALILLO)

Jennifer L. Bradfute, attorney in fact and authorized representative of Marathon Oil Permian, LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.



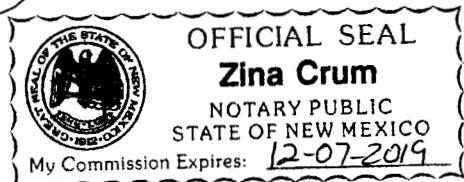
Jennifer L. Bradfute

SUBSCRIBED AND SWORN to before me this 23th day of January 2018 by Jennifer L. Bradfute.



Notary Public

My commission expires: 12-07-2019



Marathon Application Notice

Knife Fight 3H/6H/19H

Mailed November 30, 2017

POOLED	
PARTIES	CERTIFIED NOS.
EOG Y Resources, Inc. 5509 Champions Drive Midland, TX 79706	7016 0910 0002 1798 8014 12/05/17
MRC Permian Company 5400 Lyndon B. Johnson Fwy. Dallas, TX 75240	7016 0910 0002 1798 8021 12/11/17
Energen Resources Corporation 605 Richard Arrington, Jr. Blvd. North Birmingham, AL 35203-2707	7016 0910 0002 1798 8038 12/7/17
Crown Oil Partners V, LP P. O. Box 50820 Midland, TX 79710	7016 0910 0002 1798 8045 12/8/17
Crump Energy Partners II, LLC P. O. Box 50820 Midland, TX 79710	7016 0910 0002 1798 8052 12/8/17
Sam L. Shackelford 1096 Mechem Drive, Suite G-18 Ruidoso, NM 88345	7016 0910 0002 1798 8069 Return to Sender 12/8/17
Legion Petroleum, LLC P.O. Box 5443 Austin, TX 78763	7016 0910 0002 1798 8076 12/13/17
Robert E. Landreth 110 W. Louisiana Ave. #404 Midland, TX 79701	7016 0910 0002 1798 8083 12/8/17
Southwestern Petroleum Land Services LLC 1901 W. 4th Street Roswell, NM 88201	7016 0910 0002 1798 8090 12/8/17
Wallace Family Partnership 508 W. Wall Street, Suite 1200 Midland, TX 79701	7016 0910 0002 1798 8106 12/7/17
WBA Resources, Ltd. P.O. Box 50468 Midland, TX 79710	7016 0910 0002 1798 8113 12/8/17
JWD Resources, LLC P.O. Box 51908 Midland, TX 79710	7016 0910 0002 1798 8120 12/8/17
CTH Royalties, LLC P.O. Box 52521 Midland, TX 79710	7016 0910 0002 1798 8137 12/11/17

Marathon Application Notice

Knife Fight 3H/6H/19H

Mailed November 30, 2017

NM Royalty P.O. Box 51908 Midland, TX 79710	7016 0910 0002 1798 8144 Return to Sender 01/03/18
Fort Worth Mineral Company LLC 500 Main Street, Suite 1200 Fort Worth, TX 76102	7016 0910 0002 1798 8151 12/8/17
Blackbird Royalties, LLC 1710 W. 3rd Street Roswell, NM 88201	7016 0910 0002 1798 8168 12/8/17
Foundation Minerals, LLC P.O. Box 50820 Midland, TX 79710	7016 0910 0002 1798 8175 12/8/17
Robert E. Landreth 110 W. Louisiana Ave. #404 Midland, TX 79701	7016 0910 0002 1798 8083 Duplicate 12/8/17
Roy Light P.O. Box 396 Eastsound, WA 98245-0396	7016 0910 0002 1798 8182 12/05/18
Ted Collins, Jr. P.O. Box 27 Midland, TX 79702	7016 0910 0002 1798 8199 12/12/17
Bill G. Taylor, Jr. 199 11th Ave. NW Rio Rancho, NM 87144	7016 0910 0002 1798 8205 Return to Sender 01/02/18
Kathy J. Smith 233 New Mexico Drive Portales, NM 88130	7016 0910 0002 1798 8212 12/15/17
Harvey R. Taylor 124 S. 5th Street Carlsbad, NM 88220	7016 0910 0002 1798 8229 12/8/17
Marilyn S. Taylor 2310 Avenue B Carlsbad, NM 88220	7016 0910 0002 1798 8236 12/8/17
Carolyn A. Taylor 1702 Curry Road Carlsbad, NM 88220	7013 0600 0000 9380 2885 12/8/17
James Russell Quaranta 362 E. Horseshoe Ave. Gilbert, AZ 85296	7013 0600 0000 9380 2892 12/7/17
Ian Russell Quaranta 2862 E. Concho Ave Mesa, AZ 85204	7013 0600 0000 9380 2908 12/8/17

Marathon Application Notice

Knife Fight 3H/6H/19H

Mailed November 30, 2017

Jayme Erin Quaranta Yost 2667 E. Dennisport Ave. Gilbert, AZ 85295	7014 0150 0000 5971 0574 12/8/17
E. Horace Holland 35 Ruby Court Muscle Shoals, AL 35661	7014 0150 0000 5971 0581 01/23/18
John Wayne Taylor 4031 Harmon Lane Carlsbad, NM 88220	7014 0150 0000 5971 0598 12/19/17
The Estate of Curtis Robert Taylor 507 East Russell Carlsbad, NM 88220	7014 0150 0000 5971 0604 Return to Sender 12/15/17
The Estate of Rita Sumner P.O. Box 524 Lexington, OR 97839	7014 0150 0000 5971 0611 12/8/17
Charlie Sumner P.O. Box 524 Lexington, OR 97839	7014 0150 0000 5971 0628 12/08/17
Sally Runyan 5530 NE 199th Ave Vancouver, WA 98682	7014 0150 0000 5971 0635 12/7/17
Jeff Sumner 1031 NW 2nd Ave. Hillsboro, OR 97124	7014 0150 0000 5971 0642 Return to sender 01/10/18
Jacqueline Jones 1029 Birmingham St. Medford, OR 97501	7014 0150 0000 5971 0659 01/19/18
Krystle Sumner McEntire 25689 225th Ave. SE Maple Valley, CA 98038	7014 0150 0000 5971 0666 Return to Sender 12/12/17
Rubert Fred Madera P.O. Box 2795 Ruidoso, NM 88355	7015 0920 0002 3727 8278 12/7/17
Paul K. Stetson 31 Sun River Cascade Road Sun River, MT 59483	7015 0920 0002 3727 8285 12/11/17
OFFSETS	
Robert E. Landreth 110 W. Louisiana Ave. Suite 404 Midland, TX 79701	7016 0910 0002 1798 8083 Duplicate 12/8/17
Donna P. Landreth 110 W. Louisiana Ave.	7015 0920 0002 3727 8292 12/8/17

Marathon Application Notice

Knife Fight 3H/6H/19H

Mailed November 30, 2017

Suite 404 Midland, TX 79701	
Centennial Resources Production LLC 1001 17th Street Suite 1800 Denver, CO 80202	7015 0920 0002 3727 8308 12/12/17
GMT Exploration Co. LLC 15060 Broadway Suite 2000 Denver, CO 80202	7015 0920 0002 3727 8315 12/12/17
EOG Resources Assets LLC/John A. Yates/Vladin, LLC 105 S. 4th Street Artesia, NM 88210	7015 0920 0002 3727 8322 12/7/17
MidCon Land Services, LLC P.O. Box 31773 Edmond, OK 73003	7015 0920 0002 3727 8339 12/19/17
COG Operating, LLC/Concho Oil & Gas, LLC One Concho Center 600 W Illinois Avenue Midland, TX 79701	7015 0920 0002 3727 8346 12/7/17
Endeavor Energy Resources, LP 110 N. Marienfield Suite 200 Midland, TX 79701	7015 0920 0002 3727 8353 12/7/17
MECO IV, LLC 1200 17th Street Suite 975 Denver, CO 80202	7015 0920 0002 3727 8360 12/12/17
Muleshoe Crude, LP 101 Blackberry Court Midland, TX 79705	7015 0920 0002 3727 8377 12/06/17
Petas Energy, LP P.O. Box 4127 Midland, TX 79704	7015 0920 0002 3727 8384 12/11/17
Commerce First Royalties, LLC 14241 Dallas Parkway Suite 600 Dallas, TX 75254	7015 0920 0002 3727 8391 12/12/17
The Allar Company P.O. Box 1567 Graham, TX 79701	7015 0920 0002 3727 8407 12/12/17
OXY USA WTP, LLC 5 Greeway Plaza	7015 0920 0002 3727 8414 12/12/17

Marathon Application Notice

Knife Fight 3H/6H/19H

Mailed November 30, 2017

Suite 110 Houston, TX 77046	
EOG Resources, Inc./EOG Y Resources, Inc. 5509 Champions Drive Midland, TX 79706	7016 0910 0002 1798 8014 12/05/17

USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Tracking Number: 7014015000059710598

[Remove X](#)

Your item was delivered at 10:12 am on December 19, 2017 in CARLSBAD, NM 88220.

 **Delivered**

December 19, 2017 at 10:12 am
Delivered
CARLSBAD, NM 88220

Tracking History

Product Information

5971 0598

00000

0150

7014

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pcs	7.29	
Sent To	John Wayne Taylor 4031 Harmon Lane Carlsbad, NM 88220	
Street, Apt or PO Box		
City, State	JLB 81363-0124/KF 3H 6h 19H	

Postmark Here

PS Form 3800, August 2008 [See Reverse for Instructions](#)

[See Less ^](#)

Can't find what you're looking for?

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

FAQs (<http://faq.usps.com/?articleId=220900>)

USPS Tracking®FAQs > (<http://faq.usps.com/?articleId=220900>)**Track Another Package +****Tracking Number:** 70150920000237278377**Remove X**

Your item was delivered to an individual at the address at 12:01 pm on December 6, 2017 in MIDLAND, TX 79705.

Delivered

December 6, 2017 at 12:01 pm
Delivered, Left with Individual
MIDLAND, TX 79705

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
7 377 3727 8377 0002 0920 7015	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
	
	7.29
	Muleshoe Crude, LP 101 Blackberry Court Midland, TX 79705 JLB 81363-0124/KF 3H 6h 19H
<small>PS Form 3800, July 2014</small> See Reverse for Instructions	

Tracking History**Product Information****See Less ^****Can't find what you're looking for?**

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

FAQs (<http://faq.usps.com/?articleId=220900>)

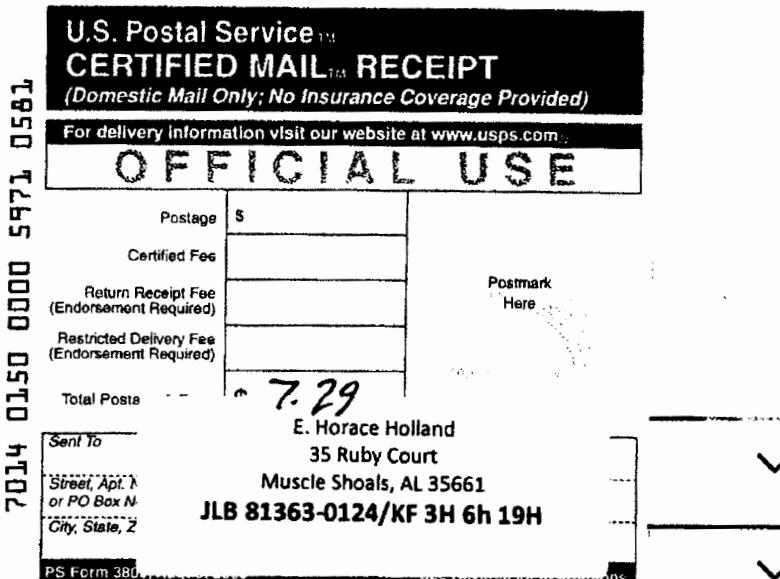
USPS Tracking®

[FAQs > \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)[Track Another Package +](#)**Tracking Number:** 7014015000059710581[Remove X](#)

Your item was delivered to an individual at the address at 11:06 am on January 23, 2018 in FRANKLIN, TN 37064.

Delivered

January 23, 2018 at 11:06 am
Delivered, Left with Individual
FRANKLIN, TN 37064

[Get Updates ▾](#)[Text & Email Updates](#)[Tracking History](#)[Product Information](#)[See Less ^](#)

Can't find what you're looking for?

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

[FAQs \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

USPS Tracking®

[FAQs > \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

[Track Another Package +](#)

Tracking Number: 7014015000059710628

[Remove X](#)

Expected Delivery on

FRIDAY

8 DECEMBER
2017

by
8:00pm

Delivered

December 8, 2017 at 5:08 pm
Delivered, Individual Picked Up at Post Office
LEXINGTON, OR 97839



[Tracking History](#)

[Product Information](#)

[See Less ^](#)

Can't find what you're looking for?

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

[FAQs \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

USPS Tracking®

[FAQs > \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

[Track Another Package +](#)

Tracking Number: 7014015000059710659

[Remove X](#)

We attempted to deliver your item at 7:11 pm on January 19, 2018 in MEDFORD, OR 97501 and a notice was left because an authorized recipient was not available. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice beginning January 20, 2018. If this item is unclaimed by February 3, 2018 then it will be returned to sender.

Delivery Attempt: Action Needed

January 19, 2018 at 7:11 pm
Notice Left (No Authorized Recipient Available)
MEDFORD, OR 97501

Schedule Redelivery ▼

<p>Text & Email Updates</p> <hr/> <p>Schedule Redelivery</p> <hr/> <p>Tracking History</p> <hr/> <p>Product Information</p> <hr/>	<p>5971 0659</p> <p>0000</p> <p>0150</p> <p>7014</p> <p>PS Form 380</p> <p>See Less ^</p>	<p>U.S. Postal Service CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i></p> <p>For delivery information visit our website at www.usps.com.</p> <p>OFFICIAL USE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Postage</td> <td style="padding: 2px;">\$</td> <td style="width: 15%;">7.29</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Certified Fee</td> <td style="width: 15%;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Return Receipt Fee (Endorsement Required)</td> <td style="width: 15%;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Restricted Delivery Fee (Endorsement Required)</td> <td style="width: 15%;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Total Post</td> <td style="width: 15%;"></td> </tr> </table> <p style="text-align: right;">Postmark Here</p> <p>Jacqueline Jones 1029 Birmingham St. Medford, OR 97501 JLB 81363-0124/KF 3H 6h 19H</p> <p><small>See reverse for instructions</small></p>	Postage	\$	7.29	Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			Total Post		
Postage	\$	7.29															
Certified Fee																	
Return Receipt Fee (Endorsement Required)																	
Restricted Delivery Fee (Endorsement Required)																	
Total Post																	

Can't find what you're looking for?

USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Tracking Number: 70160910000217988182

[Remove X](#)

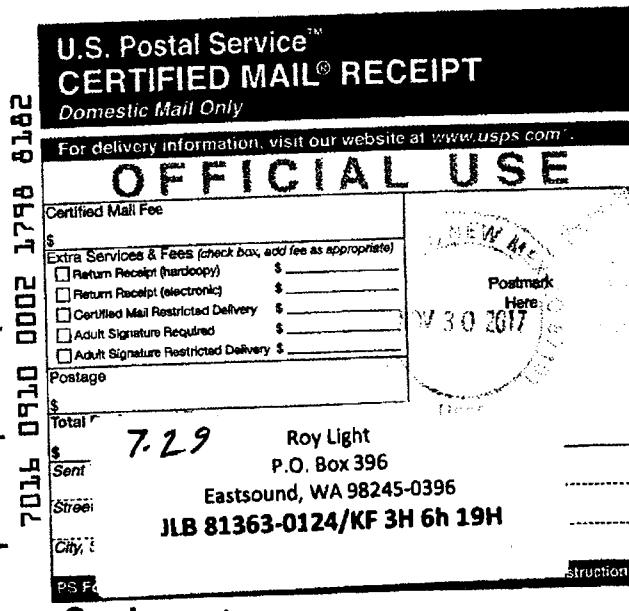
Your item was delivered at 11:44 am on December 5, 2017 in EASTSOUND, WA 98245.

 **Delivered**

December 5, 2017 at 11:44 am
Delivered
EASTSOUND, WA 98245

Tracking History

Product Information



Can't find what you're looking for?

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

FAQs (<http://faq.usps.com/?articleId=220900>)



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

9590 9402 2679 6351 6554 76

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4[®] here.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

DEC 12 2017

RECEIVE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Melanie Barrett</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Melanie Barrett</i></p> <p>C. Date of Delivery 12-6-17</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>The Allar Company P.O. Box 1567 Graham, TX 79701 JLB 81363-0124/KF 3H 6h 19H</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</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>7015 0920 0002 3727 8407</p>		<p>4. Delivery Method 1. Domestic Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

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

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

OFFICIAL USE

Postage	\$	 Postmark [Signature]
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.29	

7015 0920 0002 3727 8407

Sent To: The Allar Company
P.O. Box 1567
Graham, TX 79701
JLB 81363-0124/KF 3H 6h 19H

Street or PO
City, ST
PS Form

USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Tracking Number: 70160910000217988014

[Remove X](#)

Your item was picked up at a postal facility at 7:34 am on December 5, 2017 in MIDLAND, TX 79702.

Delivered

December 5, 2017 at 7:34 am
DELIVERED, INDIVIDUAL PICKED UP AT POSTAL FACILITY
MIDLAND, TX 79702

[Get Updates ▼](#)

Text & Email Updates



Tracking History



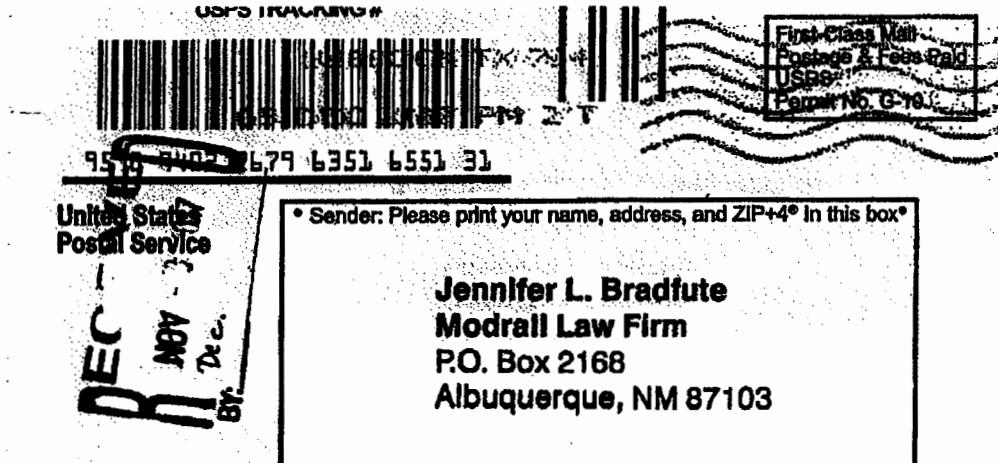
Product Information

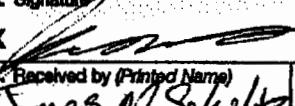


[See Less ^](#)

Can't find what you're looking for?

Go to our **FAQs** (<http://faq.usps.com/?articleId=220900>) section to find answers to your tracking questions.



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 																			
1. Article Addressed to: Blackbird Royalties, LLC 1710 W. 3rd Street Roswell, NM 88201 JLB 81363-0124/KF 3H 6h 19H		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>James M. Schubitz</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																	
2. Article Number (Transfer from service label) 7016 0910 0002 1798 8168																			
3. Service Type <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> 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"/> Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</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"/> 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"/> Mail		<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																		
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																		
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																		
<input type="checkbox"/> Mail																			
<input type="checkbox"/> Mail Restricted Delivery																			
		Domestic Return Receipt																	

9590 9402 2679 6351 6551 31

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

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

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

OFFICIAL USE

Certified Mail Fee

7016 0910 0002 1798 8168

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

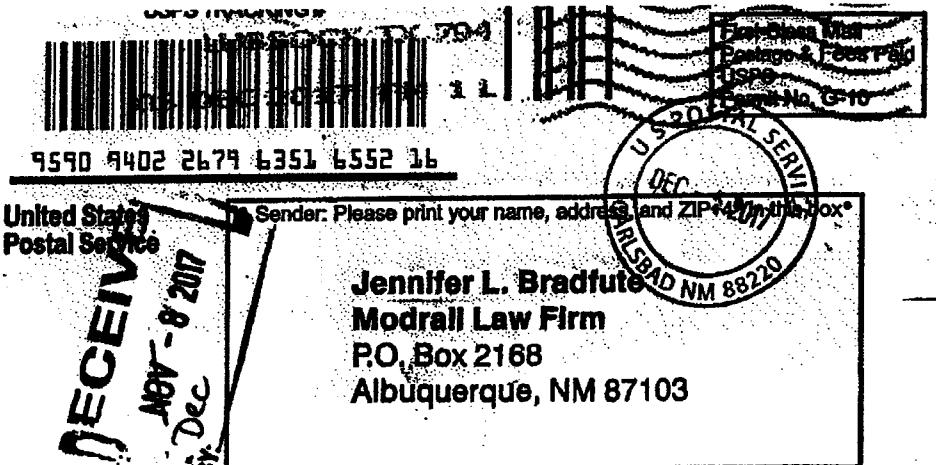
Total P. \$ 7.29

7016 0910 0002 1798 8168

Blackbird Royalties, LLC
1710 W. 3rd Street
Roswell, NM 88201
JLB 81363-0124/KF 3H 6h 19H

Street: _____
City, St. _____

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

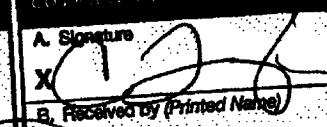
Carolyn A. Taylor
1702 Curry Road
Carlsbad, NM 88220
JLB 81363-0124/KF 3H 6h 19H

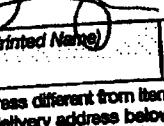
9590 9402 2679 6351 6552 16

2. Article Number (Transfer from service label)

7013 0600 0000 9380 2885

DOMESTIC MAIL CENTER STICKER

A. Signature 

B. Received by (Printed Name) 

C. Date of Delivery

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

3. Service Type

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

2017 NOV 8 CARLSBAD NM 88220

Domestic Return Receipt

PS Form 3611, July 2015 PSN 7530-02-000-9053

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

2885
9380
0100
0000
7013

Postage	S
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	7.29
Sent To	
Street, Apt. # or PO Box N.	
City, State, Z	

Carolyn A. Taylor
1702 Curry Road
Carlsbad, NM 88220
JLB 81363-0124/KF 3H 6h 19H

Postmark Nov 30 2017

See Reverse for Instructions

PS Form 3800, August 2005

U.S. POSTAL SERVICE



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

9590 9402 2679 6351 6553 77

United States
Postal Service

• Sender: Please print your name, address, and zip code in this box.
Jennifer L. Bradfute Modrall Law Firm P.O. Box 2168 Albuquerque, NM 87103
RECEIVED DEC 12 2017

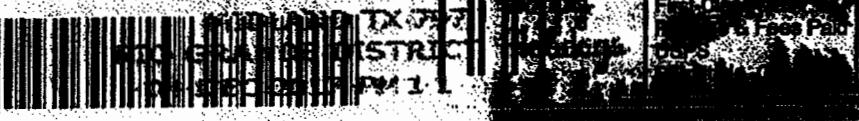
SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	
1. Article Addressed to: Centennial Resources Production LLC 1001 17th Street Suite 1800 Denver, CO 80202 JLB 81363-0124/KF 3H 6h 19H	
2. Article Number (Transfer from service label) 7015 0920 0002 3727 8308	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
E. Service Type <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"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input 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

U.S. Postal Service CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		
For delivery information, visit our website at www.usps.com .		
OFFICIAL USE		
7015 0920 0002 3727 8308	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.29
Sent To Centennial Resources Production LLC 1001 17th Street Suite 1800 Denver, CO 80202 JLB 81363-0124/KF 3H 6h 19H		

PS Form 3



9590 9402 2679 6351 6554 14

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

BY
Dec.
NOV - 7 2017

RECEIVED

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete Items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Michael Gordan C. Date of Delivery 12/4/17</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>	
1. Article Addressed to: COG Operating, LLC/Concho Oil & Gas, LLC One Concho Center 600 W Illinois Avenue Midland, TX 79701 JLB 81363-0124/KF 3H 6h 19H		3. Service Type <input type="checkbox"/> Priority Mail Express® <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"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7015 0920 0002 3727 8346			
9590 9402 2679 6351 6554 14			

PS Form 3811, July 2015 PSN 7590-02-000-9033

Domestic Return Receipt

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

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

OFFICIAL USE

Postage \$ **7.29**

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage **7.29**

COG Operating, LLC/Concho Oil & Gas, LLC
One Concho Center
600 W Illinois Avenue
Midland, TX 79701
JLB 81363-0124/KF 3H 6h 19H

7015 0920 0002 3727 8346

Nov 30 2017
Postmark
Mexico

PS Form 3800, July 2014 See Reverse for Instructions

USPS TRACKING #



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

9590 9402 2679 6351 6554 69

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

RECEIVED
DEC 12 2017

-216869

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:

Commerce First Royalties, LLC
14241 Dallas Parkway
Suite 600
Dallas, TX 75254

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6554 69

2. Article Number (Transfer from service label)

7015 0920 0002 3727 8391

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

JENNIFER L. BRADFUTE

C. Date of Delivery

12-7-2017

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

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Certified Mail® |
| <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"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Domestic Return Receipt |
| <input type="checkbox"/> Domestic Return Receipt | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

PS Form 3811, July 2015 FGSN 7630-02-000-0053

Domestic Return Receipt

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

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To		
7-29		
Commerce First Royalties, LLC 14241 Dallas Parkway Suite 600 Dallas, TX 75254		
JLB 81363-0124/KF 3H 6h 19H		

7015 0920 0002 3727 8391

Sen _____
Site or F _____
City _____

PS Form 3600, July 2014

See Reverse Instructions



United States
Postal Service

RECEIVED
NOV - 8 2017
Dec

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

SENDER: COMPLETE THIS SECTION		RECIPIENT SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  12-5-17</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>Crown Oil Partners V, LP P. O. Box 50820 Midland, TX 79710 JLB 81363-0124/KF 3H 6h 19H</p> <p>9590 9402 2679 6351 6550 18</p> <p>2. Article Number (Transfer from service label)</p> <p>2016 0910 0002 1798 8045</p>		<p>3. Service Type <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"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-0053 Domestic Return Receipt</p>			

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

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

OFFICIAL USE

1798 8045
2016 0910 0002

Certified Mail Fee
\$ 7.29

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
\$ 7.29

Total Postage and Fees
\$ 7.29

Sent To
Street: _____
City, State: _____
JLB 81363-0124/KF 3H 6h 19H

PS Form 3811, July 2015 PSN 7530-02-000-0053 Actions

7.29
C
Here

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS

9590 9402 2679 6351 6550 25

United States
Postal Service

RECEIVED
NOV - 8 2017
Dec.

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

Crump Energy Partners II, LLC
P. O. Box 50820
Midland, TX 79710

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6550 25

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8052

PS Form 3811, July 2015 PSN 7580-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rachel Lange*
Rachel Lange

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

12.5.17

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

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - End Mail
 - Mail Restricted Delivery 1500g
 - Mail Restricted Delivery 1500g

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total Postage

\$

7.29

Postmark
Here

Sent To

Street Address

City, State

Crump Energy Partners II, LLC

P. O. Box 50820

Midland, TX 79710

JLB 81363-0124/KF 3H 6h 19H

PS Form

USPS TRACKING #



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

9590 9402 2679 6351 6551 00

United States
Postal Service

* Sender: Please print your name, address, and 25-digit tracking number.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

DEC 11 2017

RECEIVED

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:

CTH Royalties, LLC
P.O. Box 52521
Midland, TX 79710

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6551 00

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8137

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *JLB*

- Agent
 Addressee

B. Received by (Printed Name)

Priscilla Hansen

C. Date of Delivery

12-6-17

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

3. Service Type

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

PS Form 3811, July 2015 PSN 7530-02-000-9063

Domestic Return Receipt

U.S. Postal Service®
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Post

\$

7.29

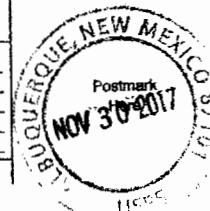
Sent To

Street and

City, State,

Zip Code

CTH Royalties, LLC
P.O. Box 52521
Midland, TX 79710
JLB 81363-0124/KF 3H 6h 19H



PS Form 3800, April 2015 PSN 7530-02-000-9064

See Reverse for Instructions

USPS TRACKING #



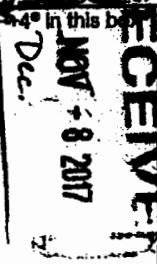
First Class Mail
Insurance & Fees Paid
USPS

9590 9402 2679 6351 6553 60

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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:

Donna P. Landreth
110 W. Louisiana Ave.
Suite 404
Midland, TX 79701

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6553 60

2. Article Number (Transfer from service label)

7015 0920 0002 3727 8292

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Linda L. Carter Agent
 Linda L. Carter Addressee

B. Received by (Printed Name)

LINDA CARTER 12-4-17

C. Date of Delivery

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

3. Service Type

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

PS Form 3811, July 2016 PSN 7880-02-000-9053

Domestic Return Receipt

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

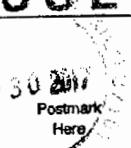
For delivery information, visit our website at www.usps.com.

OFFICIAL USE

7015 0920 0002 3727 8292

Postage	\$
<hr/>	
<input type="checkbox"/> Certified Fee	
<hr/>	
<input type="checkbox"/> Return Receipt Fee (Endorsement Required)	
<hr/>	
<input type="checkbox"/> Restricted Delivery Fee (Endorsement Required)	
<hr/>	
Total Postage & Fees	

7.29



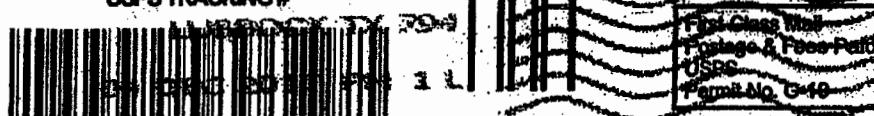
Sent To
Street &
or PO Bo
City, State
7015 0920 0002 3727 8292

Donna P. Landreth
110 W. Louisiana Ave.
Suite 404
Midland, TX 79701

JLB 81363-0124/KF 3H 6h 19H

PS Form 3811

See reverse for instructions



9590 9402 2679 6351 6553 91

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

NOV - 7 2017
RECEIVED

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the envelope, or on the front if space permits. 		<input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Received by (Printed Name) <input type="checkbox"/> Date of Delivery 10/4/17 <input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: OG Resources Assets LLC/John A. Yates/Vladin, LLC 105 S. 4th Street Artesia, NM 88210 JLB 81363-0124/KF 3H 6h 19H		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7015 0920 0002 3727 8322			

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

Domestic Return Receipt

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
2015 0920 0002 3727 8322	Postage \$
	Certified Fee
	Return Receipt Fee (Endorsement Required)
Total Postage	Restricted Delivery Fee (Endorsement Required)
	\$ 7.29
	Total Postage \$ 7.29
Sent To EOG Resources Assets LLC/John A. Yates/Vladin, LLC Street & Apt. N or PO Box No. City, State, ZIP JLB 81363-0124/KF 3H 6h 19H	

Postmark Here
NOV 30 2017

PS Form 3800

UNITED STATES POSTAL SERVICE

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

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

RECEIVED
DEC 18 2017

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EOG Y Resources, Inc.
5509 Champions Drive
Midland, TX 79706
JLB 81363-0124/KF 3H 6h 19H

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert Jone

Agent
 Addressee

B. Received by (Printed Name)

R. Force

C. Date of Delivery

12-5-17

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes
 No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7016 0910 0002 1798 8014

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Postmark Here

Postage \$

Total P: *7.29*

Sent To: EOG Y Resources, Inc.
Street: 5509 Champions Drive
City, St: Midland, TX 79706

JLB 81363-0124/KF 3H 6h 19H

PS Form 3811, July 2013
See reverse for instructions

USPS TRACKING #



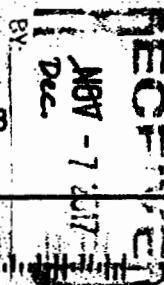
Postage & Handling
Paid & Fees Paid
USPS

9590 9402 2679 6351 6554 21

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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:

Endeavor Energy Resources, LP
110 N. Marienfield
Suite 200
Midland, TX 79701

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6554 21

2. Article Number (Transfer from service label)

7015 0920 0002 3727 8353

CERTIFIED MAIL® RETURN ON DELIVERY

A. Signature

X Jennifer L. Bradfute

Agent
 Addressee

B. Received by (Printed Name)

Gretchen Heredia

C. Date of Delivery
12-4-17

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

3. Service Type

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

Domestic Return Receipt

PS Form 3811, July 2015 P&N 7550-02-000-0059

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

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

OFFICIAL USE

7015 0920 0002 3727 8353

Postage \$

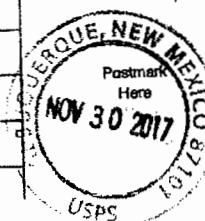
Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 7.29



Endeavor Energy Resources, LP

110 N. Marienfield

Suite 200

Midland, TX 79701

JLB 81363-0124/KF 3H 6h 19H

PS Form 380

UNITED STATES POSTAL SERVICE

BIRMINGHAM

AL 35203

104 INEC '17

EW 51

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

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

REC'D - APR 7 2017

87103-216868



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Energen Resources Corporation
605 Richard Arrington, Jr. Blvd.
North Birmingham, AL 35203-2707
JLB 81363-0124/KF 3H 6h 19H

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Brenda Armstrong

Agent
 Addressee

B. Received by (Printed Name)

Brenda Armstrong

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7016 0910 0002 1798 8038

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total F

7.29

\$

Sent

Street

City

State

Zip

PS Fc

Energen Resources Corporation

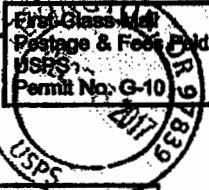
605 Richard Arrington, Jr. Blvd.

North Birmingham, AL 35203-2707

JLB 81363-0124/KF 3H 6h 19H

Instructions

USPS TRACKING



9590 9402 2679 6351 6552 85

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

RECEIVED
NOV 8 2007

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Estate of Rita Sumner
P.O. Box 524
Lexington, OR 97839
JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6552 85

2. Article Number (Transfer from service label)

7014 0150 0000 5971 0611

restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Cynthia K. Sumner Agent
 Addressee

B. Received by (Printed Name)

Cynthia K. Sumner C. Date of Delivery
 12/4/17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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 |

PS Form 3811, July 2015 PSN 7850-02-000-0053

Domestic Return Receipt

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
<hr/>	
Certified Fee	
<hr/>	
Return Receipt Fee (Endorsement Required)	
<hr/>	
Restricted Delivery Fee (Endorsement Required)	
<hr/>	
Total Postage	7.29
Postmark	
NOV 30 2007	
Sent To	
Street, Apt. No or PO Box No.	
City, State, Zip	
The Estate of Rita Sumner P.O. Box 524 Lexington, OR 97839 JLB 81363-0124/KF 3H 6h 19H	

PS Form 3800, August 2006

See Reverse for Instructions

USPS TRACKING #



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

9590 9402 2679 6351 6551 24

United States
Postal Service

RECEIVED
DEC 8 2017
6X

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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:

Fort Worth Mineral Company LLC
500 Main Street, Suite 1200
Fort Worth, TX 76102
JLB 81363-0124/KF 3H 6h 19H

9590 9402 2679 6351 6551 24

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8151

COMPLETE THIS SECTION ON DELIVERY

A. Signature

J. Mayfield

Agent
 Addressee

B. Received by (Printed Name)

J. Mayfield

C. Date of Delivery

12/9

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> International Mail | |
| <input type="checkbox"/> Mail Restricted Delivery | |
| <input type="checkbox"/> Postage | |

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

Domestic Return Rec.

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

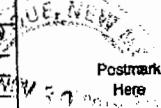
For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee

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

Postmark



Postage

\$

Total Pmt

\$

Sent To

Street

City, State

7.29 Fort Worth Mineral Company LLC

500 Main Street, Suite 1200

Fort Worth, TX 76102

JLB 81363-0124/KF 3H 6h 19H

USPS TRACKING #

United States
Postal Service

9590 9402 2679 6351 6551 48

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

RECEIVED
NOV - 8 2007

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6551 48

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8175

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rachel Langer*
Rachel Langer 12.5.17

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <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 checked="" 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 | |

Restricted Delivery

PS Form 3811, July 2015 PGN 7690-02-000-9063

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ 7.29

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

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

Postage \$ 7.29

Total Postage and Fees \$ 7.29

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

Street and JLB 81363-0124/KF 3H 6h 19H

City, State,

PS Form 3811, July 2015 PGN 7690-02-000-9063

USPS TRACKING #



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

9590 9402 2679 6351 6553 84

United States
Postal Service

RECEIVED
DEC 12 2017
BY:

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

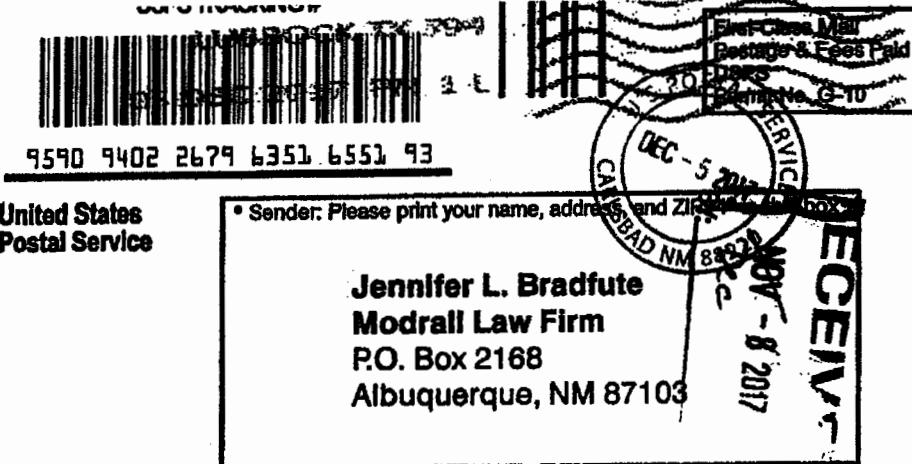
Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <i>Jen Lymne</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) <i>Jen Lymne</i>		C. Date of Delivery <i>12-7-17</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
1. Article Addressed to: GMT Exploration Co. LLC 15060 Broadway Suite 2000 Denver, CO 80202 JLB 81363-0124/KF 3H 6h 19H			
2. Article Number (Transfer from service label) 7015 0920 0002 3727 8315			
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"/> Restricted Delivery			
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery			
Domestic Return Receipt			

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

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		
For delivery information, visit our website at www.usps.com .		
OFFICIAL USE		
STEP 1 STEP 2 STEP 3 STEP 4 STEP 5	Postage	\$
	<hr/>	
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Prc		
7.29		Postmark Herm 0 2017
GMT Exploration Co. LLC 15060 Broadway Suite 2000 Denver, CO 80202 JLB 81363-0124/KF 3H 6h 19H		

PS Form 3800, July 2014



68

SENDER: COMPLETE THIS SECTION		CODES FOR TRACKING ON DELIVERY													
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<p>1. Article Addressed to:</p> <p>Harvey R. Taylor 124 S. 5th Street Carlsbad, NM 88220</p> <p>JLB 81363-0124/KF 3H 6h 19H</p> <p>9590 9402 2679 6351 6551 93</p> <p>7016 0910 0002 1798 8229</p>		<p>CHRSBDM 88220 CARLSBAD NM POSTAL SERVICE</p>													
<p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0002 1798 8229</p>		<p>PS Form 3811, July 2016 P&N 7530-02-000-0059</p> <p>Domestic Return Receipt</p>													

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

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

7016 0910 0002 1798 8229

OFFICIAL USE

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

Postage \$
7.29 Harvey R. Taylor
124 S. 5th Street
Carlsbad, NM 88220
JLB 81363-0124/KF 3H 6h 19H

PS Form 3800, April 2015 P&N 7530-02-000-0047

See Reverse for Instructions



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

9590 9402 2679 6351 6552 30

United States
Postal Service

RECEIVED
NOV - 8 2017
Dec

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

3-216868



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:

Ian Russell Quaranta
2862 E. Concho Ave
Mesa, AZ 85204

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6552 30

2. Article Number (Transfer from service label)

7013 0600 0000 9380 2908

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)
Quaranta

C. Date of Delivery
12-5-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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 |

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

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9063

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F		
Sent To		
Street / or POE		
City, St		

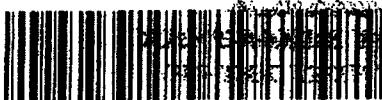
7.29

Postmark Here

Ian Russell Quaranta
2862 E. Concho Ave
Mesa, AZ 85204

JLB 81363-0124/KF 3H 6h 19H

See reverse for instructions



9590 9402 2679 6351 6550 94

United States
Postal ServiceFirst Class Mail
Postage & Fees Paid
USPS

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

NOV - 6 2017

RECEIVED

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:

JWD Resources, LLC
 P.O. Box 51908
 Midland, TX 79710

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6550 94

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8120

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee

B. Received by (Printed Name)

Pam Nease 12/5/17

C. Date of Delivery

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

3. Service Type

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

Restricted Delivery

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

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7830-02-000-8069

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

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

Certified Mail Fee

\$

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

Postage

\$

Total Postage
\$ 7.29

Sent To

JWD Resources, LLC

P.O. Box 51908

Midland, TX 79710

Street and Apartment

JLB 81363-0124/KF 3H 6h 19H

City, State, Zip

NEW MEXICO
 Postmark
 Here
 NOV 30 2017

USPS TRACKING #



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

9590 9402 2679 6351 6552 23

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

DE
NOV
1 2017
L
E
I
C
E
R

03-216868



ENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James Russell Quaranta
362 E. Horseshoe Ave.
Gilbert, AZ 85296

JLB 81363-0124/KF 3H 6h 19H



2. Article Number (Transfer from service label)

7013 0600 0000 9380 2892

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jennifer L. Bradfute
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |

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

PS Form 3811, July 2015 P&H 7590-02-000-0053

Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

2892
9380 0000 0000
7013 0600

Postage	S
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	7.29

Postmark
Non Hand

James Russell Quaranta
362 E. Horseshoe Ave.
Gilbert, AZ 85296
JLB 81363-0124/KF 3H 6h 19H

PS Form 3800, 8/16/01 2000

See REVERSE for INSTRUCTIONS

USPS TRACKING #



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

9590 9402 2679 6351 6552 47

United States
Postal Service

RECEIVE
NOTICE
Des.
BY

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

3-216868



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:

Jayne Erin Quaranta Yost
2667 E. Dennisport Ave.
Gilbert, AZ 85295

JLB 81363-0124/KF 3H 6h 19H

9590 9402 2679 6351 6552 47

2. Article Number (Transfer from service label)

7014 0150 0000 5971 0574

Domestic Return Receipt

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

A. Signature		<input type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Recipient by Printed Name	C. Date of Delivery	12-5-17
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		(furnishing Jayne Yost)
3. Service Type		
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Delivery <input 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"/> Restricted Delivery		

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com**OFFICIAL USE**

5971 0574

7014 0150 0000

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F		7.29

Postmark
Here

Jayme Erin Quaranta Yost

2667 E. Dennisport Ave.

Gilbert, AZ 85295

JLB 81363-0124/KF 3H 6h 19H

PS Form 3811

uctions

USPS TRACKING #

LIBSLOCK TX 7804



Business Mail
Recipient & Fees Paid
USPS
Permit No. G-10

9590 9402 2679 6351 6551 8L

United States
Postage Services

RECEIVED
DEC 15 2017
8L

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

68



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:

Kathy J. Smith
233 New Mexico Drive
Portales, NM 88130

JLB 81363-0124/KF 3H 6h 19H

9590 9402 2679 6351 6551 86

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8212

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

PS Form 3811, July 2015 PSN 7580-02-000-9053

Domestic Return Receipt

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

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

Certified Mail Fee

\$

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

\$

Sent To

7.29

Kathy J. Smith

233 New Mexico Drive

Portales, NM 88130

Street:

City, St

JLB 81363-0124/KF 3H 6h 19H

PS Form

See Reverse for Instructions



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

9590 9402 2679 6351 6550 49

United States
Postal Service

RECEIVED
RECEIVED
RECEIVED

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

Legion Petroleum, LLC
P.O. Box 5443
Austin, TX 78763

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6550 49

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8076

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Jennifer L. Bradfute

C. Date of Delivery

12/13/17

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

RECEIVED

DEC 13 2017

3. Service Type:

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Insured Mail Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery | <input type="checkbox"/> Domestic Return Receipt |
| <input type="checkbox"/> Postage | |

Domestic Return Receipt

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

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

OFFICIAL USE

7016 0910 0002 1798 8076

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 \$ 7.29

Sent _____
Street _____
City _____

Legion Petroleum, LLC
P.O. Box 5443
Austin, TX 78763
JLB 81363-0124/KF 3H 6h 19H

Instructions

UNITED STATES POSTAL SERVICE

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

• Sender: Please print your name, address, and zip code in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

RECEIVED
DEC 11 2017

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MRC Permian Company
5400 Lyndon B. Johnson Fwy.
Dallas, TX 75240
JLB 81363-0124/KF 3H 6h 19H

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kayla Rose* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7016 0910 0002 1798 8021

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ **7.29**

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 \$ **7.29**

Total Pmt: \$ **7.29**

Sent To: MRC Permian Company
5400 Lyndon B. Johnson Fwy.
Dallas, TX 75240

Street # _____
City, Sta. _____
JLB 81363-0124/KF 3H 6h 19H

NOV 30 2017
ALBUQUERQUE, NEW MEXICO
USPS

PS Form 3800, April 2013 PS-3800-13-04

USPS TRACKING #

LIBENDON TX 79444
09 09 2017 11:11:11 A.M.First-Class Mail
Postage & Fees Paid
U.S. Postage
Permit No. 940United States
Postal Service

9590 9402 2679 6351 6552 09

• Sender: Please print your name, address, and ZIP code in this box.

Jennifer L. Bradford
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

DEC - 6 2017
CARLSBAD NM 88220
CEIVE

68

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 envelope, or on the front if space permits.

1. Article Addressed to:

Marilyn S. Taylor
2310 Avenue B
Carlsbad, NM 88220

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6552 09

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8236

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

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

Postmark
Here

Postage

\$ _____

Total Postage

\$ 7.29

Sent To

Street Address

City, State

Marilyn S. Taylor
2310 Avenue B
Carlsbad, NM 88220
JLB 81363-0124/KF 3H 6h 19H



United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



3-215868

00000000000000000000000000000000

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:

MECO IV, LLC
1200 17th Street
Suite 975
Denver, CO 80202

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6554 38

2. Article Number (Transfer from service label)

2015 0920 0002 3727 8360

COMPLETE THE SECTION ON DELIVERY

A. Signature *K. DUNCAN* *K. Duncan 12-7-17* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
12/7/17

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Restricted Delivery

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

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7590-02-000-8063

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

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P		

7.29

MECO IV, LLC
1200 17th Street
Suite 975
Denver, CO 80202

JLB 81363-0124/KF 3H 6h 19H



Sent To
Street &
or P.O. Box
City, State

See reverse for instructions

PS Form 3811, July 2015

USPS TRACKING #



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

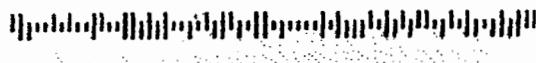
2679 6351 6554 07

United States
Postal ServiceRECEIVED
19 2017

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

103-216866



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:

MidCon Land Services, LLC
P.O. Box 31773
Edmond, OK 73003
JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6554 07

2. Article Number (Transfer from service label)

7015 0920 0002 3727 8339

COMPLETE THIS SECTION ON DELIVERY

A. Signature

JLB

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/13/17

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

3. Service Type

- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Restricted Delivery

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

PS Form 3811, July 2015 PSN 7550-02-000-0053

Domestic Return Receipt

U.S. Postal Service	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post:	7.29
Sent To	
Street & Apt or PO Box #	
City, State, Zip	
MidCon Land Services, LLC P.O. Box 31773 Edmond, OK 73003 JLB 81363-0124/KF 3H 6h 19H	
See reverse for instructions	

PS Form 3860, July 2014



USPS TRACKING #



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

9590 9402 2679 6351 6554 83

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

REC'D
DEC 12 2017

RECEIVED

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Jennifer L. Bradfute</i></p> <p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p><i>12-12-17</i></p>	
<p>1. Article Addressed to:</p> <p>OXY USA WTP, LLC 5 Greeway Plaza Suite 110 Houston, TX 77046</p> <p>JLB 81363-0124/KF 3H 6h 19H</p> <p></p> <p>9590 9402 2679 6351 6554 83</p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>2015 0920 0002 3727 8414</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"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>Domestic Return Receipt</p>			

PS Form 3811, July 2015 PSN 7590-02-000-0063

Domestic Return Receipt

U.S. Postal Service CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>			
For delivery information, visit our website at www.usps.com .			
OFFICIAL USE			
7015 0920 0002 3727 8414	Postage	\$	Postmark Here
	Certified Fee		
	Return Receipt Fee (Endorsement Required)		
	Restricted Delivery Fee (Endorsement Required)		
	Total Postage & Fees	\$ 7.29	
Sent To Street & Apt. or PO Box N City, State, Z		OXY USA WTP, LLC 5 Greeway Plaza Suite 110 Houston, TX 77046	
JLB 81363-0124/KF 3H 6h 19H			

PS Form 38



9590 9402 2679 6351 6553 53

United States
Postal Service

• Sender: Please print your name, address, and phone number in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

RECEIVE
DEC 11 2017

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Paul K. Stetson
31 Sun River Cascade Road
Sun River, MT 59483
JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6553 53

2. Article Number (Transfer from service label)

7015 0920 0002 3727 8285

A. Signature

 Agent
 AddresseeB. Received by (Printed Name)
Paul K. StetsonC. Date of Delivery
12-5-17D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Restricted Delivery

- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7680-02-000-9053

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

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

OFFICIAL USE

7015 0920 0002 3727 8285

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post: 7.29

Paul K. Stetson
31 Sun River Cascade Road
Sun River, MT 59483
JLB 81363-0124/KF 3H 6h 19H

Sent To _____
Street & Apt
or PO Box # _____
City, State, Zip _____

PS Form 3800, July 2014 See Reverse for Instructions



Postage & Fees Paid
U.S. POSTAL SERVICE

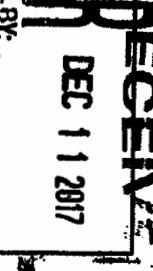
9590 9402 2679 6351 6554 52

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

DEC 11 2017



SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Petras Energy, LP
P.O. Box 4127
Midland, TX 79704

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6554 52

2. Article Number (Transfer from service label)

7015 0920 0002 3727 8384

A. Signature

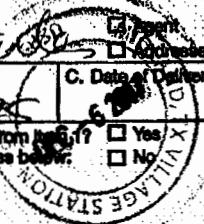
X *Lisa Harker*

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from above? Yes No

If YES, enter delivery address below:



3. Service Type

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

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7550-02-000-9069

Domestic Return Receipt

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

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

OFFICIAL USE

7015 0920 0002 3727 8384

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To

Street & Apt.
or PO Box N
City, State, Z

7.29
Petras Energy, LP
P.O. Box 4127
Midland, TX 79704

JLB 81363-0124/KF 3H 6h 19H



PS Form 3800, July 2014

See Reverse for Instructions



First-Class Mail
Postage & Fees Paid
USPS
Delivery No. 2

9590 9402 2679 6351 6550 56

United States
Postal Service

* Sender: Please print your name, address, and ZIP code in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

NOV - 8
Dec
2017

RECEIVED

SENDER: COMPLETE THIS SECTION		COPYRIGHT THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input type="checkbox"/> Complete Items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X <i>Linda O. Carter</i></p> <p>B. Received by (Printed Name) LINDA CARTER</p> <p>C. Date of Delivery 12-4-17</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 E. Landreth 110 W. Louisiana Ave. #404 Midland, TX 79701 JLB 81363-0124/KF 3H 6h 19H</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"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Domestic Return Receipt <input type="checkbox"/> International Mail <input type="checkbox"/> International Mail Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0002 1798 8083</p>		<p>Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Domestic Return Receipt International Mail International Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7890-02-000-0053</p> <p>Domestic Return Receipt</p>			

U.S. Postal Service CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>											
For delivery information, visit our website at www.usps.com											
OFFICIAL USE											
<p>Certified Mail Fee \$ 7.29</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <table border="0"> <tr> <td><input type="checkbox"/> Return Receipt (handcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table> <p>Postage \$ Total \$ 7.29</p> <p>Sent 7.29 Robert E. Landreth Street 110 W. Louisiana Ave. #404 City, State Midland, TX 79701 JLB 81363-0124/KF 3H 6h 19H</p>		<input type="checkbox"/> Return Receipt (handcopy)	\$ _____	<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	\$ _____
<input type="checkbox"/> Return Receipt (handcopy)	\$ _____										
<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	\$ _____										
<p>Postmark Here Nov 30 2017</p> <p>PS Form 3800, April 2015 PSN 7890-02-000-0047 See Reverse for Instructions</p>											

USPS TRACKING

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

Dec 10
NOV 7 2017
JLIVE

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:

Rubert Fred Madera
P.O. Box 2795
Ruidoso, NM 88355

JLB 81363-0124/KF 3H 6h 19H



2. Article Number (Transfer from service label)

7015 0920 0002 3727 8278

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Nathan Mancha

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

17.4.17

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail® |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

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

Domestic Return Receipt

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

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

OFFICIAL USE

8278 8277 3727 0002 0920 7015

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

7.29

2017
Postmark
Here

Sent To
Street &
or PO Bo:
City, State

Rubert Fred Madera
P.O. Box 2795
Ruidoso, NM 88355
JLB 81363-0124/KF 3H 6h 19H

PS Form 1

See Reverse for Instructions

USPS TRACKING #



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

9590 9402 2679 6351 6553 08

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

13-216868

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:

Sally Runyan
5530 NE 199th Ave
Vancouver, WA 98682
JLB 81363-0124/KF 3H 6h 19H

9590 9402 2679 6351 6553 08

2. Article Number (Transfer from service label)

7014 0150 0000 5971 0635

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sally Runyan*

Agent
 Addressee

B. Received by (Printed Name)

Steve Owsley

C. Date of Delivery
12/14/17

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

3. Service Type

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

Domestic Return Receipt

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

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total F	7.29
Street, or P.O. Box City, St	Sally Runyan 5530 NE 199th Ave Vancouver, WA 98682 JLB 81363-0124/KF 3H 6h 19H

Postmark
Here
NOV 30 2017

See REVERSE SIDE FOR INSTRUCTIONS

PS Form 3800, August 2008

USPS TRACKING #



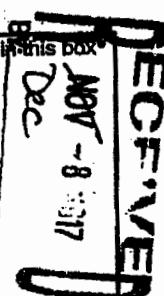
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 2679 6351 6550 63

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Southwestern Petroleum Land Services LLC
1901 W. 4th Street
Roswell, NM 88201
JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6550 63

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8090

A. Signature

Pamela Schutz Agent
 Addressee

B. Received by (Printed Name)

Pamela Schutz C. Date of Delivery
12-4-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Domestic Mail | |

Restricted Delivery

PS Form 3811, July 2015 PGN 7630-02-000-0063

Domestic Return Receipt

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

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

Certified Mail Fee

\$

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

\$

7.29

Southwestern Petroleum Land Services LLC

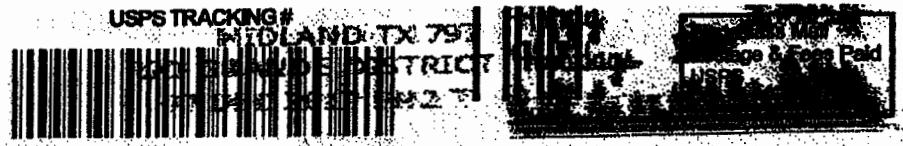
1901 W. 4th Street

Roswell, NM 88201

JLB 81363-0124/KF 3H 6h 19H

Poem
Here

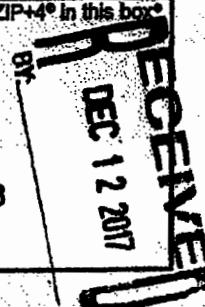
PS Form 3811, July 2015 PGN 7630-02-000-0063 Instructions



United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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:

Ted Collins, Jr.
P.O. Box 27

Midland, TX 79702

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6551 62

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8199

PS Form 3811, July 2015 PSN 7530-02-000-9058

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kelly Poston

Agent
 Addressee

B. Received by (Printed Name)

Kelly Poston

C. Date of Delivery
12-7-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery | |

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

Domestic Return Receipt

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

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

OFFICIAL USE

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

Postage
\$ Total P 7.29
\$ Sent To Ted Collins, Jr.
P.O. Box 27
Midland, TX 79702
Street: JLB 81363-0124/KF 3H 6h 19H
City, S _____
PS Form 3811, July 2015 PSN 7530-02-000-9058
Instructions

NOV 30 2017 Postmark Here

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS

9590 9402 2679 6351 6550 87

United States
Postal Service

RECEIVED
NOV - 9 2017
Dec

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

WBA Resources, Ltd.
P.O. Box 50468
Midland, TX 79710

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6550 87

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8113

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by Printed Name

JLB 81363-0124/KF 3H 6h 19H

C. Date of Delivery

11/5/17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Insurance Mail | |
| | |

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

Domestic Return Receipt

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

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

OFFICIAL USE

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

Postage \$
Total Postage *7.28*

WBA Resources, Ltd.
P.O. Box 50468
Midland, TX 79710
JLB 81363-0124/KF 3H 6h 19H

PS Form 3811

Postmark Here



9590 9402 2679 6351 6550 70

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

RECEIVED
BY
Date.
NOV - 7 2016

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Wallace Family Partnership
 508 W. Wall Street, Suite 1200
 Midland, TX 79701

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6550 70

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8106

A. Signature

B. Received by (Printed Name)

- Agent
 Addressee

C. Date of Delivery

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

3. Service Type

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

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7590-02-000-9003

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

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

Certified Mail Fee

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

Postage

\$

Total

7.29

\$

Sent

Street

City, ST

Wallace Family Partnership
 508 W. Wall Street, Suite 1200
 Midland, TX 79701
 JLB 81363-0124/KF 3H 6h 19H

NOV 30 2016
 Postmark
 Other

PS Form 3800, April 2015 PSN 7590-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

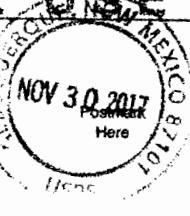
Total Postage

\$

Sent To

7-29

Bill G. Taylor, Jr.
 199 11th Ave. NW
 Rio Rancho, NM 87144
JLB 81363-0124/KF 3H 6h 19H



PS Form 3800, April 2015 PSN 7530-02-000-9057

See Reverse for Instructions

Modrall Sperling Rothenberg
 Bank of America Centre, Suite 2000
 500 Fourth Street NW
 Albuquerque NM 87102

MODRALL SPERLING

RECEIVED
 JAN 2 2018
 BY:

Bill G. Taylor, Jr.
 199 11th Ave. NW
 Rio Rancho, NM 87144

NIXIE 851 DE 1 0012/24/17

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

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:

Bill G. Taylor, Jr.
 199 11th Ave. NW
 Rio Rancho, NM 87144

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6551 79

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8205

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

CERTIFIED MAIL

PLACE STICKER OR TOP-OF-STICKER OVER THE SIGNATURE AREA AND ADDRESS FIELD ON THIS LINE.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Estate of Curtis Robert Taylor
507 East Russell
Carlsbad, NM 88220
JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6552 78

2. Article Number (Transfer from service label)

7014 0150 0000 5971 0604

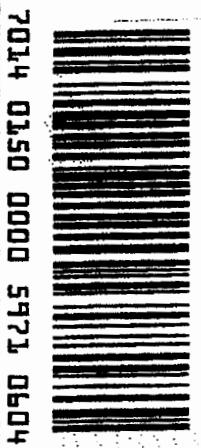
PS Form 3811, July 2015 PSN 7630-02-000-9053

A. Signature	<input type="checkbox"/> Agent
X	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery

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

3. Service Type	<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"/> Collect on Delivery
	<input type="checkbox"/> Collect on Delivery Restricted Delivery
	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Signature Confirmation™
	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt



MODRALL SPERLING

Modrall Sperling Roth Harris & Sisk, P.A.
Bank of America Center, Suite 1000
500 Fourth Street, NW
Albuquerque NM 87102

The Estate of Curtis Robert Taylor
507 East Russell
Carlsbad, NM 88220

NIXIE 731 C8 1 0112/07/1
RETURN TO SENDER
REVERABLE AS ADDRESSED
NOT FORWARDABLE
C REQ 2368N341192-0024

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com**OFFICIAL USE**

Postage

\$

Certified Fee

Postmark
HereReturn Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Pcs

7.29

The Estate of Curtis Robert Taylor

507 East Russell

Carlsbad, NM 88220

JLB 81363-0124/KF 3H 6h 19H

CERTIFIED MAIL

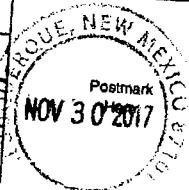
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

2490 265 0000 0500 4100

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	7.29



Jeff Sumner
1031 NW 2nd Ave.
Hillsboro, OR 97124

JLB 81363-0124/KF 3H 6h 19H

PS Form 3800, August 2006

See Reverse for Instructions

MOD RALPH P. RING
Modell Sperling Roehl & Sisk, P.A.
Bank of America Center, Suite 500
500 Fourth Street NW
Albuquerque NM 87102

RECEIVED
JAN 10 2018
BY:

7014 0150 0000 5971 0642



NIXIE 960 DE 1 0601/05/18

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

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:

Jeff Sumner
1031 NW 2nd Ave.
Hillsboro, OR 97124

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6553 15

2. Article Number (Transfer from service label)
7014 0150 0000 5971 0642

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

9990 165 0000 050 4102

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Po

7.29

Krystle Sumner McEntire

25689 225th Ave. SE

Maple Valley, CA 98038

JLB 81363-0124/KF 3H 6h 19H



PS Form 3811, August 2006

See Reverse for Instructions

NSN

VIXIE

980 CC 1

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

0127N348031-00174

0112/05/17

RECEIVED
DEC 2017

BY:

MODRALL SPOFFORD & ROSEN, P.A.

Bank of America Center
500 Fourth Street NW
Albuquerque NM 87102

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:

Krystle Sumner McEntire
25689 225th Ave. SE
Maple Valley, CA 98038
JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6553 39

2. Article Number / Transfer from service label

7014 0150 0000 5971 0666

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

Restricted Delivery

Domestic Return Receipt

CERTIFIED MAIL



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 envelope, or on the front if space permits.

1. Article Addressed to:

NM Royalty
P.O. Box 51908
Midland, TX 79710
JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6551 17

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8144

PS Form 3811, July 2015 PSN 7530-02-000-0053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7016 0910 0002 1798 8144



CERTIFIED MAIL

RECEIVED

JAN - 3 2018

BY:

To:

MODRALL SPERRLING

Modrall Sperling Roehl Harris & Sisk, P.A.
Bank of America Centre, Suite 1000
500 Fourth Street NW
Albuquerque NM 87102

NM Royalty
P.O. Box 51908
Midland, TX 79710

NIXIE

731
RETI
UNAT
BC
**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

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

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

Postage

\$

Total \$

\$

Sent 7

Street

City, S

7.29
NM Royalty
P.O. Box 51908
Midland, TX 79710
JLB 81363-0124/KF 3H 6h 19H



PS Form 3800, April 2015 PSN 7530-02-009-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Stamps

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

Postmark
Here

Postage

total Pos

8

7.29

Sent To

Street addr

City, State

Sam L. Shackelford
1096 Mechem Drive, Suite G-18
Ruidoso, NM 88345
JLB 81363-0124/KF 3H 6h 19H

PS Form 3800, April 2012, GPO:2012-090-0001

Actions

MODRALL SPERLING

Modrall Sperling Roehl Harris & Sisk, P.A.
Bank of America Centre, Suite 1000
500 Fourth Street NW
Albuquerque NM 87102

To:

Sam L. Shackelford
1096 Mechem Drive, Suite G-18
Ruidoso, NM 88345

BY:
DEC
NOV - 8 2017

RECEIVE

NIXIE

731 DE 1

0812/04/17

RETURN TO SENDER

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:

Sam L. Shackelford
1096 Mechem Drive, Suite G-18
Ruidoso, NM 88345

JLB 81363-0124/KF 3H 6h 19H



9590 9402 2679 6351 6550 32

2. Article Number (Transfer from service label)

7016 0910 0002 1798 8069

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

7016 0910 0002 1798 8069



Affidavit of Publication

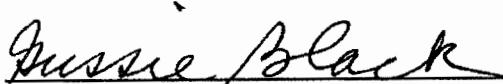
STATE OF NEW MEXICO
COUNTY OF LEA

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

Beginning with the issue dated
December 01, 2017
and ending with the issue dated
December 01, 2017.

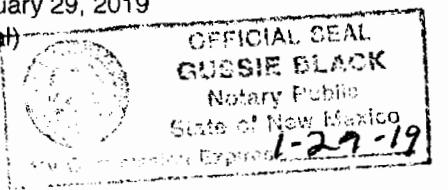

Editor

Sworn and subscribed to before me this
1st day of December 2017.


Business Manager

My commission expires
January 29, 2019

(Seal)



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

LEGAL

LEGAL

LEGAL NOTICE
December 1, 2017

CASE No. 15906: Notice to all affected parties, as well as the heirs and devisees of EOG Y Resources, Inc.; MRC Permian Company; Energen Resources Corporation; Crown Oil Partners V, LP; Crump Energy Partners II, LLC; Sam L. Shackelford; Legion Petroleum, LLC; Robert E. Landreth; Southwestern Petroleum Land Services LLC; Wallace Family Partnership; WBA Resources, Ltd.; JWD Resources, LLC; CTH Royalties, LLC; NM Royalty; Fort Worth Mineral Company LLC; Blackbird Royalties, LLC; Foundation Minerals, LLC; Robert E. Landreth; Roy Light; Ted Collins, Jr.; Bill G. Taylor, Jr.; Kathy J. Smith; Harvey R. Taylor; Marilyn S. Taylor; Carolyn A. Taylor; James Russell Quaranta; Ian Russell Quaranta; Jayme Erin Quaranta Yost; E. Horace Holland; John Wayne Taylor; The Estate of Curtis Robert Taylor; The Estate of Rita Sumner; Charlie Sumner; Sally Runyan; Jeff Sumner; Jacqueline Jones; Krystle Sumner McEntire; Rubert Fred Madera; Paul K. Stetson; Robert E. Landreth; Donna P. Landreth; Centennial Resources Production LLC; GMT Exploration Co., LLC; EOG Resources Assets LLC/John A. Yates/Vladin, LLC; MidCon Land Services, LLC; COG Operating, LLC/Concho Oil & Gas, LLC; Endeavor Energy Resources, LP; MECO IV, LLC; Muleshoe Crude, LP; Petras Energy, LP; Commerce First Royalties, LLC; The Allar Company; OXY USA WTP, LLC; EOG Resources, Inc./EOG Y Resources, Inc. of Marathon Oil Permian, LLC's application for a non-standard oil spacing and proration unit, non-standard locations and compulsory pooling, Lea County New Mexico. The State of New Mexico, through its Oil Conservation Division, hereby gives notice that the Division will conduct a public hearing at 8:15 a.m. on December 21, 2017, to consider this application. Applicant seeks an order (1) creating a non-standard 320-acre spacing and proration unit in the Wolfcamp formation, comprised of the E/2 of Section 26, Township 24 South, Range 34 East, NMPM, Lea County, New Mexico; (2) approving non-standard locations; and (3) pooling all mineral interests in the Wolfcamp formation underlying this proposed non-standard spacing and proration unit. This proposed spacing and proration unit will be the project area for the Knife Fight Fee 24 34 26 WXY 3H, Knife Fight Fee 24 34 26 WA 6H, and Knife Fight Fee 24 34 26 WXY 19H wells to be drilled horizontally. The producing lateral for these wells will include unorthodox perforations that will be located: 150' from the North Line and 2,317' from the East line of Section 26 and 150' from the South line and 2,302' from the East line of Section 26; 150' from the North Line and 1,324' from the East line of Section 26 and 150' from the South line and 1,318' from the East line of Section 26; and, 150' from the North Line and 330' from the East line of Section 26 and 150' from the South line and 330' from the East line of Section 26. Also to be considered will be the cost of drilling and completing said well, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Marathon Oil Permian, LLC as operator of the well, and a 200% charge for risk involved in drilling said well. Said unit is located approximately 15 miles northwest of Jal, New Mexico.
#32287

01104570

00203388

DOLORES SERNA
MODRALL, SPERLING, ROEHL, HARRIS &
P. O. BOX 2168
ALBUQUERQUE, NM 87103-2168

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

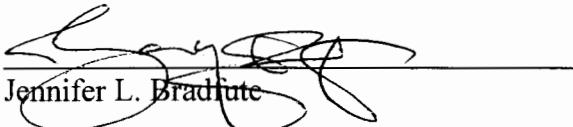
**APPLICATION OF MARATHON
OIL PERMIAN LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT,
NON-STANDARD LOCATIONS,
AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

CASE NO. 15907

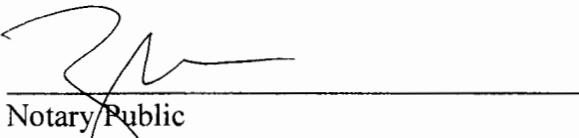
AFFIDAVIT

STATE OF NEW MEXICO)
)
) ss.
COUNTY OF BERNALILLO)

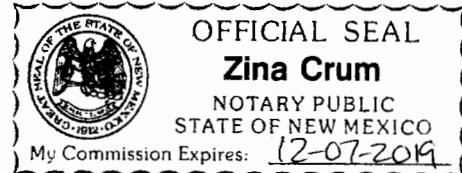
Jennifer L. Bradfute, attorney in fact and authorized representative of Marathon Oil Permian, LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.


Jennifer L. Bradfute

SUBSCRIBED AND SWORN to before me this 23th day of January 2018 by Jennifer L. Bradfute.


Notary Public

My commission expires: 12-07-2019



Marathon Application Notice

Knife Fight 7H

Mailed November 30, 2017

POOLED	
PARTIES	CERTIFIED NOS.
EOG Y Resources, Inc. 5509 Champions Drive Midland, TX 79706	7014 3490 0001 8089 7294 12/05/17
MRC Permian Company 5400 Lyndon B. Johnson Fwy. Dallas, TX 75240	7014 3490 0001 8089 7300 12/12/17
Energen Resources Corporation 605 Richard Arrington, Jr. Blvd. North Birmingham, AL 35203-2707	7014 3490 0001 8089 7317 12/8/17
Crown Oil Partners V, LP P. O. Box 50820 Midland, TX 79710	7014 3490 0001 8089 7324 12/8/17
Crump Energy Partners II, LLC P. O. Box 50820 Midland, TX 79710	7014 3490 0001 8089 7331 12/8/17
Sam L. Shackelford 1096 Mechem Drive, Suite G-18 Ruidoso, NM 88345	7014 3490 0001 8089 7348 Return to Sender 12/8/17
Robert E. Landreth 110 W. Louisiana Ave. #404 Midland, TX 79701	7014 3490 0001 8089 7355 11/8/17
Southwestern Petroleum Land Services LLC 1901 W. 4th Street Roswell, NM 88201	7014 3490 0001 8089 7362 12/8/17
Wallace Family Partnership 508 W. Wall Street, Suite 1200 Midland, TX 79701	7014 3490 0001 8089 7379 12/7/17
WBA Resources, Ltd. P.O. Box 50468 Midland, TX 79710	7014 3490 0001 8089 7386 12/8/17
JWD Resources, LLC P.O. Box 51908 Midland, TX 79710	7014 3490 0001 8089 7393 Return to sender 01/03/18
CTH Royalties, LLC P.O. Box 52521 Midland, TX 79710	7014 3490 0001 8089 7409 Return to sender 01/08/18
NM Royalty P.O. Box 51908 Midland, TX 79710	7014 3490 0001 8089 7416 12/8/17

100-7760

Marathon Application Notice

Knife Fight 7H

Mailed November 30, 2017

Fort Worth Mineral Company LLC 500 Main Street, Suite 1200 Fort Worth, TX 76102	7014 3490 0001 8089 7423 12/8/17
Blackbird Royalties, LLC 1710 W. 3rd Street Roswell, NM 88201	7014 3490 0001 8089 7430 12/8/17
Foundation Minerals, LLC P.O. Box 50820 Midland, TX 79710	7014 3490 0001 8089 7447 12/8/17
Roy Light P.O. Box 396 Eastsound, WA 98245-0396	7014 3490 0001 8089 7454 12/05/17
Ted Collins, Jr. P.O. Box 27 Midland, TX 79702	7014 3490 0001 8089 7461 12/12/17
Bill G. Taylor, Jr. 199 11th Ave. NW Rio Rancho, NM 87144	7014 3490 0001 8089 7478 Return to Sender 01/02/18
Kathy J. Smith 233 New Mexico Drive Portales, NM 88130	7014 3490 0001 8089 7485 12/15/17
Harvey R. Taylor 124 S. 5th Street Carlsbad, NM 88220	7014 3490 0001 8089 7492 12/8/17
Marilyn S. Taylor 2310 Avenue B Carlsbad, NM 88220	7014 3490 0001 8089 7508 12/8/17
Carolyn A. Taylor 1702 Curry Road Carlsbad, NM 88220	7016 0910 0002 1798 7697 12/8/17
James Russell Quaranta 362 E. Horseshoe Ave. Gilbert, AZ 85296	7016 0910 0002 1798 7703 12/7/17
Ian Russell Quaranta 2862 E. Concho Ave Mesa, AZ 85204	7016 0910 0002 1798 7710 12/8/17
Jayme Erin Quaranta Yost 2667 E. Dennisport Ave. Gilbert, AZ 85295	7016 0910 0002 1798 7727 12/8/17
E. Horace Holland 35 Ruby Court Muscle Shoals, AL 35661	7016 0910 0002 1798 7734 01/05/18

Marathon Application Notice**Knife Fight 7H****Mailed November 30, 2017**

John Wayne Taylor 4031 Harmon Lane Carlsbad, NM 88220	7016 0910 0002 1798 7741 12/19/18
The Estate of Curtis Robert Taylor 507 East Russell Carlsbad, NM 88220	7016 0910 0002 1798 7758 Return to sender 12/13/17
The Estate of Rita Sumner P.O. Box 524 Lexington, OR 97839	7016 0910 0002 1798 7765 12/8/17
Charlie Sumner P.O. Box 524 Lexington, OR 97839	7016 0910 0002 1798 7772 12/8/17
Sally Runyan 5530 NE 199th Ave Vancouver, WA 98682	7016 0910 0002 1798 7789 12/8/17
Jeff Sumner 1031 NW 2nd Ave. Hillsboro, OR 97124	7016 0910 0002 1798 7796 Return to sender 01/08/18
Jacqueline Jones 1029 Birmingham St. Medford, OR 97501	7016 0910 0002 1798 7802 01/19/18
Krystle Sumner McEntire 25689 225th Ave. SE Maple Valley, CA 98038	7016 0910 0002 1798 7819 Return to Sender 12/12/17
Paul K. Stetson 31 Sun River Cascade Road Sun River, MT 59483	
Paul K. Stetson 31 Sun River Cascade Road Sun River, MT 59483	7016 0910 0002 1798 7826 12/11/17
 OFFSETS	
Robert E. Landreth 110 W. Louisiana Ave. Suite 404 Midland, TX 79701	7014 3490 0001 8089 7355 Duplicate 12/8/17
Donna P. Landreth 110 W. Louisiana Ave. Suite 404 Midland, TX 79701	7016 0910 0002 1798 7833 12/8/17
Centennial Resources Production LLC 1001 17th Street	7016 0910 0002 1798 7840 12/12/17

Marathon Application Notice

Knife Fight 7H

Mailed November 30, 2017

Suite 1800 Denver, CO 80202	
GMT Exploration Co. LLC 15060 Broadway Suite 2000 Denver, CO 80202	7016 0910 0002 1798 7857 12/14/17
EOG Resources Assets LLC/John A. Yates/Vladin, LLC 105 S. 4th Street Artesia, NM 88210	7016 0910 0002 1798 7864 12/7/17
MidCon Land Services, LLC P.O. Box 31773 Edmond, OK 73003	7016 0910 0002 1798 7871 12/19/17
COG Operating, LLC/Concho Oil & Gas, LLC One Concho Center 600 W Illinois Avenue Midland, TX 79701	7016 0910 0002 1798 7888 12/7/17
Endeavor Energy Resources, LP 110 N. Marienfield Suite 200 Midland, TX 79701	7016 0910 0002 1798 7895 12/7/17
MECO IV, LLC 1200 17th Street Suite 975 Denver, CO 80202	7016 0910 0002 1798 7901 12/12/17
Muleshoe Crude, LP 101 Blackberry Court Midland, TX 79705	7016 0910 0002 1798 7970 12/04/17
Petas Energy, LP P.O. Box 4127 Midland, TX 79704	7016 0910 0002 1798 7918 12/11/17
Commerce First Royalties, LLC 14241 Dallas Parkway Suite 600 Dallas, TX 75254	7016 0910 0002 1798 7925 12/13/17
The Allar Company P.O. Box 1567 Graham, TX 79701	7016 0910 0002 1798 7932 12/12/17
OXY USA WTP, LLC 5 Greeway Plaza Suite 110 Houston, TX 77046	7016 0910 0002 1798 7949 12/12/17

Marathon Application Notice

Knife Fight 7H

Mailed November 30, 2017

EOG Resources, Inc./EOG Y Resources, Inc. 5509 Champions Drive Midland, TX 79706	7014 3490 0001 8089 7294 12/05/17
Legion Petroleum, LLC P.O. Box 5443 Austin, TX 78763	7016 0910 0002 1798 7956 12/13/17
Rubert Fred Madera P.O. Box 2795 Ruidoso, NM 88355	7016 0910 0002 1798 7963 12/12/17

USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=22090>)

Track Another Package +

Tracking Number: 70160910000217987802

[Remove X](#)

We attempted to deliver your item at 7:11 pm on January 19, 2018 in MEDFORD, OR 97501 and a notice was left because an authorized recipient was not available. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice beginning January 20, 2018. If this item is unclaimed by February 3, 2018 then it will be returned to sender.

Delivery Attempt: Action Needed

January 19, 2018 at 7:11 pm
Notice Left (No Authorized Recipient Available)
MEDFORD, OR 97501

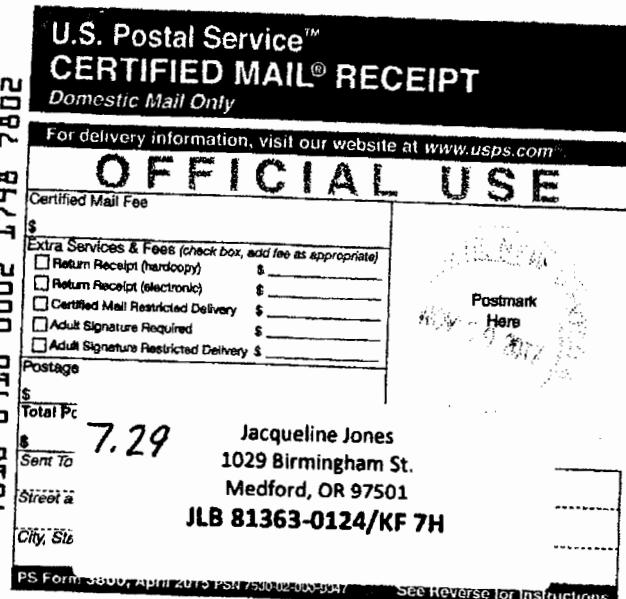
[Schedule Redelivery](#) ▼

[Text & Email Updates](#)

[Schedule Redelivery](#)

[Tracking History](#)

[Product Information](#)



[See Less ^](#)

Can't find what you're looking for?

USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Tracking Number: 70160910000217987741

Remove X

Your item was delivered at 10:12 am on December 19, 2017 in CARLSBAD, NM 88220.

 Delivered

December 19, 2017 at 10:12 am
Delivered
CARLSBAD, NM 88220

Tracking History

Product Information

7741 7798 0002 0910 7016

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
Certified Mail Fee \$	
\$ Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
Total P \$	7.29
Sent To	John Wayne Taylor
Street:	4031 Harmon Lane
City, St:	Carlsbad, NM 88220
JLB 81363-0124/KF 7H	
PS Form 3800, April 2015 PSN 7536-02-000-9047 See Reverse for Instructions	

NOV 30 2017
NEW MEXICO
CARLSBAD
Here

Can't find what you're looking for?

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

FAQs (<http://faq.usps.com/?articleId=220900>)

USPS Tracking®

[FAQs > \(http://faq.usps.com/?articleId=22090\)](http://faq.usps.com/?articleId=22090)

[Track Another Package +](#)

Tracking Number: 70160910000217987970

[Remove X](#)

Your item was delivered to an individual at the address at 4:36 pm on December 4, 2017 in MIDLAND, TX 79705.

✓ Delivered

December 4, 2017 at 4:36 pm
Delivered, Left with Individual
MIDLAND, TX 79705

Tracking History

Product Information

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ Total \$ Sent Street City	
<i>7.29</i> Muleshoe Crude, LP 101 Blackberry Court Midland, TX 79705 JLB 81363-0124/KF 7H	
<small>PS Form 5809, April 2013 PSN 754-02-00-9047</small> See Reverse for Instructions	

[See Less ^](#)

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[FAQs \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Tracking Number: 70143490000180897454

Remove X

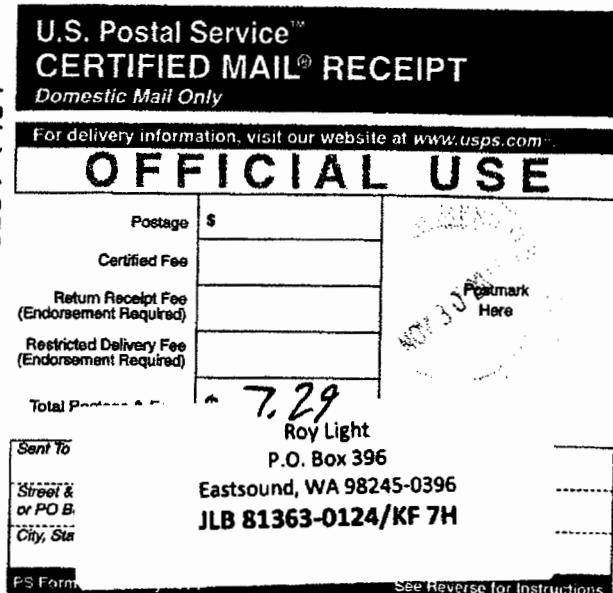
Your item was delivered at 11:44 am on December 5, 2017 in EASTSOUND, WA 98245.

 **Delivered**

December 5, 2017 at 11:44 am
Delivered
EASTSOUND, WA 98245

Tracking History

Product Information



Can't find what you're looking for?

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

FAQs (<http://faq.usps.com/?articleId=220900>)

USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=22090>)

Track Another Package +

Tracking Number: 70143490000180897294

Remove X

Your item was picked up at a postal facility at 7:34 am on December 5, 2017 in MIDLAND, TX 79702.

Delivered

December 5, 2017 at 7:34 am
DELIVERED, INDIVIDUAL PICKED UP AT POSTAL FACILITY
MIDLAND, TX 79702

Get Updates ▼

Text & Email Updates

Tracking History

Product Information

See Less ^

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

9590 9402 2679 6351 6568 55

United States
Postal Service

RECE
R JAN - 5 2018
gt

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Chavis</i></p> <p><input checked="" type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>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>E. Horace Holland 35 Ruby Court Muscle Shoals, AL 35661 JLB 81363-0124/KF 7H</p> <p>9590 9402 2679 6351 6568 55</p> <p>2. Article Number (Transfer from service label)</p> <p>2016 0910 0002 1798 7734</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</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 or \$500</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9055

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For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
<p>Certified Mail Fee</p> <p>\$ 45</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (handcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	
<p>Postage</p> <p>\$ 7.28</p> <p>E. Horace Holland 35 Ruby Court Muscle Shoals, AL 35661 JLB 81363-0124/KF 7H</p>	

PS Form 3800, April 2015 PSN 7530-02-000-9447 See Reverse for Instructions



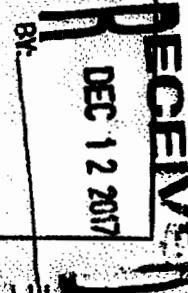
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 2679 6351 6570 50

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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

1. Article Addressed to:

The Allar Company
P.O. Box 1567
Graham, TX 79701
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6570 50

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7932

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Melanie Barrett*

Agent
 Addressee

B. Received by (Printed Name)

Melanie Barrett

C. Date of Delivery
12-6-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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

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Certified Mail Fee

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- Extra Services & Fees (check box, add fee as appropriate)
- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (handcopy) | \$ _____ |
| <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 P

\$

Sent To

7.29

The Allar Company

P.O. Box 1567

Graham, TX 79701

JLB 81363-0124/KF 7H

Street

City, S

Postmark
Here

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

See Reverse for Instructions

USPS TRACKING #



Prior Class Mail
Postage & Fees Paid
U.S.P.S.
Permit No. G-19

United States
Postal Service

9590 9402 2679 6351 6556 36

• Sender: Please print your name, address, and ZIP+4 code.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

NOV - 8 2007

RECEIVED

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:

Blackbird Royalties, LLC
1710 W. 3rd Street
Roswell, NM 88201
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6556 36

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7430

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

James M. Schwert

C. Date of Delivery

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

3. Service Type

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

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

PS Form 3611, July 2015 PSN 7530-02-000-9063

Domestic Return Receipt

U.S. Postal Service
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7430
0001
0000
3490
7014

Postage	\$	7.29
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		7.29

Sent To
Street & Apt.
or PO Box No.
City, State, Z

Blackbird Royalties, LLC
1710 W. 3rd Street
Roswell, NM 88201
JLB 81363-0124/KF 7H

PS Form 360

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USPS TRACKING #



First Class Mail
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United States
Postal Service

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Jennifer L. Bradfute
Modrall Law Firm
PO. Box 2168
Albuquerque, NM 87103

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

1. Article Addressed to:

COG Operating, LLC/Concho Oil & Gas, LLC
One Concho Center
600 W Illinois Avenue
Midland, TX 79701

JLB 81363-0124/KF 7H



9590 9402 2679 6351 6570 05

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7888

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Clark Goodwin*

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

Priority Mail Express®

Registered Mail™

Registered Mail Restricted

Delivery

Return Receipt for

Merchandise

Signature Confirmation™

Signature Confirmation

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-6063

Domestic Return Receipt

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

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

OFFICIAL USE

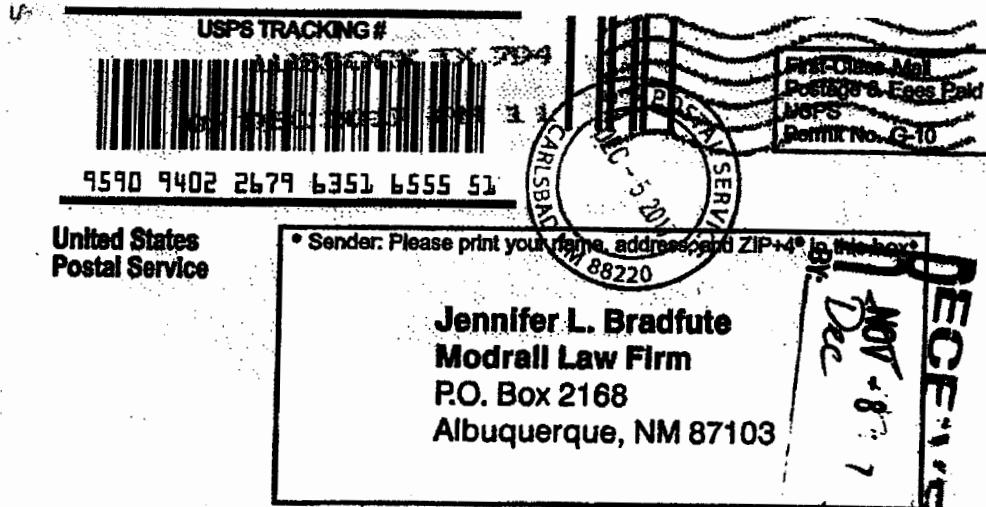
Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (handcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$
Total Post *7.29*

COG Operating, LLC/Concho Oil & Gas, LLC
One Concho Center
600 W Illinois Avenue
Midland, TX 79701
JLB 81363-0124/KF 7H

Postmark *NOV 3 2017*

PS Form 3811, July 2015 PSN 7530-02-000-6063



68

SENDER: COMPLETE THIS SECTION		CONSIGNEE: THIS SECTION IS FOR DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>B. Received by (Printed Name)</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>Carolyn A. Taylor 1702 Curry Road Carlsbad, NM 88220 JLB 81363-0124/KF 7H</p> <p>9590 9402 2679 6351 6555 51</p> <p>CARLSBAD NM 88220 52017</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 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>7016 0910 0002 1798 7697</p>		<p>Domestic Return Receipt</p>	

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

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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$ 7.29

Total Postage \$

Sent To Carolyn A. Taylor
1702 Curry Road
Carlsbad, NM 88220
JLB 81363-0124/KF 7H

Street and
City, State,

PS Form 3811, April 2015, Revision 02, Version 1, Page 1



9590 9402 2679 6351 6568 93

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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:

Charlie Sumner
 P.O. Box 524
 Lexington, OR 97839
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6568 93

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7772

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Charlie Sumner

- Agent
 Addressee

B. Received by (Printed Name)

Charlie Sumner

C. Date of Delivery

12-4-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Domestic Mail | <input type="checkbox"/> Standard Mail |
| <input type="checkbox"/> International Mail | <input type="checkbox"/> Standard Mail Restricted Delivery |
| <input type="checkbox"/> Standard Mail | <input type="checkbox"/> Standard Mail Restricted Delivery |

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Postage \$

Total \$ **7.29**

Sent: **7.29** Charlie Sumner
 P.O. Box 524
 Lexington, OR 97839
JLB 81363-0124/KF 7H

Street _____
 City, ST _____

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

USPS TRACKING #



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

9590 9402 2679 6351 6569 61

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4 below.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

REC'D
12/1/2017
CENVER

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p>B. Received by (Printed Name)</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: _____</p>	
<p>1. Article Addressed to:</p> <p>Centennial Resources Production LLC 1001 17th Street Suite 1800 Denver, CO 80202 JLB 81363-0124/KF 7H</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"/> Mail <input type="checkbox"/> Mail Restricted Delivery (\$5.00)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0002 1798 7840</p>		<p>Domestic Return Receipt</p>	

PS Form 3811, July 2015 PSN 7580-02-000-9063

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
<p>Certified Mail Fee \$ 5</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><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 \$ _____</p>	
<p>Postage \$</p> <p>Total Postage \$ 7.29</p> <p>Postmark NOV 30 2017</p>	
<p>Sent To 1001 17th Street Suite 1800 Denver, CO 80202</p> <p>Street and Apt</p> <p>City, State, Z JLB 81363-0124/KF 7H</p>	

PS Form 3800, April 2015 PSN 7580-02-000-9047

See Reverse for Instructions

USPS TRACKING #



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

9590 9402 2679 6351 6570 43

United States
Postal ServiceRECEIVED
DEC 13
2013

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

Jennifer L. Bradbury
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87101

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:

Commerce First Royalties, LLC
14241 Dallas Parkway
Suite 600
Dallas, TX 75254
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6570 43

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7925

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

TRISHA PLAZA

C. Date of Delivery
12-7-2017D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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 | |
| | |

red Mail Restricted Delivery

(6500)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Priority Mail Express® |
| <input type="checkbox"/> | Registered Mail™ |
| <input type="checkbox"/> | Registered Mail Restricted Delivery |
| <input type="checkbox"/> | Return Receipt for Merchandise |
| <input type="checkbox"/> | Signature Confirmation™ |
| <input type="checkbox"/> | Signature Confirmation Restricted Delivery |

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7590-02-000-9063

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total

7.29

Commerce First Royalties, LLC

14241 Dallas Parkway
Suite 600
Dallas, TX 75254
JLB 81363-0124/KF 7H

PS F.

Postmark

Here

30

.....
.....
.....
.....

Instructions

USPS TRACKING #



Postage & Fees
Included & Paid
U.S. Postage

9590 9402 2679 6351 6557 42

United States
Postal Service

RECEIVED
NOV - 8 2017
Dec

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Crown Oil Partners V, LP
P. O. Box 50820
Midland, TX 79710
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6557 42

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7324

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rachel Lange*

Agent
 Addressee

B. Received by (Printed Name)

Rachel Lange 12517

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Mail Restricted Delivery | |
| 10 | |

Domestic Return Receipt

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

Domestic Return Receipt

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

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

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Prc	7.24	
Sent To	Crown Oil Partners V, LP	
Street & A/ or PO Box	P. O. Box 50820	
City, State	Midland, TX 79710	
JLB 81363-0124/KF 7H		

PS Form 3800, July 2014

USPS TRACKING#



AMERICAN AIRLINES AIRPORT
MAIL CENTER DISTRICT

Priority Mail
Postage & Fees Paid

9590 9402 2679 6351 6557 35

United States
Postal Service

RECEIVED
NOV - 8 2017
BY

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

Crump Energy Partners II, LLC
P. O. Box 50820
Midland, TX 79710
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6557 35

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7331

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rachel Lange

Agent
 Addressee

B. Received by (Printed Name)

Rachel Lange

C. Date of Delivery

12.5.17

D. Is delivery address different from Item 1?

If YES, enter delivery address below:

Yes
 No

3. Service Type

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

7014 3490 0001 8089 7331

Total F

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Sent To

Street &
or P.O. Box

City, Sta

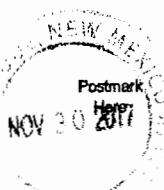
7.21

Crump Energy Partners II, LLC

P. O. Box 50820

Midland, TX 79710

JLB 81363-0124/KF 7H



PS Form 3800, July 2014

See Reverse for Instructions

USPS TRACKING #



Delivery Method
Service & Fees Paid
USPS

9590 9402 2679 6351 6569 54

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

Br: Dec 8 2017
RECEIVED
Linda Carter
124-17

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:

Donna P. Landreth
110 W. Louisiana Ave.
Suite 404
Midland, TX 79701

JLB 81363-0124/KF 7H



9590 9402 2679 6351 6569 54

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7833

CONSUMER THIS SECTION FOR DELIVERY

A. Signature

X *Linda P. Landreth*
LINDA CARTER

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

124-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Domestic Mail | <input type="checkbox"/> Standard Mail |
| <input type="checkbox"/> International Mail | <input type="checkbox"/> Special Delivery |
| <input type="checkbox"/> Standard Mail Restricted Delivery | <input type="checkbox"/> Sunday Delivery |
| <input type="checkbox"/> Sunday Delivery | <input type="checkbox"/> Saturday Delivery |

PS Form 3811, July 2015 P&N 7630-02-000-9063

Domestic Return Receipt

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

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

Certified Mail Fee

\$

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

Postmark
Here

Postage

\$

Total Postage

\$

7.29

Sent To

Street and Ap#

City, State, Zi

Donna P. Landreth

110 W. Louisiana Ave.

Suite 404

Midland, TX 79701

JLB 81363-0124/KF 7H

USPS TRACKING #



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

9590 9402 2679 6351 6569 85

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

DEC
NOV - 7 2017

68

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:

EOG Resources Assets LLC/John A. Yates
/Vladin, LLC
105 S. 4th Street
Artesia, NM 88210
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6569 85

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7864

PS Form 3811, July 2015 PSN 7590-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/4/17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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) | |

Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

Postmark
Here

Postage

\$

Tots

\$

7.29

EOG Resources Assets LLC/John A. Yates
/Vladin, LLC
105 S. 4th Street
Artesia, NM 88210
JLB 81363-0124/KF 7H

PS

Instructions



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

9590 9402 2679 6351 6557 73

United States
Postal Service

DEC 19
2017

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

EOG Y Resources, Inc.
5509 Champions Drive
Midland, TX 79706
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6557 73

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7294

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert Force

 Agent Addressee

B. Received by (Printed Name)

R-Force

C. Date of Delivery

12-5-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Domestic Mail | |
| <input type="checkbox"/> International Mail | |
| <input type="checkbox"/> Restricted Delivery | |

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

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7630-02-000-8053

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

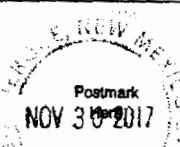
For delivery information, visit our website at www.usps.com.

OFFICIAL USE

7014 3490 0001 8089 7294
Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

\$ 7.29

EOG Y Resources, Inc.
5509 Champions Drive
Midland, TX 79706
JLB 81363-0124/KF 7H



Sent To
Street & Apt
or PO Box #
City, State:
PS Form 38

On

USPS TRACKING #



Postage & Fees Paid
12-4-17

9590 9402 2679 6351 6570 12

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

By Dec
NOV - 7 2017
FECER

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:

Endeavor Energy Resources, LP
110 N. Marienfield
Suite 200
Midland, TX 79701
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6570 12

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7895

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Natalie Heredia*

Agent
 Addressee

B. Received by (Printed Name)

Cynthia Heredia

C. Date of Delivery

12-4-17

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes
 No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- End Mail
- End Mail Restricted Delivery
(\$0.00)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

To:

7.29
Endeavor Energy Resources, LP

110 N. Marienfield

Suite 200

Midland, TX 79701

JLB 81363-0124/KF 7H



PS Form 3811, April 2015 PGN 7530-02-000-9047

See Reverse for Instructions



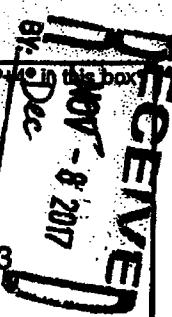
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 2679 6351 6557 59

United States
Postal Service

- Sender: Please print your name, address, and ZIP+4 in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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:

Energen Resources Corporation
605 Richard Arrington, Jr. Blvd.
North Birmingham, AL 35203-2707
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6557 59

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7317

COMPLETE THIS SECTION IN DELIVERY

A. Signature

X Brenda Cindorow
Brenda Amador

- Agent
 Addressee

C. Date of Delivery

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

3. Service Type

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

Domestic Return Receipt

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

Domestic Return Receipt

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

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

OFFICIAL USE

Postage	\$	 NOV 30 2014
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	7.29	
Sent To		
Street & Ap# or PO Box City, State,		
Energen Resources Corporation 605 Richard Arrington, Jr. Blvd. North Birmingham, AL 35203-2707 JLB 81363-0124/KF 7H		

USPS TRACKING #



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

9590 9402 2679 6351 6556 43

United States
Postal Service

NOV - 8 2017
RECEIVED

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Fort Worth Mineral Company LLC
500 Main Street, Suite 1200
Fort Worth, TX 76102
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6556 43

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7423

Signature

X *J Mayfield* Agent
 Addressee

B. Received by (Printed Name)

J Mayfield

C. Date of Delivery

26

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Red Mail
- Red Mail Restricted Delivery
- \$500

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

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7690-02-000-9053

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

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

OFFICIAL USE

EE42 6808
T 000
D 044E
R 0102

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage

Postmark
Here

7.29

Fort Worth Mineral Company LLC
500 Main Street, Suite 1200
Fort Worth, TX 76102
JLB 81363-0124/KF 7H

Sent To
Street & A.
or PO Box
City, State

PS Form 3811, July 2015 PSN 7690-02-000-9053

See reverse for instructions

USPS I HACKING #



Priority Mail
Postage & Fees Paid
U.S. POSTAL SERVICE

9590 9402 2679 6351 6556 29

United States
Postal Service

* Sender: Please print your name, address and zip code in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

RECEIVED
JULY 18 2014
U.S. POSTAL SERVICE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Foundation Minerals, LLC
P.O. Box 50820
Midland, TX 79710
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6556 29

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7447

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rachel Lang

Agent
 Addressee

B. Received by (Printed Name)

Rachel Lang

C. Date of Delivery

12517

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

- S. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Standard Mail Restricted Delivery |
| <input type="checkbox"/> Standard Mail Restricted Delivery | <input type="checkbox"/> 5000 |

- Standard Mail Restricted Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-0053

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

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		7.29
Sent To		Postmark Here
Street & A# or PO Box City, State,		
JLB 81363-0124/KF 7H		

PS Form 3800, July 2014 SEE REVERSE FOR INSTRUCTIONS

U.S. POSTAL SERVICE



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

9590 9402 2679 6351 6569 78

United States
Postal Service

RECEIVED
DEC 14 2017
By
3-216868

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

GMT Exploration Co. LLC
15060 Broadway
Suite 2000
Denver, CO 80202

JLB 81363-0124/KF 7H

9590 9402 2679 6351 6569 78

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7857

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jeanne*

Agent
 Addressee

B. Received by (Printed Name)

Jeanne

C. Date of Delivery
12-7-17

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

3. Service Type
- Priority Mail Express®
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 End Mail
 End Mail Restricted Delivery
 \$5000

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

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

\$

Sent To

Street/Unit

City/State

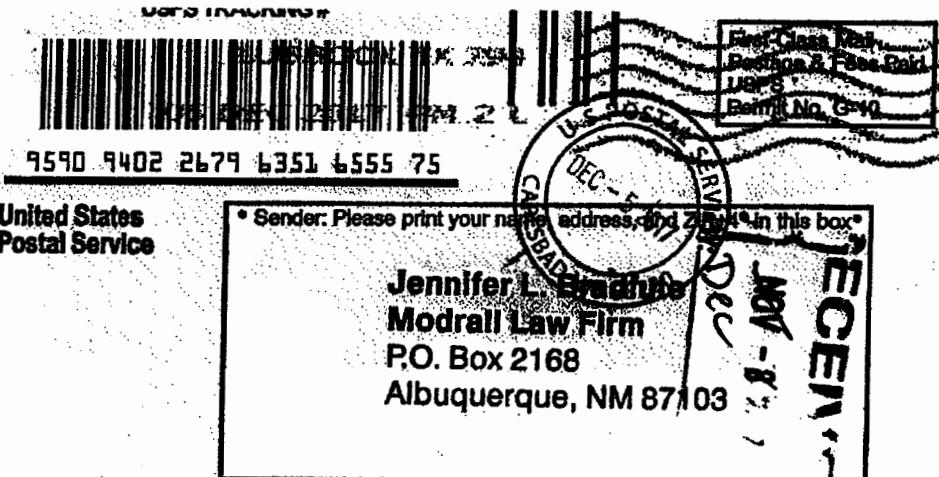
Zip Code

7.29 GMT Exploration Co. LLC
15060 Broadway
Suite 2000
Denver, CO 80202
JLB 81363-0124/KF 7H

NOV 12 2017
Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-002-9047

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>U.S. POSTAL SERVICE CARLSBAD NM 88220</p>	
<p>1. Article Addressed to:</p> <p>Harvey R. Taylor 124 S. 5th Street Carlsbad, NM 88220 JLB 81363-0124/KF 7H</p> <p>9590 9402 2679 6351 6555 75</p> <p>2. Article Number (Transfer from service label)</p> <p>7014 3490 0001 8089 7492</p>		<p>E. 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 type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery</p>	

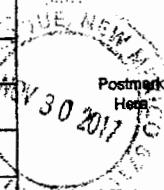
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P.	7.29	
Sent To	Harvey R. Taylor	
Street & or PO Bo	124 S. 5th Street	
City, Stat	Carlsbad, NM 88220	
JLB 81363-0124/KF 7H		

PS Form 3800, July 2014 See Reverse for Instructions



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

9590 9402 2679 6351 6568 31

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

RECEIVED
NOV - 8 2017
12-517

3-216868

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>B. Received by (Printed Name)</p> <p>Quaranta</p> <p>C. Date of Delivery</p> <p>12-517</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>Ian Russell Quaranta 2862 E. Concho Ave Mesa, AZ 85204 JLB 81363-0124/KF 7H</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"/> 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 <input type="checkbox"/> Priority Mail</p>	
<p>9590 9402 2679 6351 6568 31</p> <p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0002 1798 7710</p>		<p>Domestic Return Receipt</p>	

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

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

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

OFFICIAL USE

Certified Mail Fee \$

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

<input type="checkbox"/> Return Receipt (handcopy)	\$ _____
<input checked="" 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 Post \$ *7.29*

Sent To Ian Russell Quaranta
2862 E. Concho Ave
Mesa, AZ 85204

Street and
City, State JLB 81363-0124/KF 7H

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

USPS TRACKING #



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

9590 9402 2679 6351 6555 44

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

NOV - 7 2017
REC'D

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

- 1 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:

James Russell Quaranta
362 E. Horseshoe Ave.
Gilbert, AZ 85296
JLB 81363-0124/KF 7H

9590 9402 2679 6351 6555 44

Article Number (Transfer from service label)

2016 0910 0002 1798 7703

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jennifer Bradfute Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
12/4/13

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation 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 \$2000 | |

PS Form 3811, July 2015 PSN 7530-02-000-0053

Domestic Return Receipt

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

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

OFFICIAL USE

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

Postage
\$ Total Postage: \$ 7.29

Sent To
Street and A
City, State, Z
James Russell Quaranta
362 E. Horseshoe Ave.
Gilbert, AZ 85296
JLB 81363-0124/KF 7H

PS Form 38
See reverse for instructions

NOV 7 2017
RECEIVED
HERE



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

9590 9402 2679 6351 6568 48

United States
~~Postal Service~~

11 NOV - 8 2017
JLBBee

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

Jayme Erin Quaranta Yost
2667 E. Dennisport Ave.
Gilbert, AZ 85295
JLB 81363-0124/KF 7H

9590 9402 2679 6351 6568 48

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7727

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Jayme L. Yost

C. Date of Delivery
12-5-17

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

(formally Jayne Yost)

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery | |
| 3500 | |

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7630-02-000-9063

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

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

OFFICIAL USE

Certified Mail Fee

\$	
<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 Post:

7.29

Jayme Erin Quaranta Yost

2667 E. Dennisport Ave.

Gilbert, AZ 85295

JLB 81363-0124/KF 7H

Rosmark
Here

PS Form 1

USPS TRACKING #



118 S JACK TX 75244

Postage Due
Postage & Fees Paid
U.S. Postage
Printed No. G-10

9590 9402 2679 6351 6555 82

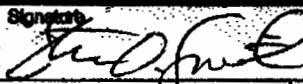
RECEIVED
United States
Postal Service

DEC 15 2017

8k

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" 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>Kathy J. Smith 233 New Mexico Drive Portales, NM 88130 JLB 81363-0124/KF 7H</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"/> Restricted Delivery</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 <input type="checkbox"/> Restricted Delivery</p>	
<p>9590 9402 2679 6351 6555 82</p> <p>2. Article Number (Transfer from service label)</p> <p>7014 3490 0001 8089 7485</p>		<p>Domestic Return</p>	

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

Domestic Return

7485
7489
8001
0001
3490
7014

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	7.29
Sent To	Kathy J. Smith
Street & Appt. or PO Box # City, State	233 New Mexico Drive Portales, NM 88130 JLB 81363-0124/KF 7H

7.29
Kathy J. Smith
233 New Mexico Drive
Portales, NM 88130
JLB 81363-0124/KF 7H

NOV 30 2017
Postmark Here

PS Form 3800, July 2014

See Reverse for Instructions

PS FORM 3811-1



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

9590 9402 2679 6351 6570 74

United States
Postal Service

RECEIVED
DEC 13 2017
BY

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

Legion Petroleum, LLC
P.O. Box 5443
Austin, TX 78763

JLB 81363-0124/KF 7H



9590 9402 2679 6351 6570 74

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7956

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Sidney Stephan 1798

C. Date of Delivery

D. Is delivery address different from Item 1?

If YES, enter delivery address below: Yes No

3. Service Type

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

PS Form 3811, July 2015 PSN 7590-02-000-9053

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total

\$

7.29 Legion Petroleum, LLC

P.O. Box 5443

Austin, TX 78763

JLB 81363-0124/KF 7H

Postmark
Here

PS F

Instructions

USPS TRACKING



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

9590 9402 2679 6351 6557 66

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in the boxes below.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

DEC 12 2017

RECEIVED



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:

MRC Permian Company
5400 Lyndon B. Johnson Fwy.
Dallas, TX 75240
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6557 66

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7300

COMPLET THIS SECTION ON DELIVERY

A. Signature

Kayla Rose

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

PS Form 3811, July 2015 PSN 7530-02-000-6053

Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	7.29	
MRC Permian Company 5400 Lyndon B. Johnson Fwy. Dallas, TX 75240 JLB 81363-0124/KF 7H		

PS Form 3811, July 2015 PSN 7530-02-000-6053

USPS TRACKING#

LUBBOCK TX 79401



DRAFT STREET 1001 1PM 1

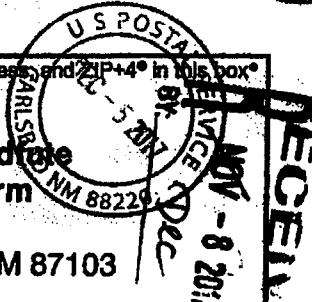
First-Class Mail
Postage & Fees Paid
USPS
Permit No. 6-10

9590 9402 2679 6351 6555 68

United States
Postal Service

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

Jennifer L. Bradford
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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:

Marilyn S. Taylor
2310 Avenue B
Carlsbad, NM 88220
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6555 68

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7508

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery | |
| 500 | |

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

Domestic Return Receipt

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

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Pcs

Sent To

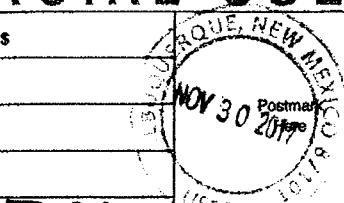
Street & A
or PO Box

City, State

PS Form 3800, July 2014

See Reverse for Instructions

7014 3490 0001 8089 7508



7.29
Marilyn S. Taylor
2310 Avenue B
Carlsbad, NM 88220
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6569 92

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

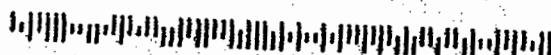
United States
Postal Service

RECEIVED
DEC 19 2017

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

03-216868



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:

MidCon Land Services, LLC
P.O. Box 31773
Edmond, OK 73003
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6569 92

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7871

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary Brum*

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
12/13/17

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



3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7520-02-000-9063

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

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

\$

S

T

S

G

C

7.29 MidCon Land Services, LLC
P.O. Box 31773
Edmond, OK 73003
JLB 81363-0124/KF 7H

PS Form 3800, April 2015 PSN 7520-02-003-9047

See Reverse for Instructions



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

9590 9402 2679 6351 6556 50

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

DEC
NOV - 8
2017

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NM Royalty
P.O. Box 51908
Midland, TX 79710
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6556 50

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7416

COMPLET THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Jennifer L. Bradfute

C. Date of Delivery

12/5/17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Home Mail Delivery | <input type="checkbox"/> Standard Mail |
| <input type="checkbox"/> Standard Mail Restricted Delivery | <input type="checkbox"/> Standard Mail Restricted Delivery |

- \$20.00

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9063

Domestic Return Receipt

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Domestic Mail Only**

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

OFFICIAL USE

7014 3490 0001 8089 7416

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Prc		7.29

Postmark
Here

Sent To
Street &
or PO Box
City, State

NM Royalty
P.O. Box 51908
Midland, TX 79710
JLB 81363-0124/KF 7H

PS Form 3800, July 2014

ctions

USPS TRACKING #



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

United States
Postal Service

• Sender: Please print your name, address, and ZIP code in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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:

OXY USA WTP, LLC
5 Greeway Plaza
Suite 110
Houston, TX 77046
JLB 81363-0124/KF 7H



2. Article Number (Transfer from service label)

7016 0910 0002 1798 7949

RECIPIENT SECTION ON DELIVERY

A. Signature

X *Jen Bradfute* Agent
Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-6-17

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

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

- Adult Signature
- Adult Signature Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery

PS Form 3811, July 2015 PSN 7590-02-000-9053

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Postage \$

Total Pd. *7.29* OXY USA WTP, LLC
5 Greeway Plaza
Suite 110
Houston, TX 77046
JLB 81363-0124/KF 7H

Postmark
Here

Street &
City, St.

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Priority Mail

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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DEC 11 2017

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:

Paul K. Stetson
31 Sun River Cascade Road
Sun River, MT 59483
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6569 47

2. Article Number (Transfer from service label)

2016 0910 0002 1798 7826

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Christopher Stetson

Agent
 Addressee

B. Received by (Printed Name)

Christopher Stetson

C. Date of Delivery
12-5-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Mail | <input type="checkbox"/> SOS |
| <input type="checkbox"/> Mail Restricted Delivery | |
| <input type="checkbox"/> SOS | |

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (handcopy)	\$ _____
<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 P.O.	7.29
Sent To	Paul K. Stetson
Street Address	31 Sun River Cascade Road
City, State	Sun River, MT 59483
JLB 81363-0124/KF 7H	

PS Form 3800, April 2015 PSN 7630-02-000-9047

See Reverse for Instructions



First Class Mail
Postage & Fees Paid
USPS

9590 9402 2679 6351 6570 36

United States
Postal Service

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

**Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103**

RECEIVED
DEC 11 2007

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:

Petras Energy, LP
P.O. Box 4127
Midland, TX 79704
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6570 36

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7918

OPTIONAL INFORMATION ON DELIVERY

A. Signature

Lisa Nailor
X *Lisa Nailor*

Request
Delivery
Address

B. Received by (Printed Name)

Lisa Nailor

C. Date of Delivery

2007
NOV 30 2007

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Domestic Mail | |
| <input type="checkbox"/> Mail Restricted Delivery | |
| (00) | |

PS Form 3811, July 2015 PSN 7530-02-000-8063

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

- Extra Services & Fees (check box, add fee as appropriate)
- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (handcopy) | \$ _____ |
| <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 P

7.29

Sent To

Petras Energy, LP

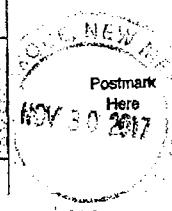
P.O. Box 4127

Midland, TX 79704

Street #

JLB 81363-0124/KF 7H

City, St





First-Class Mail
Postage & Fees Paid
USPS
Delivery No. 00000000

9590 9402 2679 6351 6557 11

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4 code here.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

Dec 8 - 2017
RECEIVED

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert E. Landreth
110 W. Louisiana Ave. #404
Midland, TX 79701
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6557 11

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7355

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Linda G. Carter* Agent
 Addressee

B. Received by (Printed Name)

LINDA CARTER **12477**

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Mail | <input type="checkbox"/> 100g |
| <input type="checkbox"/> Mail Restricted Delivery | |
| <input type="checkbox"/> 100g | |

Adult Signature

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

100g

PS Form 3811, July 2015 PSN 7630-02-000-8053

Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

5
2355
6
8080
1
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1
0000
4400
7014

Postage \$

Certified Fee

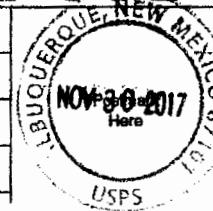
Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To
Street & Apt. #
or PO Box No.
City, State, Zip

PS Form 3800, July 2014



Robert E. Landreth
110 W. Louisiana Ave. #404
Midland, TX 79701
JLB 81363-0124/KF 7H

See Reverse for Instructions

USPS TRACKING #



X 799
FD 1234567890 STR
444-222-1111 P424

MAIL CLASSIFICATION
Postage & Fees Paid
Date
Postage No. 1000

9590 9402 2679 6351 6570 81

United States
Postal Service

* Sender: Please print your name, address, and ZIP code below

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

RECEIVED
DEC 12 2017

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:

Rubert Fred Madera
P.O. Box 2795
Ruidoso, NM 88355

JLB 81363-0124/KF 7H

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Rubert Fred Madera

RECEIVED
DEC 12 2017

Addressee

B. Received by (Printed Name)

JLB 81363-0124/KF 7H

Date of Delivery

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



9590 9402 2679 6351 6570 81

2. Article Number (Transfer from service label)

7016 0910 0002 1758 7963

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail
 - Mail Restricted Delivery

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

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9063

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Tot

7.29

Sen

Stre

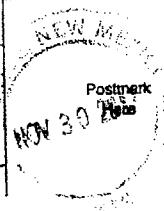
City

Rubert Fred Madera

P.O. Box 2795

Ruidoso, NM 88355

JLB 81363-0124/KF 7H



USPS TRACKING #



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

9590 9402 2679 6351 6569 09

United States
Postal Service

RECEIVED
NOV - 8 2017
By:
Dec.

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Sally Runyan
5530 NE 199th Ave
Vancouver, WA 98682
JLB 81363-0124/KF 7H

9590 9402 2679 6351 6569 09

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7789

A. Signature

Agent
 Address

B. Received by (Printed Name)

C. Date of Delivery
12/4/17

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

3. Service Type

- Adult Signature
- Registered Mail™
- Adult Signature Restricted Delivery
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail
- Mail Restricted Delivery
- \$500
- Priority Mail Express®
- Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7590-02-000-9053

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

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

OFFICIAL USE

Certified Mail Fee

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

Postage

\$

7.29

Total Post:

\$

Sent To:

Street and:

City, State,

Sally Runyan
5530 NE 199th Ave
Vancouver, WA 98682
JLB 81363-0124/KF 7H



PS Form 3811, July 2015 PSN 7590-02-000-9053

USPS TRACKING #



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

9590 9402 2679 6351 6557 04

United States
Postal Service

RECEIVED
NOV - 8 2017
DEC

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

Southwestern Petroleum Land Services LLC
1901 W. 4th Street
Roswell, NM 88201
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6557 04

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7362

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Pamela Schut Agent Addressee

B. Received by (Printed Name)

Pamela Schut

C. Date of Delivery

12-4-17

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

3. Service Type

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

- | |
|---|
| <input type="checkbox"/> Mail Restricted Delivery |
|---|

Domestic Return Receipt

PS Form 3811, July 2015 P&N 7530-02-000-9059

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

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

7.29



Total Pos Southwestern Petroleum Land Services LLC

1901 W. 4th Street

Roswell, NM 88201

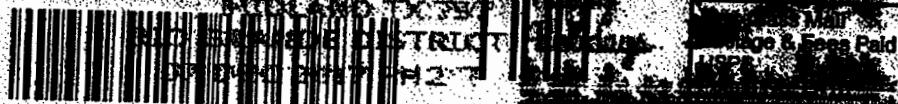
JLB 81363-0124/KF 7H

Send To
Street & Ap. or PO Box /
City, State,

PS Form 3800, July 2014

See Reverse for Instructions

USPS TRACKING #



RECEIVED
R DEC 12 2017
BY:
United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

Ted Collins, Jr.
P.O. Box 27
Midland, TX 79702
JLB 81363-0124/KF 7H



2. Article Number (Transfer from service label)

7014 3490 0001 8089 7461

PS Form 3811, July 2015 PSN 7680-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kelly Poston
B. Received by (Printed Name)

Agent
 Addressee
C. Date of Delivery
12-7-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery | |
| <input type="checkbox"/> Mail Restricted Delivery 100 | |

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery | |
| <input type="checkbox"/> Mail Restricted Delivery 100 | |

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

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

OFFICIAL USE

7461 8089 0001 3490 7014

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Pos

Sent To

Street & Ap.
or PO Box /
City, State, ZipPostmark
Here

7.29
Ted Collins, Jr.
P.O. Box 27
Midland, TX 79702
JLB 81363-0124/KF 7H

PS Form 3800, July 2014

See Reverse for Instructions

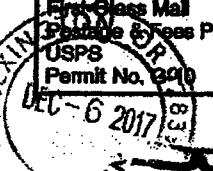
USPS TRACKING #



9590 9402 2679 6351 6568 86

United States
Postal Service

First Class Mail
Postage & Fees Paid
USPS
Permit No. 2910



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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

RECEIVED
NOV 8 2017
JLB 81363-0124/KF 7H

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Estate of Rita Sumner
P.O. Box 524
Lexington, OR 97839
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6568 86

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7765

PS Form 3811, July 2015 PSN 7590-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jennifer L. Bradfute

- Agent
 Addressee

B. Received by (Printed Name)

Cynthia K. Sumner

C. Date of Delivery

12-4-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Red Mail | <input type="checkbox"/> Red Mail Restricted Delivery |
| <input type="checkbox"/> Red Mail Restricted Delivery | <input type="checkbox"/> 6500 |

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Red Mail | <input type="checkbox"/> Red Mail Restricted Delivery |
| <input type="checkbox"/> Red Mail Restricted Delivery | <input type="checkbox"/> 6500 |

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$

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

<input type="checkbox"/> Return Receipt (handcopy)	\$ _____
<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 Post \$ 7.29

Sent To The Estate of Rita Sumner

Street and P.O. Box 524

City, State Lexington, OR 97839

JLB 81363-0124/KF 7H

Postmark Here

PS Form 3811, July 2015 PSN 7590-02-000-9053

See reverse for instructions

USPS TRACKING®



9590 9402 2679 6351 6556 98

United States
Postal Service

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

NOV - 7 DEC 2017

RECEIVED

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:

Wallace Family Partnership
508 W. Wall Street, Suite 1200
Midland, TX 79701
JLB 81363-0124/KF 7H

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7379

9590 9402 2679 6351 6556 98

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery
(if \$500)

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

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7630-02-000-0053

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

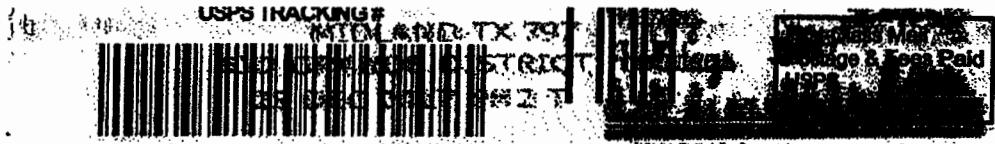
For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post	7.29	
Sent To	Wallace Family Partnership 508 W. Wall Street, Suite 1200 Midland, TX 79701 JLB 81363-0124/KF 7H	
Street & Apt. or PO Box N		
City, State, Z		

Postmark Here
NOV 30 2017

See Reverse for Instructions



United States
Postage

RECEIVED
NOV - 8 2017
JLB

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

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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:

WBA Resources, Ltd.
P.O. Box 50468
Midland, TX 79710
JLB 81363-0124/KF 7H



2. Article Number (Transfer from service label)

7014 3490 0001 8089 7386

COMPLETE IF THIS SECTION ON DELIVERY

A. Signature

X *Jennifer L. Bradfute* Agent
 Addressee

B. Received by (Printed Name)

Jennifer L. Bradfute **10/5/17** **C. Date of Delivery**

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

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Mailed Mail | <input type="checkbox"/> Standard Mail |
| <input type="checkbox"/> Mailed Mail Restricted Delivery or \$500 | <input type="checkbox"/> Domestic Return Receipt |

PS Form 3811, July 2015 PSN 7530-02-000-6063

Domestic Return Receipt

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

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	7.29	
Sent To	WBA Resources, Ltd.	
Street & Apt or PO Box	P.O. Box 50468	
City, State,	Midland, TX 79710	
JLB 81363-0124/KF 7H		

Postmark Here
ALBUQUERQUE, NEW MEXICO
10X30 30

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:

Bill G. Taylor, Jr.
199 11th Ave. NW
Rio Rancho, NM 87144
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6555 99

2. Article Number (Transfer from service label)
7014 3490 0001 8089 7478

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

7014 3490 0001 8089 7478



Domestic Return Receipt

M

odrell Sperling Roehl Harris
Bank of America Center, Suite 1000
00 Fourth Street NW
Albuquerque NM 87102

To:
Bill G. Taylor, Jr.
199 11th Ave. NW
Rio Rancho, NM 87144

RECEIVED
BY:
JAN - 2 2018

NIXIE 851 F

RETURN
NOT DELIVERABLE
UNABLE

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage: **7.29**

Bill G. Taylor, Jr.
199 11th Ave. NW
Rio Rancho, NM 87144
JLB 81363-0124/KF 7H

SEN17b
Street & Apt. or PO Box
City, State, Zip

NOV 3 2017
NEW MEXICO
Postmark Here

See Reverse for Instructions

PS Form 3800, July 2014

CERTIFIED MAIL

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:

CTH Royalties, LLC
P.O. Box 52521
Midland, TX 79710
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6556 67

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7409

PS Form 3811, July 2015 PSN 7550-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

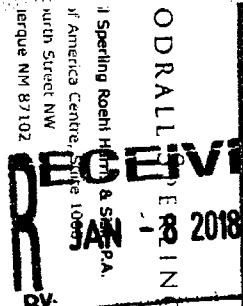
C. Date of Delivery

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

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

PS Form 3811, July 2015 PSN 7550-02-000-9053

Domestic Return Receipt



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

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pmt		

7.29

Postmark
Here

CTH Royalties, LLC

P.O. Box 52521

Midland, TX 79710

JLB 81363-0124/KF 7H

PS Form 3811, July 2015 PSN 7550-02-000-9053

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:

JWD Resources, LLC
P.O. Box 51908
Midland, TX 79710
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6556 74

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7393

PS Form 3811, July 2015 PSN 7530-02-000-0053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (\$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

MODRALL SPERLING

Modrall Sperling Roth Harris & Sisk, P.A.
Bank of America Centre, Suite 1000
500 Fourth Street NW
Albuquerque NM 87102

To:

JWD Resources, LLC
P.O. Box 51908
Midland, TX 79710

NIXIE 732 DE 2
RETURN TO SENDER
UNDELIVERABLE AS FOR
BC: 87302532499 2368
EBC EL BRCG T000
DRCHE 4102

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	7.29
Sent To	JWD Resources, LLC P.O. Box 51908 Midland, TX 79710 JLB 81363-0124/KF 7H
Postmark Here	

PS Form 3800, July 2015

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:

Jeff Sumner
1031 NW 2nd Ave.
Hillsboro, OR 97124

JLB 81363-0124/KF 7H



9590 9402 2679 6351 6569 16

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7796

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

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** Agent
 Addressee**B. Received by (Printed Name)****C. Date of Delivery**

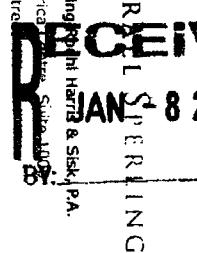
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

S. Service Type

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

Domestic Return Receipt

TO D R E V E L S P E R L I N G

Rail Sperling
Rochi Harris & Sisk, P.A.
(of America, Inc., Suite 1000)
Fourth Street
Pueblo, CO 81007
Telephone (719) 545-4400
Fax (719) 545-4401
Telex 87102**U.S. Postal Service®
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**For delivery information, visit our website at www.usps.com.**OFFICIAL USE****Certified Mail Fee**

\$

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

Postage

\$

Total Postage

\$

Sent To**Street Address****City, State**

PS Form

7.29

Jeff Sumner
1031 NW 2nd Ave.
Hillsboro, OR 97124

JLB 81363-0124/KF 7H

See reverse for instructions

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

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

OFFICIAL USE

Certified Mail Fee

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

Postage

\$

Total P

\$

Sent To

7.29 Krystle Sumner McEntire
 25689 225th Ave. SE
 Maple Valley, CA 98038

Street:

City, St

Zip

PS Form 3800, April 2015 PSN 7530-02-000-9057

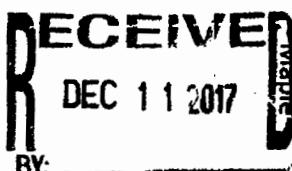
See Reverse for Instructions

Postmark
 Here

To:

MODRALL SPERLING

Modrall Sperling Roth Harris & Sisk, P.A.
 Bank of America Centre, Suite 1000
 500 Fourth Street NW
 Albuquerque NM 87102



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:

Krystle Sumner McEntire
 25689 225th Ave. SE
 Maple Valley, CA 98038
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6569 30

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7819

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Priority Mail Express®
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery
 over \$500

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

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

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

OFFICIAL USE

Postage	\$
<input type="text"/>	
Total Post	



7.29
Sam L. Shackelford
1096 Mechem Drive, Suite G-18
Ruidoso, NM 88345
JLB 81363-0124/KF 7H

Sent To
Street & Apt
or PO Box #
City, State, Zip

PS Form 3800, July 2014

See reverse for instructions

90 0001 8089 7348



MODRALL SPERLING
Modrall Sperling Roehl Harris & Sisk, P.A.
Bank of America Centre, Suite 1000
Fourth Street NW
Albuquerque NM 87102

To:

Sam L. Shackelford

1096 Mechem Drive, Suite G-18
Ruidoso, NM 88345

88421/04/14

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:

Sam L. Shackelford
1096 Mechem Drive, Suite G-18
Ruidoso, NM 88345
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6557 28

2. Article Number (Transfer from service label)

7014 3490 0001 8089 7348

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

CERTIFIED MAIL

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total P

\$

Sent To:

Street:

City, S:

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

7.29 The Estate of Curtis Robert Taylor
507 East Russell
Carlsbad, NM 88220
JLB 81363-0124/KF 7H



Postmark
NOV 29 2017

Instructions

RECEIVED

DEC 13 2

BY:

MODRALL SPERLING

Modrall Sperling Roehl Harris & Sisk, P.A.

Bank of America Centre, Suite 1000
500 Fourth Street NW
Albuquerque NM 87102

7016 0910 0002 1798 7758



To: The Estate of Curtis Robert
507 East Russell
Carlsbad, NM

NIXIE 731 C8 1

RETURN TO SENDER
NOT DELIVERABLE AS ADD
UNABLE TO FORWARD

MANUAL PROC REQ 2368N3

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Estate of Curtis Robert Taylor
507 East Russell
Carlsbad, NM 88220
JLB 81363-0124/KF 7H



9590 9402 2679 6351 6568 79

2. Article Number (Transfer from service label)

7016 0910 0002 1798 7758

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

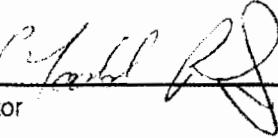
- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Domestic Mail
 International Mail
 Mail Restricted Delivery
- Return Receipt for Merchandise
 Signature Confirmation™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

Affidavit of Publication

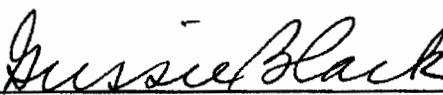
STATE OF NEW MEXICO
COUNTY OF LEA

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

Beginning with the issue dated
December 01, 2017
and ending with the issue dated
December 01, 2017.

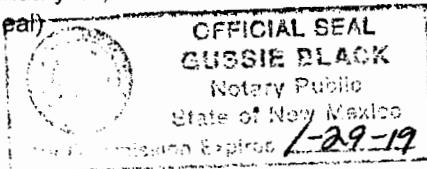

Editor

Sworn and subscribed to before me this
1st day of December 2017.


Business Manager

My commission expires
January 29, 2019

(Seal)



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

LEGAL NOTICE

December 1, 2017

CASE No. 15907: Notice to all affected parties, as well as the heirs and devisees of EOG Y Resources, Inc.; MRC Permian Company; Energen Resources Corporation; Crown Oil Partners V, LP; Crump Energy Partners II, LLC; Sam L. Shackelford; Robert E. Landreth; Southwestern Petroleum Land Services LLC; Wallace Family Partnership; WBA Resources, Ltd.; JWD Resources, LLC; CTH Royalties, LLC; NM Royalty; Fort Worth Mineral Company LLC; Blackbird Royalties, LLC; Foundation Minerals, LLC; Roy Light; Ted Collins, Jr.; Bill G. Taylor, Jr.; Kathy J. Smith; Harvey R. Taylor; Marilyn S. Taylor; Carolyn A. Taylor; James Russell Quaranta; Ian Russell Quaranta; Jayme Erin Quaranta Yost; E. Horace Holland; John Wayne Taylor; The Estate of Curtis Robert Taylor; The Estate of Rita Sumner; Charlie Sumner; Sally Runyan; Jeff Sumner; Jacqueline Jones; Kryatlie Sumner McEntire; Paul K. Stetson; Robert E. Landreth; Donna P. Landreth; Centennial Resources Production LLC; GMT Exploration Co. LLC; EOG Resources Assets LLC; John A. Yates/Vladin, LLC; MidCon Land Services, LLC; COG Operating, LLC; Concho Oil & Gas, LLC; Endeavor Energy Resources, LP; MECO IV, LLC; Muleshoe Crude, LP; Petras Energy, LP; Commerce First Royalties, LLC; The Alias Company; OXY USA WTP, LLC; EOG Resources, Inc./EOG Y Resources, Inc.; Legion Petroleum, LLC; Robert Fred Madera of Marathon Oil Permian, LLC's application for a non-standard oil spacing and proration unit, non-standard locations and compulsory pooling, Lea County New Mexico. The State of New Mexico, through its Oil Conservation Division, hereby gives notice that the Division will conduct a public hearing at 8:15 a.m. on December 21, 2017, to consider this application. Applicant seeks an order (1) creating a non-standard 160-acre spacing a proration unit in the Bone Spring formation, comprised of the E/2 E/2 of Section 26, Township 24 South, Range 34 East, NMPM, Lea County, New Mexico; (2) approving non-standard locations, and (3) pooling all mineral interests in the Bone Spring formation underlying this proposed non-standard spacing and proration unit. This proposed spacing and proration unit will be the project area for the **Knife Fight Fee 24 34 26 TB 7H** well to be drilled horizontally. The producing lateral for this well will include unorthodox perforations that will be located 150' from the North line and 994' from the East line of Section 26, and 150' from the South line and 988' from the East line of Section 26. Also to be considered will be the cost of drilling and completing said well, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Marathon Oil Permian, LLC as operator of the well, and a 200% charge for risk involved in drilling said well. Said unit is located approximately 15 miles northwest of Jal, New Mexico.
#32288

01104570

00203392

DOLORES SERNA
MODRALL, SPERLING, ROEHL, HARRIS &
P. O. BOX 2168
ALBUQUERQUE, NM 87103-2168

Knife Fight Fee 24 34 26 WXY 3H

Knife Fight Fee 24 34 26 WXY 3H
SURFACE HOLE 271' FNL, 1205' FEL OF SEC 26-24S-34E

DIAGRAM NOT DRAWN TO SCALE

South Line of 24S 34E Sec 26

150' from South Line of 24S 34E Sec 26

North Line of 24S 34E Sec 26

150' from North Line of 24S 34E Sec 26

LMAR—

BCYN—

BSPG—

FBSG—

Knife Fight Fee 24 34 26 WXY 3H
PLAN WELL PATH

SBSG Carb—
TBSG Carb—
WFM—

Last Perforation no closer than 150' from
North Line of 24S 34E Sec 26

First Perforation no closer than 150' from
South Line of 24S 34E Sec 26

EXHIBIT

10

 Marathon Oil

Knife Fight Fee 24 34 26 WA 6H

Knife Fight Fee 24 34 26 WA 6H
SURFACE HOLE 271' FNL, 1175' FEL OF SEC 26-24S-34E

DIAGRAM NOT DRAWN TO SCALE

South Line of 24S 34E Sec 26

150' from South Line of 24S 34E Sec 26

North Line of 24S 34E Sec 26

150' from North Line of 24S 34E Sec 26

LMAR—

BCYN—

BSPG—

FBSG—

SBSG Carb—

TBSG Carb—

WFM—

Knife Fight Fee 24 34 26 WA 6H
PLAN WELL PATH

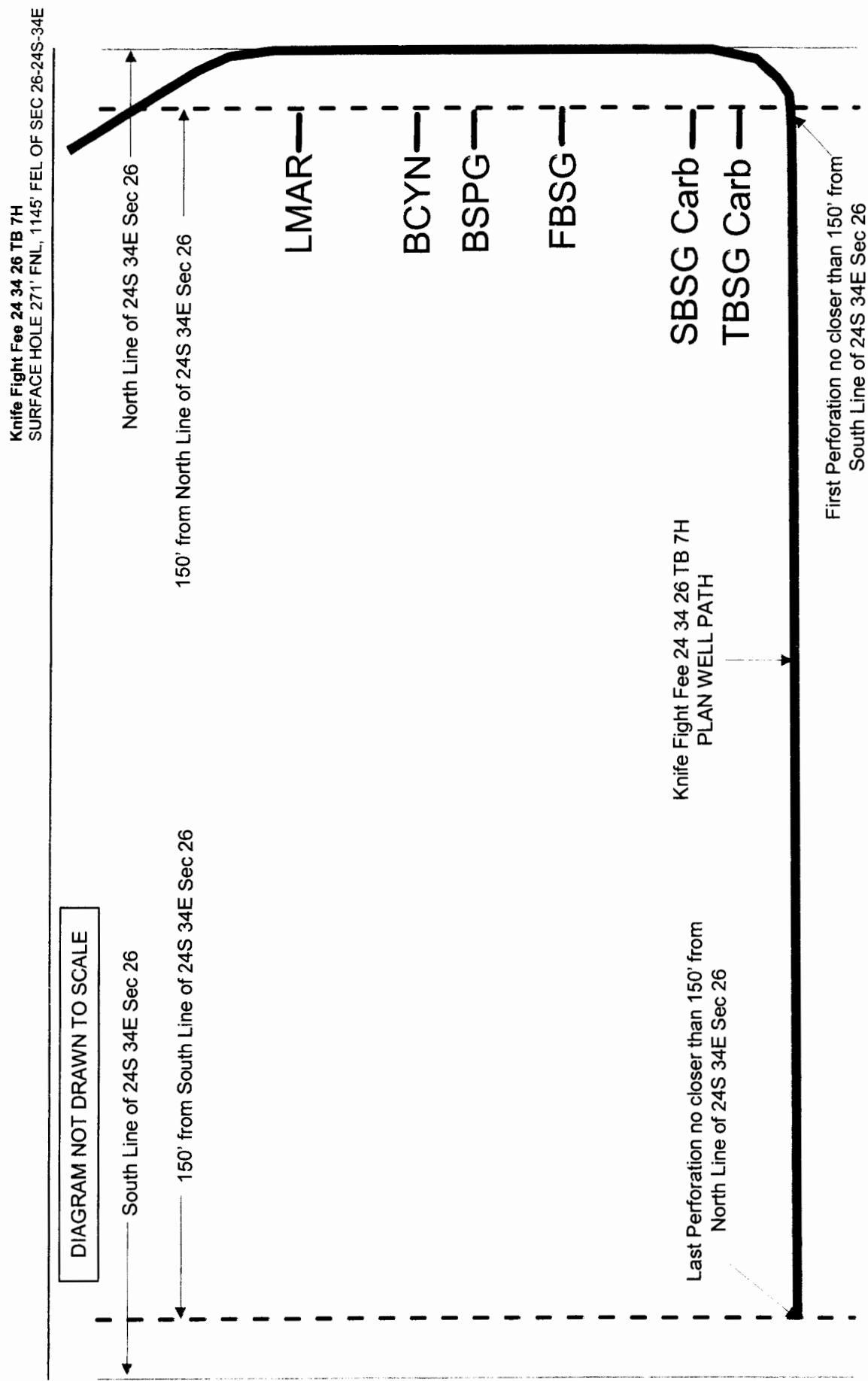
Last Perforation no closer than 150' from
North Line of 24S 34E Sec 26

First Perforation no closer than 150' from
South Line of 24S 34E Sec 26

Pilot Hole TD


MarathonOil

Knife Fight Fee 24 34 26 TB 7H



Knife Fight Fee 24 34 26 WXY 19H

Knife Fight Fee 24 34 26 WXY 19H
SURFACE HOLE 271' FNL, 1145' FEL OF SEC 26-24S-34E

DIAGRAM NOT DRAWN TO SCALE

South Line of 24S 34E Sec 26

150' from South Line of 24S 34E Sec 26

North Line of 24S 34E Sec 26

150' from North Line of 24S 34E Sec 26

LMAR—

BCYN—

BSPG—

FBSG—

Knife Fight Fee 24 34 26 WXY 19H
PLAN WELL PATH

SBSG Carb—
TBSG Carb—
WFM—

Last Perforation no closer than 150' from
North Line of 24S 34E Sec 26

First Perforation no closer than 150' from
South Line of 24S 34E Sec 26


MarathonOil®