

**BEATTY & WOZNIAK, P.C.**

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CANDACE CALLAHAN

DIRECT: (505) 983-8764  
E-MAIL: CCALLAHAN@BWENERGYLAW.COM

October 23, 2018

VIA CERTIFIED MAIL-RETURN RECEIPT

To: Parties on Exhibit "A"

Re: New Mexico Oil Conservation Division Amended Application for Non-Standard Spacing and  
Proration Unit and Compulsory Pooling, Case No. 16283  
**Rana Salada Fed Com 0504 133H well**

Dear Ladies and Gentlemen:

This letter is to advise you that Novo Oil & Gas, LLC has filed the enclosed amended application for non-standard spacing and compulsory pooling with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on November 15, 2018. The hearing will be held in the Oil Conservation Division's Santa Fe Offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an interest owner in the well unit you may be affected by this application, and you may appear and present testimony. Failure to appear at that time and become a part of record will preclude you from challenging the matter at a later date.

A party appearing in a Division case is required by Division Rule 19.15.4.13:B to file a Pre-Hearing Statement four days in advance of a scheduled hearing. This statement must be filed with the Division's Santa Fe office at the above address and should include: the names of the party and its attorney; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned and to the persons listed on Exhibit A.

If you have any questions about this matter, please contact Brandon Patrick at 405-286-4197 or bpatrick@novoog.com.

Very truly yours,



Candace Callahan

Attorney for Novo Oil & Gas, LLC

**APPLICATION OF NOVO OIL & GAS  
NORTHERN DELAWARE, LLC Case No. 16283  
EXHIBIT #24-A**

(16283) Exhibit A

Bureau of Land Management  
301 Dinosaur Trail  
Santa Fe, NM 87508

EOG Y Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706  
Attn: Charles Moran

EOG A Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706  
Attn: Charles Moran

EOG M Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706  
Attn: Charles Moran

OXY Y-1 Company  
P.O Box 27570  
Houston, TX 77229  
Attn: Jeremy Murphrey

THRU LINE O&G NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

CTV-LMB I, BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

CTV-LMB II BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

CTV-CTAM BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

CTV-SRB I, BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

CTV-SRB II BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

SRBI I BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

SRBI II BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

THRU LINE BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

Keystone (RMB) BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

Keystone (CTAM) BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

LMBI I BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

LMBI II BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

Wells Fargo Bank, N.A., Trustee of the  
John Saleh Charitable Foundation  
500 West Texas Avenue  
Midland, TX 79701

Morris E. Schertz and wife, Holly K. Schertz  
P.O Box 2588  
Roswell, NM 88202

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

NOVO Minerals, LP  
105 N. Hudson Ave Ste 500  
Oklahoma City, OK 73102

Destiny Management, Inc.  
104 N. Big Spring, Suite 220  
Midland, TX 79701

COG Operating LLC  
550 W. Texas Avenue  
Midland, TX 79702

Melinda Mueller  
Personal Representative of the Estate of Philip B.  
Withrow  
P.O Box 616  
Stamford, TX 79553



Mesquite SWD, Inc.  
P.O. Box 1479  
Carlsbad, New Mexico 88221

C. Wendel Schoenberger, LP  
P.O. Box 2604  
Midland, Texas 79702

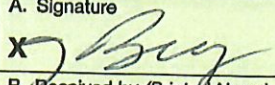
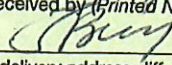
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to:</p> <p style="text-align: right;">9416 -0004 A</p> <p>Bureau of Land Management  301 Dinosaur Trail  Santa Fe, NM 87508</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 0360 0001 7193 3531</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below: _____</p>													
<p>9590 9402 3862 8060 3590 22</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input checked="" type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input checked="" type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input 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
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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.											
<b>OFFICIAL USE</b>											
<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table border="0"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</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</p> <p>\$ _____</p> <p>Total Postage and</p> <p>\$ _____</p> <p>Sent To</p> <p>Street and Apt. No</p> <p>City, State, ZIP+4®</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>Postmark Here</p> <p style="text-align: right;">9416 -0004 A</p> <p>Bureau of Land Management  301 Dinosaur Trail  Santa Fe, NM 87508</p>
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<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>											

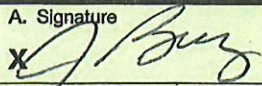
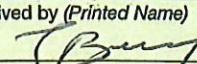
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  X <u>[Signature]</u> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>9416 -0004 A</p> <p>EOG Y Resources, Inc.  5509 Champions Drive  Midland, TX 79706  Attn: Charles Moran</p>		<p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>10-24-11</u></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 0360 0001 7193 3548</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 3862 8060 3590 39</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p>	
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<b>OFFICIAL USE</b>	
<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</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>Total Postage \$</p> <p>Sent To</p> <p>Street and Apt.</p> <p>City, State, ZIP</p>	<p>Postmark Here</p> <p>9416 -0004 A</p> <p>EOG Y Resources, Inc.  5509 Champions Drive  Midland, TX 79706  Attn: Charles Moran</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	



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<p>2. Article Number (Transfer from service label)</p> <p>7018 1830 0001 0404 3383</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <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>Barcode: 9590 9402 3862 8060 3590 46</p>		<p>restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

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<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p>	
<p><b>OFFICIAL USE</b></p>	
<p>Certified Mail Fee            \$</p>	<p>Postmark Here</p>
<p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</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>Total Postage            \$</p>	
<p>Sent To            Street and Apt.            City, State, ZIP</p>	
<p>EOG A Resources, Inc.            5509 Champions Drive            Midland, TX 79706            Attn: Charles Moran</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

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<p>1. Article Addressed to:</p> <p>9416 -0004 A</p> <p>EOG M Resources, Inc. 5509 Champions Drive Midland, TX 79706 Attn: Charles Moran</p>		<p>B. Received by (Printed Name) </p> <p>C. Date of Delivery 10-29-18</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 1830 0001 0404 3420</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>9590 9402 3862 8060 3590 53</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
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<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: right;">9416-0004 A</p> <p>OXY Y-1 Company P.O. Box 27570 Houston, TX 77229 Attn: Jeremy Murphrey</p> </div>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>7018 1830 0001 0403 6446</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p style="font-size: 1.2em; font-family: cursive;">James E Beard</p> <p style="font-weight: bold;">JAMES BEARD</p> </div>
<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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"/> Restricted Delivery</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>	

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OXY Y-1 Company  
P.O. Box 27570  
Houston, TX 77229  
Attn: Jeremy Murphrey

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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse side.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: right;">9416 -0004 A</p> <p>THRU LINE O&amp;G NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p> </div> <p style="text-align: center;">9590-9402 3862 8060 3588 03</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7018 1830 0001 0403 6484</p>	<p>A. Signature  <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/></div> <div> <p><i>Ammy Ekert</i></p> <p><b>AMMY EKERT</b></p> </div> <div style="margin-left: 10px;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) <b>AMMY EKERT</b></p> <p>C. Date of Delivery <b>11-1-13</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="margin-top: 10px;"> <p><i>Land Loc 115</i></p> <p><i>22777 Springwoods</i></p> <p><i>Village Pkwy</i></p> <p><i>Spring TX 77389</i></p> </div> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input 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															

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

7018 1830 0001 0403 6484

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OFFICIAL USE

<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</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 \$</p> <p>Total Postage \$</p> <p>Sent To</p> <p>Street and Apt.</p> <p>City, State, Zip</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>Postmark Here</p> <div style="margin-top: 20px;"> <p>9416 -0004 A</p> <p>THRU LINE O&amp;G NM, LLC</p> <p>201 Main Street, Suite 2700</p> <p>Fort Worth, TX 76102</p> </div>
<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	\$										

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  X <u>Sammy Ekert</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>CTV-LMB I, BPEOR NM, LLC  201 Main Street, Suite 2700  Fort Worth, TX 76102</p> <p>9416 -0004 A</p>		<p>B. Received by (Printed Name)  <u>Sammy Ekert</u></p> <p>C. Date of Delivery  <u>11-1-18</u></p>	
<p>2. Article Number (Transfer from service label)  <u>7018 1830 0001 0404 3390</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No  <u>Lant Loc 115</u>  <u>22777 Springwoods Vlg</u>  <u>Parkway</u>  <u>Spring TX 77389</u></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> .	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage	\$
Sent To	CTV-LMB I, BPEOR NM, LLC
Street and Apt	201 Main Street, Suite 2700
City, State, Zip	Fort Worth, TX 76102
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

0404 3390 0001 1830 7018

Postmark  
Here



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="display: flex; justify-content: space-between;"> <span>X <i>M. Mink</i></span> <span><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <div style="display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">28</span> <span>2017</span> </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="text-align: right; margin-bottom: 10px;">9416-0004 A</div> <p>CTV-LMB II BPEOR NM, LLC            201 Main Street, Suite 2700            Fort Worth, TX 76102</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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               </div> <div style="width: 35%;"> <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               </div> </div>
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-family: monospace; font-size: 1.2em;">             7018 1830 0001 0404 3406           </div>	<p>restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

7018 1830 0001 0404 3406

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

9416-0004 A

CTV-LMB II BPEOR NM, LLC  
 201 Main Street, Suite 2700  
 Fort Worth, TX 76102

Postmark Here

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Number</p> <p>9416 -0004 A</p> <p>CTV-CTAM BPEOR NM, LLC            201 Main Street, Suite 2700            Fort Worth, TX 76102</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery            OCT 26 2017</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 1830 0001 0404 3413</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<b>OFFICIAL USE</b>	
<p>Certified Mail Fee</p> <p>\$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</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>Postmark Here</p>
<p>Postage</p> <p>\$</p> <p>Total Postage</p> <p>\$</p>	
<p>Sent To</p> <p>CTV-CTAM BPEOR NM, LLC</p> <p>201 Main Street, Suite 2700</p> <p>Fort Worth, TX 76102</p>	<p>9416 -0004 A</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	



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Certified Mail Fee  
 \$

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

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

Postage  
 \$  
 Total Postage \$

Sent To  
 Street and A  
 City, State, ZIP+4<sup>®</sup>

CTV- SRB I, BPEOR NM, LLC  
 201 Main Street, Suite 2700  
 Fort Worth, TX 76102

9416-0004 A

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CTV- SRB I, BPEOR NM, LLC  
 201 Main Street, Suite 2700  
 Fort Worth, TX 76102

9416-0004 A

Barcode: 9590 9402 3862 8060 3588 34

2. Article Number (Transfer from service label)  
 7018 1830 0001 0403 6477

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Methum* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 OCT 2 2017

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 <sup>®</sup>
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail <sup>TM</sup>
<input checked="" type="checkbox"/> Certified Mail <sup>®</sup>	<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 <sup>TM</sup>
<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	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="text-align: right; margin-right: 50px;">9416-0004 A</div> <p>CTV-SRB II BPEOR NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p>	<p>A. Signature X </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">OCT 26 2017</span></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 style="text-align: center;">             9590 9402 3862 8060 3588 41         </p> <p>2. Article Number (Transfer from service label)  <span style="font-size: 1.2em;">7018 1830 0001 0403 6507</span> </p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery             </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

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

7018 1830 0001 0403 6507

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</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>Total Postage \$ _____</p> <p>Sent To Street and Apt City, State, Zip</p>	<p style="text-align: center; font-size: 1.2em;">Postmark Here</p>
---	--

CTV-SRB II BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

9416-0004 A

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



## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

9416 -0004 A

SRBI I BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102



9590 9402 3862 8060 3588 58

## 2. (Transfer from service label)

7018 1830 0001 0404 3369

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

OCT

## C. Date of Delivery

2 8 2017

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

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

Domestic Return Receipt

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## Certified Mail Fee

\$

## Extra Services &amp; 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 and Apt

## City, State, Zip

SRBI I BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

9416 -0004 A

Postmark  
Here


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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>SRBI II BPEOR NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p>		<p>B. Received by (Printed Name) <u>[Signature]</u></p>	<p>C. Date of Delivery OCT 26 2011</p>
<p>2. Article Number (Transfer from service label) 7018 1830 0001 0404 3376</p>		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input checked="" type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input 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"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</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>Total Postage \$</p> <p>Sent To Street and Ap City, State, Zi</p>	<p>Postmark Here</p> <p>SRBI II BPEOR NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: right; margin-right: 50px;">9416 -0004 A</p> <p>THRU LINE BPEOR NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p>	<p>A. Signature <b>X</b> <i>[Signature]</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery <b>OCT 26 2017</b></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p style="text-align: center;">             9590 9402 3862 8060 3588 72         </p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> 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												
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7018 1830 0001 0404 3451</p>	<p>all Restricted Delivery</p>												
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>													

Domestic Return Receipt

7018 1830 0001 0404 3451

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OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and	
\$	
Sent To	
Street and Apt. No.	
City, State, ZIP+4	

Postmark  
Here

9416 -0004 A

THRU LINE BPEOR NM, LLC  
201 Main Street, Suite 2700  
Fort Worth, TX 76102

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="display: flex; justify-content: space-between; align-items: center;"> <span>X </span> <div style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <div style="text-align: right; font-size: 1.2em;">OCT 26 2017</div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No </p>
<p>1. Article Addressed to:</p> <div style="text-align: right; margin-right: 50px;">9416 -0004 A</div> <p>Keystone (RMB) BPEOR NM, LLC  201 Main Street, Suite 2700  Fort Worth, TX 76102</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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 </div> <div style="width: 35%;"> <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 </div> </div>
<div style="text-align: center;">   9590 9402 3862 8060 3588 89 </div>	<p>2. Article Number (Transfer from service label)  7018 1830 0001 0404 0412</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	

Domestic Return Receipt

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p>Postage \$ _____</p> <p>Total Postage \$ _____</p> <p>Sent To Keystone (RMB) BPEOR NM, LLC  201 Main Street, Suite 2700  Fort Worth, TX 76102</p> <p>Street and Apt. _____  City, State, ZIP+4 _____  _____ </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>9416 -0004 A</p> <p>Postmark Here</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	\$ _____										

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

7018 1830 0001 0404 0412



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="display: flex; justify-content: space-between; align-items: center;"> <span>X </span> <div style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: right; font-weight: bold;">OCT 26 2011</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0; text-align: center;"> 9416 -0004 A  Keystone (CTAM) BPEOR NM, LLC  201 Main Street, Suite 2700  Fort Worth, TX 76102 </div>	<p><b>Service Type</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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 </div> </div>
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-family: monospace; font-size: 1.2em;"> 7018 1830 0001 0404 3444 </div>	<p style="text-align: right;">Restricted Delivery</p>
<div style="display: flex; justify-content: space-between;"> <span>PS Form 3811, July 2015 PSN 7530-02-000-9053</span> <span>Domestic Return Receipt</span> </div>	

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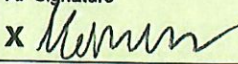
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<p><b>Certified Mail Fee</b></p> <p>\$ _____</p> <p><b>Extra Services &amp; Fees (check box, add fee as appropriate)</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Return Receipt (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 </div> <div style="width: 15%;"> \$ _____  \$ _____  \$ _____  \$ _____  \$ _____ </div> </div> <p><b>Postage</b></p> <p>\$ _____</p> <p><b>Total Postage</b></p> <p>\$ _____</p> <p><b>Sent To</b></p> <p><b>Street and Apt</b></p> <p><b>City, State, Zip</b></p>	<p style="text-align: center;">Postmark Here</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px; text-align: center;"> 9416 -0004 A  Keystone (CTAM) BPEOR NM, LLC  201 Main Street, Suite 2700  Fort Worth, TX 76102 </div>
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PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions

7018 1830 0001 0404 3444

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="text-align: right; margin-right: 50px;">9416 -0004 A</div> <p>LMBI I BPEOR NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p> <div style="text-align: center; margin-top: 20px;">             9590 9402 3862 8060 3590 84         </div> <p>2. Article Number (Transfer from service label)</p> <div style="text-align: center; border: 1px solid black; padding: 2px;">             7018 1830 0001 0404 0429           </div>	<p>A. Signature  <div style="display: flex; justify-content: space-between; align-items: center;"> <span>X </span> <div style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee               </div> </div> </p> <p>B. Received by (Printed Name) <span style="float: right;">OCT 26 2017</span></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>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> all Restricted Delivery               </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery               </td> </tr> </table>		<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> all 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
<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"/> all 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		

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

7018 1830 0001 0404 0429

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p>Postage \$ _____</p> <p><b>Total Postage and Fees</b> \$ _____</p> <p>Sent To Street and Apt. No. City, State, ZIP+4</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 style="text-align: center; margin-top: 20px;">Postmark Here</p> <p style="text-align: right; margin-top: 20px;">9416 -0004 A</p> <p>LMBI I BPEOR NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</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	\$ _____										

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: right;">9416 -0004 A</p> <p>LMBI II BPEOR NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p> </div> <div style="text-align: center; margin: 5px 0;">             9590 9402 3862 8060 3590 91         </div> <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">           7018 1830 0001 0404 0436         </div>	<p>A. Signature  <div style="display: flex; justify-content: space-between; align-items: center;"> <span>X <i>Maim</i></span> <span><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name) <span style="float: right;">ul</span></p> <p>C. Date of Delivery  <div style="display: flex; justify-content: space-between; align-items: center;"> <span>26</span> <span>2017</span> </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation®</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>	<p>Restricted Delivery (over \$500)</p>

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

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<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</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>Total Postage \$</p> <p>Sent To</p> <p>Street and Apt</p> <p>City, State, Z</p>	<p style="text-align: center;">Postmark Here</p> <p style="text-align: right; margin-top: 20px;">9416 -0004 A</p> <p>LMBI II BPEOR NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p>
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PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions

7018 1830 0001 0404 0436

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">9416 -0004 A</p> <p>Wells Fargo Bank, N.A., Trustee of the  John Saleh Charitable Foundation  500 West Texas Avenue  Midland, TX 79701</p>		<p>B. Received by (Printed Name)  <i>Law Ann Adams</i></p> <p>C. Date of Delivery  <i>10-29-18</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7018 1830 0001 0404 0443</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

7018 1830 0001 0404 0443

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		9416 -0004 A Wells Fargo Bank, N.A., Trustee of the John Saleh Charitable Foundation 500 West Texas Avenue Midland, TX 79701
\$		
Total Postage and		
\$		
Sent To		
Street and Apt. No.		
City, State, ZIP+4		

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature    <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Patricia Schertz</p> <p>C. Date of Delivery            10/26/18</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>9416-0004 A</p> <p>Morris E. Schertz and wife, Holly K. Schertz            P.O. Box 2588            Roswell, NM 88202</p>			
<p>2. Article Number (Transfer from service label)</p> <p>7018 1830 0001 0404 0450</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage and Fees		
\$		
Sent To		
Street and Apt. No.,		
City, State, ZIP+4®		

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ U.S. Date of Delivery _____ C. 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: <div style="text-align: right;">9416-0004 A</div> Rolla R. Hinkle II P.O. Box 2292 Roswell, NM 88202			
 9590 9402 3862 8060 3591 21		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) 7018 1830 0001 0404 0467		<input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2016 PSN 7530-02-000-9053		Domestic Return Receipt	

7018 1830 0001 0404 0467

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage	\$
Sent To	9416-0004 A
Street and Apt.	Rolla R. Hinkle II
City, State, ZIP	P.O. Box 2292 Roswell, NM 88202

Postmark  
Here

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

\$

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

<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

\$

Sent To

Street and Apt

City, State, Zip

9416 -0004 A

NOVO Minerals, LP  
105 N. Hudson Ave Ste 500  
Oklahoma City, OK 73102

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

See Reverse for Instructions

7018 1830 0001 0403 6422



FWD



7018 1830 0001 0403 6422

BEATTY & WOZNIAK, P.C.

ENERGY IN THE LAW

500 Don Gaspar Ave.

Albuquerque, NM 87505



NOVO Minerals, LP  
105 N. Hudson Ave Ste 500  
Oklahoma City, OK 73102  
9416-0004 A

NOVO Minerals, LP  
105 N. Hudson Ave Ste 500  
Oklahoma City, OK 73102

9416-0004 A

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

9416-0004 A

NOVO Minerals, LP  
105 N. Hudson Ave Ste 500  
Oklahoma City, OK 73102



9590 9402 3862 8060 3591 38

2. Article Number (Transfer from service label)

7018 1830 0001 0403 6422

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/31

D. Is delivery address different from item 1?

☐ Yes

☐ No

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

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

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9416-0004 A

Destiny Management, Inc.  
104 N. Big Spring, Suite 220  
Midland, TX 79701

7016 0680 0002 2179 7530



BEATTY & WOZNIAK, P.C.  
ENERGY IN THE LAW

500 Don Gaspar Ave.  
Santa Fe, NM 87505



7018 0680 0002 2179 7510



9416-0004 A  
Destiny Management, Inc.  
104 N. Big Spring, Suite 220  
Midland, TX 79701

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1. Article Identification

9416-0004 A

Destiny Management, Inc.  
104 N. Big Spring, Suite 220  
Midland, TX 79701



9590 9402 3862 8060 3591 45

2. Article Number (Transfer from service label)

7018 0680 0002 2179 7510

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- ☐ Addressee

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C. Date of Delivery

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

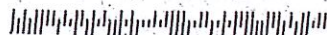
3. Service Type

- ☐ Adult Signature
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- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
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- ☐ Insured Mail Restricted Delivery
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- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
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- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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9416 -0004 A

COG Operating LLC  
550 W. Texas Avenue  
Midland, TX 79702

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

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1. Article Addressed to:

9416 -0004 A

COG Operating LLC  
550 W. Texas Avenue  
Midland, TX 79702



9590 9402 3862 8060 3591 52

2. Article Number (Transfer from service label)

7018 0680 0002 2179 7527

**COMPLETE THIS SECTION ON DELIVERY**

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10/26

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
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<p>1. Article Addressed to: 9416 -0004 A</p> <p>Melinda Mueller  Personal Representative of the  Estate of Philip B. Withrow  P.O Box 616  Stamford, TX 79553</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input checked="" type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input checked="" type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input 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
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<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7018 0680 0002 2179 7534</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>												

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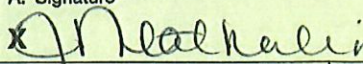
<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</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 \$ _____</p> <p>Total Postage \$ _____</p> <p>Sent To \$ _____</p> <p>Street and Apt. \$ _____</p> <p>City, State, ZIP \$ _____</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 style="text-align: center;">Postmark Here</p> <p style="text-align: right; font-weight: bold;">9416 -0004 A</p> <p>Melinda Mueller  Personal Representative of the Estate of Philip B.  Withrow  P.O Box 616  Stamford, TX 79553</p>
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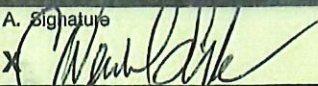
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<p>1. Article Addressed to:</p> <p>Mesquite SWD, Inc.  P.O. Box 1479  Carlsbad, New Mexico 88221</p> <p>9416-0004 A</p>		<p>B. Received by (Printed Name)  J. Weatherlin</p> <p>C. Date of Delivery  10/30/18</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 1130 0001 5002 9246</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below:</p>	
<p>9590 9402 4079 8092 0298 99</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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<p>1. Article Addressed to:</p> <p>9416-0004 A</p> <p>C. Wendel Schoenberger, LP P.O. Box 2604 Midland, Texas 79702</p>		<p>B. Received by (Printed Name) <u>C. Wendel Schoenberger</u> C. Date of Delivery <u>6/18</u></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 1130 0001 5002 9253</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p>		<p>Restricted Delivery</p>	

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<b>OFFICIAL USE</b>	
<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</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>Total Postage \$</p> <p>Sent To</p> <p>Street and Apt.</p> <p>City, State, ZIP</p>	<p>Postmark Here</p> <p>9416-0004 A</p> <p>C. Wendel Schoenberger, LP P.O. Box 2604 Midland, Texas 79702</p>
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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

**AMENDED APPLICATION OF NOVO OIL & GAS  
NORTHERN DELAWARE, LLC FOR NON-STANDARD  
PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 16283**

**AFFIDAVIT OF BRANDON PATRICK**

Brandon Patrick of lawful age and being first duly sworn declares as follows:

1. My name is Brandon Patrick. I work for Novo Oil & Gas Northern Delaware, LLC (“Novo”) as a Landman.
2. I have previously testified before the New Mexico Oil Conservation Division as an expert witness in petroleum land matters. My credentials as a petroleum landman have been accepted by the Division and made a matter of record.
3. I am familiar with the application filed by Novo in this matter and I am familiar with the status of the lands involved in this case.
4. None of the pooled parties named in this application have indicated opposition, therefore opposition at hearing is not anticipated.
5. **Case No. 16283** was initially heard July 12, 2018, shortly after the new horizontal well rules went into effect. The record was supplemented on August 9, 2018. Novo, thereafter, amended its application to revise the depths of the proposed spacing unit to cover only certain

portions of the Bone Spring formation because a depth severance exists within the Bone Spring formation underlying the proposed spacing unit.

6. As amended, Novo requests an order (1) creating a non-standard 320.00 acre, more or less, spacing unit in the Culebra Bluff; Bone Spring, South Pool (15011) limited to all depths below 8,773 feet to the base of the Bone Spring formation, comprised of the N/2S/2 of Section 4 and N/2S/2 of Section 5, Township 23 South, Range 29 East, Eddy County, New Mexico; (2) pooling all uncommitted mineral interests underlying this proposed spacing unit; and (3) designating Novo Oil & Gas Northern Delaware, LLC as the operator of the well and spacing unit.

7. Unchanged is Novo's proposal to dedicate the N/2S/2 of Section 4 and N/2S/2 of Section 5, Township 23 South, Range 29 East, Eddy County, New Mexico to the **Rana Salada Fed Com 0504 133H well** to be drilled from a surface location in the NE/4SE/4 of Section 6, Township 23 South, Range 29 East (Unit I), to a first take-point location in the NW/4SW/4 of Section 5, Township 23 South, Range 29 East (Unit L), to a bottom hole location in the NE/4SE/4 of Section 4, Township 23 South, Range 29 East (Unit I).

8. **Exhibit 20** is a plat and an updated mineral ownership schedule reflecting additional interests acquired by Novo since initial filing of this case. Page two of this exhibit provides mineral ownership information for all benches of the Bone Spring formation and for the Wolfcamp A, as follows:

(a) Group A identifies the mineral interest owners within the 1st and 2nd Bone Spring formation;

(b) Group B identifies the mineral interest owners within the 3rd Bone Spring formation; and



(c) Group C identifies the mineral interest owners within the top bench of the Wolfcamp formation (Wolfcamp A). Mineral ownership in the Wolfcamp A is the same as in the 3rd Bone Spring Sand interval.

9. **Exhibit 21** lists the parties to be pooled, which includes working interest and overriding royalty interest owners.

10. **Exhibit 22** includes copies of the Transfers of Operating Rights filed with the BLM from Mesquite SWD, Inc. and C. Wendel Schoenberger, LP to Novo delineating the depth severance which exists in the NW/4SE/4 of Section 5.

11. The depth severance delineated in the Transfers of Operating Rights filed with the BLM does not tie to a particular well log, so none could be incorporated into Novo's depth severance request. The testimony of Novo's geologist and engineer will explain how fracture barriers and Novo's plan for completion will prevent communication between Bone Spring formation existing above the depth severance of 8773' subsurface and the producing 3rd Bone Spring Sand interval.

12. **Exhibit 23** is a description of the depths for the proposed spacing unit for the **Rana Salada Fed Com 0504 133H well**.

13. **Exhibit 24A** is an Affidavit of Notice prepared by Novo's attorney regarding required notice which has been given of the amended application to all mineral interest owners within the proposed spacing unit as well. All vertical offset mineral interest owners, including overriding royalty owners, owning interests in the 1st and 2nd Bone Spring within the proposed spacing unit were also provided notice of the amended application. **Exhibit 24B** identifies all

owners who were unlocatable or for whom a return receipt card was not received. This exhibit reflects the BLM was given notice and a return receipt card was received from them.

14. **Exhibit 25** is an Affidavit of Publication for the amended application identifying by name each interest owner who was unlocatable or for whom a return receipt card was not received.

15. As evidenced at the prior hearings of this case, COG Operating LLC, the only operating rights owner within the 1st and 2nd benches of the Bone Spring formation underlying a 40-acre tract within this proposed spacing unit, does not oppose this application as amended. Nor has any overriding royalty interest owner entered an appearance.

16. The landing zone of any infill well within this spacing unit will not be closer to the depth severance footage without approval by the Division on application for same and after notice and opportunity to be heard.

17. In my opinion, Novo has made a good faith effort to reach an agreement with the parties it is seeking to pool. If Novo reaches an agreement with any of the proposed pooled parties before the Division enters an Order, the Division will be notified that Novo is no longer seeking to pool those parties.

18. I attest that the information provided herein is correct and complete to the best of my knowledge and belief.

19. All Exhibits attached to this Affidavit were either prepared by me or compiled under my direction and supervision.

20. The granting of this application will be in the best interest of conservation, the prevention of waste and the protection of correlative rights.

FURTHER AFFIANT SAYETH NOT

*Brandon Patrick*

BRANDON PATRICK

STATE OF OKLAHOMA )

COUNTY OF OKLAHOMA )

SUBSCRIBED and SWORN to before me this 19<sup>th</sup> day of February 2019 by Brandon Patrick.

My Commission Expires:

11/15/20

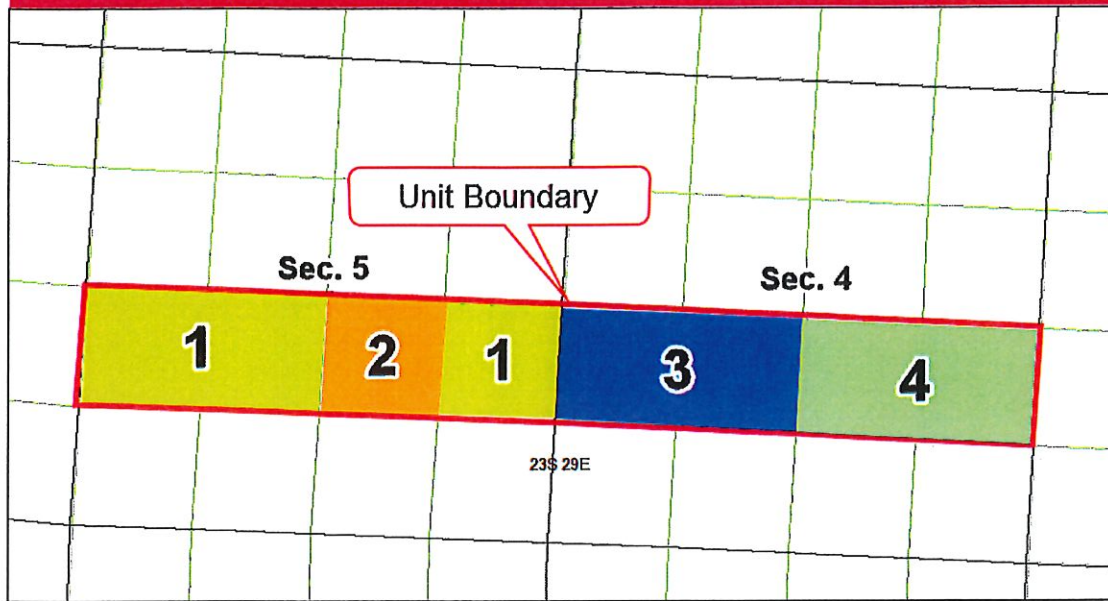
*Kiley Mixon*

NOTARY PUBLIC





# Case No. 16283



Novo Oil & Gas Northern Delaware, LLC  
Case No. 16283  
Updated Ownership in Proposed Unit  
From 8773' subsurface to base of the 3rd Bone Spring  
Sand interval  
N/2S/2 Secs. 4 & 5, T23S, R29E

<u>Tracts 1 &amp; 2: N/2SW/4, NE/4SE/4, NW/4SE/4 Sec 5</u>	<u>Type</u>	<u>WI</u>	<u>Unit Acres</u>	<u>Unit WI</u>
160.00 Unit Acres				
Novo Oil & Gas Northern Delaware, LLC	Federal	100%	160.00	0.5000000
<u>Tract 3: N/2SW/4 Sec 4</u>				
80.00 Unit Acres				
Novo Oil & Gas Northern Delaware, LLC	Federal	80.00%	64.00	0.2000000
OXY Y-1 Company		<u>20.00%</u>	<u>16.00</u>	<u>0.0500000</u>
		100%	80.00	0.2500000
<u>Tract 4: N/2SE/4 Sec 4</u>				
40 Unit Acres				
XTO Energy, Inc. (as successor in interest to Thruline O&G NM, LLC)	Federal		80.00	0.2500000
		<b>TOTAL</b>	<b>320.00</b>	<b>1.0000000</b>
<u>Unit Cumulative WI</u>				
Novo Oil & Gas Northern Delaware, LLC		0.7000000		
XTO Energy, Inc. (as successor in interest to Thruline O&G NM, LLC)		0.2500000		
OXY Y-1 Company		<u>0.0500000</u>		
<b>TOTAL</b>		<b>1.0000000</b>		

APPLICATION OF NOVO OIL & GAS  
NORTHERN DELAWARE, LLC Case No. 16283  
PATRICK EXHIBIT #20

**N/2S/2 of Sections 4 and 5, T23S, R29E**  
**Updated Mineral Ownership of Bone Spring Formation**  
**Case No. 16283**

	Owner Name	WI	Comment
<b>Group A</b>	<b><i>SURFACE TO 8,773'</i></b>		
	XTO Energy, Inc.	25.00%	Successor to Thruline O&G NM, LLC
	COG Operating LLC	12.50%	
	EOG Y-Resources, Inc.	40.00%	EOG assigned interest to Novo (recorded 11/15/2018)
	EOG Y-Resources, Inc.	5.00%	EOG assigned interest to Novo (recorded 11/15/2018)
	EOG Y-Resources, Inc.	5.00%	EOG assigned interest to Novo (recorded 11/15/2018)
	OXY Y-1 Company	5.00%	
	Novo Oil & Gas Northern Delaware, LLC	57.500%	
<b>Group B</b>	<b><i>8,773' TO BASE OF BONE SPRING</i></b>		
	XTO Energy, Inc.	25.00%	Successor to Thruline O&G NM, LLC
	EOG Y-Resources, Inc.	40.00%	EOG assigned interest to Novo (recorded 11/15/2018)
	EOG Y-Resources, Inc.	5.00%	EOG assigned interest to Novo (recorded 11/15/2018)
	EOG Y-Resources, Inc.	5.00%	EOG assigned interest to Novo (recorded 11/15/2018)
	OXY Y-1 Company	5.00%	
	Novo Oil & Gas Northern Delaware, LLC	70.000%	
<b>Group C</b>	<b><i>BELOW BASE OF BONE SPRING</i></b>		
	XTO Energy, Inc.	25.00%	Successor to Thruline O&G NM, LLC
	EOG Y-Resources, Inc.	40.00%	EOG assigned interest to Novo (recorded 11/15/2018)
	EOG Y-Resources, Inc.	5.00%	EOG assigned interest to Novo (recorded 11/15/2018)
	EOG Y-Resources, Inc.	5.00%	EOG assigned interest to Novo (recorded 11/15/2018)
	OXY Y-1 Company	5.00%	
	Novo Oil & Gas Northern Delaware, LLC	70.000%	

**EXHIBIT 21 LIST OF POOLED PARTIES**  
**CASE NO. 16283**  
**NOVO OIL & GAS NORTHERN DELAWARE, LLC**  
**RANA SALADA FED COM 0504 133H WELL**

OXY Y-1 Company	WI
XTO Energy, Inc. as successor in interest to THRU Line O&G NM, LLC	WI
	ORI
CTV-LMB I, BPEOR NM, LLC	
CTV-LMB II BPEOR NM, LLC	ORI
CTV-CTAM BPEOR NM, LLC	ORI
CTV-SRB I, BPEOR NM, LLC	ORI
CTV-SRB II BPEOR NM, LLC	ORI
SRBI I BPEOR NM, LLC	ORI
SRBI II BPEOR NM, LLC	ORI
THRU LINE BPEOR NM, LLC	ORI
Keystone (RMB) BPEOR NM, LLC	ORI
Keystone (CTAM) BPEOR NM, LLC	ORI
LMBI I BPEOR NM, LLC	ORI
LMBI II BPEOR NM, LLC	ORI
Wells Fargo Bank, NA, Trustee of the John Saleh Charitable Foundation	ORI
Morris E. Schertz and wife, Holly K. Schertz	ORI
Rolla R. Hinkle II	ORI



NOVO Minerals, LP	ORI
Destiny Management, Inc.	ORI
Melinda Mueller Personal Rep. of the Estate of Philip B. Withrow	ORI
Mesquite SWD, Inc.	ORI
C. Wendel Schoenberger, LP	ORI

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0034  
Expires: July 31, 2018  
Lease Serial No.

NOV 20 2017  
TRANSFER OF OPERATING RIGHTS (SUBLEASE) IN A  
LEASE FOR OIL AND GAS OR GEOTHERMAL RESOURCES

NMNM-59383

RECEIPT # PAID

Mineral Leasing Act of 1920 (30 U.S.C. 181 et seq.)  
Act for Acquired Lands of 1947 (30 U.S.C. 351-359)  
Geothermal Steam Act of 1970 (30 U.S.C. 1001-1025)  
Department of the Interior Appropriations Act, Fiscal Year 1981 (42 U.S.C. 6508)

Type or print plainly in ink and sign in ink.

PART A: TRANSFER

1. Transferee (Sublessee)\* Novo Oil & Gas Northern Delaware, LLC  
Street 105 North Hudson Avenue, Suite 500  
City, State, Zip Code Oklahoma City, OK 73102

1a. Transferor Mesquite SWD, Inc.

\*If more than one transferee, check here ☐ and list the name(s) and address(es) of all additional transferees on page 2 of this form or on a separate attached sheet of paper.

This transfer is for: (Check one) ☒ Oil and Gas Lease, or ☐ Geothermal Lease

Interest conveyed: (Check one or both, as appropriate) ☒ Operating Rights (sublease) ☐ Overriding Royalty, payment out of production or other similar interests or payments

2. This transfer (sublease) conveys the following interest:

Land Description Additional space on page 2, if needed. Do not submit documents or agreements other than this form, such documents or agreements shall only be referenced herein.	Percent of Interest			Percent of Overriding Royalty Similar Interests	
	Owned	Conveyed	Retained	Reserved	Previously reserved or conveyed
a	b	c	d	e	f
Township 23 South, Range 29 East, NMPM Eddy County, New Mexico  Section 5: Lots 1, 2, 3, 4, S/2 N/2, NW4 SE/4, LESS AND EXCEPT SW/4 NE/4 and NW/4 SE/4 from surface to 8,773 feet  This Assignment is subject to the Terms and Conditions of that certain Term Assignment dated effective October 1, 2017 between C. Wendel Schoenberger, L.P. and Mesquite SWD, Inc. (Assignors) and Novo Oil & Gas Northern Delaware, LLC (Assignee).	100%	100%	None	0% of 8/8	3% of 8/8

FOR BLM USE ONLY - DO NOT WRITE BELOW THIS LINE  
UNITED STATES OF AMERICA

This transfer is approved solely for administrative purposes. Approval does not warrant that either party to this transfer holds legal or equitable title to this lease.

☒ Transfer approved effective DEC 01 2017

By Shade Jones  
Bureau of Land Management (BLM)

LAND LAW EXAMINER  
BRANCH OF ADJUDICATION JAN 12 2018  
(Title) (Date)

(Continued on page 2)

APPLICATION OF NOVO OIL & GAS  
NORTHERN DELAWARE, LLC Case No. 16283  
PATRICK EXHIBIT #22

Part A (Continued) ADDITIONAL SPACE for Names and addresses of additional transferees in Item No. 1, if needed, or for Land Descriptions in Item 2, if needed.

## PART B – CERTIFICATION AND REQUEST FOR APPROVAL

1. The transferor certifies as owner of an interest in the above designated lease that he/she hereby transfers to the above transferee(s) the rights specified above.
2. Transferee certifies as follows: (a) Transferee is a citizen of the United States; an association of such citizens; a municipality; or a corporation organized under the laws of the United States or of any State or territory thereof. For the transfer of NPR-A leases, transferee is a citizen, national, or resident alien of the United States or associations of such citizens, nationals, resident aliens or private, public or municipal corporations; (b) Transferee is not considered a minor under the laws of the State in which the lands covered by this transfer are located; (c) Transferee's chargeable interests, direct and indirect, in each public domain and acquired lands separately in the same State, do not exceed 246,080 acres in oil and gas leases (of which up to 200,000 acres may be in oil and gas options), or 300,000 acres in leases in each leasing District in Alaska of which up to 200,000 acres may be in options, if this is an oil and gas lease issued in accordance with the Minerals Leasing Act of 1920, or 51,200 acres in any one State if this is a geothermal lease; (d) All parties holding an interest in the transfer are otherwise in compliance with the regulations (43 CFR Group 3100 or 3200) and the authorizing Acts; (e) Transferee is in compliance with reclamation requirements for all Federal oil and gas lease holdings as required by sec. 17(g) of the Mineral Leasing Act; and (f) Transferee is not in violation of sec. 41 of the Mineral Leasing Act.
3. Transferee's signature to this assignment constitutes acceptance of all applicable terms, conditions, stipulations and restrictions pertaining to the lease described herein. Applicable terms and conditions include, but are not limited to, an obligation to conduct all operations on the leasehold in accordance with the terms and conditions of the lease, to condition all wells for proper abandonment, to restore the leased lands upon completion of any operations as described in the lease, and to furnish and maintain such bond as may be required by the lessor pursuant to regulations 43 CFR 3104, 3134, or 3206.

For geothermal transfers, an overriding royalty may not be less than one-fourth (1/4) of one percent of the value of output, nor greater than 50 percent of the rate of royalty due to the United States when this assignment is added to all previously created overriding royalties (43 CFR 3241).

I certify that the statements made herein by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Executed this 14<sup>th</sup> day of November 2017 Executed this 13 day of November 2017

Name of Transferor as shown on current lease Mesquite SWD, Inc.

Transferor   
(Signature)

or Clay L. Wilson, President  
(Title)

Attorney-in-fact \_\_\_\_\_  
(Signature)

P.O. Box 1479  
(Transferor's Address)

Carlsbad New Mexico 88220  
(City) (State) (Zip Code)

(Please type or print)

Transferee   
(Signature)

or Tim Fahler, Chief Executive Officer  
(Title)

Attorney-in-fact \_\_\_\_\_  
(Signature)

Title U.S.C. Sec. 1001 makes it a crime for any person knowingly and willfully to make to any Department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0034  
Expires: July 31, 2018  
Lease Serial No.

**TRANSFER OF OPERATING RIGHTS (SUBLEASE) IN A  
LEASE FOR OIL AND GAS OR GEOTHERMAL RESOURCES**

NMNM-559383

RECEIPT # \_\_\_\_\_  
PAID

Mineral Leasing Act of 1920 (30 U.S.C. 181 et seq.)  
Act for Acquired Lands of 1947 (30 U.S.C. 351-359)  
Geothermal Steam Act of 1970 (30 U.S.C. 1001-1025)  
Department of the Interior Appropriations Act, Fiscal Year 1981 (42 U.S.C. 6508)

**Type or print plainly in ink and sign in ink.**

**PART A: TRANSFER**

1. Transferee (Sublessee)\* Novo Oil & Gas Northern Delaware, LLC  
Street 105 North Hudson Avenue, Suite 500  
City, State, Zip Code Oklahoma City, OK 73102

1a. Transferor C. Wendel Schoenberger, L.P.

\*If more than one transferee, check here ☐ and list the name(s) and address(es) of all additional transferees on page 2 of this form or on a separate attached sheet of paper.

This transfer is for: (Check one) ☒ Oil and Gas Lease, or ☐ Geothermal Lease

Interest conveyed: (Check one or both, as appropriate) ☒ Operating Rights (sublease) ☐ Overriding Royalty, payment out of production or other similar interests or payments

**2. This transfer (sublease) conveys the following interest:**

Land Description Additional space on page 2, if needed. Do not submit documents or agreements other than this form, such documents or agreements shall only be referenced herein.	Percent of Interest			Percent of Overriding Royalty Similar Interests	
	Owned	Conveyed	Retained	Reserved	Previously reserved or conveyed
a	b	c	d	e	f
Township 23 South, Range 29 East, NMPM Eddy County, New Mexico  Section 5: SW/4, SW/4 SE/4, NE/4 SE/4, LESS AND EXCEPT SW/4 SE/4 from surface to 8,773 feet  This Assignment is subject to the Terms and Conditions of that certain Term Assignment dated effective October 1, 2017 between C. Wendel Schoenberger, L.P. and Mesquite SWD, Inc. (Assignors) and Novo Oil & Gas Northern Delaware, LLC (Assignee).	100%	100%	None	0% of 8/8	3% of 8/8

**FOR BLM USE ONLY – DO NOT WRITE BELOW THIS LINE**  
UNITED STATES OF AMERICA

This transfer is approved solely for administrative purposes. Approval does not warrant that either party to this transfer holds legal or equitable title to this lease.

☒ Transfer approved effective

**DEC 01 2017**

By   
Bureau of Land Management (BLM)

LAND LAW EXAMINER  
BRANCH OF ADJUDICATION  
(Title)

**JAN 12 2018**  
(Date)

## PART B – CERTIFICATION AND REQUEST FOR APPROVAL

1. The transferor certifies as owner of an interest in the above designated lease that he/she hereby transfers to the above transferee(s) the rights specified above.
2. Transferee certifies as follows: (a) Transferee is a citizen of the United States; an association of such citizens; a municipality; or a corporation organized under the laws of the United States or of any State or territory thereof. For the transfer of NPR-A leases, transferee is a citizen, national, or resident alien of the United States or associations of such citizens, nationals, resident aliens or private, public or municipal corporations; (b) Transferee is not considered a minor under the laws of the State in which the lands covered by this transfer are located; (c) Transferee's chargeable interests, direct and indirect, in each public domain and acquired lands separately in the same State, do not exceed 246,080 acres in oil and gas leases (of which up to 200,000 acres may be in oil and gas options), or 300,000 acres in leases in each leasing District in Alaska of which up to 200,000 acres may be in options, if this is an oil and gas lease issued in accordance with the Minerals Leasing Act of 1920, or 51,200 acres in any one State if this is a geothermal lease; (d) All parties holding an interest in the transfer are otherwise in compliance with the regulations (43 CFR Group 3100 or 3200) and the authorizing Acts; (e) Transferee is in compliance with reclamation requirements for all Federal oil and gas lease holdings as required by sec. 17(g) of the Mineral Leasing Act; and (f) Transferee is not in violation of sec. 41 of the Mineral Leasing Act.
3. Transferee's signature to this assignment constitutes acceptance of all applicable terms, conditions, stipulations and restrictions pertaining to the lease described herein. Applicable terms and conditions include, but are not limited to, an obligation to conduct all operations on the leasehold in accordance with the terms and conditions of the lease, to condition all wells for proper abandonment, to restore the leased lands upon completion of any operations as described in the lease, and to furnish and maintain such bond as may be required by the lessor pursuant to regulations 43 CFR 3104, 3134, or 3206.


For geothermal transfers, an overriding royalty may not be less than one-fourth (1/4) of one percent of the value of output, nor greater than 50 percent of the rate of royalty due to the United States when this assignment is added to all previously created overriding royalties (43 CFR 3241).

I certify that the statements made herein by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Executed this 12<sup>th</sup> day of November 20 17 Executed this 13 day of November 20 17

Name of Transferor as shown on current lease C. Wendel Schoenberger, L.P.

Transferor

  
(Signature)

C. Wendel Schoenberger, General Partner

or

(Title)

Attorney-in-fact

(Signature)

P.O. Box 2604

(Transferor's Address)

Midland

(City)

Texas


(State)

79702

(Zip Code)

(Please type or print)

Transferee

  
(Signature)

Tim Fahler, Chief Executive Officer

or

(Title)

Attorney-in-fact

(Signature)

Title U.S.C. Sec. 1001 makes it a crime for any person knowingly and willfully to make to any Department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

**CASE NO. 16283 - Description of Depth Severance**

“all depths below 8773’ subsurface to the stratigraphic equivalent of the base of the Bone Spring formation as delineated by the Type Log for the Carthel Federal 2, API 30015233890000 located in the SW/4NE/4 and W/2SE/4 of Section 5 and W/2E/2 of Section 8, Township 23 South, Range 29 East, Eddy County, New Mexico.”



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

**AMENDED APPLICATION OF  
NOVO OIL & GAS NORTHERN DELAWARE, LLC  
FOR A NON-STANDARD SPACING AND  
PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**


**CASE NO. 16283**

**AFFIDAVIT OF NOTICE**

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

Candace Callahan, being duly sworn upon her oath, deposes and states:

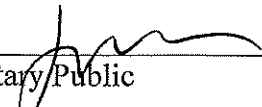
1. I am over the age of 18 and have personal knowledge of the matters stated herein.
2. I am an attorney for Novo Oil & Gas Northern Delaware, LLC.
3. Applicant has conducted in good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A

  
\_\_\_\_\_  
Candace Callahan

SUBSCRIBED AND SWORN TO before me this 19 day of February, 2019 by Candace Callahan.

My Commission Expires:

10/18/2022

  
\_\_\_\_\_  
Notary Public

**APPLICATION OF NOVO OIL & GAS  
NORTHERN DELAWARE, LLC Case No. 16283  
EXHIBIT #24**



Recipient	Delivered	Receipt	Returned	Interest Type	Tracking Notes	Published in Current-Argus
1 Bureau of Land Management	X	X		RI		11/1/2018
2 EOG Y Resources, Inc.	X	X		WI		11/1/2018
3 EOG A Resources, Inc.	X	X		WI		11/1/2018
4 EOG M Resources, Inc.	X	X		WI		11/1/2018
5 OXY Y-1 Company	X	X		WI		11/1/2018
6 THRU Line O&G NM, LLC	X	X		WI		11/1/2018
7 CTV-LMB I, BPEOR NM, LLC	X	X		ORI		11/1/2018
8 CTV-LMB II BPEOR NM, LLC	X	X		ORI		11/1/2018
9 CTV-CTAM BPEOR NM, LLC	X	X		ORI		11/1/2018
10 CTV-SRB I, BPEOR NM, LLC	X	X		ORI		11/1/2018
11 CTV-SRB II BPEOR NM, LLC	X	X		ORI		11/1/2018
12 SRBI I BPEOR NM, LLC	X	X		ORI		11/1/2018
13 SRBI II BPEOR NM, LLC	X	X		ORI		11/1/2018
14 THRU LINE BPEOR NM, LLC	X	X		ORI		11/1/2018
15 Keystone (RMB) BPEOR NM, LLC	X	X		ORI		11/1/2018
16 Keystone (CTAM) BPEOR NM, LLC	X	X		ORI		11/1/2018
17 LMBI I BPEOR NM, LLC	X	X		ORI		11/1/2018
18 LMBI II BPEOR NM, LLC	X	X		ORI		11/1/2018
Wells Fargo Bank, NA, Trustee of the John Saleh Charitable Foundation	X	X		ORI		11/1/2018
20 Morris E. Schertz et ux Holly K. Schertz	X	X		ORI		11/1/2018
21 Rolla R. Hinkle II	X	X		ORI		11/1/2018
22 NOVO Minerals, LP			X	ORI	Returned to Sender	11/1/2018
23 Destiny Management, Inc.			X	ORI	Returned to Sender	11/1/2018
Melinda Mueller Personal Rep. of the						
24 Estate of Philip B. Withrow	X	X		ORI		11/1/2018
25 Mesquite SWD, Inc.	X	X		ORI		11/1/2018
26 C. Wendel Schoenberger, LP	X	X		ORI		11/1/2018

## Vertical Offsets

Recipient	Delivered	Receipt	Returned	Interest Type	Tracking Notes	Published in Current-Argus
1 COG Operating LLC	X	X		WI		11/1/2018
2 Bureau of Land Management	X	X		RI		
Wells Fargo Bank, NA, Trustee of the John Saleh Charitable Foundation	X	X		ORI		11/1/2018
4 Morris E. Schertz et ux Holly K. Schertz	X	X		ORI		11/1/2018
5 Rolla R. Hinkle II	X	X		ORI		11/1/2018
6 NOVO Minerals, LP			X	ORI	Returned to Sender	11/1/2018
Melinda Mueller Personal Rep. of the						
7 Estate of Philip B. Withrow	X	X		ORI		11/1/2018
8 Mesquite SWD, Inc.	X	X		ORI		11/1/2018
9 C. Wendel Schoenberger, LP	X	X		ORI		11/1/2018

# CARLSBAD CURRENT-ARGUS

## AFFIDAVIT OF PUBLICATION

Ad No.  
0001266951

APPLICATION OF NOVO OIL & GAS  
NORTHERN DELAWARE, LLC Case No. 16283  
EXHIBIT #25

BEATTY & WOZNAK, P.C.  
216 SIXTEENTH STREET, SUITE 1100

DENVER CO 80202

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

11/01/18



Legal Clerk

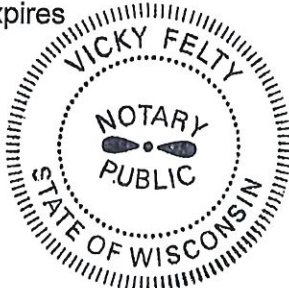
Subscribed and sworn before me this  
1st of November 2018.



State of WI County of Brown  
NOTARY PUBLIC

9-19-21

My Commission Expires



Ad#:0001266951  
P O : 0001266951  
# of Affidavits :0.00

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 a.m. on November 15, 2018 in the Oil Conservation Division's Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner, duly appointed for the hearing. OCD Rule Subsection B of 19.15.4.13 NMAC requires parties who intend to present evidence at an adjudicatory hearing to file a pre-hearing statement no later than the Thursday before the hearing and serve a copy on opposing counsel of record. If the OCD does not receive a pre-hearing statement from the applicant by the close of business on the Thursday before the hearing, the hearing may be continued.

### STATE OF NEW MEXICO TO:

All named parties and persons having any right, title interest or claim in the following cases and notice to the public (NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated)

TO: EOG Y Resources, Inc., EOG A Resources, Inc., EOG M Resources, Inc., OXY Y-1 Company, THRU LINE O&G NM, LLC, CTV-LMB I BPEOR NM, LLC, CTV-LMB II BPEOR NM, LLC, CTV-CTAM BPEOR NM, LLC, CTV-SRB I BPEOR NM, LLC, CTV-SRB II BPEOR NM, LLC, SRBI I BPEOR NM, LLC, SRBI II BPEOR NM, LLC, THRU LINE BPEOR NM, LLC, Keystone (RMB) BPEOR NM, LLC, Keystone (CTAM) BPEOR NM, LLC, LMBI I BPEOR NM, LLC, LMBI II BPEOR NM, LLC, Wells Fargo Bank, N.A., Trustee of the John Saleh Charitable Foundation, Morris E. Schertz and wife, Holly K. Schertz, Rolla R. Hinkle II, NOVO Minerals, LP, Destiny Management, Inc., COG Operating LLC, Melinda Mueller Personal Representative of the Estate of Philip B. Withrow, Mesquite SWD, Inc., C. Wendel Schoenberger, LP.

**Case No. 16283: Amended Application of Novo Oil & Gas Northern Delaware, LLC, the wholly owned subsidiary of Novo Oil & Gas, LLC, for a non-standard spacing and proration unit, and compulsory pooling, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order (1) creating a non-standard 320.00 acre, more or less, spacing unit in the Culebra Bluff; Bone Spring, South Pool (15011) limited to all depths below 8,773 feet to the base of the Bone Spring formation, comprised of the N/2S/2 of Section 4 and N/2S/2 of Section 5, Township 23 South, Range 29 East, Eddy County, New Mexico; and (2) pooling all uncommitted mineral interests underlying this proposed spacing unit. This non-standard unit is to be dedicated to the applicant's Rana Salada Fed Com 0504 133H well which will be horizontally drilled from a surface location in the NE/4SE/4



of Section 6, Township 23 South, Range 29 East, to a first take-point location in the NW/4SW/4 of Section 5, Township 23 South, Range 29 East, to a bottom hole location in the NE/4SE/4 of Section 4, Township 23 South, Range 29 East. The producing interval will be orthodox. Also to be considered will be the cost of drilling and completing each well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of applicant as operator of the wells and a 200% charge for risk involved in drilling the well. Said area is located approximately 5 miles Northeast of Loving, New Mexico.

Pub: Nov. 1, 2018 #1266951

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

**AMENDED APPLICATION OF NOVO OIL & GAS  
NORTHERN DELAWARE, LLC FOR NON-STANDARD  
PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 16283**

**AFFIDAVIT OF MICHAEL HALE**

Michael Hale of lawful age and being first duly sworn, declares as follows.

1. My name is Michael Hale. I work for Novo Oil & Gas, LLC ("Novo") as the Vice President of Exploration. I am responsible for all geologic operations and development of Novo's Delaware Basin assets in Eddy County, NM as well as exploring other oil and gas basins in North America for opportunities.

2. I received a Bachelor of Science in Geology and a Master of Science in Geology from East Carolina University in 2004 and 2008, respectively. While in graduate school, I worked on a Petroleum Research Fund (PRF) grant with senior scientists from the National Museum of Natural History, Smithsonian Institution in Washington D.C. I have worked as a geologist in the oil and gas industry for over 11 years. I began my career in 2008, working for Fronterra Geosciences doing primarily resistivity formation image evaluation. After I left Fronterra, I worked as a Geologist for Sandridge Energy, performing both operational and exploration duties in both the Permian Basin and Anadarko Basins. Before coming to Novo, I was Geological Advisor for Ascent Resources, overseeing all work in the Appalachian Basin with a primary focus in Ohio's Utica Shale play. While I have never testified before the New Mexico Oil Conservation

Division (NMOCD), while with Ascent Resources I testified as an expert witness as part of ~10 unitization hearings before the Ohio Department of Natural Resources (ODNR).

3. My professional associations are: American Association of Petroleum Geologists (AAPG), West Texas Geological Society (WTGS), Oklahoma City Geological Society (OCGS), Young Professionals in Energy (YPE)

4. I am familiar with the application filed by Novo in this case. I am also familiar with the application filed by Novo in Case No. 16282 heard with this case by the Division on July 12, 2018 and August 9, 2018, and with Case No. 16284, all pertaining to offsetting lands within the same Sections 4 and 5, Township 23 South, Range 29 East, Eddy County, New Mexico. I have conducted a geologic study of the Bone Spring formation underlying Sections 4 and 5.

5. Novo is targeting the Bone Spring formation (3<sup>rd</sup> Bone Spring Sand interval) with the proposed Rana Salada Fed Com 133H well. The well will be located in the Culebra Bluff; Bone Spring, South Pool (Pool Code 15011).

6. **Exhibit No. 26** is a map view of the execution plan for the 2<sup>nd</sup> and 3<sup>rd</sup> Bone Spring Sand in the Rana Salada development block in Sections 4 and 5. The proposed wellbores are denoted by the red dashed lines, with BHL locations depicted by the red circles and SHL depicted with a red box. The proposed horizontal spacing unit for the Rana Salada Fed Com 133H well proposed in this case is depicted by the blue dashed rectangle. The horizontal spacing units proposed in Novo's Case Nos. 16282 and 16284 to be drilled in the 3<sup>rd</sup> and 2<sup>nd</sup> Bone Spring, respectively, are depicted by the grey outlined rectangle.

7. **Exhibit No. 27** is a subsea structure map that I prepared for the top of the 3<sup>rd</sup> Bone Spring Sand. The proposed spacing unit is depicted by the blue dashed rectangle. The contour



interval is 50 feet and the proposed wellbore path for the 133H well is depicted by the red dashed line, with the BHL indicated by the red circle and the SHL depicted with a red box. Offset Bone Spring horizontal producers are indicated by blue circles at the BHL and black well paths. The structure map shows that the area is gently dipping from West to East across the map. I do not observe any faulting, pinch-outs, or other geologic impediments or hazards to developing this targeted interval with a horizontal well.

8. **Exhibit No. 28** is a gross isopach map I prepared for the 3<sup>rd</sup> Bone Spring Sand. As in the previous map, the proposed spacing unit is depicted by the blue dashed rectangle, the proposed wellbore path is denoted by the red dashed line, the well BHL is indicated by the red circle and the SHL is depicted with a red box. Existing Bone Spring horizontal producers are indicated by blue circles with black well paths. The contour interval is 25 feet and thickness of the 3<sup>rd</sup> Bone Spring Sand interval over the Rana Salada development block ranges from approximately 275 feet to 325 feet. Also shown on the map is one line of section for cross-section I prepared to illustrate the consistent and contiguous nature of the 3<sup>rd</sup> Bone Spring Sand. The orange line (A-A') is an apparent dip section of type wells that penetrate the Bone Spring in and offsetting the Rana Salada development block.

9. **Exhibit No. 29** is a West to East dip section (A-A') illustrating the three type wells in and offsetting the Rana Salada development block (Longview Deep 31, API 30015376040000, HF 7 Federal Com 1, API 30015285090000, and Carthel Federal 2, API 30015233890000) that penetrate the 3<sup>rd</sup> Bone Spring Sand with the line of section shown on the inset map. Each well in the cross-section contains gamma ray, resistivity, and porosity logs. The proposed target interval is labeled and depicted by the green shaded box labeled "Target". The cross-section demonstrates

that the targeted interval extends across the proposed spacing and proration unit (i.e. it is laterally continuous) and is consistent in thickness and log character.

10. **Exhibit No. 30** is a Type Log (Carthel Federal 2, API 30015233890000) for the Rana Salada development block illustrating the low porosity limestone barriers existing between the 2<sup>nd</sup> and 3<sup>rd</sup> Bone Spring intervals underlying this area.

11. In my opinion, the proposed location of the well bore for the 133H well is such that the 3<sup>rd</sup> Bone Spring Lime barrier will effectively prevent communication between the 2<sup>nd</sup> and 3<sup>rd</sup> Bone Spring intervals and fracs for the well proposed in this case will not extend into the 2<sup>nd</sup> Bone Spring interval.

12. In my opinion, there is no preferential stress direction underlying the Rana Salada development area and both north-south and east-west development are acceptable, provided they allow operators to optimally develop their acreage position.

13. Based on my geologic study of the area, the Bone Spring formation underlying the subject area is suitable for development by horizontal wells and each quarter-quarter section comprising the proposed spacing and proration unit will contribute more-or-less equally to the production from the wellbore.

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

15. The Exhibits attached to this affidavit were either prepared by me or compiled under my direction and supervision.

16. The foregoing is correct and complete to the best of my knowledge and belief.

FURTHER AFFIANT SAYETH NOT.

Michael Hale  
MICHAEL HALE

STATE OF OKLAHOMA       )  
  )  
COUNTY OF OKLAHOMA    )

SUBSCRIBED and SWORN to before me this 19<sup>th</sup> day of February 2019 by Michael Hale.

Kiley Mixon  
NOTARY PUBLIC

My Commission Expires:

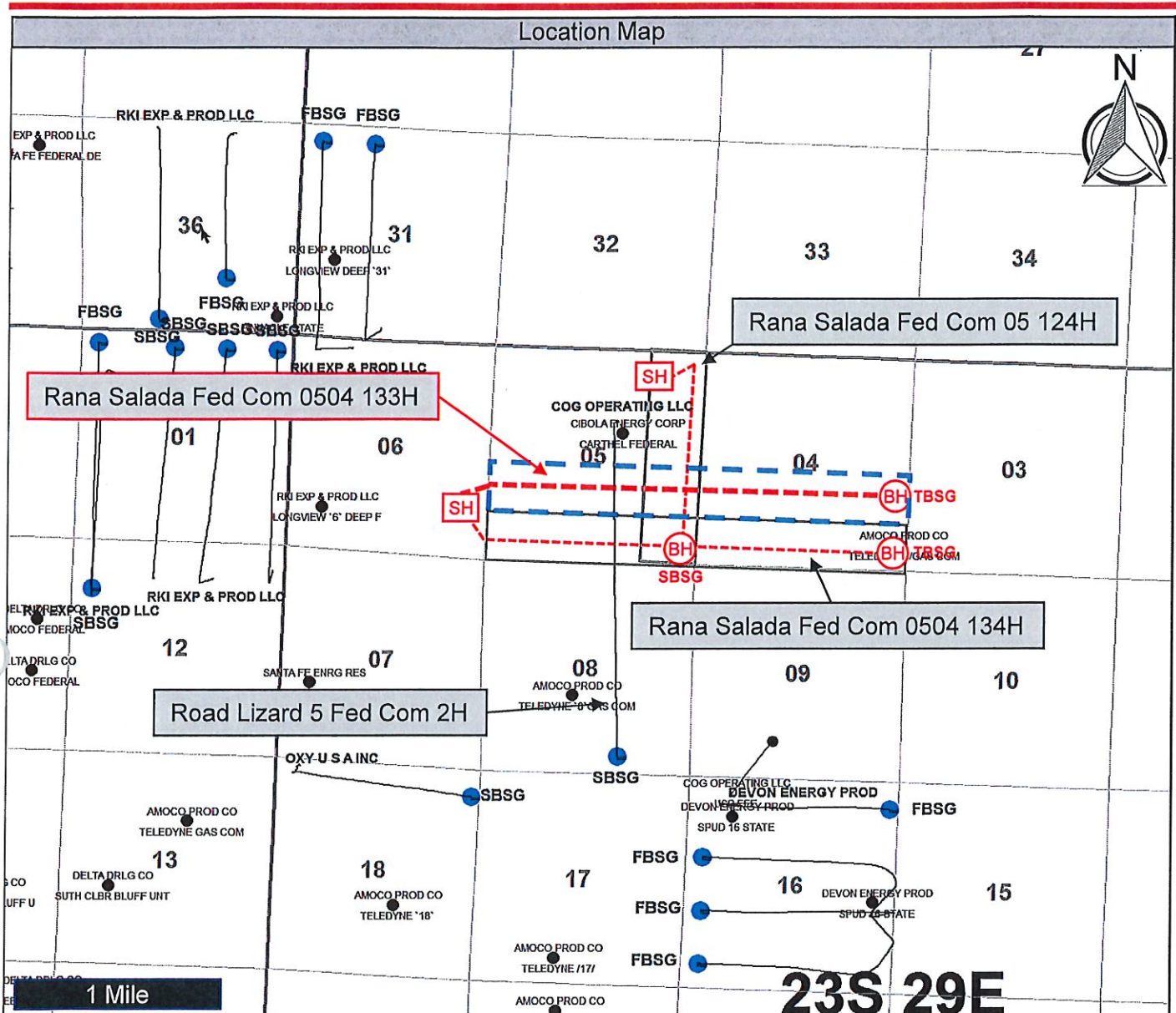
11/15/20





# Salt Lake – Bone Spring Execution Plan

3rd Bone Spring Proposed Location, Section 05-23S-29E and Section 04-23S-29E

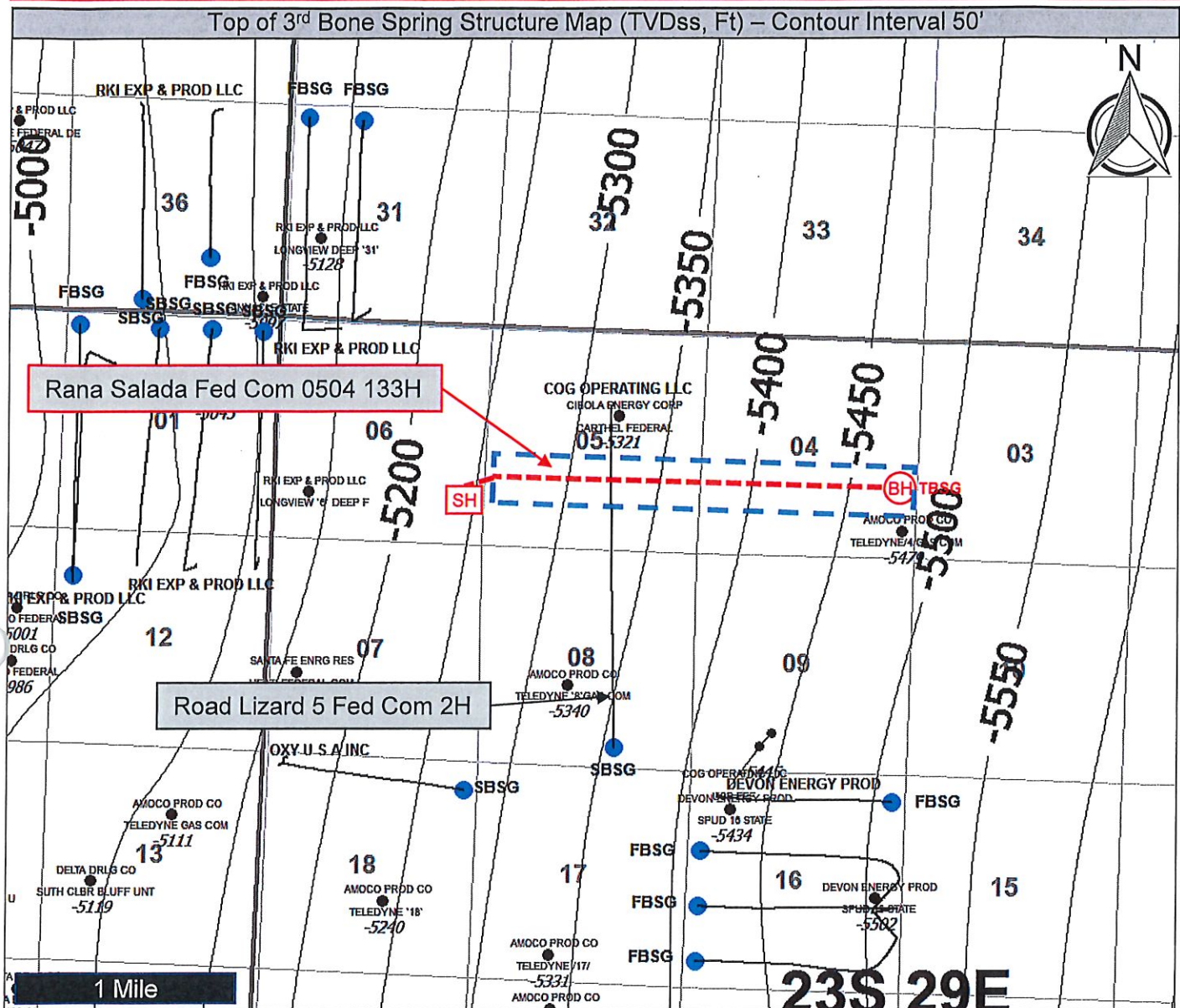


Map Legend	Hearing Details
Spacing Unit (320 ac.) Bone Spring Producer Surface Hole Location Novo Horizontal Location Bottom Hole Location Horizontal Landing Target	Novo Oil & Gas Northern Delaware, LLC  Docket Number: Case Number: 16283 Date: 02/21/2019 Exhibit Number:

# Salt Lake – Top of 3<sup>rd</sup> Bone Spring Structure Map



3<sup>rd</sup> Bone Spring Proposed Location, Section 05-23S-29E and Section 04-23S-29E

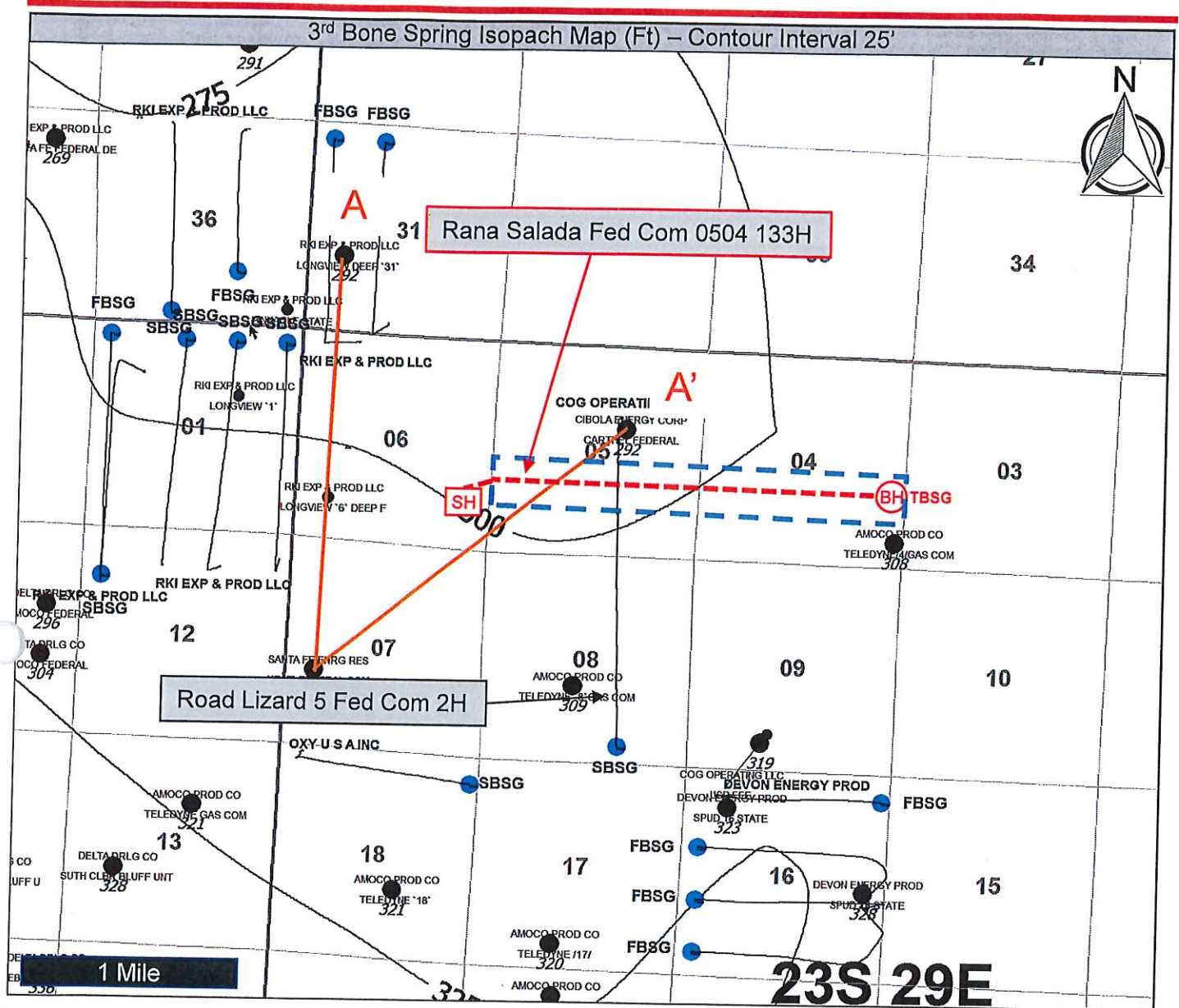


Map Legend		Hearing Details
	Spacing Unit (320 ac.)	Novo Oil & Gas Northern Delaware, LLC  Docket Number: Case Number: 16283 Date: 02/21/2019 Exhibit Number:
	Surface Hole Location	
	Novo Horizontal Location	
	Bottom Hole Location	
	Horizontal Landing Target	
	Bone Spring Producer Company	
	Well Name	
	3 <sup>rd</sup> Bone Spring Top	
	Contour line – interval 50'	
	A Cross Section Line A'	



# Salt Lake – 3<sup>rd</sup> Bone Spring Isopach Map

3<sup>rd</sup> Bone Spring Proposed Location, Section 05-23S-29E and Section 04-23S-29E



## Map Legend

- Spacing Unit (320 ac.)
- SH Surface Hole Location
- Novo Horizontal Location
- BH Bottom Hole Location
- BSG Horizontal Landing Target
- Bone Spring Producer Company
- Well Name
- 3<sup>rd</sup> Bone Spring Isopach
- Contour line – interval 25'
- Cross Section Line A A'

## Hearing Details

Novo Oil & Gas Northern Delaware, LLC

Docket Number:

Case Number: 16283

Date: 02/21/2019

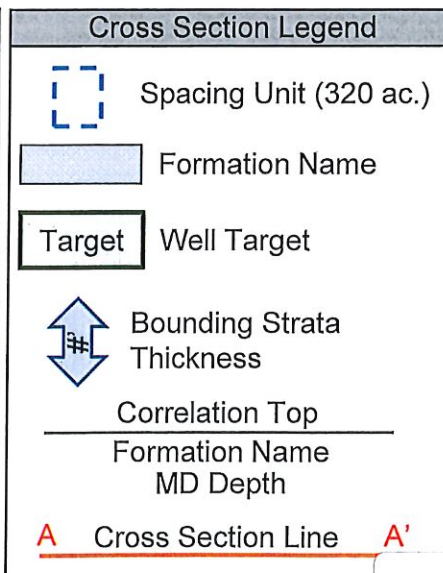
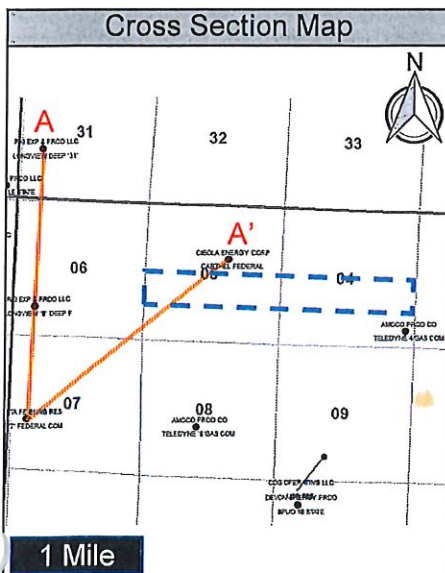
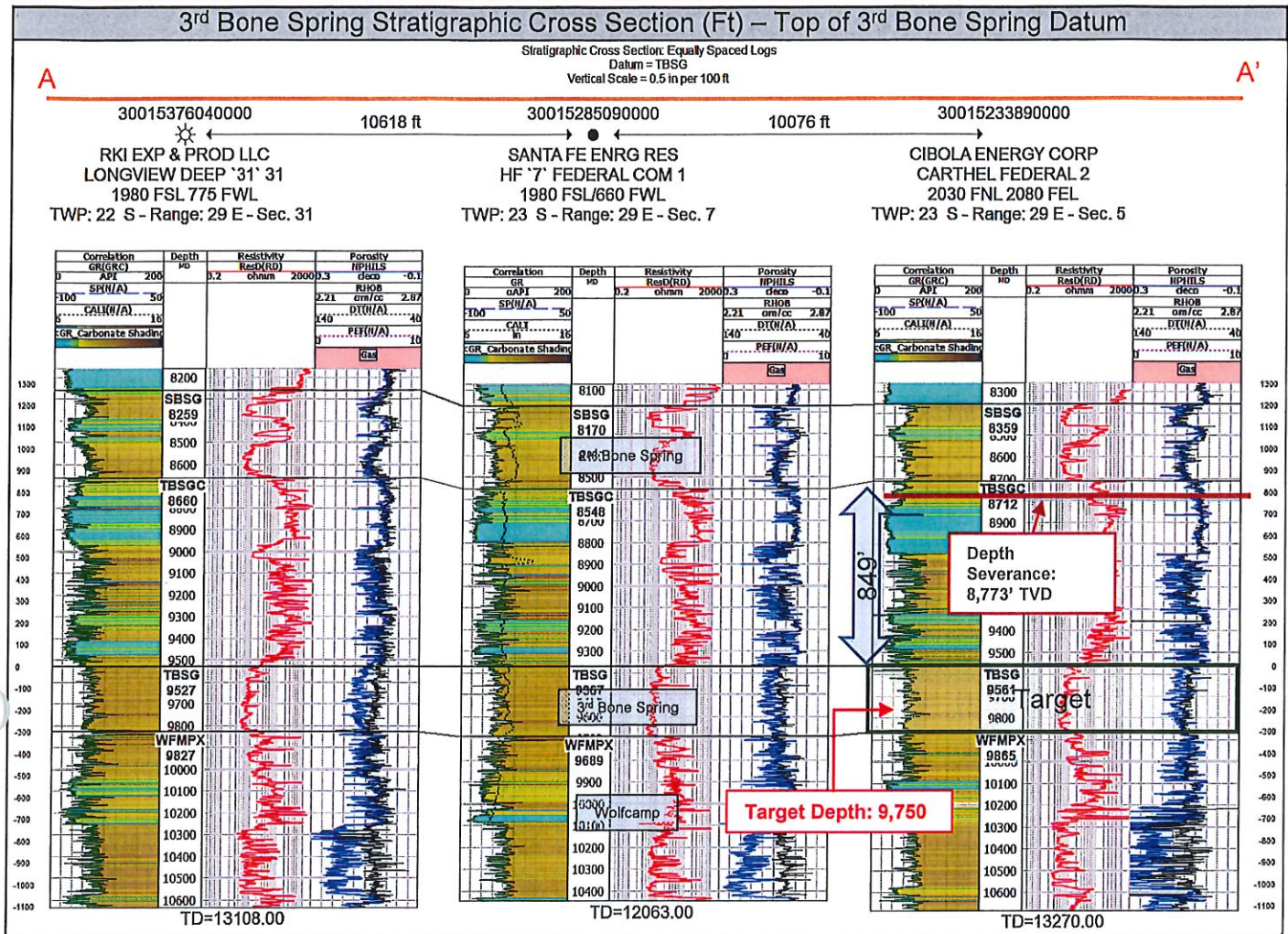
Exhibit Number:



# Salt Lake – 3<sup>rd</sup> Bone Spring Stratigraphic Cross Section



3<sup>rd</sup> Bone Spring Proposed Location, Section 05-23S-29E and Section 04-23S-29E



**Novo Oil & Gas Northern Delaware, LLC**

Docket Number:

Case Number: 16283

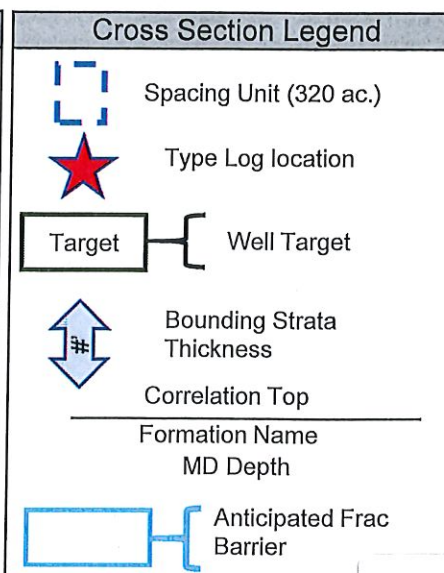
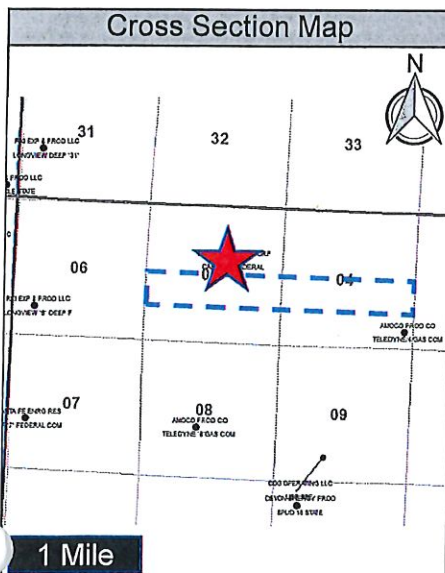
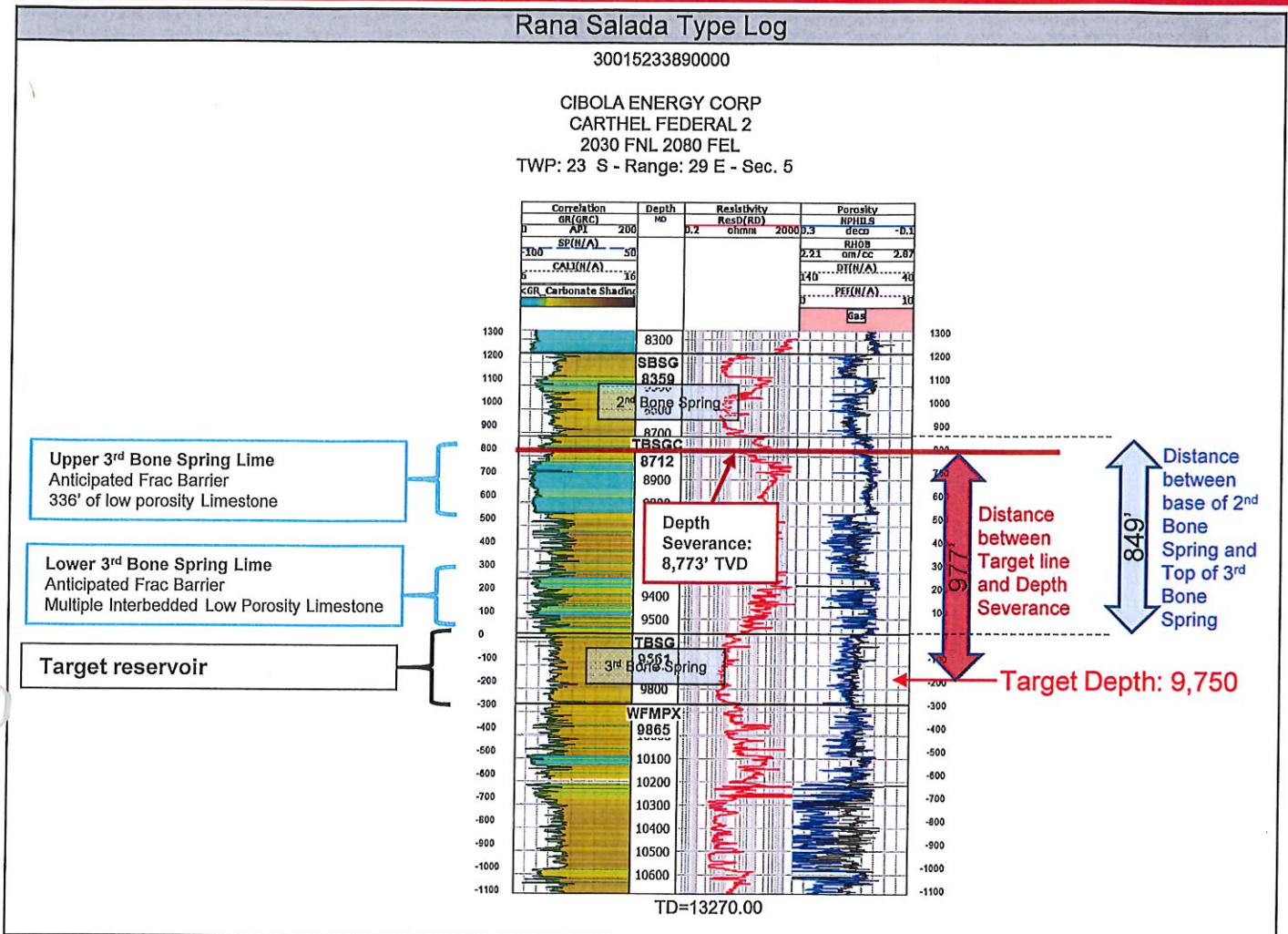
Date: 02/21/2019

Exhibit Number:

**APPLICATION OF NOVO OIL & GAS  
NORTHERN DELAWARE, LLC**  
Case No. 16283  
HALE EXHIBIT #29



# Rana Salada Development Block Type Log Frac Barriers and Target Interval



Novo Oil & Gas Northern  
Delaware, LLC

Docket Number:  
Case Number: 16283  
Date: 02/21/2019  
Exhibit Number:

**APPLICATION OF NOVO OIL & GAS  
NORTHERN DELAWARE, LLC  
Case No. 16283  
HALE EXHIBIT #30**