

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

APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 20160

AMENDED APPLICATION¹

Devon Energy Production Company LP ("Devon"), through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of NMSA 1978, § 70-2-17, for an order (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the standard unit. In support of its application, Devon states:

1. Devon is a working interest owner in the proposed standard horizontal spacing and proration unit ("HSU") and has the right to drill thereon.
2. Devon proposes to dedicate the proposed HSU to its proposed **Lone Tree Draw 14-13 State Com 621H** well, to be horizontally drilled from an approximate surface hole location 940' FNL and 225' FWL of Section 14 to an approximate bottom hole location 440' FNL and 230' FEL of Section 13. This well defines the HSU.

¹ The original Application in this matter was filed on November 30, 2018. This Amended Application is filed only for purposes of correcting the county in the caption.

EXHIBIT 1

Devon Energy Production Company LP
Case Nos. 20160, 20161
February 21, 2019 OCD Hearing

3. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 621H well meet the 330-foot setback requirement set forth in the statewide rules for horizontal oil wells.

4. Devon has in good faith sought and been unable to obtain voluntary agreement for the development of these lands from all of the mineral interest owners in the HSU.

5. Approval of the HSU and the pooling of all mineral interest owners in the Bone Spring formation underlying the HSU will avoid the drilling of unnecessary wells, will prevent waste, and will protect correlative rights.

6. In order to permit Devon to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in this HSU should be pooled and Devon should be designated the operator of the proposed HSU.

WHEREFORE, Devon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on January 10, 2018, and, after notice and hearing as required by law, the Division enter an order:

A. Creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico;

B. Pooling all uncommitted interests in the Wolfcamp (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the HSU;

C. Designating the Lone Tree Draw 14-13 State Com 621H well as the defining well for said HSU;

D. Designating Devon as operator of the HSU and the wells to be drilled thereon;

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

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

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

Respectfully submitted,

MONTGOMERY & ANDREWS, P.A.

/s/ Seth C. McMillan

Seth C. McMillan

Kaitlyn A. Luck

Post Office Box 2307

Santa Fe, NM 87504-2307

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kluck@montand.com

*Attorneys for Devon Energy Production Company
LP*

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20161

AMENDED APPLICATION¹

Devon Energy Production Company LP ("Devon"), through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of NMSA 1978, § 70-2-17, for an order (1) creating a standard 640-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the standard unit. In support of its application, Devon states:

1. Devon is a working interest owner in the proposed standard horizontal spacing and proration unit ("HSU") and has the right to drill thereon.
2. Devon proposes to dedicate the proposed HSU to its proposed **Lone Tree Draw 14-13 State Com 623H** well, to be horizontally drilled from an approximate surface hole location 2025' FSL and 240' FWL of Section 14 to an approximate bottom hole location 1310' FSL and 230' FEL of Section 13. This well defines the HSU.

¹ The original Application in this matter was filed on November 30, 2018. This Amended Application is filed only for purposes of correcting the county in the caption.

3. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 623H well meet the 330-foot setback requirement set forth in the statewide rules for horizontal oil wells.

4. Devon has in good faith sought and been unable to obtain voluntary agreement for the development of these lands from all of the mineral interest owners in the HSU.

5. Approval of the HSU and the pooling of all mineral interest owners in the Bone Spring formation underlying the HSU will avoid the drilling of unnecessary wells, will prevent waste, and will protect correlative rights.

6. In order to permit Devon to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in this HSU should be pooled and Devon should be designated the operator of the proposed HSU.

WHEREFORE, Devon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on January 10, 2018, and, after notice and hearing as required by law, the Division enter an order:

A. Creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico;

B. Pooling all uncommitted interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the HSU;

C. Designating the Lone Tree Draw 14-13 State Com 623H well as the defining well for said HSU;

D. Designating Devon as operator of the HSU and the wells to be drilled thereon;

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

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

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

Respectfully submitted,

MONTGOMERY & ANDREWS, P.A.

/s/ Seth C. McMillan

Seth C. McMillan

Kaitlyn A. Luck

Post Office Box 2307

Santa Fe, NM 87504-2307

(505) 982-3873

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kluck@montand.com

*Attorneys for Devon Energy Production Company
LP*

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20160

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20161

AFFIDAVIT OF CARI ALLEN

I, being duly sworn on oath, state the following:

1. I am over the age of 18, and I have personal knowledge of the matters stated herein.
2. I am employed as a Land Advisor for Devon Energy Production Company, L.P.
("Devon").
3. This affidavit is submitted in connection with the filing by Devon of the above-referenced compulsory pooling applications pursuant to 19.15.14.12(A)(1) NMAC. I am familiar with the subject applications and the lands involved.
4. 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.
 - a. I hold a Bachelor's Degree in Business Administration obtained from Southern Nazarene University. I completed my education in 2010.

- b. I have been employed as a petroleum landman with Devon since August 2001, and I have been working in New Mexico for the past 6 years.
5. The purpose of these applications is to force pool working interest owners into the horizontal spacing unit described below, and in the wells to be drilled in the unit.
6. No opposition is expected. The interest owners being pooled have been contacted regarding the proposed wells, but have failed or refused to voluntarily commit their interests in the wells.
7. Devon seeks an order pooling all mineral interests in the Wolfcamp horizontal spacing units underlying Sections 13 and 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico.
 - a. In Case No. 20160, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 621H well.
 - b. In Case No. 20161, Devon seeks to dedicate a standard 640-acre, more or less, horizontal spacing unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 623H well.
8. Plats outlining the units being pooled are attached hereto as **Exhibit A-1 and A-2**, and show the location of the proposed wells within the spacing units.
9. The parties being pooled, the nature of their interests, and their last known addresses are on **Exhibits B-1 and B-2**, attached hereto. These exhibits include information regarding working interest owners and overriding royalty interest owners.

10. There are no depth severances in the Wolfcamp formation.

11. The locations and proposed depths of the wells to be drilled on the pooled units are as follows:

Case No.	Well Name	SHL (14-T21S-R27E)	BHL (13-T21S-R27E)	TVD
20160	Lone Tree Draw 14-13 State Com 621H	940' FNL and 225' FWL	440' FNL and 230' FEL	9,060'
20161	Lone Tree Draw 14-13 State Com 623H	2025' FSL and 240' FWL	1310' FSL and 230' FEL	9,065'

12. I have conducted a diligent search of the public records in Eddy County, New Mexico, where the wells are located, and conducted phone directory and computer searches to located contact information for parties entitled to notification, and mailed all parties well proposals, including an Authorization for Expenditure (“AFE”).

13. Devon has made a good faith effort to obtain voluntary joinder of the working interests owners in the proposed wells.

14. The C-102s for the wells are pending; however, the approximate locations are set out above and on the Exhibit A. The wells will develop the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]), which is a gas pool.

15. **Exhibits C-1 and C-2** are sample proposal letters and the AFEs for the proposed wells. The estimated cost of the wells set forth in the AFEs is fair, reasonable, and comparable to the costs of other wells of similar depths and lengths drilled in this area of New Mexico.

16. Devon requests overhead and administrative rates of \$7,500/month for drilling a well and \$750/month for a producing well. These rates are fair and comparable to the rates charged by other operators for wells of this type in this area of southeastern New Mexico. Devon requests that these rates be adjusted periodically as provided in the COPAS Accounting Procedure.

17. Devon requests the maximum cost, plus 200% risk charge be assessed against non-consenting working interest owners.

18. Devon requests that it be designated operator of the wells.

19. The Exhibits to this Affidavit were prepared by me, or compiled from Devon's company business records.

20. The granting of this Application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

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

FURTHER AFFIANT SAYETH NAUGHT

Cari Allen

Cari Allen

STATE OF OKLAHOMA)
) ss.
COUNTY OF OKLAHOMA)

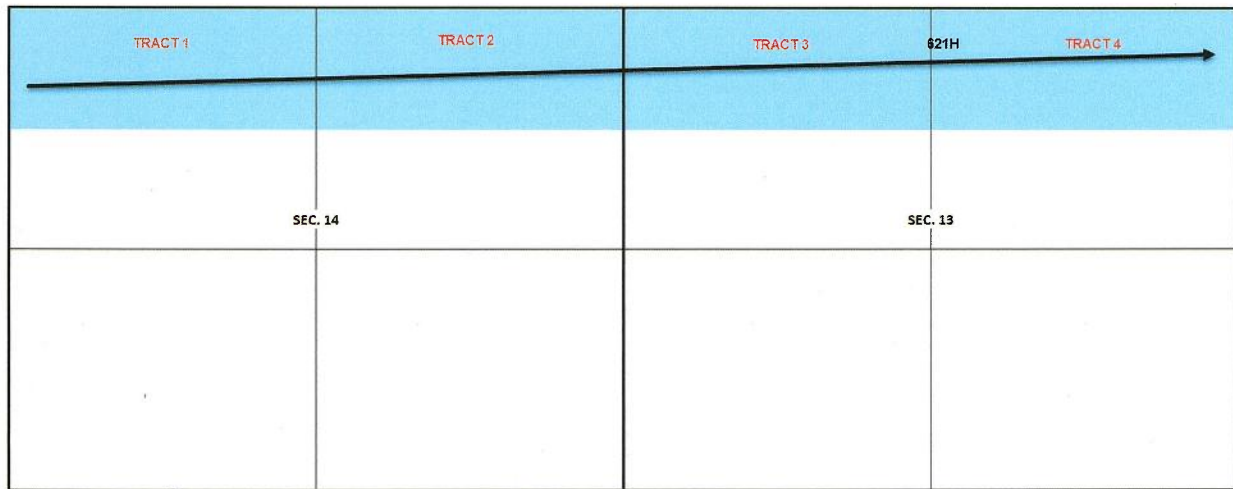
Subscribed to and sworn before me this 20th day of February, 2019.



Clint Dake

Notary Public

EXHIBIT A-1
 LAND PLAT (Case No. 20160)
 N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico



Tract 1 – N/2 NW/4 Section 14-21S-27E
 State of NM L0-1899 (80 acres)

Tract 2 – N/2 NE/4 Section 14-21S-27E
 State of NM K0-3633 (80 acre)

Tract 3 – N/2 NW/4 Section 13-21S-27E
 State of NM VA-0834 (80 acres)

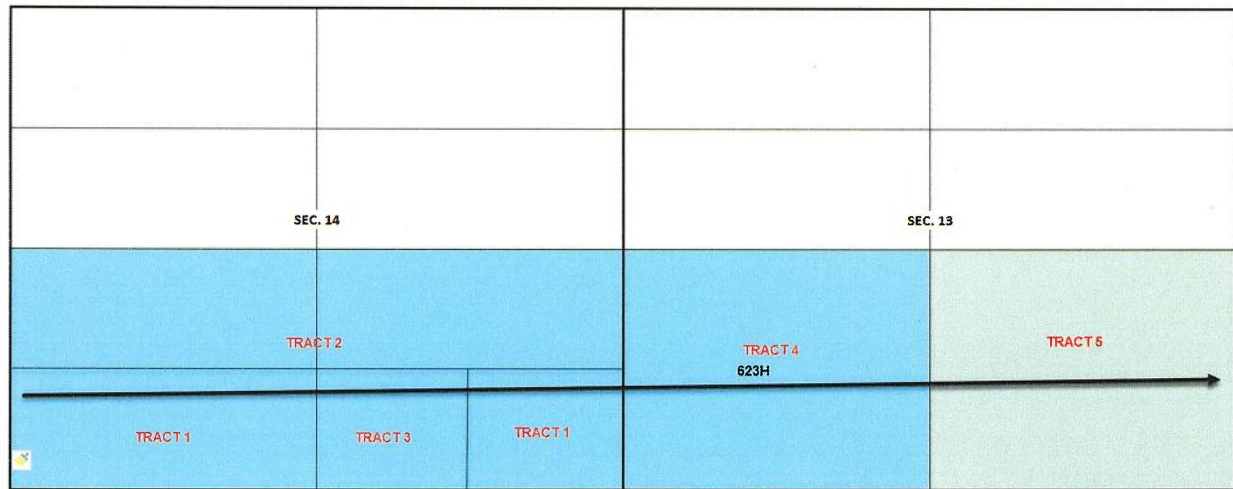
Tract 4 – N/2 NE/4 Section 13-21S-27E
 State of NM VB-1053 (80 acres)

Lone Tree Draw 14-13 State Com 621H

SHL: 940' FNL & 225' FWL Section 14-21S-27E (Approximate)

BHL: 440' FNL & 230' FEL Section 13-21S-27E

EXHIBIT A-2
 LAND PLAT (Case No. 20161)
 S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico



Tract 1 – S/2 SW/4, SE/4 SE/4 Section 14-21S-27E
 State of NM OG-5809 (120 acres)

Tract 2 – N/2 S/2 Section 14-21S-27E
 State of NM KO-3633 (160 acre)

Tract 3 – SW/4 SE/4 Section 14-21S-27E
 State of NM LO-1899 (40 acres)

Tract 4 – SW/4 Section 13-21S-27E
 State of NM VA-0834 (160 acres)

Tract 5 – SE/4 Section 13-21S-27E
 Fee (160 acres)

Lone Tree Draw 14-13 State Com 623H

SHL: 2025' FSL & 240' FWL Section 14-21S-27E (Approximate)

BHL: 1310' FSL & 230' FEL Section 13-21S-27E

EXHIBIT B-1

Ownership Breakdown (20160)

N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

<u>WI Owners</u>	<u>Decimal WI</u>	<u>Status</u>
Devon Energy Production Company, L.P.	0.63493384	Committed
Trustees of E.G. Holden Testamentary Trust	0.00003669	Uncommitted
Isaac A. Kawasaki	0.00007337	Deceased/Heirs Unknown
Betsy H. Keller	0.00003669	Uncommitted
Frances B. Bunn, Trustee of Frances B. Bunn Revocable Living Trust u/t/a 5/18/1982	0.00007337	Committed/Negotiating OA
J. Fredrick Van Vranken	0.00007337	Uncommitted
Ernie Bello	0.00000000	Uncommitted
David Goodnow	0.00000000	Uncommitted
Sanford J. Hodge III	0.00000000	Uncommitted
Chi Energy, Inc.	0.01031250	Uncommitted
McCombs Energy, Ltd	0.01031250	Uncommitted
Michael D. Hayes and Kathryn A. Hayes, Co-Trustees of Hayes Rev Trust u/t/a 8/23/2010	0.00545381	Uncommitted
Jami Huber Owen	0.00312500	Uncommitted
Locker Brothers	0.01781250	Uncommitted
David H. Essex	0.01812500	Uncommitted
Southwest Royalties	0.02095869	Committed/Negotiating OA
Nuevo Seis Limited Partnership	0.00312500	Uncommitted
Morris E. Schertz and wife, Holly K. Schertz	0.00312500	Committed/Negotiating OA
Dr. Coleman O'Brian Martin	0.00065234	Uncommitted
Slash Exploration Limited Partnership	0.01562500	Committed/Executed OA
Mewbourne Oil Company	0.00102644	Pending Trade to Devon
CWM 2000-B II, Ltd.	0.03464223	Pending Trade to Devon
Mewbourne Development Corporation	0.05671061	Pending Trade to Devon
3MG Corporation	0.01026436	Pending Trade to Devon
Yates Energy Corporation	0.00689821	Uncommitted
Tenison Oil Company	0.01562500	Uncommitted
Milestone Energy Corp.	0.03125000	Mewbourne Oil Co's/Pending Trade to Devon
Foundation Energy Fund V-A, L.P.	0.03717443	Uncommitted
Foundation Energy Fund V-B Holding LLC	0.06255406	Uncommitted
	1.00000000	

EXHIBIT B-1
Ownership Breakdown (20160)
N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

ORRI and Royalty Owners

ANDREW DON FRY
STATE OF NEW MEXICO COMMISSION OF PUBLIC LANDS
ADOLPH P SCHUMAN TRUST JAMES J CRAFTS JR TTEE
BUTKIN INVESTMENT COMPANY LLC
C MARK WHEELER, AND WIFE, J'LYN WHEELER
CHI ENERGY, INC.
CHISOS MINERALS LLC
CORNERSTONE FAMILY TRUST JOHN KYLE THOMA SUCC TTEE
CROWNROCK MINERALS LP
CURTIS W. MEWBOURNE, TRUSTEE
DAVID H ESSEX
DEVON ENERGY PROD CO LP
DYNASTY PARTNERS LLC BILL CAGLE MANAGER
ELOUISE H. JUSTICE
HAYES REVOCABLE TRUST MICHAEL D HAYES & KATHRYN A HAYES TTEES
HIGH SKY CHILDRENS RANCH IN MEMORY OF DAVID HOY HARRISON
HOY B HARRISON ENDOWED SCHOLARSHIP TEXAS CHRISTIAN UNIVERSITY % FINANCE & ADMINISTRATION
JAMI HUBER OWEN
JAREED PARTNERS LTD A TEXAS LIMITED PARTNERSHIP
KIMBELL ROYALTY HOLDINGS LLC DUNCAN MANAGEMENT LLC AGENT
LOWE ROYALTY PARTNERS LP
MCCOMBS ENERGY LTD
MIDLAND COLLEGE FOUNDATION INC FBO DAVID HOY HARRISON ENDOWED MUSIC SCHOLARSHIP AT MIDLAND COLLEGE IN MEMORY OF DAVID HOY

EXHIBIT B-1

Ownership Breakdown (20160)

N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

MIDLAND MEMORIAL FOUNDATION IN MEMORY OF DAVID HOY HARRISON
MORRIS MIZEL OR MIZEL RESOURCES, A TRUST
NBL PERMIAN, LLC
NM & T RESOURCES LLC
PAUL R BARWIS % DUTTON HARRIS & CO
PAULA SCOTT CAMPBELL, TRUSTEE OF PAULA SCOTT CAMPBELL REVOCABLE TRUST U/T/A 10/27/15
PENWELL EMPLOYEE ROYALTY POOL
RICHARD W. SCHMIDT AND WIFE, AMANDA SCHMIDT
ROBIN OIL & GAS CORPORATION
RUSK CAPITAL MANAGEMENT LLC
T.K. CAMPBELL, II
TEXAS CHRISTIAN UNIVERSITY DEPT OF ATHLETICS IN MEMORY OF HOY B HARRISON & DAVID HOY HARRISON
TODD M KRINGEN AND KARLA R KRINGEN
TOM E JOHNSON
WILLIAM R. BERGMAN
YOSEMITE CREEK OIL & GAS LLLP

EXHIBIT B-2
Ownership (Case No. 20161)
S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico

WI Owners	Decimal WI	Status
Devon Energy Production Company, L.P.	0.63493384	Committed
Trustees of E.G. Holden Testamentary Trust	0.00003669	Uncommitted
Isaac A. Kawasaki	0.00007337	Deceased/Heirs Unknown
Betsy H. Keller	0.00003669	Uncommitted
Frances B. Bunn, Trustee of Frances B. Bunn Revocable Living Trust u/t/a 5/18/1982	0.00007337	Committed/Negotiating OA
J. Fredrick Van Vranken	0.00007337	Uncommitted
Ernie Bello	0.00000000	Uncommitted
David Goodnow	0.00000000	Uncommitted
Sanford J. Hodge III	0.00000000	Uncommitted
Chi Energy, Inc.	0.01031250	Uncommitted
McCombs Energy, Ltd	0.01031250	Uncommitted
Michael D. Hayes and Kathryn A. Hayes, Co-Trustees of Hayes Rev Trust u/t/a 8/23/2010	0.00545381	Uncommitted
Jami Huber Owen	0.00312500	Uncommitted
Locker Brothers	0.01781250	Uncommitted
David H. Essex	0.01812500	Uncommitted
Southwest Royalties	0.02095869	Committed/Negotiating OA
Nuevo Seis Limited Partnership	0.00312500	Uncommitted
Morris E. Schertz and wife, Holly K. Schertz	0.00312500	Committed/Negotiating OA
Dr. Coleman O'Brian Martin	0.00065234	Uncommitted
Slash Exploration Limited Partnership	0.01562500	Committed/Executed OA
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Mewbourne Development Corporation	0.05671061	Pending Trade to Devon
3MG Corporation	0.01026436	Pending Trade to Devon
Yates Energy Corporation	0.00689821	Uncommitted
Tenison Oil Company	0.01562500	Uncommitted
Milestone Energy Corp.	0.03125000	Mewbourne Oil Co's/Pending Trade to Devon
Foundation Energy Fund V-A, L.P.	0.03717443	Uncommitted
Foundation Energy Fund V-B Holding LLC	0.06255406	Uncommitted
	1.00000000	

EXHIBIT B-2
Ownership (Case No. 20161)
S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico

ORRI and Royalty Owners

ANDREW DON FRY	KCK RESOURCES, INC.
BLUE RIDGE ROYALTIES LLC	KIMBELL ROYALTY HOLDINGS LLC DUNCAN MANAGEMENT LLC AGENT
GEORGE M OBRIEN	LOWE ROYALTY PARTNERS LP
GRACE M. REDWINE, DEALING IN HER SOLE AND SEPARATE PROPERTY	MIDLAND COLLEGE FOUNDATION INC FBO DAVID HOY HARRISON ENDOWED MUSIC SCHOLARSHIP AT MIDLAND COLLEGE IN MEMORY OF DAVID HOY
JOSEPH N. SCOTT, DEALING IN HIS SOLE AND SEPARATE PROPERTY	MIDLAND MEMORIAL FOUNDATION IN MEMORY OF DAVID HOY HARRISON
LINDA F LYONS & MONTE L LYONS JT	MORRIS MIZEL OR MIZEL RESOURCES TRUST
MARTIN & MARTIN LLLP	NBL PERMIAN, LLC
NUEVO SEIS LP	NM & T RESOURCES LLC
PANHANDLE PROPERTIES LLC	PAUL R BARWIS % DUTTON HARRIS & CO
STATE OF NEW MEXICO COMMISSION OF PUBLIC LANDS	PAULA SCOTT CAMPBELL, TRUSTEE OF PAULA SCOTT CAMPBELL REVOCABLE TRUST U/T/A 10/27/15
UNICORN ENERGY LLC % GANNAWAY & ASSOCIATES	PENWELL EMPLOYEE ROYALTY POOL
WATTS PROPERTIES LLC	PENROC OIL CORPORATION M Y MERCHANT PRESIDENT
WILLIAM F BRAINERD	RICHARD W. SCHMIDT AND WIFE, AMANDA SCHMIDT
ADOLPH P SCHUMAN TRUST JAMES J CRAFTS JR TTEE	ROBIN OIL & GAS CORPORATION
BRANEX RESOURCES INC	RUSK CAPITAL MANAGEMENT LLC
BUTKIN INVESTMENT COMPANY LLC	SAM L SHACKELFORD
C MARK WHEELER, AND WIFE, J'LYN WHEELER	SHINNERY INVESTMENT CO., A GENERAL PARTNERSHIP
CHI ENERGY, INC.	SPIRAL, INC.

EXHIBIT B-2
Ownership (Case No. 20161)
S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico

CHISOS MINERALS LLC	T.K. CAMPBELL, II
CIBOLA ENERGY CORPORATION	TEXAS CHRISTIAN UNIVERSITY DEPT OF ATHLETICS IN MEMORY OF HOY B HARRISON & DAVID HOY HARRISON
CORNERSTONE FAMILY TRUST JOHN KYLE THOMA SUCC TTEE	TODD M KRINGEN AND KARLA R KRINGEN
CROWNROCK MINERALS LP	TOM E JOHNSON
CURTIS W. MEWBOURNE, TRUSTEE	WILLIAM R. BERGMAN
DAVID H ESSEX	YOSEMITE CREEK OIL & GAS LLLP
DEVON ENERGY PROD CO LP	
DOUG J SCHUTZ	
DYNASTY PARTNERS LLC BILL CAGLE MANAGER	
ELOUISE H. JUSTICE	
GEORGE M. YATES	
HARVEY E. YATES JR	
HAYES REVOCABLE TRUST MICHAEL D HAYES & KATHRYN A HAYES TTEES	
HEYCO DEVELOPMENT CORPORATION	
HIGH SKY CHILDRENS RANCH IN MEMORY OF DAVID HOY HARRISON	
HOY B HARRISON ENDOWED SCHOLARSHIP TEXAS CHRISTIAN UNIVERSITY % FINANCE & ADMINISTRATION	
JALAPENO CORPORATION	
JAMI HUBER OWEN	
JAREED PARTNERS LTD A TEXAS LIMITED PARTNERSHIP	



Exhibit C-1
Case No. 20160

Devon Energy Corporation
20 North Broadway
Oklahoma City, OK 73102-8260
Direct Line: 405 228 4397
Direct Fax: 405 552 7667
cari.allen@dvn.com

405 235 3611 Phone
www.devonenergy.com

September 7, 2018

Via Overnight Mail

BETSY H KELLER
600 DEER VALLEY RD APT GG
SAN RAFAEL, CA 94903

RE: **Lone Tree Draw 14-13 State Com 621H**
Horizontal Spacing Unit: N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E
Proposed Working Interest Unit: All of Section 14 & 13, T21S-27E, limited to
Bone Spring and Wolfcamp formations (excluding existing wellbores)
Eddy County, New Mexico

Gentlemen:

Devon Energy Production Company, L.P. ("Devon") hereby proposes to drill the Lone Tree Draw 14-13 State Com 621H as a horizontal Wolfcamp XY Sand test at an estimated surface location of 940' FNL and 225' FWL of Section 14-21S-27E with an estimated bottom hole location at 440' FNL and 230' FEL of Section 13-21S-27E, Eddy County, New Mexico. Devon plans to drill the lateral in the Wolfcamp XY at an estimated total vertical depth of 9060' to an approximate 19,060' total measured depth. Enclosed is Devon's AFE for this well with estimated cost of \$7,759,265.62.

Devon is proposing a 1280-acre Working Interest Unit covering all of Section 13 and 14, limited to the Bone Spring and Wolfcamp formations, less existing wellbores. If you wish to participate, please execute and return a copy of the enclosed AFE, and an Operating Agreement will be forwarded for your review.

If you have any questions regarding this matter, please give me a call.

Sincerely,

Cari Allen, CPL
Land Advisor

CA
Enclosures



Authorization for Expenditure

AFE # XX-129681.01

Well Name: LONE TREE DRAW 14-13 STATE COM 621H

AFE Date: 9/7/2018

Cost Center Number: 1093935201

State: NM

Legal Description: N2 14 & N2 13 T21S R27E

County/Parish: EDDY

Revision: ☐

Explanation and Justification:

DRILL AND COMPLETE LONE TREE DRAW 14-13 ST FEE 621H AS A WOLFCAMP HORIZONTAL WELL IN THE N2 SEC 14 & N2 SEC 13 T21S R27E, EDDY COUNTY, NM.

Code	Intangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6060100	DYED LIQUID FUELS	61,950.00	0.00	0.00	61,950.00
6060130	GASEOUS FUELS	21,840.00	0.00	0.00	21,840.00
6080100	DISPOSAL - SOLIDS	86,157.00	1,050.00	0.00	87,207.00
6080110	DISP-SALTWATER & OTH	0.00	92,925.00	0.00	92,925.00
6090100	FLUIDS - WATER	34,800.00	605,422.44	0.00	640,222.44
6100100	PERMIT SURVEY&TITLE	30,000.00	0.00	0.00	30,000.00
6100110	RIGHT OF WAY	25,000.00	0.00	0.00	25,000.00
6110130	ROAD&SITE PREP SVC	80,000.00	12,600.00	0.00	92,600.00
6110170	DAMAGE & REMEDIATION	5,000.00	0.00	0.00	5,000.00
6130170	COMM SVCS - WAN	3,185.00	0.00	0.00	3,185.00
6130360	RTOC - ENGINEERING	0.00	10,500.00	0.00	10,500.00
6130370	RTOC - GEOSTEERING	14,136.00	0.00	0.00	14,136.00
6140160	ENV-SERVICES	1,000.00	0.00	0.00	1,000.00
6150100	CH LOG PERFRGTG&WL SV	0.00	341,827.50	0.00	341,827.50
6160100	MATERIALS & SUPPLIES	364.00	0.00	0.00	364.00
6170100	PULLING&SWABBING SVC	0.00	76,267.81	0.00	76,267.81
6170110	SNUBBG&COIL TUBG SVC	0.00	13,125.00	0.00	13,125.00
6190100	TRCKG&HL-SOLID&FLUID	26,550.00	0.00	0.00	26,550.00
6190110	TRUCKING&HAUL OF EQP	26,400.00	15,750.00	0.00	42,150.00
6200130	CONSLT & PROJECT SVC	67,200.00	120,223.03	0.00	187,423.03
6230120	SAFETY SERVICES	30,030.00	0.00	0.00	30,030.00
6300270	SOLIDS CONTROL SRVCS	40,040.00	0.00	0.00	40,040.00
6310120	STIMULATION SERVICES	0.00	2,633,987.46	0.00	2,633,987.46
6310200	CASING & TUBULAR SVC	46,925.00	0.00	0.00	46,925.00
6310250	CEMENTING SERVICES	94,000.00	0.00	0.00	94,000.00
6310280	DAYWORK COSTS	336,700.00	0.00	0.00	336,700.00
6310290	TURNKEY COSTS	61,000.00	0.00	0.00	61,000.00
6310300	DIRECTIONAL SERVICES	162,500.00	0.00	0.00	162,500.00
6310310	DRILL BITS	88,500.00	0.00	0.00	88,500.00
6310330	DRILL&COMP FLUID&SVC	106,514.00	6,825.00	0.00	113,339.00
6310370	MOB & DEMOBILIZATION	9,250.00	0.00	0.00	9,250.00
6310380	OPEN HOLE EVALUATION	21,200.00	0.00	0.00	21,200.00
6310480	TSTNG-WELL, PL & OTH	0.00	96,201.04	0.00	96,201.04
6310600	MISC PUMPING SERVICE	0.00	71,343.85	0.00	71,343.85
6320100	EQPMNT SVC-SRF RNTL	36,370.00	363,506.10	0.00	399,876.10
6320110	EQUIP SVC - DOWNHOLE	76,170.00	66,540.14	0.00	142,710.14
6320160	WELDING SERVICES	2,000.00	0.00	0.00	2,000.00
6520100	LEGAL FEES	10,000.00	0.00	0.00	10,000.00
6550110	MISCELLANEOUS SVC	21,700.00	0.00	0.00	21,700.00
6630110	CAPITAL OVERHEAD	5,460.00	0.00	0.00	5,460.00
6740340	TAXES OTHER	180.00	0.00	0.00	180.00
	Total Intangibles	1,632,121.00	4,528,094.37	0.00	6,160,215.37

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Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Authorization for Expenditure

AFE # XX-129681.01

Well Name: LONE TREE DRAW 14-13 STATE COM 621H

AFE Date: 9/7/2018

Cost Center Number: 1093935201

State: NM

Legal Description: N2 14 & N2 13 T21S R27E

County/Parish: EDDY

Revision: ☐

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6300220	STORAGE VESSEL&TANKS	0.00	900,000.00	0.00	900,000.00
6310130	ARTIFICIAL LIFT EQP	0.00	42,000.00	0.00	42,000.00
6310150	CASG-COND&DRIVE PIPE	60,000.00	0.00	0.00	60,000.00
6310420	TUBING & COMPONENTS	0.00	94,736.25	0.00	94,736.25
6310460	WELLHEAD EQUIPMENT	57,500.00	63,210.00	0.00	120,710.00
6310530	SURFACE CASING	5,856.00	0.00	0.00	5,856.00
6310540	INTERMEDIATE CASING	83,160.00	0.00	0.00	83,160.00
6310550	PRODUCTION CASING	243,538.00	0.00	0.00	243,538.00
6310580	CASING COMPONENTS	49,050.00	0.00	0.00	49,050.00
	Total Tangibles	499,104.00	1,099,946.25	0.00	1,599,050.25

TOTAL ESTIMATED COST	2,131,225.00	5,628,040.62	0.00	7,759,265.62
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WORKING INTEREST OWNER APPROVAL

Company Name:

Signature:

Print Name:

Title:

Date:

Email:

Note: Please include/attach well requirement data with ballot.

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Exhibit C-2
Case No. 20161

Devon Energy Corporation
20 North Broadway
Oklahoma City, OK 73102-8260
Direct Line: 405 228 4397
Direct Fax: 405 552 7667
cari.allen@dvn.com

405 235 3611 Phone
www.devonenergy.com

September 7, 2018

Via Overnight Mail

BETSY H KELLER
600 DEER VALLEY RD APT GG
SAN RAFAEL, CA 94903

RE: Lone Tree Draw 14-13 St Fee Com 623H
Horizontal Spacing Unit: S/2 Section 14; S/2 Section 13, T21S-R27E
Proposed Working Interest Unit: All of Section 14 & 13, T21S-27E, limited to
Bone Spring and Wolfcamp formations (excluding existing wellbores)
Eddy County, New Mexico

Gentlemen:

Devon Energy Production Company, L.P. ("Devon") hereby proposes to drill the Lone Tree Draw 14-13 St Fee Com 623H as a horizontal Wolfcamp XY Sand test at an estimated surface location of 2025' FSL and 240' FWL of Section 14-21S-27E with an estimated bottom hole location at 1310' FSL and 230' FEL of Section 13-21S-27E, Eddy County, New Mexico. Devon plans to drill the lateral in the Wolfcamp XY at an estimated total vertical depth of 9,065' to an approximate 19,065' total measured depth. Devon proposes that the Lone Tree Draw 14-13 St Fee Com 623H be the defining well on the horizontal spacing unit covering the S/2 Section 14 and S/2 Section 13, T21S-R27E, Eddy County, New Mexico. Enclosed is Devon's AFE for this well with estimated cost of \$7,759,265.62.

Devon is proposing a 1280-acre Working Interest Unit covering all of Section 13 and 14, limited to the Bone Spring and Wolfcamp formations, less existing wellbores. If you wish to participate, please execute and return a copy of the enclosed AFE, and an Operating Agreement will be forwarded for your review.

If you have any questions regarding this matter, please give me a call.

Sincerely,

Cari Allen, CPL
Land Advisor

CA
Enclosures



Authorization for Expenditure

AFE # XX-129683.01

Well Name: LONE TREE DRAW 14-13 STATE COM 623H

AFE Date: 9/7/2018

Cost Center Number: 1093935401

State: NM

Legal Description: S2 14 & S2 13 T21S R27E

County/Parish: EDDY

Revision: ☐

Explanation and Justification:

DRILL AND COMPLETE LONE TREE DRAW 14-13 ST FEE 623H AS A WOLFCAMP HORIZONTAL WELL IN THE S2 SEC 14 & S2 SEC 13 T21S R27E, EDDY COUNTY, NM.

Code	Intangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6060100	DYED LIQUID FUELS	61,950.00	0.00	0.00	61,950.00
6060130	GASEOUS FUELS	21,840.00	0.00	0.00	21,840.00
6080100	DISPOSAL - SOLIDS	86,157.00	1,050.00	0.00	87,207.00
6080110	DISP-SALTWATER & OTH	0.00	92,925.00	0.00	92,925.00
6090100	FLUIDS - WATER	34,800.00	605,422.44	0.00	640,222.44
6100100	PERMIT SURVEY&TITLE	30,000.00	0.00	0.00	30,000.00
6100110	RIGHT OF WAY	25,000.00	0.00	0.00	25,000.00
6110130	ROAD&SITE PREP SVC	80,000.00	12,600.00	0.00	92,600.00
6110170	DAMAGE & REMEDIATION	5,000.00	0.00	0.00	5,000.00
6130170	COMM SVCS - WAN	3,185.00	0.00	0.00	3,185.00
6130360	RTOC - ENGINEERING	0.00	10,500.00	0.00	10,500.00
6130370	RTOC - GEOSTEERING	14,136.00	0.00	0.00	14,136.00
6140160	ENV-SERVICES	1,000.00	0.00	0.00	1,000.00
6150100	CH LOG PERFRGT&WL SV	0.00	341,827.50	0.00	341,827.50
6160100	MATERIALS & SUPPLIES	364.00	0.00	0.00	364.00
6170100	PULLING&SWABBING SVC	0.00	76,267.81	0.00	76,267.81
6170110	SNUBBG&COIL TUBG SVC	0.00	13,125.00	0.00	13,125.00
6190100	TRCKG&HL-SOLID&FLUID	26,550.00	0.00	0.00	26,550.00
6190110	TRUCKING&HAUL OF EQP	26,400.00	15,750.00	0.00	42,150.00
6200130	CONSLT & PROJECT SVC	67,200.00	120,223.03	0.00	187,423.03
6230120	SAFETY SERVICES	30,030.00	0.00	0.00	30,030.00
6300270	SOLIDS CONTROL SRVCS	40,040.00	0.00	0.00	40,040.00
6310120	STIMULATION SERVICES	0.00	2,633,987.46	0.00	2,633,987.46
6310200	CASING & TUBULAR SVC	46,925.00	0.00	0.00	46,925.00
6310250	CEMENTING SERVICES	94,000.00	0.00	0.00	94,000.00
6310280	DAYWORK COSTS	336,700.00	0.00	0.00	336,700.00
6310290	TURNKEY COSTS	61,000.00	0.00	0.00	61,000.00
6310300	DIRECTIONAL SERVICES	162,500.00	0.00	0.00	162,500.00
6310310	DRILL BITS	88,500.00	0.00	0.00	88,500.00
6310330	DRILL&COMP FLUID&SVC	106,514.00	6,825.00	0.00	113,339.00
6310370	MOB & DEMOBILIZATION	9,250.00	0.00	0.00	9,250.00
6310380	OPEN HOLE EVALUATION	21,200.00	0.00	0.00	21,200.00
6310480	TSTNG-WELL, PL & OTH	0.00	96,201.04	0.00	96,201.04
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6520100	LEGAL FEES	10,000.00	0.00	0.00	10,000.00
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6630110	CAPITAL OVERHEAD	5,460.00	0.00	0.00	5,460.00
6740340	TAXES OTHER	180.00	0.00	0.00	180.00
	Total Intangibles	1,632,121.00	4,528,094.37	0.00	6,160,215.37

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Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Authorization for Expenditure

AFE # XX-129683.01

Well Name: LONE TREE DRAW 14-13 STATE COM 623H

AFE Date: 9/7/2018

Cost Center Number: 1093935401

State: NM

Legal Description: S2 14 & S2 13 T21S R27E

County/Parish: EDDY

Revision: ☐

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6300220	STORAGE VESSEL&TANKS	0.00	900,000.00	0.00	900,000.00
6310130	ARTIFICIAL LIFT EQP	0.00	42,000.00	0.00	42,000.00
6310150	CASG-COND&DRIVE PIPE	60,000.00	0.00	0.00	60,000.00
6310420	TUBING & COMPONENTS	0.00	94,736.25	0.00	94,736.25
6310460	WELLHEAD EQUIPMENT	57,500.00	63,210.00	0.00	120,710.00
6310530	SURFACE CASING	5,856.00	0.00	0.00	5,856.00
6310540	INTERMEDIATE CASING	83,160.00	0.00	0.00	83,160.00
6310550	PRODUCTION CASING	243,538.00	0.00	0.00	243,538.00
6310580	CASING COMPONENTS	49,050.00	0.00	0.00	49,050.00
	Total Tangibles	499,104.00	1,099,946.25	0.00	1,599,050.25

TOTAL ESTIMATED COST	2,131,225.00	5,628,040.62	0.00	7,759,265.62
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WORKING INTEREST OWNER APPROVAL

Company Name:

Signature:

Print Name:

Title:

Date:

Email:

Note: Please include/attach well requirement data with ballot.

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20160

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20161

AFFIDAVIT OF SUSAN ESTES

Susan Estes, of lawful age and being first duly sworn, declares as follows:

1. My name is Susan Estes. I work for Devon Energy Production Company L.P. ("Devon") as a geologist.
2. I have previously testified before the New Mexico Oil Conservation Division as an expert witness in petroleum geology. My credentials as a petroleum geologist have been accepted by the Division and made a matter of record.
3. I am familiar with the applications filed by Devon Energy Production Company, L.P. in this case and I have conducted a geologic study of the Bone Spring Formation underlying the subject acreage.
 - a. In Case No. 20160, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 621H well.

- b. In Case No. 20161, Devon seeks to dedicate a standard 640-acre, more or less, horizontal spacing unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 623H well.
- c. In both cases, Devon is targeting the Upper Wolfcamp Formation. The wells will be located in the Alacran Hills Wolfcamp Gas Pool, (pool code 70070).

5. **Exhibits A-1 and A-2** are subsea structure maps that I prepared for the top of the Wolfcamp Y Sand. The proposed Standard Horizontal Spacing Unit for the wells is depicted by the blue outline or box. The contour interval is 50 feet and the proposed wellbore paths for the wells are depicted by red lines, with the BHL being indicated by red circles. The structure map shows that overall, the area is dipping to the east and into the basin but includes a localized structural component on roughly the western half of the map. From west to east, the contours show the Wolfcamp Y Sand dipping down into the basin which then transition back up to a localized structural high (deep seated, 4-way closure) that trends SW/NE. The contours then continue down-dip off the eastern flank of the localized structural high and into the basin. I do not observe any faulting, pinch-outs, or other geologic impediments or hazards to developing this targeted interval with a horizontal well.

6. **Exhibits B-1 and B-2** are gross isopach maps that I prepared for the Wolfcamp Y Sand. As in the previous map, the proposed Standard Horizontal Spacing Unit for the wells are depicted by blue outlines or boxes, the proposed wellbore paths are denoted by red lines and the BHLs are indicated by red circles. The contour interval is 10 feet and thickness of the Wolfcamp Y Sand interval over the Lone Tree Draw development block ranges from approximately 50-80 feet. Also shown on the maps are two (2) lines of section for cross-sections that I prepared to

illustrate the consistent and contiguous nature of the Wolfcamp Y Sand. The red line (A-A') is a strike section of type wells that penetrate the Wolfcamp within and offsetting the Lone Tree Draw development block; the blue line (B-B') is a dip section of type logs that penetrate the Wolfcamp within and offsetting the Lone Tree Draw development block.

7. **Exhibits C-1 and C-2** are south to north strike sections (A-A') illustrating the type wells (wells that are representative of the area) within and offsetting the Lone Tree Draw development block that penetrate the Wolfcamp Formation; the line of section is shown on the inset map. Each well in the cross-section contains gamma ray, resistivity, and porosity logs. The proposed Wolfcamp Y Sand target interval is labeled and depicted by the yellow shading. The cross-section demonstrates that the targeted interval extends across the proposed spacing and proration unit (i.e. is laterally contiguous) and is consistent in thickness and log character.

8. **Exhibits D-1 and D-2** are west to east dip sections (B-B') illustrating the type wells (wells that are representative of the area) within and offsetting the Lone Tree Draw development block that penetrate the Wolfcamp Formation; the line of section is shown on the inset map. Each well in the cross-section contains gamma ray, resistivity, and porosity logs. The proposed Wolfcamp Y Sand target interval is labeled and depicted by the yellow shading. The cross-section demonstrates that the targeted interval extends across the proposed spacing and proration unit (i.e. is laterally contiguous) and is consistent in thickness and log character.

9. **Exhibits E-1 and E-2** are gun-barrel diagrams (similar to a cross-section) illustrating how Devon is being proactive in order to mitigate potential communication issues between the 3rd Bone Spring and the Upper Wolfcamp Formations. Since public data suggests that there is apparent communication between the two formations, Devon is doing everything possible to mitigate that risk and be a prudent operator. Since it is unknown how much these two formations

communicate with each other, Devon is approaching the Lone Tree Draw development block as a pilot or appraisal program so that we can obtain data to inform future decisions in our remaining acreage position. This data will allow us to optimize spacing patterns (wells per section) and production, as well as prevent both waste and over-capitalization. If the data collected supports drilling the Upper Wolfcamp sands, Devon will be co-developing the 3rd Bone Spring and the Wolfcamp Y due to these potential communication issues. Further clarification may be found in the Affidavit of Karsan Sprague, Devon's reservoir engineer.

10. On the right side of the gun-barrel diagram is a wireline log showing the formation tops, log character and petrophysical attributes of the Lower 3rd Bone Spring Sand and the Upper Wolfcamp sands. On the left side of the diagram, the red and blue dots illustrate the approximate, planned vertical and horizontal spacing between the 3rd Bone Spring and Upper Wolfcamp laterals, running south to north in the 1-mile Lone Tree Draw development block and as also shown in the small inset map to the right. The red dots represent the 3rd Bone Spring wells and the blue dots represent the Upper Wolfcamp wells. In a full development scenario, Devon is planning to stagger the laterals up to ~ 280 feet vertically between the 3rd Bone Spring and Wolfcamp Y targets and between ~ 660-880 feet horizontally between targets so as to put as much distance as possible between the two formations to avoid potential interference issues. On a planar (same target formation) basis, the laterals will be spaced ~ 1,540-1,640 feet apart across the development block from south to north. Additionally, Devon is planning to install down-hole gauges to monitor pressures between the two formations, as well as obtain DFIT and PVT data. This data will inform our reservoir and frac modeling, as well as our petrophysical models, which ultimately impacts future decisions in our core acreage position. Since Devon is planning to obtain data up-front on the Lone Tree development block, we are only planning on two (2) Wolfcamp wells in the block

(versus 3 wells in a full-development scenario) due to the timing of the data acquisition and subsequent evaluation.

11. In my opinion the west to east orientation of the proposed wells in the Bone Spring formation is appropriate in order to effectively drain the targeted reservoirs and is effectively perpendicular to the maximum stress regime observed in the area.

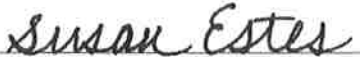
12. Based on my geologic study of the area, the Upper Wolfcamp Formation underlying the subject area is suitable for development by horizontal wells and the acreage comprising the proposed spacing and proration units will contribute more-or-less equally to the production from the wellbores.

13. The Exhibits to this Affidavit were prepared by me, or compiled from Devon's company business records.

14. The granting of this Application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

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

FURTHER AFFIANT SAYETH NOT.


SUSAN ESTES

STATE OF OKLAHOMA)
)
COUNTY OF OKLAHOMA)

SUBSCRIBED and SWORN to before me this 20th day of February 2018 by
Susan Estes.

Clint Dake
NOTARY PUBLIC

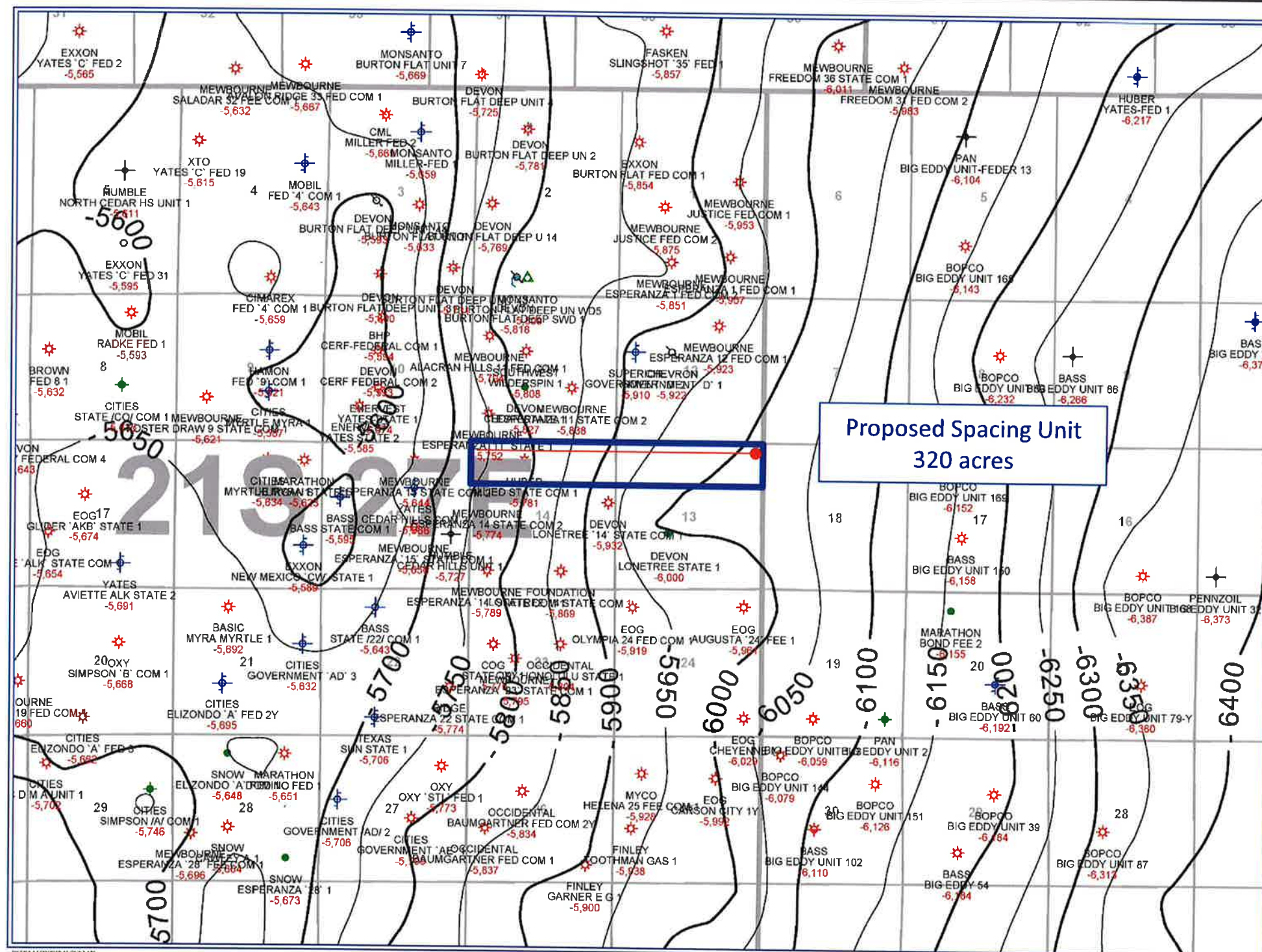
My Commission Expires:

5/7/19



Top Wolfcamp Y Structure Map

Contour Interval = 50'



Devon Energy Corporation
Docket # 08-19
Case Numbers 20160
February 21, 2019
Exhibit # A-1

Lone Tree Draw 14-13 State Com 621H

Devon Energy

Docket # , Case #

Exhibit #

Top Wolfcamp Y Sand Structure Map

Eddy County, New Mexico

POSTED WELL DATA

Operator
Well Label
FMTOPS - WMP_Y[SL] (SS) (FEET)

SYMBOL HIGHLIGHT

WELL SYMBOLS

- ABANDONED WATER WELL
- ABANDONED OIL WELL
- DRY AND ABANDONED WELL
- DRY HOLE WITH SHOW OF O&G
- GAS PRODUCING WELL
- INJECTION WELL
- OIL PRODUCING WELL
- SERVICE WELL

By: Susan Estes

0 3,185 6,370
FEET

November 29, 2016

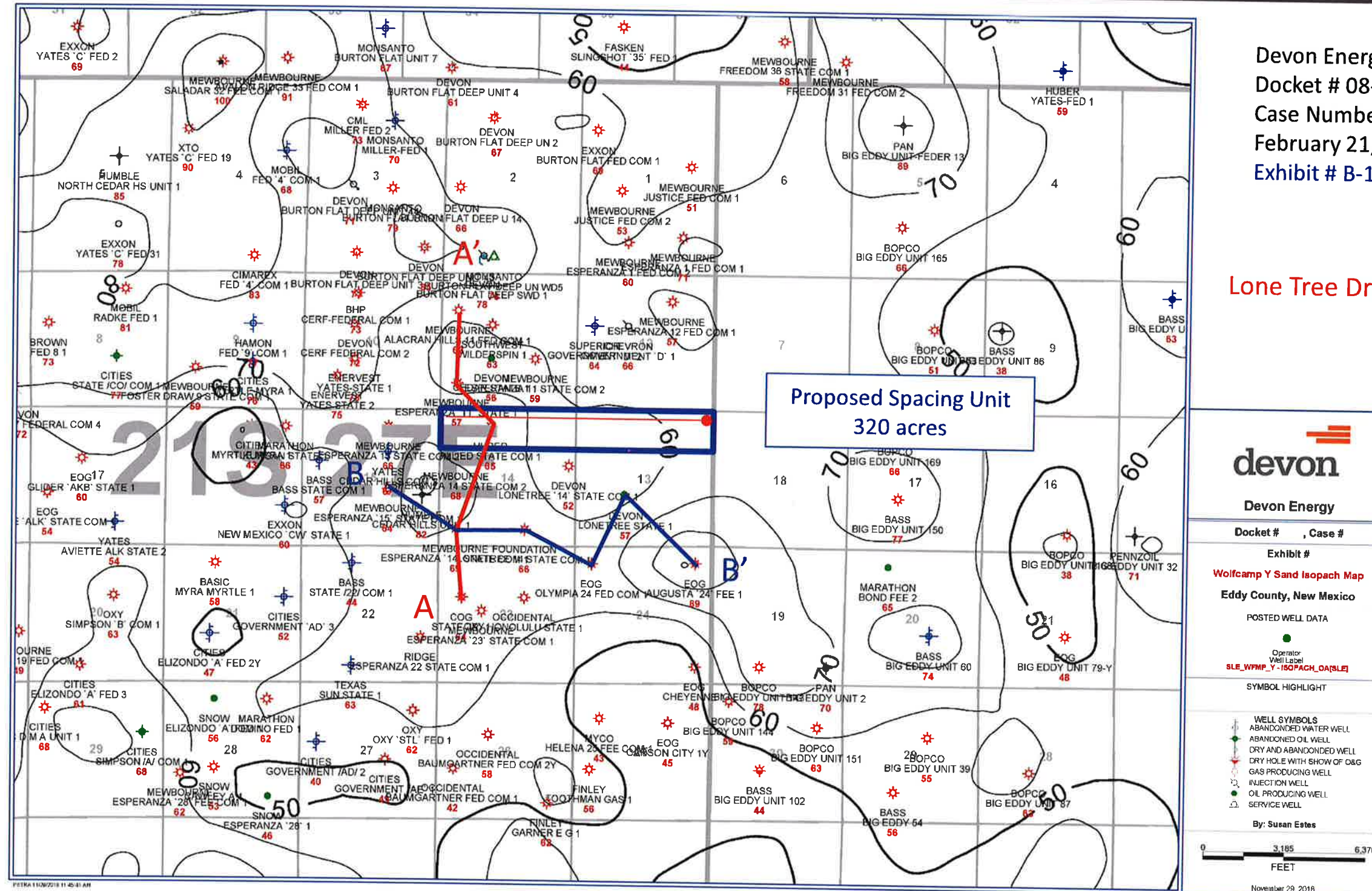
devon





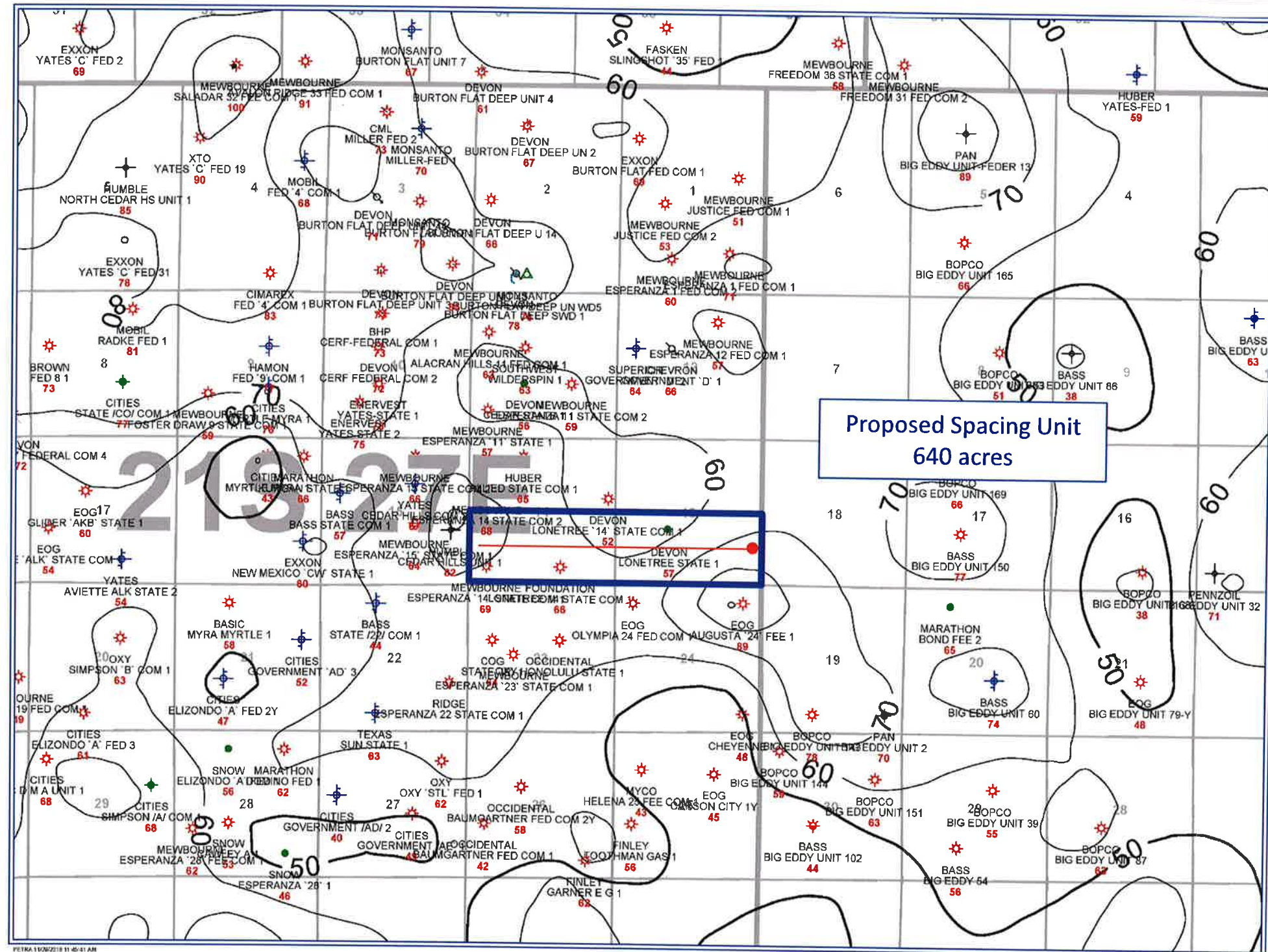
Devon Energy Corporation
Docket # 08-19
Case Numbers 20160
February 21, 2019
Exhibit # B-1

Lone Tree Draw 14-13 State Com 621H



Wolfcamp Y Isopach Map

Contour Interval = 10'



Devon Energy Corporation
Docket # 08-19
Case Numbers 20161
February 21, 2019
Exhibit # B-2

Lone Tree Draw 14-13 State Com 623H

Devon Energy

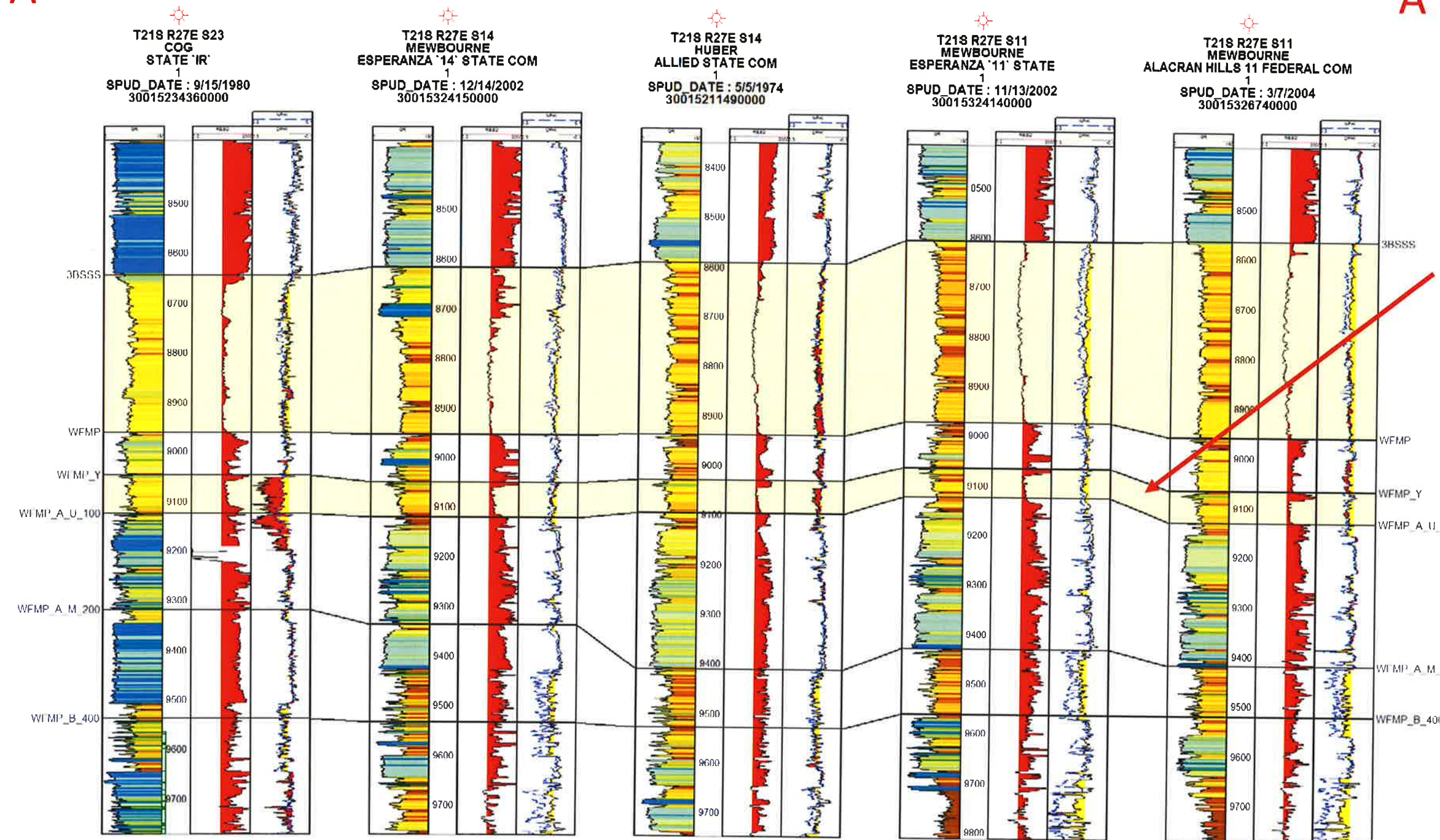
Docket #	Case #
Exhibit #	
Wolfcamp Y Sand Isopach Map	
Eddy County, New Mexico	
POSTED WELL DATA	
Operator	Well Label
SLE	WFMP_Y - ISOPACH_OA[SLE]
SYMBOL HIGHLIGHT	
WELL SYMBOLS	
ABANDONED WATER WELL	
ABANDONED OIL WELL	
DRY AND ABANDONED WELL	
DRY HOLE WITH SHOW OF O&G	
GAS PRODUCING WELL	
INJECTION WELL	
OIL PRODUCING WELL	
SERVICE WELL	
By: Susan Estes	
0 3,185 6,370	
FEET	
November 29, 2018	

Stratigraphic (Strike) Cross-Section A-A'

South to North



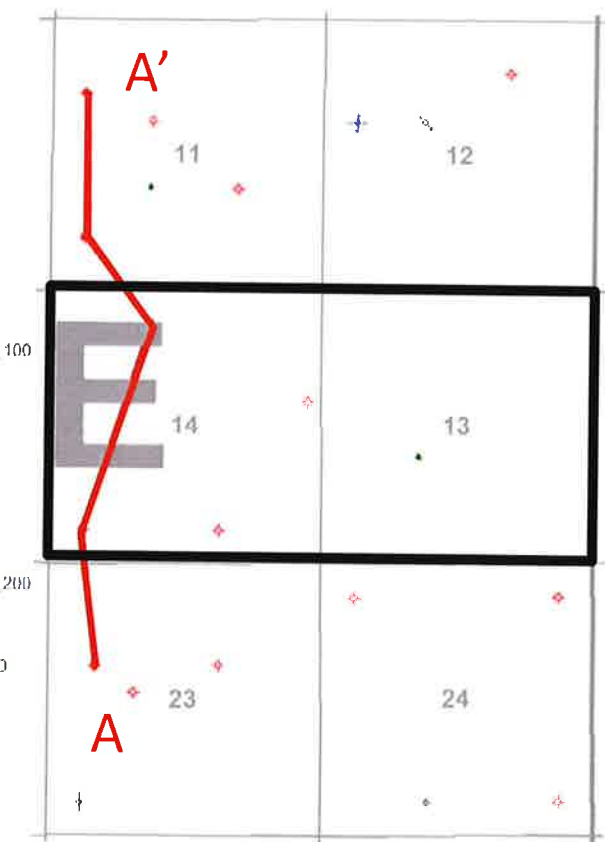
A



A'

Devon Energy Corporation
Docket # 08-19
Case Numbers 20160
February 21, 2019
Exhibit # C-1

WFMP Y Sand Target:
(621H)

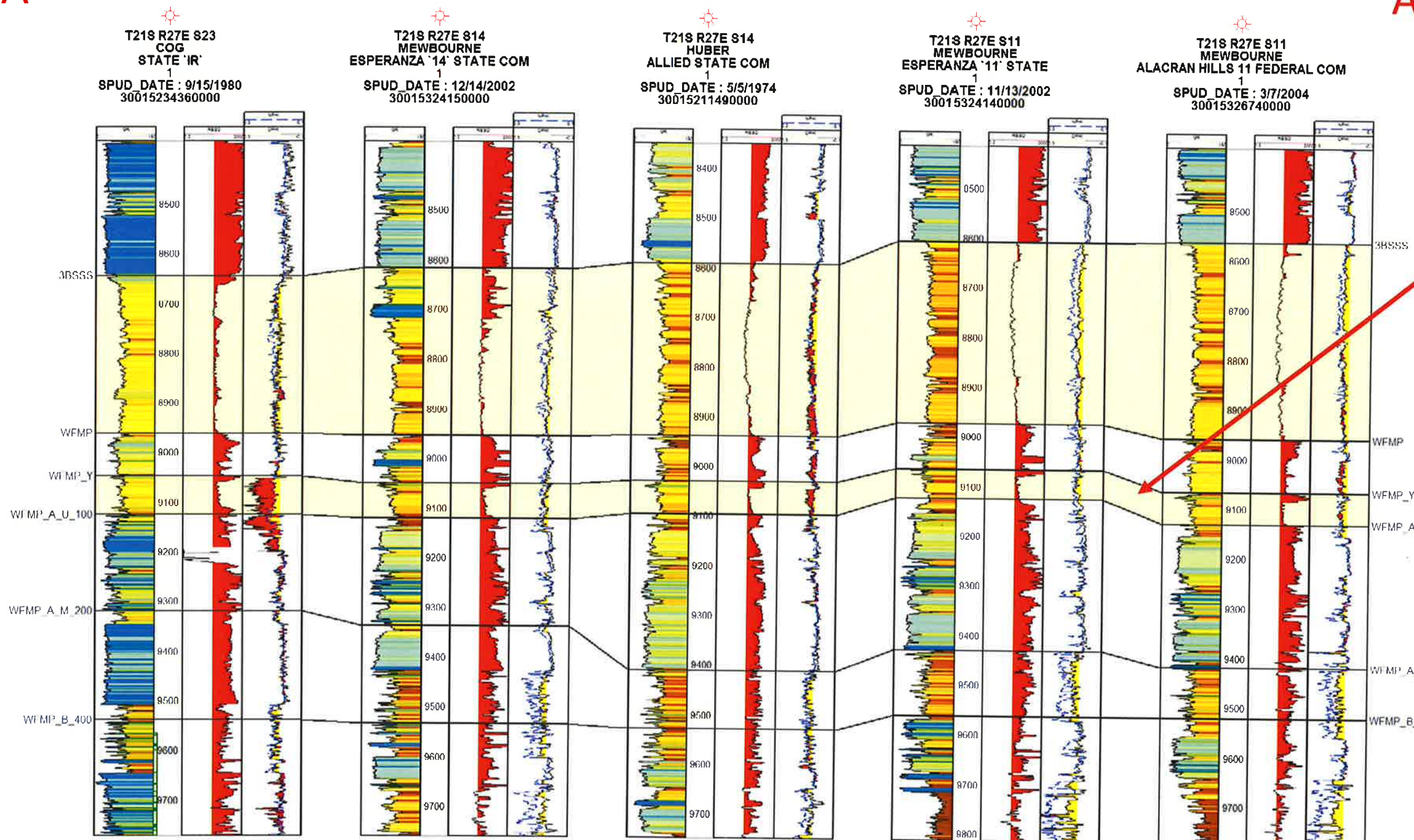


Stratigraphic (Strike) Cross-Section A-A'

South to North



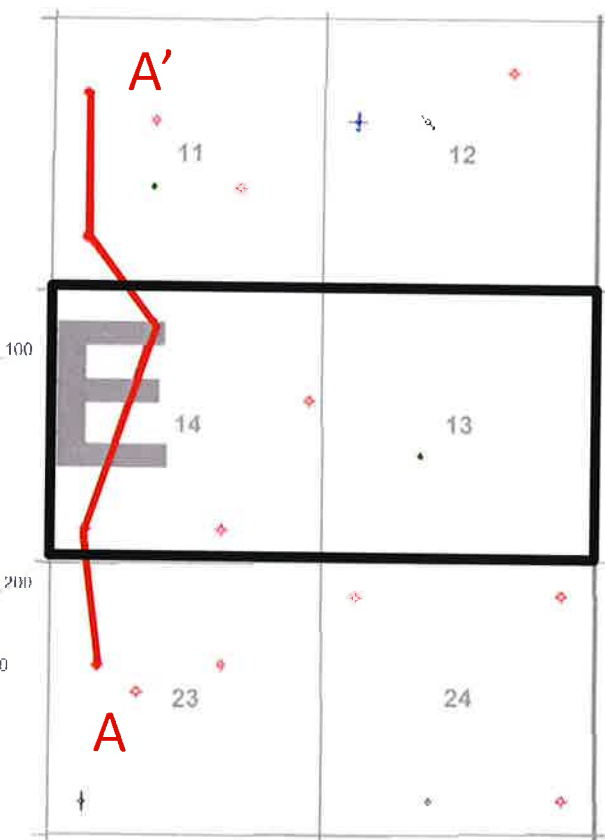
A



A'

Devon Energy Corporation
Docket # 08-19
Case Numbers 20161
February 21, 2019
Exhibit # C-2

WFMP Y Sand Target:
(623H)



Stratigraphic (Dip) Cross-Section B-B'

Northwest to Southeast



B

T21S R27E S15
MEWBOURNE
ESPERANZA '15' STATE COM
1
SPUD DATE : 11/18/2001
30015318770000

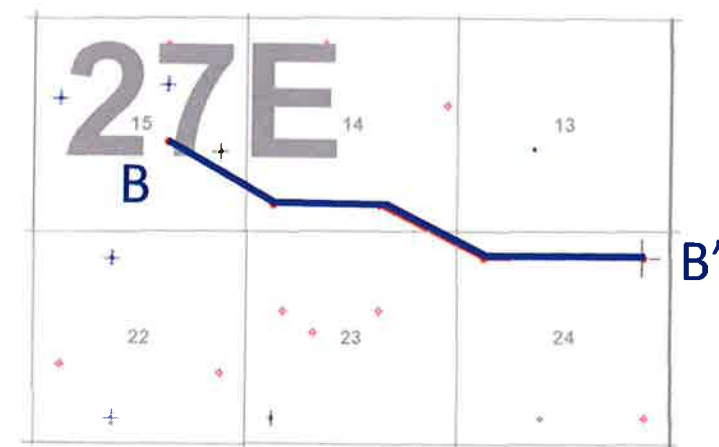
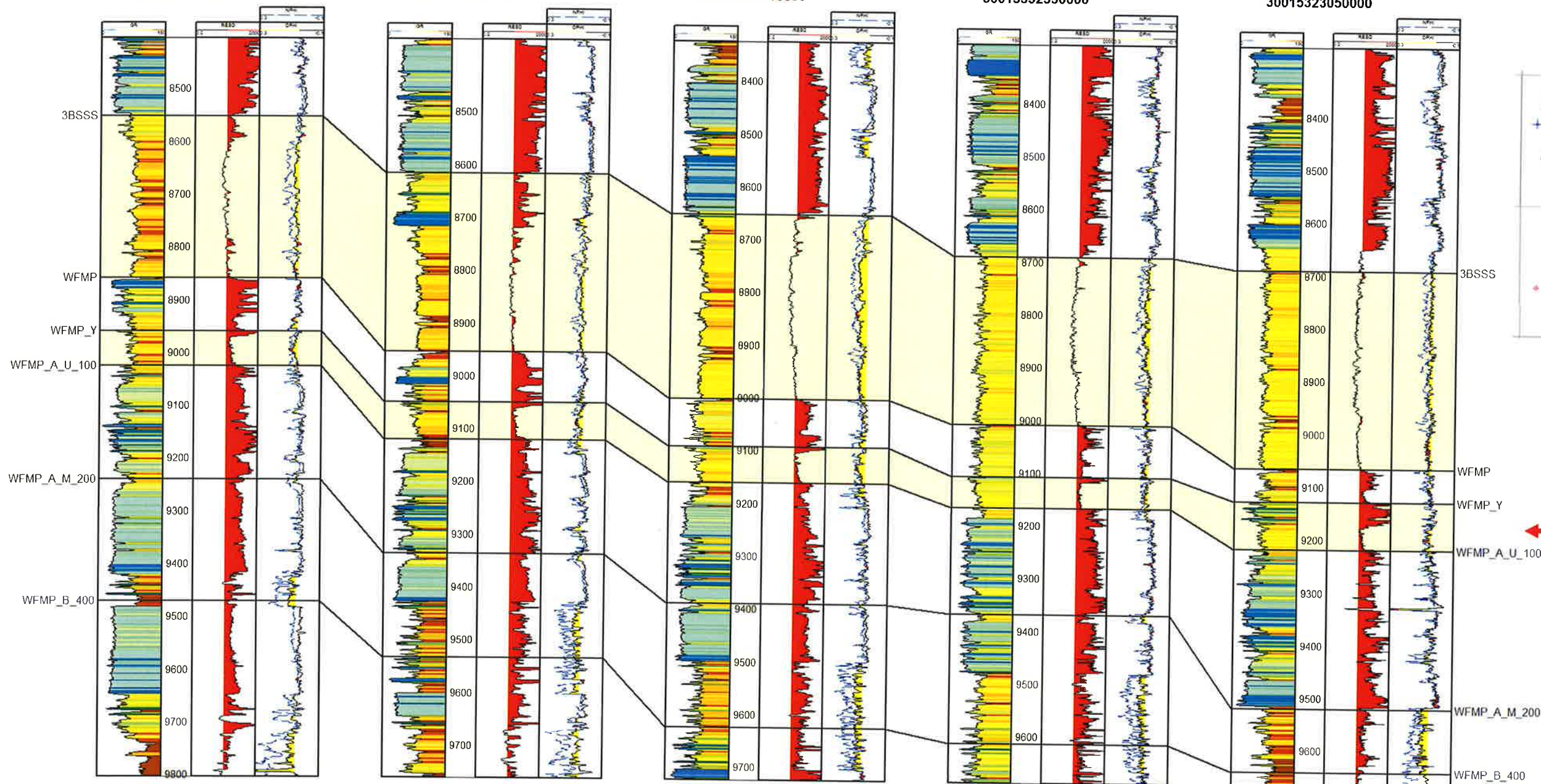
T21S R27E S14
MEWBOURNE
ESPERANZA '14' STATE COM
1
SPUD DATE : 12/14/2002
30015324150000

T21S R27E S14
FOUNDATION
LONETREE 14 STATE COM
1
SPUD DATE : 11/24/2003
30015328510000

T21S R27E S24
EOG
OLYMPIA 24 FEDERAL COM
1
SPUD DATE : 3/8/2004
30015332530000

T21S R27E S24
EOG
AUGUSTA '24' FEE
1
SPUD DATE : 6/13/2002
30015323050000

B'



WFMP Y Sand Target:
(621H)

Devon Energy Corporation
Docket # 08-19
Case Numbers 20160
February 21, 2019
Exhibit # D-1

Stratigraphic (Dip) Cross-Section B-B'

Northwest to Southeast



B

T21S R27E S15
MEWBOURNE
ESPERANZA '15' STATE COM
1
SPUD DATE : 11/18/2001
30015318770000

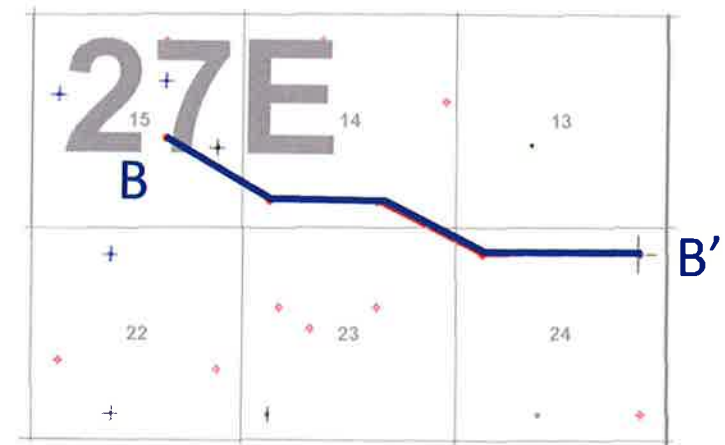
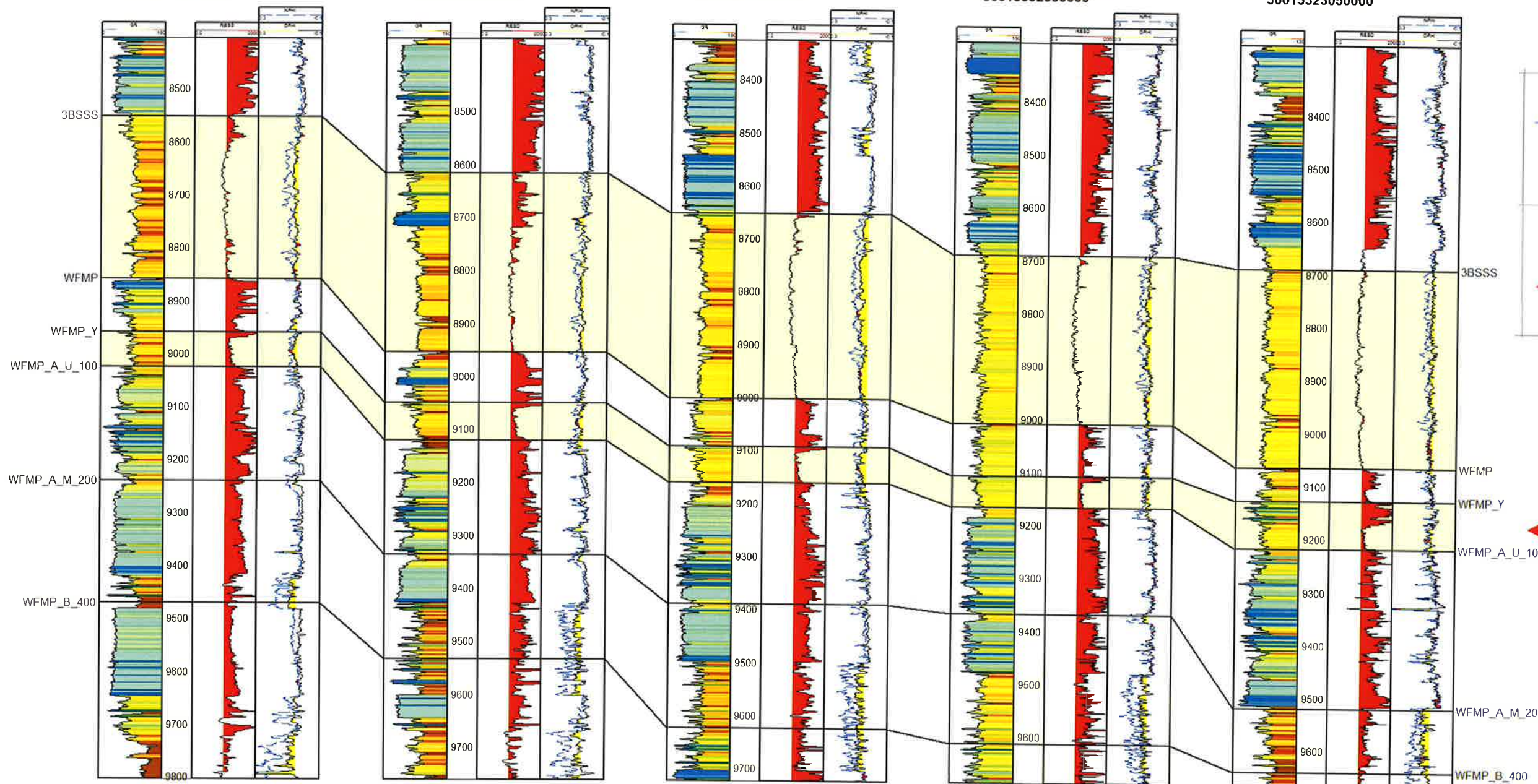
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MEWBOURNE
ESPERANZA '14' STATE COM
1
SPUD DATE : 12/14/2002
30015324150000

T21S R27E S14
FOUNDATION
LONETREE 14 STATE COM
1
SPUD DATE : 11/24/2003
30015328510000

T21S R27E S24
EOG
OLYMPIA 24 FEDERAL COM
1
SPUD DATE : 3/8/2004
30015332530000

T21S R27E S24
EOG
AUGUSTA '24' FEE
1
SPUD DATE : 6/13/2002
30015323050000

B'



WFMP Y Sand Target:
(623H)

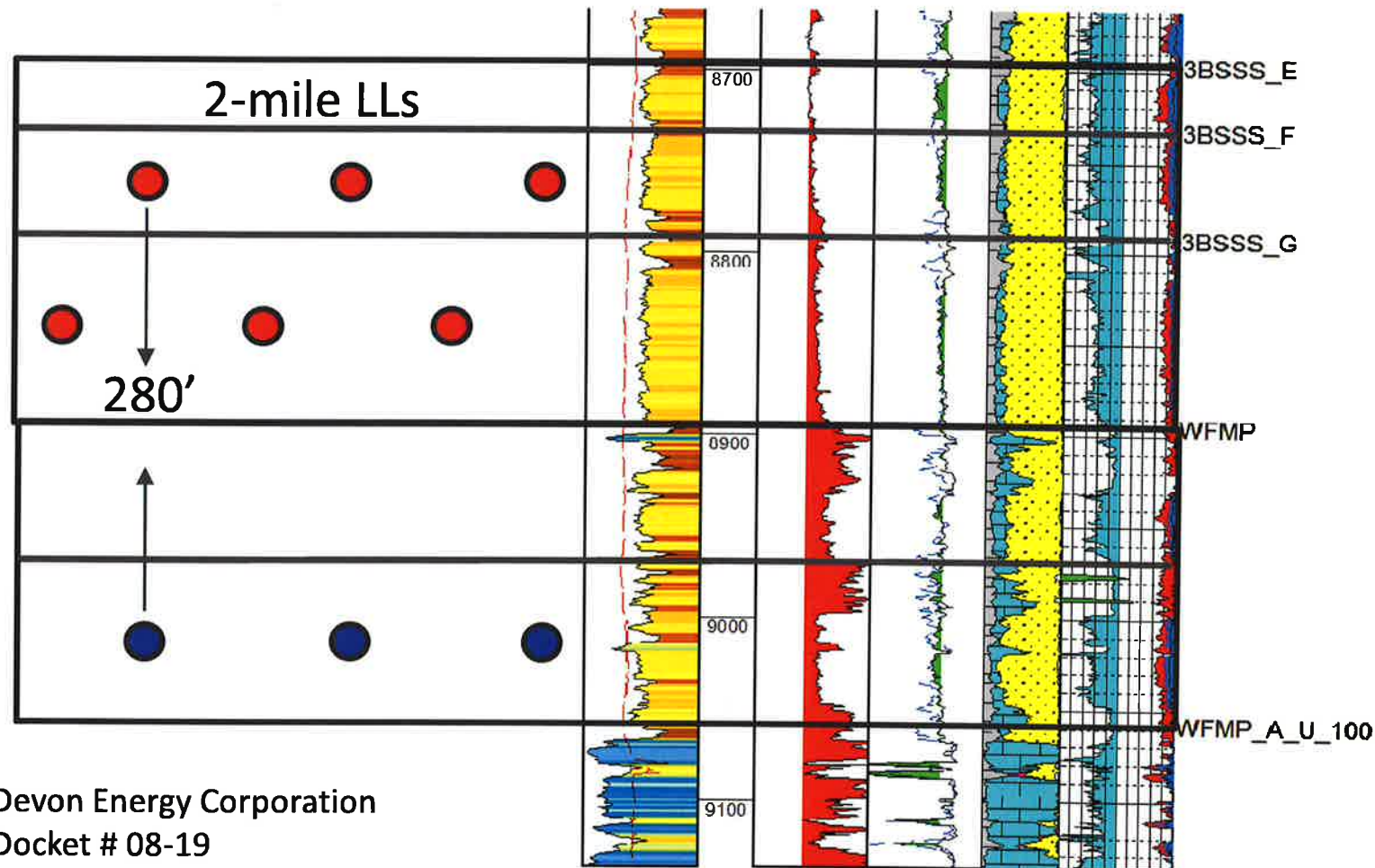
Devon Energy Corporation
Docket # 08-19
Case Numbers 20161
February 21, 2019
Exhibit # D-2

3RD Bone Spring/Upper WFMP Appraisal Plan

Stack/Stagger Gunbarrel Diagram



S → N

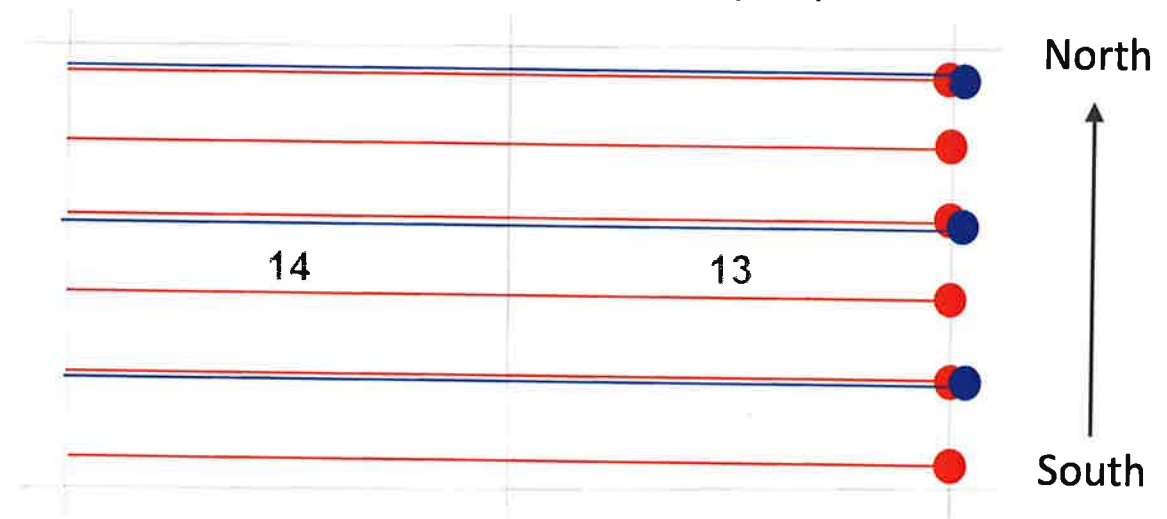


Devon Energy Corporation
Docket # 08-19
Case #s: 20160 & 20161
February 21, 2019
Exhibit # E-1

Testing the interaction between 3BSSS & WFMP XY:

- Stack/stagger spacing
 - ~ up to 280' vertically between targets
 - ~ 660'- 880' horizontally between laterals
 - ~ 1,540'- 1,640' on plane
- Downhole gauges to obtain/monitor pressures
- Obtain & analyze log, RWSC, PVT, DFIT data

Map View (full development plan):

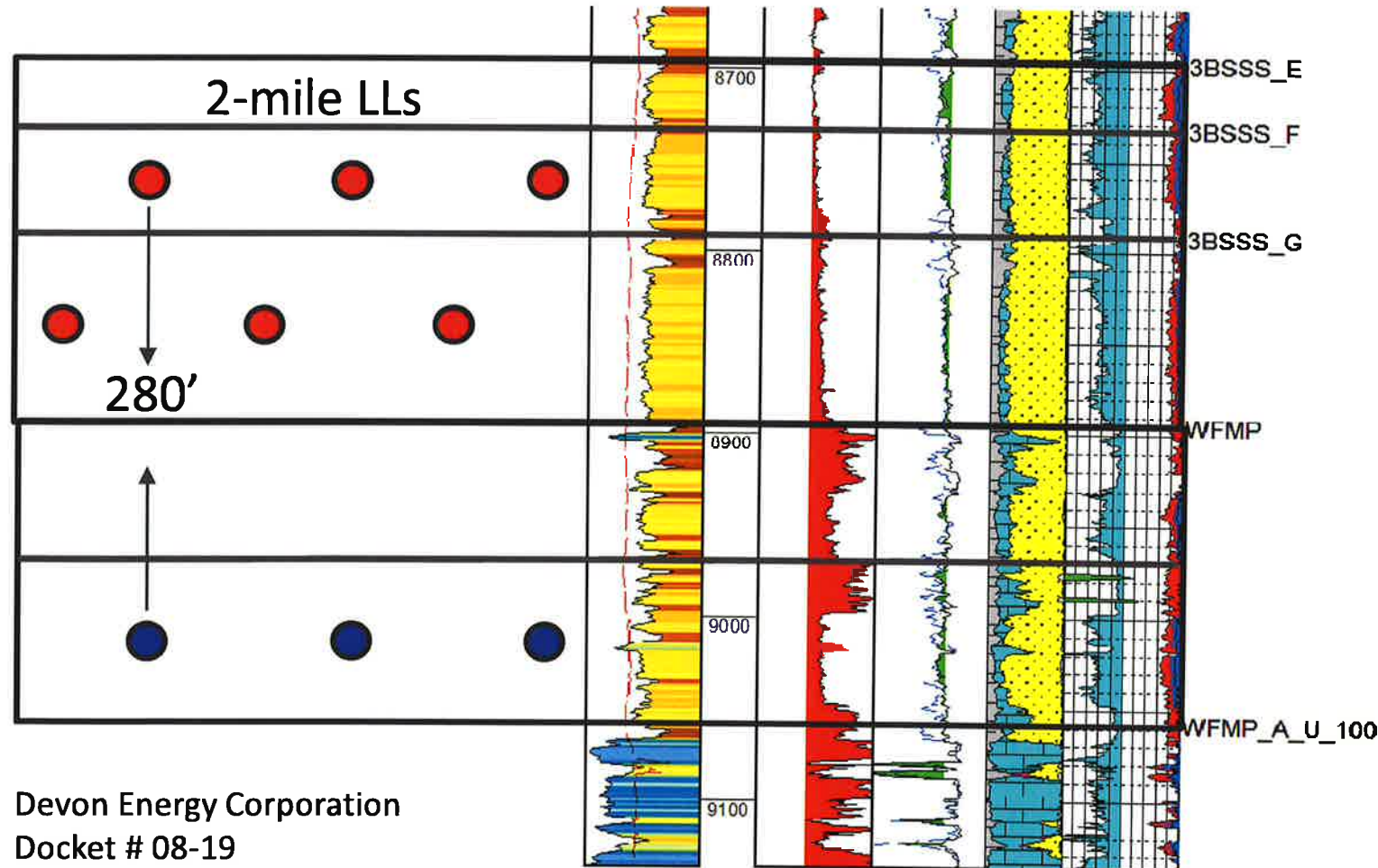


3RD Bone Spring/Upper WFMP Appraisal Plan

Stack/Stagger Gunbarrel Diagram



S → N

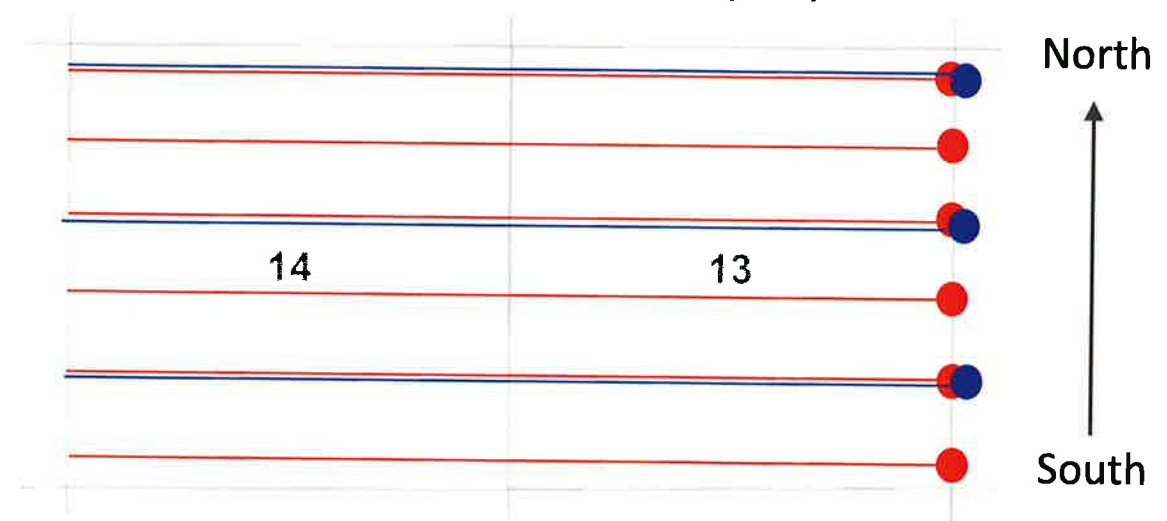


Devon Energy Corporation
Docket # 08-19
Case #s: 20160 & 20161
February 21, 2019
Exhibit # E-2

Testing the interaction between 3BSSS & WFMP XY:

- Stack/stagger spacing
 - ~ up to 280' vertically between targets
 - ~ 660'- 880' horizontally between laterals
 - ~ 1,540'- 1,640' on plane
- Downhole gauges to obtain/monitor pressures
- Obtain & analyze log, RWSC, PVT, DFIT data

Map View: (full development plan)



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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20160

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20161

AFFIDAVIT OF KARSAN SPRAGUE

1. I, Karsan Sprague, am over eighteen (18) years of age and am otherwise competent to make the statements contained herein.

2. I am a Reservoir Engineer for Devon Energy Production Company, L.P. ("Devon"). My responsibilities at Devon include reserve appraisals, subsurface characterization, and performance prediction.

3. I have not previously testified before the New Mexico Oil Conservation Division as an expert witness in petroleum engineer matters. My credentials as a petroleum engineer are as follows:

- a. I obtained a Bachelor's degree in Petroleum Engineering from Montana Tech.
- b. I have worked with Devon as a Petroleum Engineer since 2015.

4. This affidavit is submitted in connection with the filing by Devon of the above-referenced compulsory pooling applications pursuant to 19.15.14.12(A)(1) NMAC. I am familiar with the subject applications and the engineering involved.

EXHIBIT 4

Devon Energy Production Company LP
Case Nos. 20160, 20161
February 21, 2019 OCD Hearing

- a. In Case No. 20160, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 621H well.
- b. In Case No. 20161, Devon seeks to dedicate a standard 640-acre, more or less, horizontal spacing unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 623H well.

5. I have completed an analysis for Wolfcamp XY using OBO wells in the Township of 23S 27E to understand performance of wells that are in a comparable reservoir to Sections 13 & 14, 21S 27E. The wells in the analog field had a wide range of spacing that indicate that the WFMP XY should be spaced at 3-4 Wells per Section (WPS) to be commercially viable projects. See **Exhibits A-1 and A-2** attached hereto.

6. I have also completed an analysis for the 3rd Bone Spring Formation using both Devon Operated Wells (Parkway West Unit) and wells operated by others (OBO) in the area surrounding Sections 13 & 14, 21S 27E. That analysis is attached to my affidavit submitted in Case Nos 20157, 20158, and 20159.

7. In my opinion, the upper Wolfcamp formation (Wolfcamp XY Sands) and the Lower Bone Spring Formation (3rd Bone Spring Sand) will have communication between horizontally-landed wellbores and should be drilled simultaneously. There are no examples that show communication in either the 3rd Bone Spring analog wells or the Wolfcamp XY analog wells that were used to predict performance for Sections 13 & 14, 21S, but Devon plans on testing the landings to know the commercial viability of both formations drilled in tandem.

8. As a result of my analysis for this appraisal area, I believe the appropriate spacing for the WFMP XY is 3 WPS which will effectively drain that formation. Accordingly, Case Nos. 20160 and 20161 involve two (2) wells covering the N/2 N/2 of Sections 13 & 14, 21S 27E along with the S/2 of Sections 13 & 14, 21S 27E.

9. The Exhibits to this Affidavit were prepared by me, or compiled from Devon's company business records.

10. The granting of these applications is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

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

FURTHER AFFIANT SAYETH NAUGHT


KARSAN SPRAGUE

STATE OF OKLAHOMA)
) ss.
COUNTY OF OKLAHOMA)

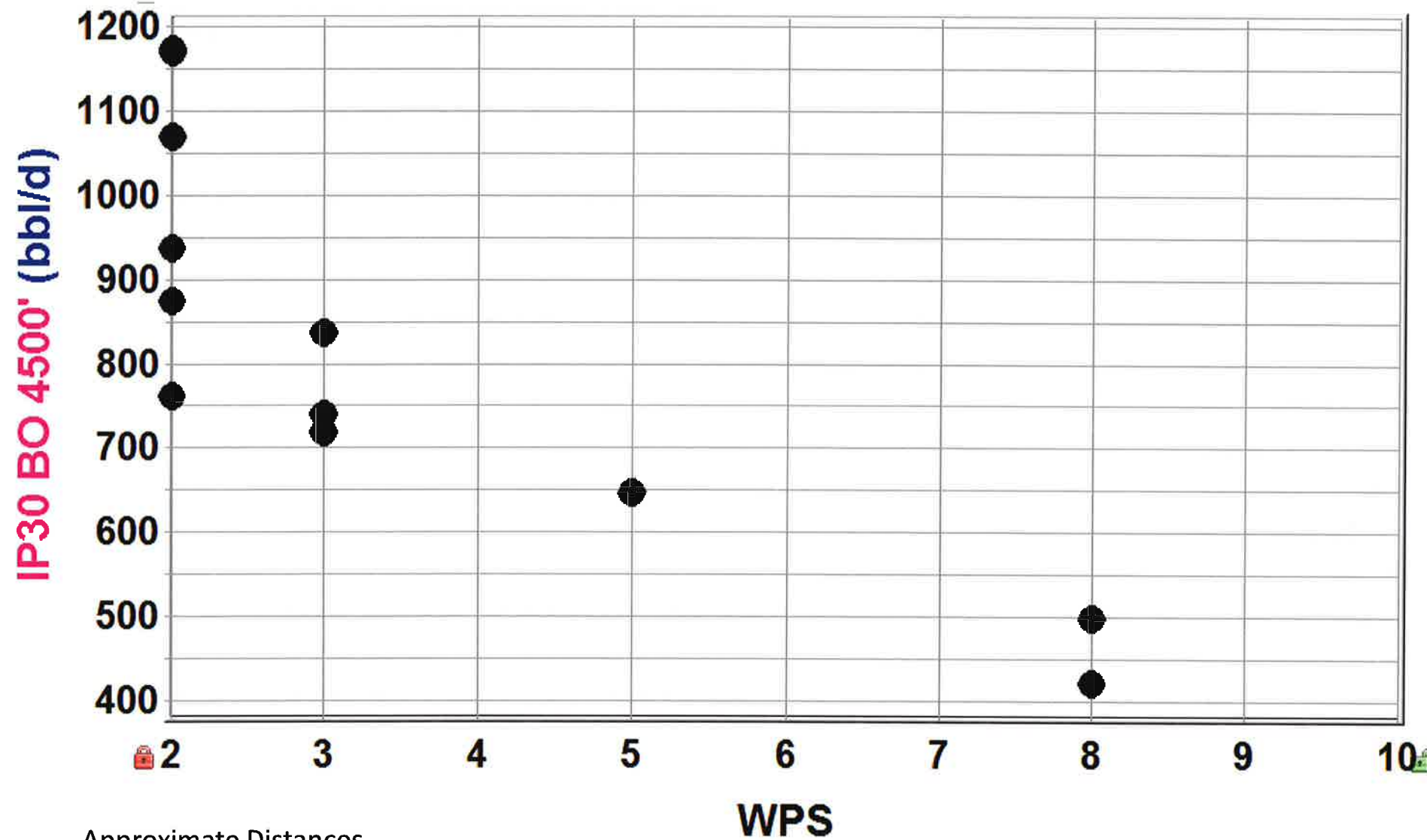
Subscribed to and sworn before me this 20th day of February, 2019.





Notary Public

Wolfcamp XY Spacing Tests

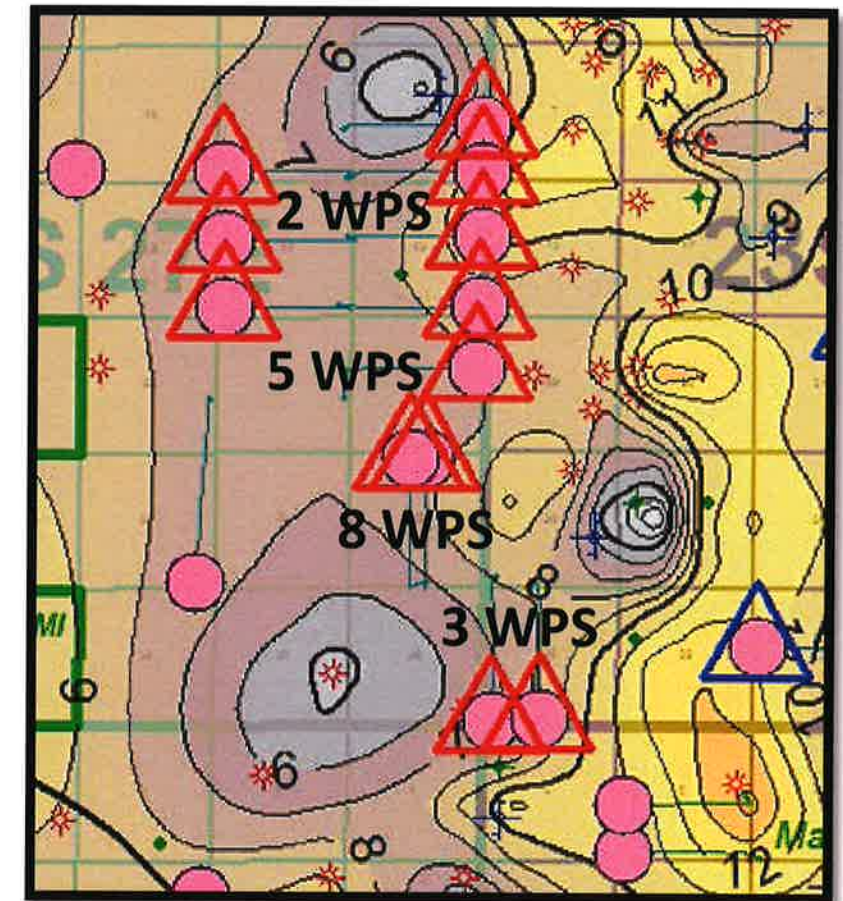


Approximate Distances
 2 Wells Per Section (WPS) \approx 2640'
 3 WPS \approx 1760'
 4 WPS \approx 1320'
 5 WPS \approx 1056'
 8 WPS \approx 660'

Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20160 & 20161
 February 21, 2019
[Exhibit # A-1](#)

Karsan Sprague, Reservoir Engineer – Devon Energy Corporation

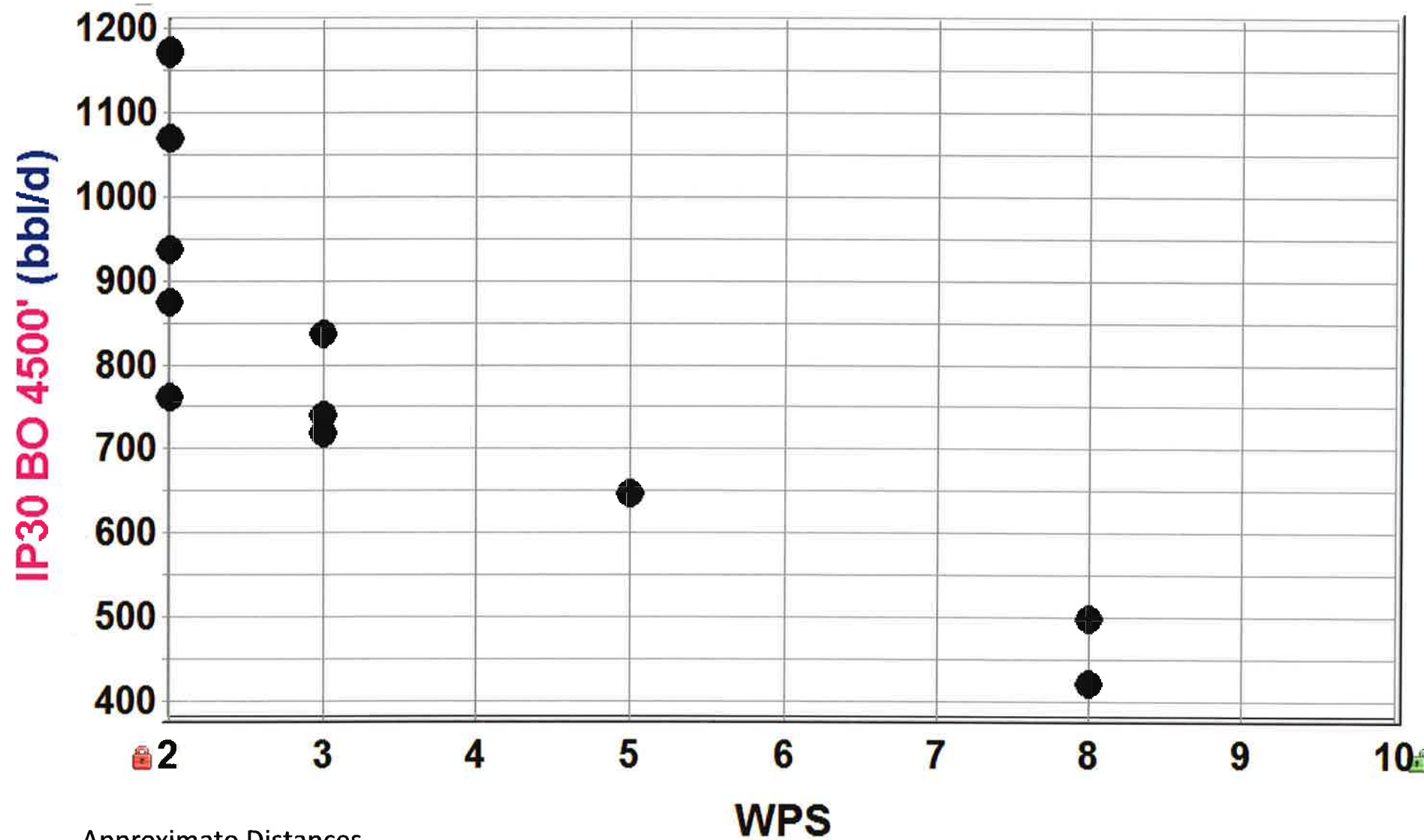
Devon - Internal



WFMP XY Spacing Test

- IP30 Performance shows interference affects of XY on plane
- Significant resource is add by landing additional wells in 3rd Bone Spring

Wolfcamp XY Spacing Tests

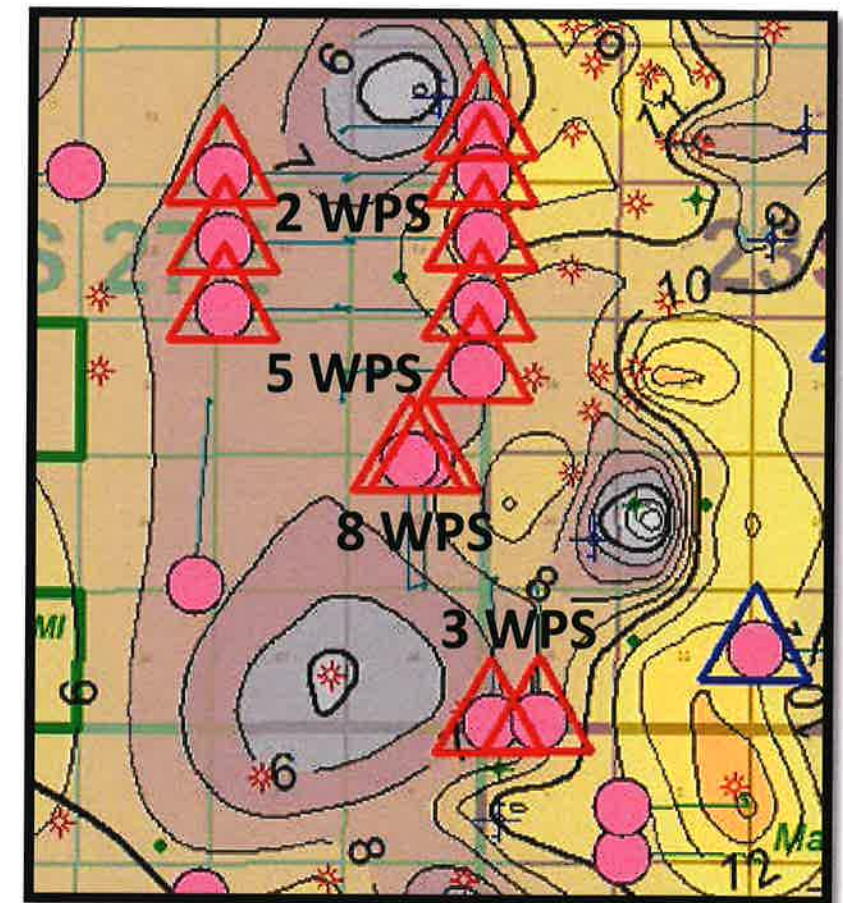


Approximate Distances
 2 Wells Per Section (WPS) \approx 2640'
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 5 WPS \approx 1056'
 8 WPS \approx 660'

Devon Energy Corporation
 Docket # 08-19
 Case Numbers 20160 & 20161
 February 21, 2019
[Exhibit # A-2](#)

Karsan Sprague, Reservoir Engineer – Devon Energy Corporation

Devon - Internal



WFMP XY Spacing Test

- IP30 Performance shows interference affects of XY on plane
- Significant resource is add by landing additional wells in 3rd Bone Spring

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20157

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20158

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20159

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20160

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY LP FOR A STANDARD HORIZONTAL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No. 20161

AFFIDAVIT OF NOTICE

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

EXHIBIT 5

Devon Energy Production Company LP
Case Nos. 20157, 20158, 20159, 20160, 20161
February 21, 2019 OCD Hearing

I, Seth C. McMillan, attorney for Devon Energy Production Company, L.P., the Applicant in the above-captioned matters, being first duly sworn, upon oath state that I sent copies of the Applications in these matters to the parties as specified on the attached **Exhibit A**. Proof of receipt is attached hereto. I also had published a Notice in the Carlsbad Current-Argus. An Affidavit of Publication is attached as **Exhibit B**.

Devon has conducted a good faith, diligent effort to find the names and correct addresses for the interest owners entitled to receive notice of the Applications filed herein.



SETH C. McMILLAN

SUBSCRIBED AND SWORN to before me this 20th day of February, 2019.



Notary Public

My Commission Expires:

6/13/2022

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7015 1730 0000 9793 7441

Certified Mail Fee		SANTA FE NM Postmark DEC 18 2018 USPO 87504
\$		
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		
\$ 9.09		
Sent To 3MG Corporation Street 500 W. Texas, Suite 1020 City, St Midland, TX 79701		
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"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 3MG Corporation 500 W. Texas, Suite 1020 Midland, TX 79701 </div>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>12-27</p>
<p>2. Article # (Transf.) 7015 1730 0000 9793 7441</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 checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

EXHIBIT A

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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Certified Mail Fee

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

<input type="checkbox"/> Return Receipt (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

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Adolph P. Schuman Trust James J Crafts Jr.,
TTEE
2701 16th Street
San Francisco, CA 94104

SANTA FE NM
Postmark
Here
DEC 16 2018
USPO 87504

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

See Reverse for Instructions

Returned
envelope

1/3/19

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Agnes Cluthe Oliver Foundation TR Turtle
Creek Trust Company LTA Successor TTEE
3838 Oak Lawn Avenue
Suite 1650
Dallas, TX 75219

SANTA FE NM
Postmark
Here

DEC 19 2018

USPO 87504

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Agnes Cluthe Oliver Foundation TR Turtle
Creek Trust Company LTA Successor TTEE
3838 Oak Lawn Avenue
Suite 1650
Dallas, TX 75219

2. Article Number

7015 1730 0000 9793 7465

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Mela Crawford

C. Date of Delivery

12-28-18

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, July 2013

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Certified Mail Fee \$	SANTA FE NM Postmark DEC 19 2018 Here USPO 87504
Extra Services & Fees (check box, add fee as appropriate)	
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<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	909
Sent To Street City, State, ZIP+4®	Betsy H. Keller 600 Deer Valley Road Apt. GG San Rafael, CA 94903
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 1730 0000 9813 2357

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For delivery information, visit our website at www.usps.com ®.	
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Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
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Postage \$	9.09
Total Postage and Fees \$	
Brian Wochler Trust UWO William B. Oliver Steve Fillenwarth Succ TTEE 9840 Westpoint Drive Suite 200 Indianapolis, IN 42656	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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USPO 87504

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X B. Received by (Printed Name) Steve F. Fillenwarth C. Date of Delivery JAN 6 2019
1. Article Addressed to: Brian Wochler Trust UWO William B. Oliver Steve Fillenwarth Succ TTEE 9840 Westpoint Drive Suite 200 Indianapolis, IN 42656	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2340

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	SANTA FE NM Postmark Here DEC 19 2018 USPO 87504
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
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<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$ 9.09	
Sent To	
Street	Chi Energy, Inc
	P.O. Box 1799
City	Midland, TX 79702
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">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Chi Energy, Inc P.O. Box 1799 Midland, TX 79702	B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>12-28-18</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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2. Article (Trans) 7015 1730 0000 9813 2340	
PS Form 3811, July 2013 Domestic Return Receipt	

7015 1730 0000 9793 7502

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	Postmark Here SANTA FE NM DEC 19 2018 USPO 87504
Postage \$ Total Postage and Fees 9.01	
Sent To Street or P.O. Box City, State, ZIP+4®	
Coleman Martin 8833 Ensley Court Leawood, KS 66206-1652	
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"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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2. 7015 1730 0000 9793 7502	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

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Cl

CWM 2000-B, Ltd.
500 W Texas, Suite 1020
Midland, TX 79701

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

See Reverse for Instructions

SANTA FE NM
Postmark
DEC 19 2018
USPO 87504

909

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CWM 2000-B, Ltd.
500 W Texas, Suite 1020
Midland, TX 79701

2. Article
(Transit)

7015 1730 0000 9793 7496

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

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

OFFICIAL USE

Certified Mail Fee
 \$

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

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

Postage
 \$

Total Postage and Fees
 \$ 9.09

Postmark Here
SANTA FE NM
DEC 18 2018
USPO 87504

Send
 To
 City

David H Essex
 P.O. Box 50577
 Midland, TX 79710

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David H Essex
 P.O. Box 50577
 Midland, TX 79710

2. Article (Tr) 7015 1730 0000 9813 2067

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name)
 TRENDAW

C. Date of Delivery
 12-21-18

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9793 7489

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" 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	909
\$	
Send To	
\$	E G Holden Testamentary Trst
	8758 Chalk Hill Road
C	Healdsburg, CA 95448-9542
PS Form 3800, April 2015 PSN 7530-02-000-9047	
See Reverse for Instructions	

SANTA FE NM
Postmark
DEC 9 2018
USPO 87504

7015 1730 0000 9793 7434

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

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

OFFICIAL USE

Certified Mail Fee
\$ _____

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

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

Postage
\$ _____

Total Postage and Fees 9.09
\$ _____

SANTA FE NM
DEC 9 2018
USPO 87504
Postmark

Sent To
Ernie Bello
Street a 1570 Alewa Drive
City, St Honolulu, HI 96817-1205

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ernie Bello
1570 Alewa Drive
Honolulu, HI 96817-1205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *K. H. T. M.* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Valentina Tronchetti* C. Date of Delivery

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. **7015 1730 0000 9793 7434**

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Estate of David Goodnow Edward B Goodnow

Executor, James Corrie

209 E. Raymond Avenue

Alexandria, VA 22301

SANTA FE NM
 Postmark
DEC 19 2018
USPO 87504

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Estate of David Goodnow Edward B Goodnow
 Executor, James Corrie
 209 E. Raymond Avenue
 Alexandria, VA 22301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. A 7015 1730 0000 9793 7427

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9793 7410

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage 901

SANTA FE NM
 Postmark Here
 DEC 19 2018
 USPO 87504

Frances B Bunn TTEE Frances B Bunn Rev. Lt.
 Dtd. 5-18-82
 2493 Makiki Heights Drive
 Honolulu, HI 96822-2542

PS Form 3800, April 2013 PSN 7530-02-000-9000-9000 See reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Frances B Bunn TTEE Frances B Bunn Rev. Lt. Dtd. 5-18-82 2493 Makiki Heights Drive Honolulu, HI 96822-2542</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Num <u>7015 1730 0000 9793 7410</u> (Transfer from _____)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9793 7403

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ 9.09

To: Hayes Revocable Trust Michael D Hayes &
 Kathryn A Hayes Ttees
 3608 Meadowridge Lane
 Midland, TX 79707

Postmark Here
SANTA FE NM
DEC 19 2018
USPO 87504

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

Returned
 Envelope
 1/17/2019

7015 1730 0000 9793 7397

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	SANTA FE NM Postmark Here DEC 19 2018 USPO 87504
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 \$ 9.09	
Sent To	
Street	Isaac A Kawasaki
City	1232 S. King Street Honolulu, HI 96814-1918
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Returned
Envelope
12/20/18

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

J. Frederick Van Vranken, Jr

Street or

950 Regency Square

City, Sta

Apt. 202
Vero Beach, FL 32967

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

See Reverse for Instructions

SANTA FE NM
DEC 19 2018
USPO 87504

7015 1730 0000 9793 7380

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J. Frederick Van Vranken, Jr
950 Regency Square
Apt. 202
Vero Beach, FL 32967

2. Article
(Transit)

7015 1730 0000 9793 7380

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

☒ Agent

☐ Addressee

B. Received by (Printed Name)

R. Paternostro

C. Date of Delivery

12/24/18

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9793 7342

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

9.09

\$

Sent

Jami Huber Owen

Street

3323 Providence Drive

City

Midland, TX 79707

PS Form 3800, April 2013 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

USPS 87504
 DEC 19 2018
 SANTA FE NM

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jami Huber Owen
 3323 Providence Drive
 Midland, TX 79707

2. Article
(Trace)

7015 1730 0000 9793 7342

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7015 1730 0000 9793 7359

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

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

OFFICIAL USE

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

Postage \$ 9.09

Judith C Devine Trust Uwo William B Oliver
Turtle Creek Trust Company Lta Successor
Trustee
3838 Oak Lawn Avenue
Suite 1650
Dallas, TX 75219

PS Form 3800, April 2013 PSN 7530-02-000-9047 See reverse for instructions

USPO 87504
SEP 9 2018
SANTA FE NM

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Judith C Devine Trust Uwo William B Oliver Turtle Creek Trust Company Lta Successor Trustee 3838 Oak Lawn Avenue Suite 1650 Dallas, TX 75219</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. 7015 1730 0000 9793 7359</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

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

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

OFFICIAL USE

7015 1730 0000 9793 7366

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	
\$	
Locker Brothers, a Texas General Partnership	
1513 Flintridge	
W. Lake Hills, TX 78746	

106
 SANTA FE NM
 DEC 19 2018
 USPO 504
 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
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p style="text-align: center;"><i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;"><i>ERIC H. LOCKER</i> <i>12/29/18</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Locker Brothers, a Texas General Partnership 1513 Flintridge W. Lake Hills, TX 78746</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. 7015 1730 0000 9793 7366</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9793 7373

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

9.09
 McCombs Energy Ltd., a Texas Limited
 Partnership McCombs Energy Gp LLC Gen Ptnr.
 Larry Wyont Vice President
 750 E. Mulberry Avenue Suite 403
 San Antonio, TX 78212

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

See reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

McCombs Energy Ltd., a Texas Limited
 Partnership McCombs Energy Gp LLC Gen Ptnr.
~~Larry Wyont Vice President~~
 750 E. Mulberry Avenue Suite 403
 San Antonio, TX 78212

2. A 7015 1730 0000 9793 7373

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sarah O'Shaughnessy

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Sarah O'Shaughnessy

C. Date of Delivery

01/03/19

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

Larry is not associated with
 McCombs Energy anymore.

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9793 7335

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

OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$ 9.09
Sent To: Mewbourne Development Corporation	
Street:	500 W. Texas, Suite 1020
City, State:	Midland, TX 79701

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

SANTA FE NM
DEC 19 2018
USPO 87504**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Mewbourne Development Corporation
500 W. Texas, Suite 1020
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)**C. Date of Delivery**

12-27

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

3. Service Type

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

- 4. Restricted Delivery? (Extra Fee)** ☐ Yes

2. A 7015 1730 0000 9793 7335

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9793 7328

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$ 9.69
Sent	Mewbourne Oil Company
Street	500 W. Texas, Suite 1020
City	Midland, TX 79701
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark Here
 SANTA FE NM
 DEC 19 2013
 USPO 87504

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 12-27</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>Mewbourne Oil Company 500 W. Texas, Suite 1020 Midland, TX 79701</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article (Trace) 7015 1730 0000 9793 7328</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7015 1730 0000 9793 7311

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	7.09
\$	
Sent to	Milestone Energy Corp.
Street	5910 S. University Blvd. C18432
City	Greenwood Village, CO 80121
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SANTA FE NM
DEC 19 2018
USPO 87504

Postmark
Here

7015 1730 0000 9813 2326

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$ 9.09
Sent To	
Str	Morris E. Schertz & Wife Holly K. Schertz
	P. O. Box 2588
City	Roswell, NM 88202-2588
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SANTA FE NM
DEC 19 2018
USPO 87504

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <u>B.H. Stacy</u> <input checked="" type="checkbox"/> Date of Delivery: <u>12-26-18</u></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>1. Article Addressed to:</p> <p>Morris E. Schertz & Wife Holly K. Schertz P. O. Box 2588 Roswell, NM 88202-2588</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9401 0118 5225 7035 80</p> <p>7015 1730 0000 9813 2326</p>	<p>(over \$500)</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Penroc Oil Corporation M Y Merchant, President
P.O. Box 2769
Hobbs, NM 88241-2769

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

See Reverse for Instructions

SANTA FE NM
DEC 19 2018
USPO 87504

7015 1730 0000 9813 2333

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:

Penroc Oil Corporation M Y Merchant, President
P.O. Box 2769
Hobbs, NM 88241-2769



9590 9401 0118 5225 7035 73

2. Article Number (Transfer from service label)

7015 1730 0000 9813 2333

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Agar Mer

C. Date of Delivery

12-24-18

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

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ 9.09

Robert A Oliver Trust Uwo William B Oliver
 Turtle Creek Trust Company Ltd. Successor Ttee
 3838 Oak Lawn Avenue
 Suite 1650
 Dallas, TX 75219

Postmark Here
SANTA FE NM
DEC 19 2018
USPO 87504

PS Form 3811, April 2015 PSN 7530-02-000-9053 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: Robert A Oliver Trust Uwo William B Oliver Turtle Creek Trust Company Ltd. Successor Ttee 3838 Oak Lawn Avenue Suite 1650 Dallas, TX 75219</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Melba Crawford</u> C. Date of Delivery <u>12-28-18</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>2. Article Number (Transfer from service label) <u>7015 1730 0000 9813 2319</u></p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input 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"/> 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														
<input type="checkbox"/> Restricted Delivery															

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

7017 3040 0000 8683 9356

U.S. Postal Service™
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OFFICIAL USE

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

Postage	\$
Total Postage and Fees	909

SANTA FE NM
Postmark
DEC 19 2018
USPO 87504

Sanford J. Hodge, III
4323 Gilbert Avenue, Villa #2
Dallas, TX 75219-2209

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

See Reverse for Instructions

Returned
Envelope
1/22/19

7017 3040 0000 8683 9363

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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	\$

SANTA FE NM
 Postmark Here
DEC 19 2018
USPO 87504

Postage	
\$	
Total Postage and Fees	
\$	9.09

\$	Slash Exploration Limited Partnership
\$	P.O. Box 1973
\$	Roswell, NM 88202

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
 Slash Exploration Limited Partnership
 P.O. Box 1973
 Roswell, NM 88202



9590 9402 3493 7275 4784 16

2 Article Number (Transfer from service label)

7017 3040 0000 8683 9363

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *V. Alvarado* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Veronica Alvarado* C. Date of Delivery

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



- | | |
|---|---|
| 3. Service Type
<input type="checkbox"/> Adult Signature
<input type="checkbox"/> Adult Signature Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®
<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Collect on Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery
<input type="checkbox"/> Mail 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

7017 3040 0000 8683 9370

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

9.09

Sent

Southwest Royalties, Inc
 P.O. Box 733772
 Dallas, TX 75373

City

SANTA FE NM
 Postmark Here
 DEC 19 2018
 USPO 87504

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

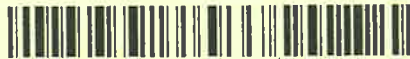
See Reverse for Instructions

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:

Southwest Royalties, Inc
 P.O. Box 733772
 Dallas, TX 75373



9590 9402 3493 7275 4784 23

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9370

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Gabriel Hernandez

C. Date of Delivery

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

DEC 23 2018

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

7017 3040 0000 8683 9387

U.S. Postal ServiceTM
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For delivery information, visit our website at www.usps.com[®].

OFFICIAL USE

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

Postage	
\$	
Tot	

Tenison Oil Company
1925 Hospital Place
Abilene, TX 79606

\$	
St	
Cit	

SANTA FE NM
Postmark Here
DEC 19 2018
USPO 87504

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

See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Yates Energy Corp.
P.O. Box 2323
Ser Roswell, NM 88202-2323

State

City

SANTA FE NM
DEC 13 2018
USPO 87504

9.69

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:
Yates Energy Corp.
P.O. Box 2323
Roswell, NM 88202-2323



9590 9402 3493 7275 4784 47

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9394

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ 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

7017 3040 0000 8683 9400

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

9.69

SANTA FE NM

DEC 18 2018

Postmark Here
USPO 87504

Sent To

Street

City

Andrew Don Fry
P.O. Box 9251
Albuquerque, NM 87119

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

See Reverse for Instructions

7017 3040 0000 8683 9424

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

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

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

Postage

\$
 Total Postage and Fees

State of New Mexico Commission of Public
 Lands
 P.O. Box 1148
 Santa Fe, NM 87504-1148

SANTA FE NM
 Postmark
 DEC 18 2018
 USPO 87504

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:

State of New Mexico Commission of Public
 Lands
 P.O. Box 1148
 Santa Fe, NM 87504-1148



9590 9402 3493 7275 4784 61

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9424

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Restricted Delivery

Domestic Return Receipt

7017 3040 0000 8683 9431

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street Butkin Investment Company LLC
 P.O. Box 2090
 City, Duncan, OK 73534

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

See Reverse for Instructions

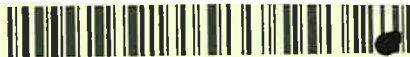
SANTA FE NM
DEC 19 2018
USPO 87504

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:

Butkin Investment Company LLC
 P.O. Box 2090
 Duncan, OK 73534



9590 9402 3493 7275 4784 78

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9431

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒

Connie Phillips

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Connie Phillips

C. Date of Delivery

12/26/18

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Registered Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7017 3040 0000 8683 9448

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$ 9.09

SANTA FE NM
 DEC 19 2018
 USPO 87504

Sent To
 C. Mark Wheeler, And Wife, J'lyn Wheeler
 719 W. Kansas Avenue
 Midland, TX 79701

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:
 C. Mark Wheeler, And Wife, J'lyn Wheeler
 719 W. Kansas Avenue
 Midland, TX 79701



9590 9402 3493 7275 4784 85

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9448

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ *C. Mark Wheeler* ☒ Addressee

B. Received by (Printed Name) C. MARK WHEELER C. Date of Delivery 12/26/18

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

Mathew Sandoval
 JAN 01 2019
 JAN 10 2019
 Mathew Sandoval
 Mathew Sandoval

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail ☐ Registered Mail Restricted Delivery (\$500)

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

Domestic Return Receipt

7017 3040 0000 8683 9455

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ™.	
OFFICIAL USE	
Certified Mail Fee \$ _____	SANTA FE NM DEC 19 2016 USPO 87504
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 \$ <u>9.09</u>	
Sent To Street Chi Energy Inc. P.O. Box 1799 City Midland, TX 79702	
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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <u>DLW</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Chi Energy Inc. P.O. Box 1799 Midland, TX 79702		B. Received by (Printed Name) <u>DLW</u>	C. Date of Delivery <u>12-28-16</u>
2. Article Number (Transfer from service label) <u>7017 3040 0000 8683 9455</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
Barcode: 9590 9402 3493 7275 4784 92		Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees 9.09

Chisos Minerals LLC
1111 Bagby Street
Suite 2150
Houston, TX 77002

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:
Chisos Minerals LLC
1111 Bagby Street
Suite 2150
Houston, TX 77002

2. Article Number (Transfer from service label)
7017 3040 0000 8683 9462

3. Service Type

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

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

5. A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery

6. Barcode
9590 9402 3493 7275 4785 08

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

7017 3040 0000 8683 9479

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

9 09
 Cornerstone Family Trust John Kyle Thoma
 Succ TTEE
 P.O. Box 558
 Peyton, Co 80831

SANTA FE NM
 Postmark Here
DEC 19 2018
USPO 87504

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:

Cornerstone Family Trust John Kyle Thoma
 Succ TTEE
 P.O. Box 558
 Peyton, Co 80831



9590 9402 3493 7275 4785 22

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9479

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

John K. Thoma

C. Date of Delivery

1-5

- 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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Street Crownrock Minerals LP

P.O. Box 51933

City Midland, TX 79710

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

See Reverse for Instructions

Postmark
 Here
 DEC 19 2018
 USPO 87504

7017 3040 0000 8683 9486

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:

Crownrock Minerals LP
 P.O. Box 51933
 Midland, TX 79710



9590 9402 3493 7275 4785 15

2 Article Number (Transfer from service label)

7017 3040 0000 8683 9486

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ellen Arampato*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Ellen Arampato

C. Date of Delivery

12/26/18

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

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Mail Restricted Delivery (30)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 3040 0000 8683 9493

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

OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Str. Curtis W. Mewbourne, Trustee

P.O. Box 7698

Cit. Tyler, TX 75711

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

See Reverse for Instructions

SANTA FE NM
 DEC 19 2018
 ISPO 87504

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:

Curtis W. Mewbourne, Trustee
 P.O. Box 7698
 Tyler, TX 75711



9590 9402 3493 7275 4785 39

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9493

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Gonzalo Argote

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

7017 3040 0000 8683 9509

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

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

OFFICIAL USE

Certified Mail Fee
\$ _____

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

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

Postage
\$ _____

To: Dynasty Partners LLC
\$ Bill Cagle, Manager
\$ 5910 S. University Blvd.
\$ Greenwood Village, CO 80121
\$tr _____
\$ _____
\$ _____
\$ _____

Postmark
Here
SANTA FE NM
DEC 19 2018
USPO 87504

7017 3040 0000 8683 9516

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

9.09

Sent To

Elouise H. Justice
545 Canyon Springs Drive
El Paso, TX 79912

SANTA FE NM
Postmark
DEC 9 2018
USPO 87504

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

See Reverse for Instructions

7017 3040 0000 8683 9523

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

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

SANTA FE NM
 Postmark
DEC 19 2018
USPO 87504

Postage	9.99
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High Sky Childrens Ranch in Memory of David
 Hoy Harrison
 8616 W. County Road 60
 Midland, TX 79707-1307

See back 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:

High Sky Childrens Ranch in Memory of David
 Hoy Harrison
 8616 W. County Road 60
 Midland, TX 79707-1307



9590 9402 3493 7275 4785 60

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9523

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Megan*

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Megan

C. Date of Delivery

12-22-18

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

*8613 W. County Rd
 CED*

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

7017 3040 0000 8683 9530

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

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	909

SANTA FE NM
 Postmark
 DEC 19 2018
 Here
USPO 87504

Hoy B. Harrison Endowed Scholarship Texas
 Christian University c/o Finance &
 Administration
 P.O. Box 297041
 Ft Worth, TX 76129-0001

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:

Hoy B. Harrison Endowed Scholarship Texas
 Christian University c/o Finance &
 Administration
 P.O. Box 297041
 Ft Worth, TX 76129-0001



9590 9402 3493 7275 4785 77

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9530

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Barbara Kelley

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Barbara Kelley

C. Date of Delivery

11/2/19

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

3. Service Type

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

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Jareed Partners Ltd., a Texas Limited Partnership
P.O. Box 51451
Midland, TX 79710-1451

9.09

SANTA FE NM
DEC 19 2018
USPO 87504

Postmark
Here

for Instructions

7017 3040 0000 8683 9547

7017 3040 0000 8683 9554

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

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

Kimbell Royalty Holdings LLC Duncan
 Management LLC Agent
 P.O. Box 671099
 Dallas, TX 75367

SANTA FE NM
 Postmark
 Here
DEC 19 2018
USPO 87504

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:

Kimbell Royalty Holdings LLC Duncan
 Management LLC Agent
 P.O. Box 671099
 Dallas, TX 75367



9590 9402 3493 7275 4785 91

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9554

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Miguel T

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Miguel T

C. Date of Delivery

12/23/18

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

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

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

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

Domestic Return Receipt

7017 3040 0000 8683 9561

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

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

OFFICIAL USE

Certified Mail Fee

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

Postage

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Lowe Royalty Partners LP
P.O. Box 4887
Houston, TX 77210-4887

USPO 87504
SEP 19 2018
Postmark Here
SANTA FE NM

9047

See Reverse for Instructions

7017 3040 0000 8683 9578

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

SANTA FE NM
 Here

DEC 19 2018

USPO 87504

Midland College Foundation Inc FBO David
 Hoy Harrison Endowed Music Scholarship at
 Midland College in Memory of David Hoy
 3600 N. Garfield St.
 Midland, TX 79705-6397

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:

Midland College Foundation Inc FBO David
 Hoy Harrison Endowed Music Scholarship at
 Midland College in Memory of David Hoy
 3600 N. Garfield St.
 Midland, TX 79705-6397



9590 9402 3493 7275 4786 14

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9578

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Dean Jones

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-27-18

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

7017 3040 0000 8683 9585

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

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Midland Memorial Foundation in Memory of
David Hoy Harrison
400 Rosalind Redfern Grover Pkwy.
Midland, TX 79701-6499

SANTA FE NM

DEC 19 2018

USPO 87504

Postmark
Here

PS Form 3800, April 2013 PSN 7530-02-000-9000

Instructions

7017 3040 0000 8683 9592

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street a Mizel Resources a Trust
4350 S. Monaco Street, Floor 5
City, St Denver, CO 80237-3400

Postmark

SANTA FE NM
DEC 19 2018
USPO 87504

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

See Reverse for Instructions

7017 3040 0000 8683 9608

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	SANTA FE NM Postmark DEC 19 2018 USPO 87504
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 9.09 \$ _____	
Sent NBL Permian, LLC Street 1001 Noble Energy Way City, Houston, TX 77070	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	COMPLETE THIS SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent X <i>[Signature]</i> <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: NBL Permian, LLC 1001 Noble Energy Way Houston, TX 77070	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
2. 7017 3040 0000 8683 9608 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	

7017 3040 0000 8684 6255

U.S. Postal Service TM	
CERTIFIED MAIL [®] RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com [®] .	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
\$ Tot	NM & T Resources LLC
\$ Se	P.O. Box 10523
\$ Str	Midland, TX 79702-7523
\$ Cit	
PS Form 3800, April 2015 PSN 7530-02-000-9047	
See Reverse for Instructions	

SANTA FE NM
Postmark
Here
DEC 19 2018
USPO 87504

909

returned
envelope
1/24/19

7017 3040 0000 86A4 6262

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	SANTA FE NM Postmark DEC 19 2018 USPO 87504
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 Paul R. Barwis c/o Dutton Harris & Co. P.O. Box 230 Midland, TX 79702	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Returned
Envelope
1/24/19

7017 3040 0000 8684 6279

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

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

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$ 9.09

SANTA FE NM
Postmark Here **DEC 15 2018**
USPO 87504

Paula Scott Campbell, Trustee of Paula Scott
Campbell Revocable Trust U/T/A 10/27/15
2707 Coronado Drive
Roswell, NM 88201

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.

Paula Scott Campbell, Trustee of Paula Scott
Campbell Revocable Trust U/T/A 10/27/15
2707 Coronado Drive
Roswell, NM 88201

9590 9402 3493 7275 4786 76

2. Article Number (Transfer from envelope label)
7017 3040 0000 8684 6279

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Paula Campbell

B. Received by (Printed Name) *Paula S. Campbell* C. Date of Delivery *12/15/18*

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

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

Restricted Delivery (over \$500)

Domestic Return Receipt

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

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

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

OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

\$ Tot Penwell Employee Royalty Pool

\$ 310 W. Wall

\$ Sei Suite 1001

\$ Str Midland, TX 79701

\$ Cit

989

SANTA FE NM
 DEC 19 2018
 USPO 87504

Postmark Here

See Reverse for Instructions

PS Form 3800, April 2009

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Penwell Employee Royalty Pool
 310 W. Wall
 Suite 1001
 Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

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

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7015 1730 0000 9813 2364

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2371

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

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

OFFICIAL USE

Certified Mail Fee
 \$

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

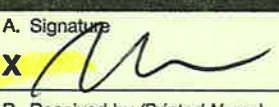
Postage
 \$

Total Postage and Fees
 \$ 9.09

Sent Richard W. Schmidt and Wife, Amanda Schmidt
 Street P.O. Box 50187
 City Austin, TX 78763

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

SANTA FE NM
DEC 19 2018
USPO 87504

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Richard W. Schmidt and Wife, Amanda Schmidt P.O. Box 50187 Austin, TX 78763</p>		<p>B. Received by (Printed Name) J Rhodes</p> <p>C. Date of Delivery 1/5/19</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 <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (7015 1730 0000 9813 2371</p>			
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Tot

\$

Se

Str

Cit

PS

Robin Oil & Gas Corporation
P.O. Box 720420
Oklahoma City, OK 73172

SANTA FE NM
Postmark
Here
DEC 19 2018
USPO 87504

909

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robin Oil & Gas Corporation
P.O. Box 720420
Oklahoma City, OK 73172

COMPLETE THIS SECTION

A. Signature

X

☐ Address

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(7015 1730 0000 9813 2388

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2395

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

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

OFFICIAL USE

Certified Mail Fee
\$

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

Postage
\$ 9.09
To Rusk Capital Management LLC
7600 W. Tidwell Road
Suite 800
Houston, TX 77040

SANTA FE NM
DEC 19 2018
USPO 87504

Postmark Here

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rusk Capital Management LLC
7600 W. Tidwell Road
Suite 800
Houston, TX 77040

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R. K. ☐ Agent ☐ Addressee

B. Received by (Printed Name) Richard K C. Date of Delivery 11/2/19

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7015 1730 0000 9813 2395

7015 1730 0000 9813 2401

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

OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

To

\$

Se

St

City

T.K. Campbell, II
6406 Antares NE
Albuquerque, NM 87111

981

SANTA FE NM
DEC 19 2018
USPO 87504

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

See Reverse for Instructions

Returned
Envelope
11/17/2019

7015 1730 0000 9813 2418

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	<div style="text-align: center;"> SANTA FE NM DEC 19 2018 USPO 87504 </div>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Tot	Texas Christian University Dept. of Athletics in Memory of Hoy B Harrison & David Hoy
Se	Harrison
St	P.O. Box 297041
City	Fort Worth, TX 76129-0001
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"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature x Barbara Kelley <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Barbara Kelley</p> <p>C. Date of Delivery 11/21/19</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>Texas Christian University Dept. of Athletics in Memory of Hoy B Harrison & David Hoy Harrison P.O. Box 297041 Fort Worth, TX 76129-0001</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. 7015 1730 0000 9813 2418</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Todd M. Kringen and Karla R. Kringen
 8540 E. McDowell Road, Unit 59
 Mesa, AZ 85207-1431

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

See Reverse for Instructions

SANTA FE NM
 DEC 19 2018
 USPO 87504

7015 1730 0000 9813 2425

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Todd M. Kringen and Karla R. Kringen
 8540 E. McDowell Road, Unit 59
 Mesa, AZ 85207-1431

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Todd M. Kringen*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Todd M. Kringen

C. Date of Delivery

12/23/2018

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☒ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Tr)

7015 1730 0000 9813 2425

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

7015 1730 0000 9813 2432

<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra Services & 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>\$ <u>9.09</u></p> <p>To:</p> <p>Tom E. Johnson P.O. Box 1688 Midland, TX 79702-1688</p> <p>City: _____ State: _____ Zip: _____</p>	<p style="text-align: center;">Postmark SANTA FE NM DEC 19 2018 USPO 87504</p>
--	--

00-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Tom E. Johnson P.O. Box 1688 Midland, TX 79702-1688</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <u>Tom E. Johnson</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Tom E. Johnson</u></p> <p>C. Date of Delivery <u>12-28-18</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. <u>7015 1730 0000 9813 2432</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2449

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

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

OFFICIAL USE

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

SANTA FE NM
DEC 19 2018
Postmark
Here
USPO 87504

Postage
\$
Total Postage and Fees 9.02

Sent To: William R. Bergman
P.O. Box 1799
Street: Midland, TX 79702
City:

PS Form 3800, April 2013 5000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William R. Bergman
P.O. Box 1799
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature DLW ☐ Agent ☐ Addressee
B. Received by (Printed Name) DLW C. Date of Delivery 12-8-18

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2 7015 1730 0000 9813 2449

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2456

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Yosemite Creek Oil & Gas LLLP
4350 S. Monaco Street, 5th Floor
Denver, Co 80237-3400

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

See Reverse for Instructions

SANTA FE NM
DEC 19 2013
USPO 87504

909

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yosemite Creek Oil & Gas LLLP
4350 S. Monaco Street, 5th Floor
Denver, Co 80237-3400

2. 7015 1730 0000 9813 2456

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jim Lapina

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

2015 1730 0000 9813 2463

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

OFFICIAL USE

Certified Mail Fee

5

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

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

Postage

2

Morris Mizel or Mizel Resources Trust
4350 S. Monaco Street, Floor 5
Denver, CO 80237-3400

SANTA FE NM

DEC 19 1963
Postmark
Here

USPO 87504

9.01

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

1. Article Addressed to:

Morris Mizel or Mizel Resources Trust
4350 S. Monaco Street, Floor 5
Denver, CO 80237-3400

A. Signature

X Dim Sapri

Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery	
---------------------	--

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

3. Service Type

 Certified Mail®

☐ Priority Mail Express™

Registered

 Return Receipt for Merchandise

☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Trans

7015 1730 0000 9813 2463

PS Form 3811, July 2013

Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

<p>Certified Mail Fee \$</p> <p>Extra Services & 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 style="text-align: center; color: red; font-weight: bold;">SANTA FE NM</p> <p style="text-align: center; color: red;">DEC 19 2018</p> <p style="text-align: center; color: red; font-weight: bold;">USPO 87504</p> <p style="text-align: center; color: red;">Postmark Here</p> <p style="font-size: 1.5em;">9.09</p>
--	--

Blue Ridge Royalties, LLC
P.O. Box 1973
Roswell, NM 88202-1973

se for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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-top: 10px;"> <p>Blue Ridge Royalties, LLC P.O. Box 1973 Roswell, NM 88202-1973</p> </div>	<p>A. Signature <input checked="" type="checkbox"/> <i>V. Alvarado</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Veronica Alvarado</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; margin-top: 10px;"> </div> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7015 1730 0000 9813 2470

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2487

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	9.09
George M. O'Brien, Dealing in his Sole and Separate Property P.O. Box 1743 Midland, TX 79702	
SEE REVERSE FOR INSTRUCTIONS	

SANTA FE NM

DEC 13 2018

USPO 87504

Returned
Envelope

1/24/19

7015 1730 0000 9813 2494

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

9.09

Grace M. Redwine, Dealing in her Sole and
 Separate Property
 901 W. Riverside Drive
 Carlsbad, NM 88220-5249

SANTA FE NM
 Postmark Here
 DEC 19 2018
 USPO 87504

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Grace M. Redwine, Dealing in her Sole and
 Separate Property
 901 W. Riverside Drive
 Carlsbad, NM 88220-5249

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Malcolm Cunningham ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Malcolm Cunningham 12-24-18

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. A 7015 1730 0000 9813 2494

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

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

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

Postage

SANTA FE NM

DEC 19 2018

USPO 87504

Joseph N. Scott, Dealing in his Sole and Separate
 Property
 600 W. Hobbs Street
 Roswell, NM 88203

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joseph N. Scott, Dealing in his Sole and Separate
 Property
 600 W. Hobbs Street
 Roswell, NM 88203

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Joe Scott

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Joe Scott

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9813 2500

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2517

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

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

Certified Mail Fee

\$

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

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

Postage

\$

Total **KCK Resources, Inc.**
5600 Fenway
Midland, TX 79707

\$

Sent **7**

Street

City, \$

SANTA FE NM

DEC 19 2018

USPO 87504

Postmark
Here

909

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KCK Resources, Inc.
 5600 Fenway
 Midland, TX 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Jim Dewey

C. Date of Delivery

12-22

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9813 2517

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2524

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

9.09

Linda F. Lyons & Monte L. Lyons JT
1010 W. Orchard Lane
Carlsbad, NM 88220-4305

SANTA FE NM
Postmark Here
DEC 19 2018
USPO 87504

PS Form 3800, April 2015 PSN 7530-02-000-9004

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Linda F. Lyons & Monte L. Lyons JT
1010 W. Orchard Lane
Carlsbad, NM 88220-4305

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Linda Lyons*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9813 2524

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2531

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

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

OFFICIAL USE

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

SANTA FE NM
 Postmark
DEC 19 2018
USPO 87504

Postage
 \$
 Tot Martin & Martin LLLP
 \$ P.O. Box 1675
 Se Roswell, NM 88202-1675
 Str
 Cl

PS Form 3800, April 2013 PSN 7530-02-000-9001

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Martin & Martin LLLP
 P.O. Box 1675
 Roswell, NM 88202-1675

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Charmaine A. Martin* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Charmaine A. Martin* C. Date of Delivery

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7015 1730 0000 9813 2531

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2548

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

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	902

SANTA FE NM
DEC 19 2018
USPO 87504

Total P
\$ Nuevo Seis LP
Sent 7 P.O. Box 2588
Street Roswell, NM 88202-2588
City, S
PS Fe

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nuevo Seis LP
P.O. Box 2588
Roswell, NM 88202-2588

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☒ Agent☐ Addressee

B. Received by (Printed Name)

Patti Stacy

C. Date of Delivery

12-20-18

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9813 2548

7015 1730 0000 9813 2555

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	<div style="text-align: center;"> SANTA FE NM DEC 19 2018 USPO 87504 </div>
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 \$ <u>9.01</u>	
Panhandle Properties LLC P.O. Box 647 Artesia, NM 88211	
Use for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <u>aeo</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Panhandle Properties LLC P.O. Box 647 Artesia, NM 88211		B. Received by (Printed Name) <u>A. WATTS</u>	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7015 1730 0000 9813 2555			
PS Form 3811, July 2013 Domestic Return Receipt			

7015 1730 0000 9813 2562

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Unicorn Energy LLC c/o Gannaway &
Associates
P.O. Box 417
Roswell, NM 88202-0417

SANTA FE, NM
DEC 19 2018
USPO 87504

See for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Unicorn Energy LLC c/o Gannaway &
Associates
P.O. Box 417
Roswell, NM 88202-0417

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Cassandra Gonzales

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7015 1730 0000 9813 2562

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2579

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 7.09
Watts Properties LLC P.O. Box 2367 Roswell, NM 88202-2367	
for Instructions	

SANTA FE NM
DEC 19 2018
USPO 87504

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Watts Properties LLC P.O. Box 2367 Roswell, NM 88202-2367</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7015 1730 0000 9813 2579</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

7015 1730 0000 9813 2586

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

William F Brainerd and Wife, Connie Jean

Brainerd

P.O. Box 1891

Roswell, NM 88201

SANTA FE NM
DEC 19 2018
USPO 87504

for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William F Brainerd and Wife, Connie Jean
Brainerd
P.O. Box 1891
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sheri E. Harris

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Sheri E. Harris

C. Date of Delivery

12/31/18

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

If YES, enter delivery address below: ☐ No



3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Art
(Tr)

7015 1730 0000 9813 2586

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2593

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

9.09

Branex Resources Inc
Po Box 2990
Ruidoso, Nm 88355-2990

SANTA FE NM

DEC 26 2018
Postmark Here
USPO 87504

See for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Branex Resources Inc
Po Box 2990
Ruidoso, Nm 88355-2990

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Dina Hasty

☐ Agent☐ Addressee

B. Received by (Printed Name)

DINA HASTY

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7015 1730 0000 9813 2593

7015 1730 0000 9813 2609

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

To

\$

Se

\$i

Ci

Cibola Energy Corporation
P.O. Box 1668
Albuquerque, NM 87103

909

SANTA FE NM
Postmark
DEC 13 2018
USPO 87504

PS Form 3800, April 2013 PSN 7530-02-000-9001

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cibola Energy Corporation
P.O. Box 1668
Albuquerque, NM 87103

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Julio A. Pascal*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Julio A. Pascal

C. Date of Delivery

21 Dec 18

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☒ Priority Mail Express™

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9813 2609

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2616

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

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

OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$ 9.09

SANTA FE NM
DEC 15 2018
USPO 87504

Doug J. Schutz
P.O. Box 973
Santa Fe, NM 87504

See for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Doug J. Schutz</u> C. Date of Delivery <u>12/20/2018</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: Doug J. Schutz P.O. Box 973 Santa Fe, NM 87504	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7015 1730 0000 9813 2616

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2623

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ 9.09

George M. Yates
 P.O. Box 1933
 Roswell, NM 88202

SANTA FE NM
DEC 19 2018
USPO 87504

PS Form 3800, April 2013 (for instructions)

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

George M. Yates
 P.O. Box 1933
 Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ SM Saunders ☐ Agent ☐ Addressee

B. Received by (Printed Name)
SM SAUNDERS

C. Date of Delivery
DEC 19 2018

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7015 1730 0000 9813 2623

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2630

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

Certified Mail Fee

\$

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

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

Postage

\$

Harvey E. Yates, Jr.
P.O. Box 1933
Roswell, NM 88202

909

SANTA FE NM
DEC 19 2018
USPO 87504

or Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Harvey E. Yates, Jr.
P.O. Box 1933
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

SM SAUNDERS

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7015 1730 0000 9813 2630

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

<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
 \$ 9.04

Heyco Development Corporation
 P.O. Box 1933
 Roswell, NM 88202

SANTA FE NM
 Postmark
 DEC 18 2018
 Here
USPO 87504

For Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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: 10px; margin-top: 10px;"> Heyco Development Corporation P.O. Box 1933 Roswell, NM 88202 </div>	<p>A. Signature X <u>SM Saunders</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>SM SAUNDERS</u> 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 <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7015 1730 0000 9813 2647

PS Form 3811, July 2013
Domestic Return Receipt

7015 1730 0000 9813 2678

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

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 9.09

SANTA FE NM
Postmark
Here
DEC 19 2018
USPO 87504

David Hoy Harrison Endowed Music
Scholarship at Midland College
3600 N. Garfield Street
Midland, TX 79705-6397

See for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Hoy Harrison Endowed Music
Scholarship at Midland College
3600 N. Garfield Street
Midland, TX 79705-6397

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Sean Jones</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery 12-27-18
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2 7015 1730 0000 9813 2678

7015 1730 0000 9813 2654

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Certified Mail Fee

\$

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

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

Postage

\$

Tot

\$

Se

St

City

PS

Jalapeno Corporation
P.O. Box 1608
Albuquerque, NM 87103-1608

SANTA FE NM

DEC 19 2018

USPO 87504

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jalapeno Corporation
P.O. Box 1608
Albuquerque, NM 87103-1608

2. Article Number

7015 1730 0000 9813 2654

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Julie A Pascal

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Julie A Pascal

C. Date of Delivery

21 Dec 18

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9813 2661

U.S. Postal Service™
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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 909

To
James J. Crafts, Jr., Trustee of Adolph P.
Schuman Trust
2701 16th Street
San Francisco, CA 94104

Postmark
SANTA FE NM
DEC 19 2018
USPO 87504

Instructions

Returned
envelope

1/3/19

7015 1730 0000 9813 2685

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	902
Sam L. Shackelford 1096 Mechem Drive, Suite G-16 Ruidoso, NM 88345-7075	
or Instructions	

SANTA FE NM
DEC 9 2018
USPO 87504

Returned
Envelope
1/7/19

7015 1730 0000 9813 2692

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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	\$

SANTA FE NM
 DEC 19 2018
 USPO 87504

Postage

909

Shinnery Investment Co., A General Partnership
 P.O. Box 1608
 Albuquerque, NM 87103-1608

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:

Shinnery Investment Co., A General Partnership
 P.O. Box 1608
 Albuquerque, NM 87103-1608



9590 9402 3493 7275 4786 90

2. Article Number (Transfer from mailpiece)

7015 1730 0000 9813 2692

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Julie A. Pascal ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Julie A. Pascal

C. Date of Delivery

21 Dec 18

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

3. Service Type

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

(over \$500)

7015 1730 0000 9813 2708

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	SANTA FE NM Postmark DEC 1 5 2018 USPO 87504
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total \$	
Sent \$	
Street	
City	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

909

Spiral, Inc.
P.O. Box 1933
Roswell, NM 88202

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>SM Saunders</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>SM SAUNDERS</i></p> <p>C. Date of Delivery <i>DEC 26 2018</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>		
<p>1. Article Addressed to: Spiral, Inc. P.O. Box 1933 Roswell, NM 88202</p>	<p>3. Service Type</p> <table border="0"> <tr> <td> <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 </td> <td> <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"/> 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"/> 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>2. Article Number (Transfer from service label) 7015 1730 0000 9813 2708</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt		



9590 9402 3493 7275 4786 83

7015 1730 0000 9813 2715

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

9.09

SANTA FE NM

DEC 19 2018

USPO 87504

Foundation Energy Fund V-A LP
 5057 Keller Springs Road, Suite 650
 Addison, TX 75001-6583

See 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.

Foundation Energy Fund V-A LP
 5057 Keller Springs Road, Suite 650
 Addison, TX 75001-6583



9590 9402 3493 7275 4787 06

2. Article Number (Transfer from service label)

7015 1730 0000 9813 2715

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cecelia E. Lang*☐ Agent☐ Addressee

B. Received by (Printed Name)

CECELIA E. LANG

C. Date of Delivery

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

3. Service Type

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

Domestic Return Receipt

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

7015 1730 0000 9813 2722

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

9.09

Foundation Energy Fund V-B Holding LLC
5057 Keller Springs Road, Suite 650
Addison, TX 75001-6583

SANTA FE NM
DEC 18 2018
USPO 87504

PS Form 3800, April 2015 PSN 7530-02-000-9053 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:
Foundation Energy Fund V-B Holding LLC
5057 Keller Springs Road, Suite 650
Addison, TX 75001-6583



9590 9402 3493 7275 4787 13

7015 1730 0000 9813 2722

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Cecilia E. Lang

☐ Agent☐ Addressee

B. Received by (Printed Name)

CECELIA E. LANG

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

730 0000 9813 2739

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

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OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

9.07

Isaac A Kawasaki, heirs

1232 S. King Street

Honolulu, HI 96814-1918

SANTA FE NM

DEC 19 2018
Postmark Date

USPO 87504

PS Form 3800, April 2010

For Instructions

Returned
envelope
12/28/18

7015 1730 0000 9813 2753

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

Mccombs Energy Ltd.
750 E. Mulberry Avenue Suite 403
San Antonio, TX 78212SANTA FE NM
DEC 19 2018
USPO 87504

See 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:

Mccombs Energy Ltd.
750 E. Mulberry Avenue Suite 403
San Antonio, TX 78212

9590 9402 3493 7275 4787 44

2. Article Number (Transfer from service label)

7015 1730 0000 9813 2753

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sarah O'Shaughnessy*☐ Agent☐ Addressee

B. Received by (Printed Name)

Sarah O'Shaughnessy

C. Date of Delivery

12/27/18

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"/> 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

7015 1730 0000 9813 2746

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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

Southwest Royalties, Inc.
 P.O. Box 53570
 Midland, TX 79710-3570

SANTA FE NM
 Here
DEC 19 2018
USPO 87504

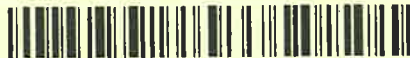
PS Form 3800, April 2015 PSN 7530-02-000-9053

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:
 Southwest Royalties, Inc.
 P.O. Box 53570
 Midland, TX 79710-3570



9590 9402 3493 7275 4787 20

2. 7015 1730 0000 9813 2746

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Debra Dunn</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Debra Dunn</i>	C. Date of Delivery <i>12-26-18</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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

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

Domestic Return Receipt

7015 1730 0000 9813 2760

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

George M. O'Brien
P.O. Box 1743
Midland, TX 79702

9.09

SANTA FE NM
DEC 19 2018
USPO 87504

For Instructions

Returned

Envelope

1/24/19

CARLSBAD
CURRENT-ARGUS

AFFIDAVIT OF PUBLICATION

Ad No.
0001273164

MONTGOMERY & ANDREWS P.A.
PO BOX 2307

SANTA FE NM 87504


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:

01/04/19



Legal Clerk

Subscribed and sworn before me this
4th of January 2019.



State of WI, County of Brown
NOTARY PUBLIC

11/9/22

My Commission Expires



Ad#:0001273164
P O : Lone Tree Draw
of Affidavits :0.00

EXHIBIT B

3MG Corporation; Adolph P. Schuman Trust
 James J Crafts Jr., TTEE; Agnes Cluthe Oliver
 Foundation TR Turtle Creek Trust Company
 LTA Successor TTEE; Betsy H. Keller; Brian
 Woehler Trust UWO William B Oliver Steve
 Fillenwarth Succ TTEE; Chi Energy, Inc.; Cole-
 man O'Brien Martin; CWM 2000-B, Ltd.; David
 H Essex; E G Holden Testamentary Trst; Ernie
 Bello; Estate of David Goodnow Edward B
 Goodnow Executor, James Corrie; Frances B
 Bunn TTEE Frances B Bunn Rev. Lt. Dtd. 5-18-
 82; Hayes Revocable Trust Michael D Hayes &
 Kathryn A Hayes Ttees; Isaac A Kawasaki; J
 Frederick Van Vranken, Jr; Jami Huber Owen;
 Judith C Devine Trust Uwo William B Oliver
 Turtle Creek Trust Company Lta Successor
 Trustee; Locker Brothers, a Texas General
 Partnership; McCombs Energy Ltd., a Texas
 Limited Partnership McCombs Energy Gp LLC
 Gen Ptnr. Larry Wyont Vice President;
 Mewbourne Development Corporation;
 Mewbourne Oil Company; Milestone Energy
 Corp.; Morris E. Schertz & Wife Holly K.
 Schertz; Penroc Oil Corporation M Y Mer-
 chant, President; Robert A Oliver Trust Uwo
 William B Oliver Turtle Creek Trust Company
 Lta. Successor Ttee; Sanford J. Hodge, III;
 Slash Exploration Limited Partnership; South-
 west Royalties, Inc; Tenison Oil Company;
 Yates Energy Corp.; Andrew Don Fry; State of
 New Mexico Commission of Public Lands;
 Butkin Investment Company LLC; C. Mark
 Wheeler, And Wife, Jlyn Wheeler; Chisos Min-
 erals LLC; Cornerstone Family Trust John Kyle
 Thoma Succ TTEE; Crownrock Minerals LP;
 Curtis W. Mewbourne, Trustee; David H. Es-
 sex; Dynasty Partners LLC, Bill Cagle, Manag-
 er; Elouise H. Justice; Hayes Revocable Trust
 Michael D. Hayes & Kathryn A. Hayes Ttees;
 High Sky Childrens Ranch in Memory of David
 Hoy Harrison; Hoy B. Harrison Endowed Schol-
 arship Texas Christian University c/o Finance
 & Administration; Jami Huber Owen; Jareed
 Partners Ltd., a Texas Limited Partnership;
 Kimbell Royalty Holdings LLC Duncan Man-
 agement LLC Agent; Lowe Royalty Partners
 LP; Midland College Foundation Inc FBO David
 Hoy Harrison Endowed Music Scholarship at
 Midland College in Memory of David Hoy; Mid-
 land Memorial Foundation in Memory of David
 Hoy Harrison; Mizel Resources a Trust; NBL
 Permian, LLC; NM & T Resources LLC; Paul R.
 Barwis c/o Dutton Harris & Co.; Paula Scott
 Campbell, Trustee of Paula Scott Campbell
 Revocable Trust U/ T/ A 10/ 27/ 15; Penwell Em-
 ployee Royalty Pool; Richard W. Schmidt and
 Wife, Amanda Schmidt; Robin Oil & Gas Cor-
 poration; Rusk Capital Management LLC; T.K.
 Campbell, II; Texas Christian University Dept.
 of Athletics in Memory of Hoy B Harrison &
 David Hoy Harrison; Todd M. Kringen and Kar-
 la R. Kringen; Tom E. Johnson; William R. Berg-
 man; Yosemite Creek Oil & Gas LLLP; Blue
 Ridge Royalties, LLC; George M. O'Brien, Deal-
 ing in his Sole and Separate Property; Grace
 M. Redwine, Dealing in her Sole and Separate
 Property; Joseph N. Scott, Dealing in his Sole
 and Separate Property; KCK Resources, Inc.;
 Linda F. Lyons & Monte L. Lyons JT; Martin &
 Martin LLLP; Nuevo Seis LP; Panhandle Prop-
 erties LLC; Unicorn Energy LLC c/o Gannaway
 & Associates; Watts Properties LLC; William F
 Brainerd and Wife, Connie Jean Brainerd;
 Branex Resources Inc; Cibola Energy Corpora-
 tion; Doug J. Schutz; George M. Yates; Harvey
 E. Yates, Jr.; Heyco Development Corporation;

Jalapeno Corporation; James J. Crafts, Jr., Trustee of Adolph P. Schuman Trust; Sam L. Shackelford; Shinnery Investment Co., A General Partnership; Spiral, Inc.; Foundation Energy Fund V-A LP; Foundation Energy Fund V-B Holding LLC

Devon Energy Production Company, L.P. has filed applications with the New Mexico Oil Conservation Division that are set for hearing on January 10, 2019, and will be continued for notice purposes to January 24, 2019, as follows:

Case No. 20157: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 332H** well, to be horizontally drilled from an approximate surface hole location 1715' FNL and 240' FWL of Section 14 to an approximate bottom hole location 1310' FNL and 230' FEL of Section 13. This well defines the HSU. Also to be drilled are the following infill wells: (1) the **Lone Tree Draw 14-13 State Com 331H** well, to be horizontally drilled from an approximate surface hole location 925' FNL and 225' FWL of Section 14 to an approximate bottom hole location 440' FNL and 230' FEL of Section 13. The completed intervals and first and last take points for the Lone Tree Draw 14-13 State Com 332H well and the Lone Tree Draw 14-13 State Com 331H well meet statewide setback requirements for horizontal oil wells. Also to be considered will be the cost of drilling and completing the wells and the allocation of the costs, the designation of Applicant as Operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Case No. 20158: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the S/2 N/2 of Section 13 and the S/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 333H** well, to be horizontally drilled from an approximate surface hole location 1730' FNL and 240' FWL of Section 14 to an approximate bottom hole location 2200' FNL and 230' FEL of Section 13. This well defines the HSU. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 333H well meet statewide setback requirements for horizontal oil wells. Also to be

considered will be the cost of drilling and completing the wells and the allocation of the costs, the designation of Applicant as Operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Case No. 20159: Second Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 640-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 335H** well, to be horizontally drilled from an approximate surface hole location 396' FSL and 195' FWL of Section 14 to an approximate bottom hole location 1310' FSL and 20' FEL of Section 13. This well defines the HSU. Also to be drilled are the following infill wells: (1) the **Lone Tree Draw 14-13 State Com 336H** well, to be horizontally drilled from an approximate surface hole location 377' FSL and 172' FWL of Section 14 to an approximate bottom hole location 330' FSL and 20' FEL of Section 13, and (2) the **Lone Tree Draw 14-13 State Com 334H** well, to be horizontally drilled from an approximate surface hole location 2040' FSL and 240' FWL of Section 14 to an approximate bottom hole location 2200' FSL and 230' FEL of Section 13. The completed intervals and first and last take points for the Lone Tree Draw 14-13 State Com 335H well, the Lone Tree Draw 14-13 State Com 336H well and the Lone Tree Draw 14-13 State Com 334H well meet statewide setback requirements for horizontal oil wells. Also to be considered will be the cost of drilling and completing the wells and the allocation of the costs, the designation of Applicant as Operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Case No. 20160: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 621H** well, to be horizontally drilled from an approximate surface hole location 940' FNL and 225' FWL of Section 14 to an approximate bottom hole location 440' FNL and 230' FEL of Section 13. This well defines the HSU. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 621H well meet statewide setback requirements for hori-

zontal oil wells. Also to be considered will be the cost of drilling and completing the wells and the allocation of the costs, the designation of Applicant as Operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Case No. 20161: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 640-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed Lone Tree Draw 14-13 State Com 623H well, to be horizontally drilled from an approximate surface hole location 2025' FSL and 240' FWL of Section 14 to an approximate bottom hole location 1310' FSL and 230' FEL of Section 13. This well defines the HSU. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 623H well meet statewide setback requirements for horizontal oil wells. Also to be considered will be the cost of drilling and completing the wells and the allocation of the costs, the designation of Applicant as Operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Hearing on these applications is scheduled at 8:15 a.m. on Thursday, January 10, 2019 at the Oil Conservation Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. For further information, contact the applicant's attorney, Seth C. McMillan, Montgomery and Andrews, P.A., 325 Paseo de Peralta, Santa Fe, New Mexico 87501 (505) 982-3873.

Jan. 4, 2019