

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

**APPLICATION OF STEWARD ENERGY II, LLC  
FOR COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO**

**Case No. 21117**

**STEWARD ENERGY II, LLC'S  
HEARING EXHIBITS**

Compulsory Pooling Application Checklist

Application

Exhibit A	Self-Affirmed Statement of Taylor Warren
A-1	Form C-102
A-2	Plat of Tracts
A-3	Steward Energy II Tract Interests
A-4	List of Tract Ownership
A-5	List of Locatable Pooled Parties
A-6	List of Unlocatable Pooled Parties
A-7	Well Proposal Letter
A-8	Summary of Follow-Up Contacts
A-9	Exhibit A to Joint Operating Agreement
A-10	Proposed Notice of Hearing
A-11	Hearing Notice Letter and Return Receipts
A-12	Affidavit of Publication
A-13	Authorization for Expenditure

Exhibit B Self-Affirmed Statement of Shane Seals

B-1 Regional Location Map, Gun Barrel Schematic, and Structure Map

B-2 Cross Section

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

**APPLICATION OF STEWARD ENERGY II, LLC  
FOR COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO**

**Case No. 21117**

**SELF-AFFIRMED STATEMENT  
OF TAYLOR WARREN**

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.

2. I am the Land Manager at Steward Energy II, LLC (“Steward”). I have had direct involvement with Steward’s development of the 480-acre, more or less, horizontal spacing unit (“HSU”) that is the subject of Steward’s application in this case.

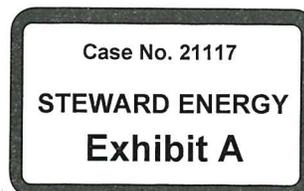
3. I have previously testified before the Division, and my qualifications as an expert in petroleum land matters were accepted.

**A. Proposed Wells and HSU**

4. The proposed HSU is comprised of the W/2 of Section 23 and the NW/4 of Section 26, Township 13 South, Range 38 East in Lea County, New Mexico.

5. Steward seeks to pool all uncommitted interests in the San Andres formation underlying the HSU.

6. The horizontal spacing unit will be dedicated to the Felina Fee #5H well, which will be horizontally drilled from a surface location 1960’ FSL and 1300’ FWL (Unit L) in Section 26 to a bottom hole location 100’ FNL and 1318’ FWL (Unit D) in Section 23, Township 13 South, Range 38 East.



7. The first take point for the Felina Fee #5H well is 2548' FNL and 1301' FWL in Section 26, and the last take point is 100' FNL and 1318' FWL in Section 23. The target interval is in the San Andres Formation at 5,280' TVD and 13,491' TMD.

8. The proposed well will be completed from South to North, and the completed interval of the well will be orthodox.

9. The proposed well is located in the Bronco; San Andres, South Pool, Code 7500. The primary product in the pool is oil. With respect to well setback requirements, this pool is subject to the statewide horizontal well rules set out in NMAC 19.15.16.15. Spacing in this pool is based on quarter-quarter sections, and the HSU is constructed based on quarter-quarter sections.

10. The proposed well is located in the W/2 W/2 of Section 23 and the W/2 NW/4 of Section 26, approximately 20 feet from the quarter section line. The proposed HSU includes as proximity tracts the E/2 W/2 of Section 23 and the E/2 NW/4 of Section 26.

11. The C-102 for the proposed well is attached as Exhibit A-1.

## **B. Ownership Determination**

12. A plat of the tracts included in the HSU is attached as Exhibit A-2. Steward's ownership interest in each tract included in the HSU is attached as Exhibit A-3. A list of the tract ownership is attached hereto as Exhibit A-4.

13. A list of the parties to be pooled, including ownership type, is attached as Exhibit A-5. A list of the unlocatable parties to be pooled is attached as Exhibit A-6.

14. There is no depth severance in the San Andres formation in the proposed HSU.

15. Steward has the right to pool any overriding royalty owners in the HSU.

## **C. Joinder**

16. I sent well proposal letters to the uncommitted interests on January 23, 2020. Subsequently, I had follow-up communications with the locatable interests. A sample of my well proposal letter is attached as Exhibit A-7. A summary of Steward's follow-up contacts with the locatable uncommitted interests are attached as Exhibit A-8.

17. A list of interest owners (Exhibit A to Joint Operating Agreement) is attached as Exhibit A-9.

18. 82.10% of the working interests are committed to the proposed well.

19. In my opinion, Steward has made a good faith effort to obtain the voluntary joinder of uncommitted interests in the proposed well.

#### **D. Notice of Hearing**

20. Steward's proposed notice of hearing is attached as Exhibit A-10.

21. Notice of Steward's application and the Division hearing was provided to the uncommitted interests by certified mail more than 20 days prior to the hearing date. A sample of the notice letter and the associated green cards are attached as Exhibit A-11.

22. Notice of Steward's application and the Division hearing was published more than ten business days prior to the hearing date. The affidavit of publication is attached as Exhibit A-12.

#### **E. Drilling and Operating Costs**

23. The AFEs for the proposed well are attached as Exhibit A-13. The estimated cost of the well is fair and reasonable and is comparable to the cost of other wells of similar depth and length drilled in Lea County.

24. Steward requests overhead and administrative rates of \$6500 per month while the well is being drilled and \$650 per month while the well is producing. These rates are fair and are

comparable to the rates charged by Steward and by other operators in the vicinity. They are also the rates set forth in the Joint Operating Agreement for the HSU. Steward further requests that the rates be adjusted periodically in accordance with the COPAS Accounting Procedure.

25. Steward requests that it be designated the operator of the well.

26. Steward also requests that a 200% risk charge be assessed against the uncommitted interests if they are non-consenting working interest owners.

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

28. In my opinion, the granting of Steward's application would serve the interests of conservation and the prevention of waste.

29. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 28 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

  
Taylor Warren

3-3-2020  
Date

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3160 Fax: (505) 476-3462

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

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number		<sup>2</sup> Pool Code 7500		<sup>3</sup> Pool Name BRONCO; SAN ANDRES, SOUTH	
<sup>4</sup> Property Code		<sup>5</sup> Property Name FELINA FEE		<sup>6</sup> Well Number 5H	
<sup>7</sup> OGRID No. 371682		<sup>8</sup> Operator Name STEWARD ENERGY II, LLC		<sup>9</sup> Elevation 3799'	

<sup>10</sup> Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	26	13S	38E		1960	SOUTH	1300	WEST	LEA

<sup>11</sup> Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	23	13S	38E		100	NORTH	1318	WEST	LEA

<sup>12</sup> Dedicated Acres 480.0	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
--	-------------------------------	----------------------------------	-------------------------

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

**<sup>17</sup> OPERATOR CERTIFICATION**  
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or released mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Wayne Price* Jan 27-2020  
Signature Date  
**Wayne Price-Price LLC Consultant for SEII**

Printed Name  
**wayneprice@q.com**  
E-mail Address

**<sup>18</sup> SURVEYOR CERTIFICATION**  
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

JANUARY 17, 2020  
Date of Survey  
Signature and Seal of Professional Surveyor:  
*Lloyd P. Short*  
Certificate Number  
**LLOYD P. SHORT 21653**

**LAST TAKE POINT/BOTTOM HOLE LOCATION**  
100' FNL 1318' FWL, SECTION 23  
NAD 83, SPCS NM EAST  
X:927250.60' / Y:796887.84'  
LAT:33.18422300N / LON:103.07196435W  
NAD 27, SPCS NM EAST  
X:886074.71' / Y:796825.06'  
LAT:33.18411600N / LON:103.07146549W

**FIRST TAKE POINT**  
2548' FNL 1301' FWL, SECTION 26  
NAD 83, SPCS NM EAST  
X:927360.83' / Y:789150.44'  
LAT:33.16295837N / LON:103.07190877W  
NAD 27, SPCS NM EAST  
X:886184.91' / Y:789087.89'  
LAT:33.16285134N / LON:103.07141013W

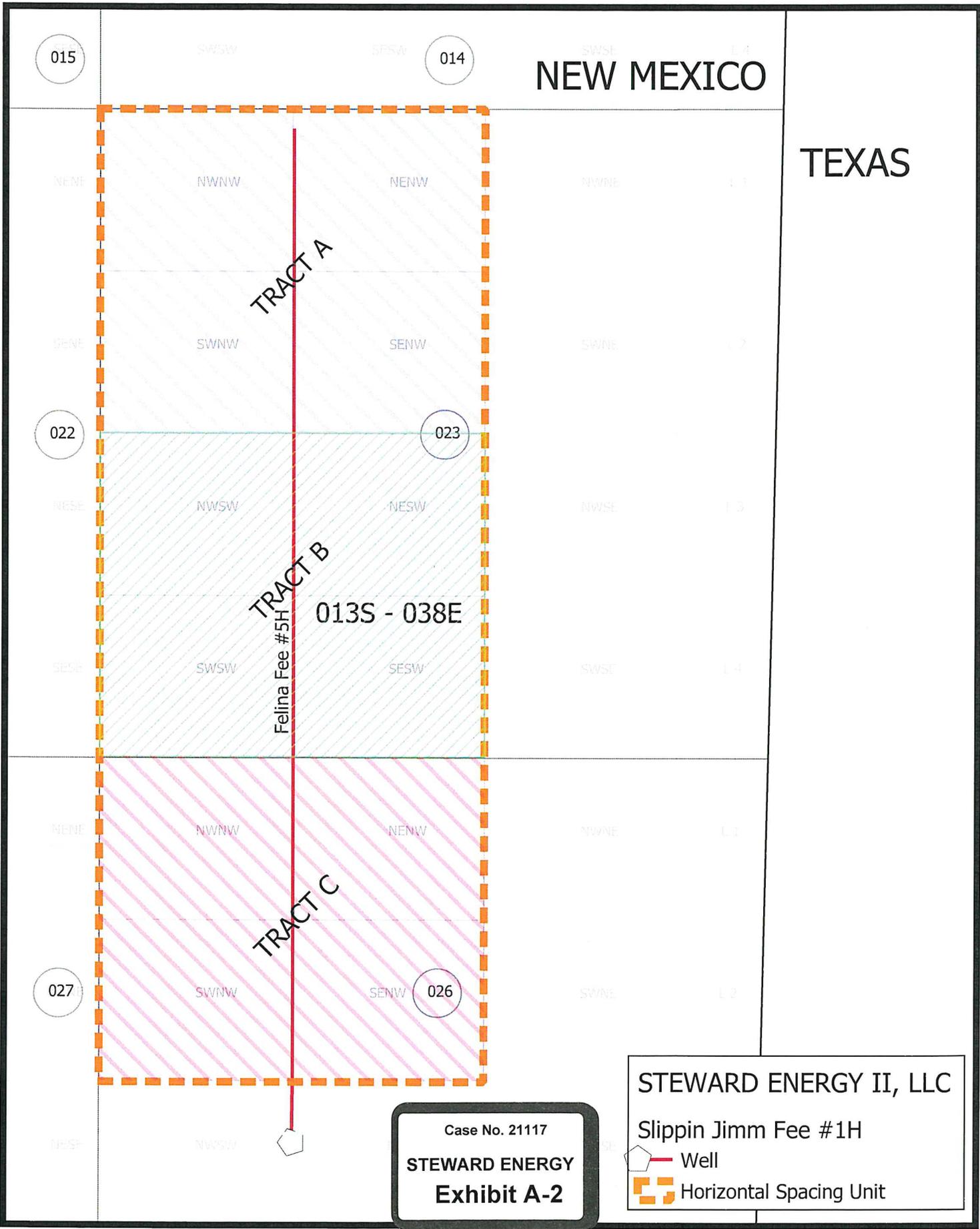
**SURFACE HOLE LOCATION**  
1960' FSL 1300' FWL, SECTION 26  
NAD 83, SPCS NM EAST  
X:927371.63' / Y:788362.67'  
LAT:33.16079336N / LON:103.07190449W  
NAD 27, SPCS NM EAST  
X:886195.70' / Y:788300.14'  
LAT:33.16068832N / LON:103.07140587W

**CORNER COORDINATES**  
NAD 83, SPCS NM EAST  
A - X: 925931.71' / Y: 796968.63'  
B - X: 928579.01' / Y: 797007.20'  
C - X: 928692.08' / Y: 789069.83'  
D - X: 926061.20' / Y: 789031.49'

**CORNER COORDINATES**  
NAD 27, SPCS NM EAST  
A - X: 884755.82' / Y: 796905.79'  
B - X: 887403.12' / Y: 796944.49'  
C - X: 887516.14' / Y: 789007.35'  
D - X: 884885.28' / Y: 788968.88'

Distances/areas relative to NAD 83 Combined Scale Factor: 0.99990013 Convergence: 00°41'16.54001"

Case No. 21117  
**STEWARD ENERGY**  
**Exhibit A-1**



NEW MEXICO

TEXAS

013S - 038E

TRACT A

TRACT B

TRACT C

Felina Fee #5H

Case No. 21117  
**STEWARD ENERGY**  
**Exhibit A-2**

**STEWARD ENERGY II, LLC**  
 Slippin Jimm Fee #1H  
 Well  
 Horizontal Spacing Unit



## Ownership

### Tract A

(NW/4 of Sec. 23, T13S-R38E, being 160.0 Acres)

#### Committed

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	45.143459%	Committed JOA executed
G.O. Basic Energy I, LLC	WI	24.308016%	Committed JOA executed

#### Uncommitted

Charles E. Pelton and Eileen Moore Pelton 1985 Revocable Trust	Mineral Interest	1.770789%	Pool
Cone, Kenneth G.	Mineral Interest	3.983270%	Pool
David Partin and Bobbie Ruth Partin 1985 Revocable Trust	Mineral Interest	1.770789%	Pool
Denton, Douglas A	Mineral Interest	1.867158%	Pool
Korosy, Charles J.	Mineral Interest	0.625000%	Pool
McCown, Cathie Cone Auvenshine	Mineral Interest	3.983270%	Pool
Patricia Boyle Young Trust, dated 6/28/1989	Mineral Interest	7.331707%	Pool
Rhuebottom, Patrick Dewayne	Mineral Interest	1.250000%	Pool
Spradlin, Billy Glen	Mineral Interest	0.328620%	Pool
The Long Trusts	Mineral Interest	7.637921%	Pool

### Tract B

(SW/4 of Sec. 23, T13S-R38E, being 160.0 Acres)

#### Committed

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	55.520833%	Committed JOA executed
G.O. Basic Energy I, LLC	WI	29.895833%	Committed JOA executed
Roy G. Barton & Opal Barton Revocable Trust, dated 1/28/1982	Mineral Interest	3.125000%	Executed AFE

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**STEWARD ENERGY**  
**Exhibit A-4**

### Uncommitted

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Cone, Kenneth G.	Mineral Interest	2.500000%	Pool
McCown, Cathie Cone Auvenshine	Mineral Interest	2.500000%	Pool
Spradlin, Billy Glen	Mineral Interest	0.206250%	Pool
The Long Trusts	Mineral Interest	4.793750%	Pool

## Tract C

(NW/4 of Sec. 26, T13S-R38E, being 160.0 Acres)

### Committed

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Steward Energy II, LLC	Working Int.	48.368293%	Committed JOA executed
G.O. Basic Energy I, LLC	Working Int.	26.044466%	Committed JOA executed
Clayton, Gertrude Lee Butler	Mineral Interest	0.781250%	Executed AFE

### Uncommitted

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
A&P Family Limited Partnership	Mineral Interest	3.125000%	Pool
Auvenshine Children's Testamentary Trust	Mineral Interest	0.005682%	Pool
Cone, Randy Lee	Mineral Interest	0.001894%	Pool
Elkan III, Edward Armstrong	Mineral Interest	1.107955%	Pool
Elkan, Jason	Mineral Interest	2.215909%	Pool
LFN Cone Properties, LLC	Mineral Interest	0.005682%	Pool
Mildred M. Jones Trust	Mineral Interest	1.562500%	Pool
Morgan, Geoffrey Carter	Mineral Interest	0.836293%	Pool
Spradlin, Billy Glen	Mineral Interest	0.022727%	Pool
Tom R. Cone Children's Trust	Mineral Interest	0.003788%	Pool
Trust created u/w/o of Glenna F. Rorke	Mineral Interest	0.505051%	Pool
Turner, Marcus	Mineral Interest	0.063131%	Pool
Underwood, Edward	Mineral Interest	0.568182%	Pool
University of Central Oklahoma	Mineral Interest	3.125000%	Pool

**Locatable uncommitted mineral owners to be pooled**

<b><u>Owner</u></b>	<b><u>Type</u></b>	<b><u>Tract</u></b>
A&P Family Limited Partnership	Mineral Interest	Tract C
Charles E. Pelton and Eileen Moore Pelton 1985 Revocable Trust	Mineral Interest	Tract A
David Partin and Bobbie Ruth Partin 1985 Revocable Trust	Mineral Interest	Tract A
Elkan III, Edward Armstrong	Mineral Interest	Tract C
Elkan, Jason	Mineral Interest	Tract C
Mildred M. Jones Trust	Mineral Interest	Tract C
Patricia Boyle Young Trust, dated 6/28/1989	Mineral Interest	Tract A
Auvenshine Children's Testamentary Trust	Mineral Interest	Tract C
Cone, Kenneth G.	Mineral Interest	Tract A & B
Cone, Randy Lee	Mineral Interest	Tract C
LFN Cone Properties, LLC	Mineral Interest	Tract C
McCown, Cathie Cone Auvenshine	Mineral Interest	Tract A & B
Morgan, Geoffrey Carter	Mineral Interest	Tract C
Spradlin, Billy Glen	Mineral Interest	Tract A, B & C
The Long Trusts	Mineral Interest	Tract A
Larry T. Long, Managing Trustee		Tract B
Tom R. Cone Children's Trust	Mineral Interest	Tract C
Trust created u/w/o of Glenna F. Rorke	Mineral Interest	Tract C
Turner, Marcus	Mineral Interest	Tract C
Underwood, Edward	Mineral Interest	Tract C
University of Central Oklahoma	Mineral Interest	Tract C
Korosy, Charles J.	Mineral Interest	Tract A

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**STEWARD ENERGY**  
**Exhibit A-5**

**Unlocatable uncommitted mineral owners to be pooled**

Rhuebottom, Patrick Dewayne	Mineral Interest	Tract A
Denton, Douglas A	Mineral Interest	Tract A

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**STEWARD ENERGY**

**Exhibit A-6**



\*\*\*\*\*VIA CERTIFIED U.S.P.S. MAIL\*\*\*\*\*

January 23, 2020

**Re: Steward Energy II, LLC  
Well Proposal – FELINA FEE #5H  
Sections 23 and 26, Township 13 South, Range 38 East, N.M.P.M.  
Lea County, New Mexico**

Douglas A Denton  
1501 Princeton Avenue  
Midland, TX 79701

To Whom it may concern,

This letter will serve as notice regarding the plans of Steward Energy II, LLC (“Steward”) to drill the FELINA FEE #5H (“Well”) with its surface location in the N/2 of the SW/4 of Section 26, Township 13 South, Range 38 East, Lea County, New Mexico. The Well will target the San Andres formation and will be drilled as a horizontal well with an approximate total depth drilled of 13,500 feet. The producing intervals of the Well will be located within the standard horizontal spacing unit (“Spacing Unit”) approved by the New Mexico Oil Conservation Division.

Steward’s ownership records indicate that you own an unleased mineral interest located within the Well’s Spacing Unit, and as an unleased mineral owner you are offered participation in the Well based upon your proportionate mineral interest in the Spacing Unit. Your proportionate interest and share of cost in the Well are noted at the bottom of the attached Authorization for Expenditure (“AFE”). The itemized cost of the Well is listed on the AFE, and the total cost for drilling is \$1,316,900.00, with an additional \$2,783,844.00 to complete the well.

Please indicate your election as to your participation in the Well by checking the appropriate box in the space provided below and returning the second page of this letter to Steward using the enclosed envelope. In the event you elect to participate in the well, please also sign the bottom of the attached AFE, and include it within the envelope as well.

Please be advised that Steward has requested a risk penalty in accordance with New Mexico law. In the event you elect NOT to participate, but do desire to lease your mineral interest, please contact Steward’s Land Department and request to speak with a Landman regarding your unleased interest.

Case No. 21117

**STEWARD ENERGY  
Exhibit A-7**

Your election must be received by Steward within 30 days of the date this proposal was received by you. Failure to respond within 30 days shall be deemed an election NOT to participate. Please send your election to:

Steward Energy II, LLC  
Land Department  
2600 N. Dallas Parkway, Suite 400  
Frisco, Texas 75094

For questions regarding this well proposal please contact the Land Department at [land@stewardenergy.net](mailto:land@stewardenergy.net) or call (214) 297-0500

Respectfully,



Taylor Warren  
Land Manager

Attachment

---

Proportionate Interest: 0.622386%

The undersigned elects **to**  **not to**  participate in the FELINA FEE #5H well with their proportionate interest.

**Douglas A Denton**

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

Chronology of contact with locatable uncommitted interest

- May 2017 – Steward Energy II, LLC begins acquiring oil and gas leases from the 185 mineral owners located in Tracts A, B and C. To date Steward Energy II, LLC has acquired 160 oil and gas leases within Tracts A, B and C.
- January 24, 2020 – Steward Energy II, LLC sends the Felina Fee #5H well proposals to the uncommitted unleased minerals owners via certified U.S. Mail.
- February 18, 2020 – Steward Energy II, LLC received Roy G. Barton & Opal Barton Rev. Trust executed election letter and AFE.
- February 20, 2020 - Steward Energy II, LLC received Ginger Lee Butler Clayton's executed election letter and AFE.
- March 2, 2020 - Steward Energy II, LLC has leased 9 of the original unleased minerals owners who were sent well proposal letters.

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**STEWARD ENERGY**  
**Exhibit A-8**

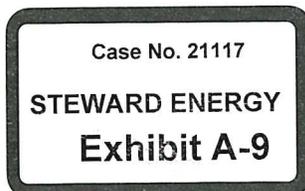
**Exhibit A to JOA**

**Steward Energy II, LLC**..... 52.519226% WI  
2600 N. Dallas Parkway, Suite 400  
Frisco, Texas 75034  
Attn: Taylor Warren, Land Manager

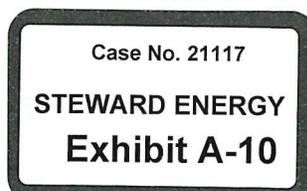
**G.O. Basic Energy I, LLC** ..... 28.279583% WI  
P.O. Box 51451  
Midland, TX 79710  
Attn: Jack Holmes, President

**Roy G. Barton & Opal Barton**  
**Revocable Trust, dated 1/28/1982**..... 1.041667% WI

**Clayton, Gertrude Lee Butler**..... 0.260417% WI



**Case No. \_\_\_\_\_: Application of Steward Energy II, LLC for compulsory pooling, Lea County, New Mexico.** Applicant seeks an order pooling all uncommitted mineral interests in the San Andres formation in a 480 acre, more or less, standard horizontal spacing unit comprised of the W/2 of Section 23 and the NW/4 of Section 26, Township 13 South, Range 38 East in Lea County, New Mexico. The horizontal spacing unit will be dedicated to the Felina Fee #5H well, which will be horizontally drilled from a surface location in Unit L in Section 26 to a bottom hole location in Unit D in Section 23, Township 13 South, Range 38 East. The completed interval for the well will be orthodox. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Steward Energy II, LLC as the operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well location is approximately sixteen (16) miles southeast of Tatum, New Mexico.





**HINKLE SHANOR LLP**

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:

Dana S. Hardy, Partner  
dhardy@hinklelawfirm.com

February 10, 2020

VIA CERTIFIED MAIL

A&P Family Limited Partnership  
Attn: Patrick Sims  
P.O. Box 1046  
Eunice, NM 88231

Re: Steward Energy II, LLC New Mexico Oil Conservation Division Application

Dear Mr. Sims:

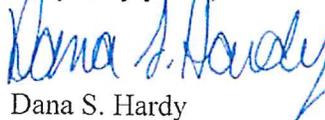
Enclosed is a copy of an application that Steward Energy II, LLC ("Steward") has filed with the New Mexico Oil Conservation Division ("the Division"). The application requests an order pooling all uncommitted mineral interests in the San Andres formation in a 480-acre, more or less, standard horizontal spacing unit comprised of the W/2 of Section 23 and the NW/4 of Section 26, Township 13 South, Range 38 East in Lea County, New Mexico.

This matter (Case No. 21117) is scheduled for hearing at 8:15 a.m. on Thursday, March 5, 2020 in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. A&P Family Limited Partnership ("A&P") is not required to attend this hearing, but as an owner of an interest that may be affected by Steward's application, it may appear at the hearing and present testimony. If A&P does not appear at that time and become a party of record, it will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, February 27, 2020. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,

  
Dana S. Hardy

Case No. 21117

**STEWARD ENERGY**  
**Exhibit A-11**

Enclosure

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

PO BOX 1720  
ARTESIA, NEW MEXICO 88211  
575-622-6510  
(FAX) 575-746-6316

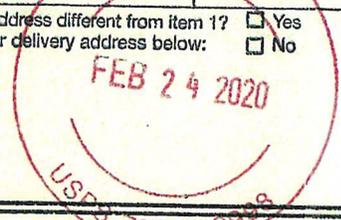
PO BOX 2068  
SANTA FE, NEW MEXICO 87504  
505-982-4554  
(FAX) 505-982-8623

7601 JEFFERSON ST NE • SUITE 180  
ALBUQUERQUE, NEW MEXICO 87109  
505-858-8320  
(FAX) 505-858-8321

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>Quann H Pearson</i></p> <p>B. Received by (Printed Name)  <i>Quann H Pearson</i></p> <p>C. Date of Delivery  <i>2/19/20</i></p>																
<p>1. Article Addressed to:</p> <p>A&amp;P Family Limited Partnership  c/o Patrick Sims  P.O. Box 1046  Eunice, NM 88231</p>  <p>9590 9402 5554 9249 4877 49</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)  7019 2280 0001 9628 6221</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>																	



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<p>1. Article Addressed to:</p> <p>Auvenshine Children's Trust  Cathie McCown, Trustee  P.O. Box 658  Dripping Springs, TX 78620</p>  <p>9590 9402 5554 9249 4877 32</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)  7019 2280 0001 9628 6238</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
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<p>1. Article Addressed to:</p> <p>Billy Glen Spradlin  29 Rim Road  Kilgore, TX 75662</p>  <p>9590 9402 5554 9249 4877 25</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)  7019 2280 0001 9628 6245</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>																	

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Cathie M. McCown</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cathie McCown</i> C. Date of Delivery <i>2/14</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>Cathie Cone Auvenshine McCown          P.O. Box 658          Dripping Springs, TX 78620</p>	
 9590 9402 5554 9249 4877 18	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6252</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Ross Backstrom</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ross Backstrom</i> C. Date of Delivery <i>2-11-20</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>CBD Energy, LLC          1521 Roma Ave NE          Albuquerque, NM 87106</p>	
 9590 9402 5554 9249 4931 46	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6269</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To _____</p> <p>Street and Apt. No., or PO _____</p> <p>City, State, ZIP+4® _____</p>	<p style="text-align: center;">Postmark Here</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p style="text-align: center;">Pelton Trust</p> <p style="text-align: center;">117 Crestwood Drive</p> <p style="text-align: center;">Fort Worth, TX 76107</p> </div>
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PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions

7019 2280 0001 9628 6276

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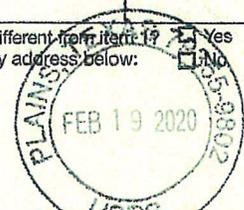
7019 2280 0001 9628 6283

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

Postmark  
Here

Sent To Cristine Anna Elkan  
 Street and Apt. No., a 20361 Presley Grove Dr.  
Porter, TX 77365  
 City, State, ZIP+4® \_\_\_\_\_

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <u>Donna Partin</u> <input type="checkbox"/> Agent <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p><u>Partin Trust</u>  <u>David &amp; B.R. Partin, Co-Trustees</u>  <u>P.O. Box 473</u>  <u>Plains, TX 79355</u></p>  <p>9590 9402 5554 9249 4931 15</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <p><input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p><b>7019 2280 0001 9628 6290</b></p>	

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

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7019 2280 0001 9628 6306

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

Postmark  
Here

Sent To Douglas A. Denton  
 Street and Apt. No 1501 Princeton Avenue  
Midland, TX 79701  
 City, State, ZIP+4® \_\_\_\_\_

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

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<p>1. Article Addressed to:</p> <p>Edward Armstrong Elkan III            9438 NW Harvest Hill Drive            Portland, OR 97229</p>  <p>9590 9402 5554 9249 4930 92</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6313</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table> <p>iii Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Insured Mail															
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<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table border="0"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	<input type="checkbox"/> Return Receipt (electronic)	\$ _____	<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	<input type="checkbox"/> Adult Signature Required	\$ _____	<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	<p style="text-align: center;">Postmark Here</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>Sent To: Edward Underwood</p> <p>Street and Apt.: 7800 CR 414</p> <p>City, State, ZIP+4®: Tyler, TX 75704</p> </div>
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____										
<input type="checkbox"/> Return Receipt (electronic)	\$ _____										
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____										
<input type="checkbox"/> Adult Signature Required	\$ _____										
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____										

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

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<p>1. Article Addressed to:</p> <p>Estate of Margrett Dora S...            3165 North Atlantic Ave, A209            Coral Beach, FL 32931</p>  <p>9590 9402 5554 9249 4878 62</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6337</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table> <p>ii Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Insured Mail															
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Geoffrey Carter Morgan</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Geoffrey Carter Morgan</i></p> <p>C. Date of Delivery  <i>3/12/20</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p>Geoffrey Carter Morgan          212 Valley Rd          Ridgeland, MS 39157</p>															
 9590 9402 5554 9249 4878 55	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Mail Restricted Delivery															
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6344</p>															
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt														

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Ginger B. Clayton</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Ginger B. Clayton</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p>Gertrude Lee Butler Clayton          10390 N. Naskapi Pt          Dunnellon, FL 34434</p>															
 9590 9402 5554 9249 4878 48	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Mail Restricted Delivery															
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6351</p>															
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt														

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Glenna F. Rorke Trust</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Glenna F. Rorke Trust</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p>Glenna F. Rorke Trust          Bank of America, Mgr &amp; Trustee          100 Federal Street          Boston, MA 02110</p>															
 9590 9402 5554 9249 4931 60	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Mail Restricted Delivery															
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6528</p>															
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt														

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Elkan</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Elkan</i> C. Date of Delivery <i>2/13/02</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Jason Elkan          5014 South Tatum Lane          Gilbert, AZ 85298</p>	
 9590 9402 5554 9249 4878 31	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6368</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	<p>Postmark Here</p>
<p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	
<p>Sent To: Jeannine Smith            Street and Apt. No., 1000 Howard Road            City, State, Zip+4® Starkville, MS 39759</p>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Jeffery Kirkpatrick</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>2/20</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>Jeffery Kirkpatrick          P.O. Box 312          Kosciusko, MS 39090</p>	
 9590 9402 5554 9249 4876 71	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6917</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>JoAnn Kirkpatrick Armstrong 16009 Attala Road, #2247 McCool, MS 39108</p>	
 9590 9402 5554 9249 4876 88	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6900</p>	<p>Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>John R. Norwood Pension Plan P.O. Box 10703 Midland, TX 79702</p>	
 9590 9402 5554 9249 4877 94	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6405</p>	<p>Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7019 2280 0001 9628 6412

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To	_____
Street and Apt. No., or P.O.	Jon M. Morgan MPP P.O. Box 1015
City, State, ZIP+4®	Midland, TX 79702
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark  
Here

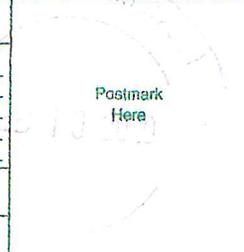
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Cathie M. McCown</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cathie M. McCown</i> C. Date of Delivery <i>2/21/2020</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>Kenneth G. Cone          c/o Cathie Cone McCown          P.O. Box 507          Dripping Springs, TX 78620</p>  <p>9590 9402 5554 9249 4877 70</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
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<input type="checkbox"/> Insured Mail															
<p>2. Article Number (Transfer from service label)          7019 2280 0001 9628 6429</p>															
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>															

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<p>1. Article Addressed to:</p> <p>Lester Joel Kirkpatrick          4622 Enchanted Rock Lane          Spring, TX 77388</p>  <p>9590 9402 5554 9249 4876 95</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	
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<p>2. Article Number (Transfer from service label)          7019 2280 0001 9628 6429</p>															
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<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table> <p>Postage \$ _____</p> <p><b>Total Postage and Fees</b> \$ _____</p> <p>Sent To                  LFN Cone Properties, LLC                  3102 South Oak Drive                  Austin, TX 78704</p>	<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	<input type="checkbox"/> Return Receipt (electronic)	\$ _____	<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	<input type="checkbox"/> Adult Signature Required	\$ _____	<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	<p>Postmark Here</p> 
<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	\$ _____										

City, State, ZIP+4® \_\_\_\_\_

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

4449 9296 1000 0922 6404

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY															
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1. Article Addressed to:  Mildred M. Jones Trust Edward R. Hooper, Trustee 208 O'Kelley Road Deming, NM 88030	<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Signature]</i></p>															
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center; font-size: 24px; font-weight: bold;">FEB 13 2020</p>															
2. Article Number (Transfer from service label) 9590 9402 5554 9249 4932 38	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	
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PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span>																

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1. Article Addressed to:  Mildred M. Jones Trust Edward R. Hooper, Trustee 5750 Peep O'Day Lane Loveland, CO 80538	<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Signature]</i></p>															
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PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span>																

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1. Article Addressed to:  Patricia Boyle Young Trust First National Bank, Trustee P.O. Box 1037 Okmulgee, OK 74447	<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Signature]</i></p>															
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>															
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PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span>																

7019 2280 0001 9628 6474

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

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

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

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

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

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

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

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

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

Sent To Patrick D. Rhuebottom  
 904 Carter Ave.  
 Lovington, NM 88260

Street and Apt. No.  
 City, State, ZIP+4®

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

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

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

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

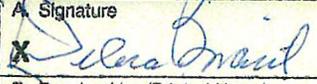
Postage  
 \$ \_\_\_\_\_

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

Sent To Randy Lee Cone  
 P.O. Box 552  
 Jay, OK 74346

Street and Apt. No.  
 City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Debra Briant</p> <p>C. Date of Delivery            2/13/20</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>1919 N TURNER</p>
<p>1. Article Addressed to:</p> <p>Roy &amp; Opal Barton Trust            c/o Roy G. Barton, Jr., Trustee            1919 North Turner St.            Hobbs, NM 88240</p> <p>            9590 9402 5554 9249 4931 91</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6498</p>	<p>all Restricted Delivery</p>

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<p>1. Article Addressed to:</p> <p>The Long Trusts          Larry T. Long, Managing Trustee          P.O. Box 3096          Kilgore, TX 75663</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">KILGORE          FEB 18 2020          USPS 75663-0996</p>														
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6504</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> 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 type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
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<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

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<p>1. Article Addressed to:</p> <p>Tom R. Cone Children's Trust          BOKF, Trustee          P.O. Box 2300          Tulsa, OK 74192</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6511</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> 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 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	
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<p>1. Article Addressed to:</p> <p>University of Central Oklahoma          1000 N. University          Evans Hall, 101          Edmond, OK 73034</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>														
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 6559</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> 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 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	
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

# Affidavit of Publication

STATE OF NEW MEXICO  
COUNTY OF LEA

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

Beginning with the issue dated  
February 15, 2020  
and ending with the issue dated  
February 15, 2020.



Publisher

Sworn and subscribed to before me this  
15th day of February 2020.

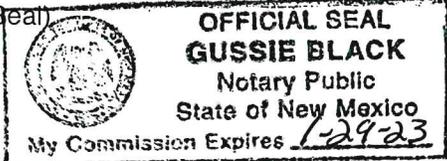


Business Manager

My commission expires

January 29, 2023

(Seal)



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

LEGAL

LEGAL

## LEGAL NOTICE FEBRUARY 15, 2020

This is to notify all interested parties, including A&P Family Limited Partnership c/o Patrick Sims, Cathie McCown, Trustee of the Auvenshine Children's Testamentary Trust, Billy Glen Spradlin, Cathie Cone Auvenshine McCown, CBD Energy, LLC, Charles E. Pelton and Eileen Moore Pelton, Co-Trustees of the Charles E. Pelton and Eileen Moore Pelton 1985 Revocable Trust, Cristine Anna Elkan, David Partin and Bobbie Ruth Partin, Co-Trustees of the David Partin and Bobbie Ruth Partin 1985 Revocable Trust, Douglas A. Denton, Edward Armstrong Elkan III, Edward Underwood, Estate of Margrett Dora Shearer, Geoffrey Carter Morgan, Gertrude Lee Butler Clayton, Jason Elkan, Jeannine Smith, Jeffery Kirkpatrick, JoAnn Kirkpatrick Armstrong, John R. Norwood Pension Plan, Jon M. Morgan Money Purchase Plan, Kenneth G. Cone c/o Cathie Cone McCown AIF, Lester Joel Kirkpatrick, LFN Cone Properties, LLC, Edward R. Hooper, Trustee of the Mildred M. Jones Trust, First National Bank and Trust Company of Okmulgee, OK, Trustee of the Patricia Boyle Young Trust dated 6/28/1989, Patrick Dewayne Rhuebottom, Randy Lee Cone, Roy G. Barton, Jr., Trustee of the Roy G. Barton & Opal Barton Revocable Trust dated 1/28/1982, Larry T. Long, Managing Trustee of The Long Trusts, BOKF, Trustee of the Tom R. Cone Children's Trust, Bank of America, Manager and Trustee of the Trust created u/w/o Glenna F. Rorke, University of Central Oklahoma, and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Steward Energy II, LLC (Case No. 21117) at 8:15 a.m. on March 5, 2020 in Porter Hall at 1220 South St. Francis Drive, Santa Fe, New Mexico. Applicant seeks an order pooling all uncommitted mineral interests in the San Andres formation in a 480 acre, more or less, standard horizontal spacing unit comprised of the W/2 of Section 23 and the NW/4 of Section 26, Township 13 South, Range 38 East in Lea County, New Mexico. The horizontal spacing unit will be dedicated to the Felina Fee #5H well, which will be horizontally drilled from a surface location in Unit L in Section 26 to a bottom hole location in Unit D in Section 23, Township 13 South, Range 38 East. The completed interval for the well will be orthodox. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Steward Energy II, LLC as the operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well location is approximately sixteen (16) miles southeast of Tatum, New Mexico.  
#35185

02107475

00239429

HINKLE, HENSLEY, SHANOR & MARTIN, LLP  
PO BOX 2068  
SANTA FE, NM 87504

Case No. 21117

**STEWARD ENERGY**  
**Exhibit A-12**



## AUTHORIZATION FOR EXPENDITURE

<b>Well Name:</b> Felina Fee 5H		<b>Operator:</b> Steward Energy II, LLC		<b>AFE Number:</b> 2004007DR	
<b>Well Type:</b> Horizontal / Oil		<b>AFE Type:</b> Development Drilling//Completion		<b>AFE Date:</b> 01/15/2020	
<b>Q/Q/Q-S/T/R:</b> N/2SW/4 / Sec. 26 / 13S / 38E		<b>Prop. Depth:</b> Approx 5500.00 TVD, 13500.00 MD		<b>County, State:</b> Lea, NM	
		<b>Field:</b> Bronco; San Andres, South		<b>Prep. By:</b> T. Hilton	
<b>Surface Location:</b>	<b>Long.</b> -103.07190449	<b>Lat.</b> 33.16079336	<b>XLoc:</b> 927371.63	<b>YLoc:</b> 788362.67	
<b>Bottom Hole Location:</b>	<b>Long.</b> -103.07196435	<b>Lat.</b> 33.18422300	<b>XLoc:</b> 927250.60	<b>YLoc:</b> 796887.84	
<b>Project Description:</b> Drill & Complete 1.5 mile San Andres Horizontal					

**Justification:**

1.5 mile San Andres Horizontal & SWD line to system

Account #	Cost Breakdown	Drilling	Dry Hole	Completion Cost	Workover	Total
8200.100	Land, Surveying & Legal	\$15,000	\$15,000			\$15,000
8200.101	Abstract, Title & Permit	\$60,000	\$60,000			\$60,000
8200.102	ROW & Surface Damages	\$30,000	\$30,000			\$30,000
8200.103	Road, Pad Location & Pit Building	\$65,000	\$65,000			\$65,000
8200.104	Environ, Reg & Safety	\$5,500	\$5,500			\$5,500
8200.105	Well Insurance	\$3,000	\$3,000			\$3,000
8200.113	Contract Labor	\$9,500	\$9,500			\$9,500
8200.114	Consulting Services & Contract Supervision	\$58,350	\$58,350			\$58,350
8200.122	Material Transportation	\$10,000	\$10,000			\$10,000
8200.126	Fuel	\$48,500	\$48,500			\$48,500
8200.131	Chemical-Downhole Treating	\$12,700	\$12,700			\$12,700
8200.132	Mud & Additives	\$40,000	\$40,000			\$40,000
8200.140	Mob/Demob	\$72,000	\$72,000			\$72,000
8200.141	Mud Disposal/Pit Closure	\$145,000	\$145,000			\$145,000
8200.142	Trailer Rental, Camp & Catering	\$32,000	\$32,000			\$32,000
8200.144	Drilling Rig - Daywork or Footage	\$210,000	\$210,000			\$210,000
8200.149	Bits, Mills & Reamers	\$35,000	\$35,000			\$35,000
8200.151	Directional Services	\$126,000	\$126,000			\$126,000
8200.160	Casing Crews & Services	\$25,000	\$25,000			\$25,000
8200.161	Cementing Services	\$95,000	\$95,000			\$95,000
8200.170	Water Purchase & Transfer	\$25,000	\$25,000			\$25,000
8200.175	Surface Equipment Rental & Services	\$55,000	\$55,000			\$55,000
8200.176	Downhole Equipment Rental & Services	\$45,500	\$45,500			\$45,500
8200.193	Downhole Inspection/Testing - Casing, Tubing & Rods	\$36,500	\$36,500			\$36,500
8200.301	Overhead	\$12,000	\$12,000			\$12,000
	<b>IDC Total:</b>	<b>\$1,271,550</b>	<b>\$1,271,550</b>			<b>\$1,271,550</b>
8250.200	Conductor/Drive Pipe	\$16,500	\$16,500			\$16,500
8250.201	Surface Casing	\$49,296	\$49,296			\$49,296
8250.203	Production Casing	\$187,000	\$187,000			\$187,000

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**Exhibit A-13**

8250.205	Wellhead Equipment, Flow Tee & Meter Run	\$14,000	\$14,000		\$14,000
8250.214	Other Downhole Equipment	\$30,000	\$30,000		\$30,000
<b>TDC Total:</b>		<b>\$296,796</b>	<b>\$296,796</b>		<b>\$296,796</b>
8300.100	Land, Surveying & Legal		\$3,000	\$3,000	\$3,000
8300.101	Abstract, Title & Permit		\$5,000	\$5,000	\$5,000
8300.104	Environmental & Regulatory		\$1,000	\$1,000	\$1,000
8300.114	Consulting Services & Contract Supervision		\$80,000	\$80,000	\$80,000
8300.120	Vacuum & Pump Truck		\$28,000	\$28,000	\$28,000
8300.122	Material Transportation		\$18,000	\$18,000	\$18,000
8300.126	Fuel		\$108,000	\$108,000	\$108,000
8300.131	Chemicals - Downhole Treating		\$5,000	\$5,000	\$5,000
8300.142	Trailer Rental, Camp & Catering		\$5,000	\$5,000	\$5,000
8300.143	Well Control - BOP, Isolation Assy		\$70,000	\$70,000	\$70,000
8300.146	Completion/Workover Rig		\$48,400	\$48,400	\$48,400
8300.148	Reverse Unit		\$21,000	\$21,000	\$21,000
8300.149	Bits, Mills & Reamers		\$4,500	\$4,500	\$4,500
8300.163	Cased Hole Logs		\$4,500	\$4,500	\$4,500
8300.164	Wireline & Perforating		\$115,000	\$115,000	\$115,000
8300.170	Water Purchase & Transfer		\$205,000	\$205,000	\$205,000
8300.171	Stimulation - Frac, Acid, Gravel Pack		\$960,000	\$960,000	\$960,000
8300.175	Surface Equipment Rental & Services		\$80,000	\$80,000	\$80,000
8300.176	Downhole Equipment Rental & Services		\$40,500	\$40,500	\$40,500
8300.179	Elect & Generator R&M		\$20,000	\$20,000	\$20,000
8300.191	Wellhead, Flow Tee & Meter Run R&M		\$2,500	\$2,500	\$2,500
8300.193	Downhole Inspection/Testing - Casing, Tubing & Rods	\$2,500	\$2,500	\$2,500	\$2,500
<b>ICC Total:</b>			<b>\$1,826,900</b>	<b>\$1,826,900</b>	<b>\$1,826,900</b>
8350.205	Wellhead Equipment, Flow Tee & Meter Run	\$11,000	\$11,000	\$11,000	\$11,000
8350.206	Tubing		\$30,000	\$30,000	\$30,000
8350.211	Electric Submersible Pumps		\$225,500	\$225,500	\$225,500
8350.213	Frac Plugs, Bridge Plus, Packers, Tubing Anchors		\$34,000	\$34,000	\$34,000
8350.214	Other Downhole Equipment	\$8,000	\$8,000	\$8,000	\$8,000
8350.221	Surface VSD, Transformer, POC & Associated Equipment		\$22,000	\$22,000	\$22,000
8350.234	Surface Pump & LACT's		\$2,500	\$2,500	\$2,500
<b>TCC Total:</b>			<b>\$333,000</b>	<b>\$333,000</b>	<b>\$333,000</b>
8600.100	Land, Surveying, & Legal	\$1,500	\$1,500		\$1,500
8600.102	ROW & Surface Damages	\$36,000	\$36,000		\$36,000
8600.111	Company Supervision	\$8,500	\$8,500		\$8,500
8600.120	Vacuum & Pump Truck	\$6,000	\$6,000		\$6,000
8600.122	Material Transportation	\$2,500	\$2,500		\$2,500
8600.175	Surface Equipment Rental & Services	\$6,000	\$6,000		\$6,000
<b>IFC Total:</b>			<b>\$60,500</b>		<b>\$60,500</b>
8650.222	Instrumentation & Meters	\$14,000	\$14,000		\$14,000
8650.223	SCADA & Communications	\$15,000	\$15,000		\$15,000
8650.224	Electrical Installation & Power Generation	\$40,000	\$40,000		\$40,000
8650.229	Prod & SWD Facility Inst.	\$60,000	\$60,000		\$60,000
8650.231	Separator, Heater Treater, FWKO	\$64,000	\$64,000		\$64,000
8650.233	Flowline & Gathering Lines	\$16,000	\$16,000		\$16,000

8650.235	Miscellaneous Non-Controllable - Pipe, Valves & Fittings	\$40,000	\$40,000	\$40,000
<b>TFC Total:</b>			<b>\$249,000</b>	<b>\$249,000</b>
			<b>Totals:</b>	<b>\$4,037,746</b>

**Owner Name:** Douglas A Denton      **Owner Cost %:** 0.622386%      **Owner Net Cost:** \$20037.07

Approved by: \_\_\_\_\_ Signature

Douglas A Denton: \_\_\_\_\_ Date: \_\_\_\_\_

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

Its: \_\_\_\_\_

This AFE is an estimate only and non-operator, by execution of same, commits to pay its proportionate share of actual cost incurred.

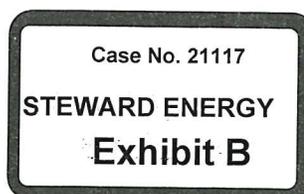
**STATE OF NEW MEXICO  
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES  
OIL CONSERVATION DIVISION**

**APPLICATION OF STEWARD ENERGY II, LLC  
FOR COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO**

**Case No. 21117**

**SELF-AFFIRMED STATEMENT OF  
SHANE SEALS**

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.
2. I am a geologist at Steward Energy II, LLC (“Steward”). I am familiar with the geological matters that pertain to Steward’s application.
3. I have previously testified before the New Mexico Oil Conservation Division as an expert in geology, and my qualifications were accepted.
4. A general location map of the proposed horizontal spacing unit (“HSU”) is attached as Exhibit B-1. Exhibit B-1 also provides the location of the well bore, a schematic of the proposed spacing unit, and a gunbarrel/lateral trajectory schematic.
5. A structure map of the San Andres formation is provided in Exhibit B-1. The map shows that the structure generally dips from north to south. It also shows a line of cross section and the HSU for the proposed Felina Fee #5H well.
6. Attached as Exhibit B-2 is a northwest to southeast cross section. The well logs on the cross section provide a representative sample of the San Andres formation in the area. The target zone for the proposed well is continuous across the HSU.



7. The preferred orientation for horizontal wells in the area is south to north or north to south because there is a slightly dominant stress regime that makes the orientation optimal for completion purposes.

8. The well's producing interval will be orthodox.

9. There are no depth severances in the San Andres formation in the proposed HSU.

10. Based on the information discussed above, I am able to conclude that:

a) The HSU is justified from a geologic standpoint;

b) There is no faulting or other geologic impediment that could adversely affect the drilling of the proposed well; and

c) Each quarter-quarter section in the HSU will contribute more or less equally to production.

11. In my opinion, the granting of Steward's application will serve the interests of conservation and the prevention of waste.

12. Exhibits B-1 and B-2 were either prepared by me or compiled from company records.

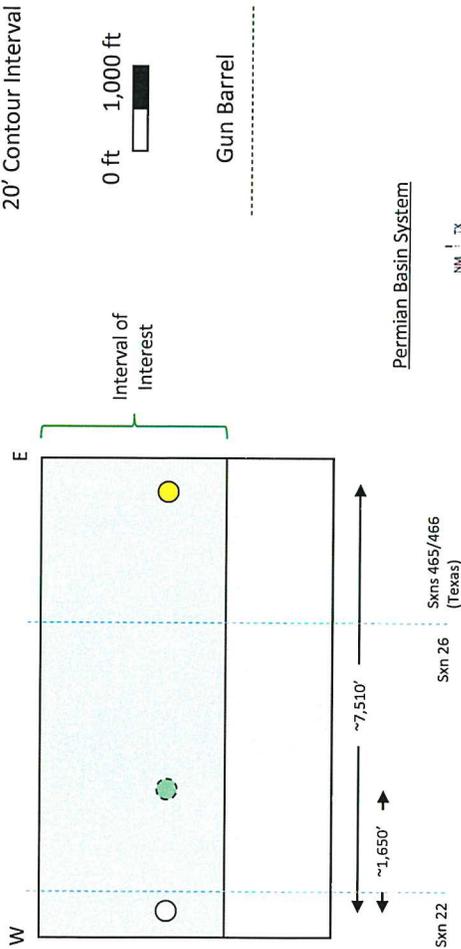
13. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 13 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten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

  
Shane Seals

3/3/20  
Date

### Gun Barrel

(Not to scale - Refer to map for orientation)

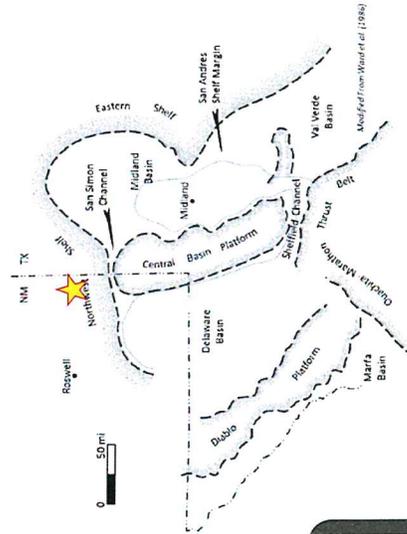


○ Salamanca State #1H  
(Steward Energy)

● Proposed Felina Fee #5H  
(Steward Energy)

● Hercules 466 #4H  
(Steward Energy)

### Permian Basin System

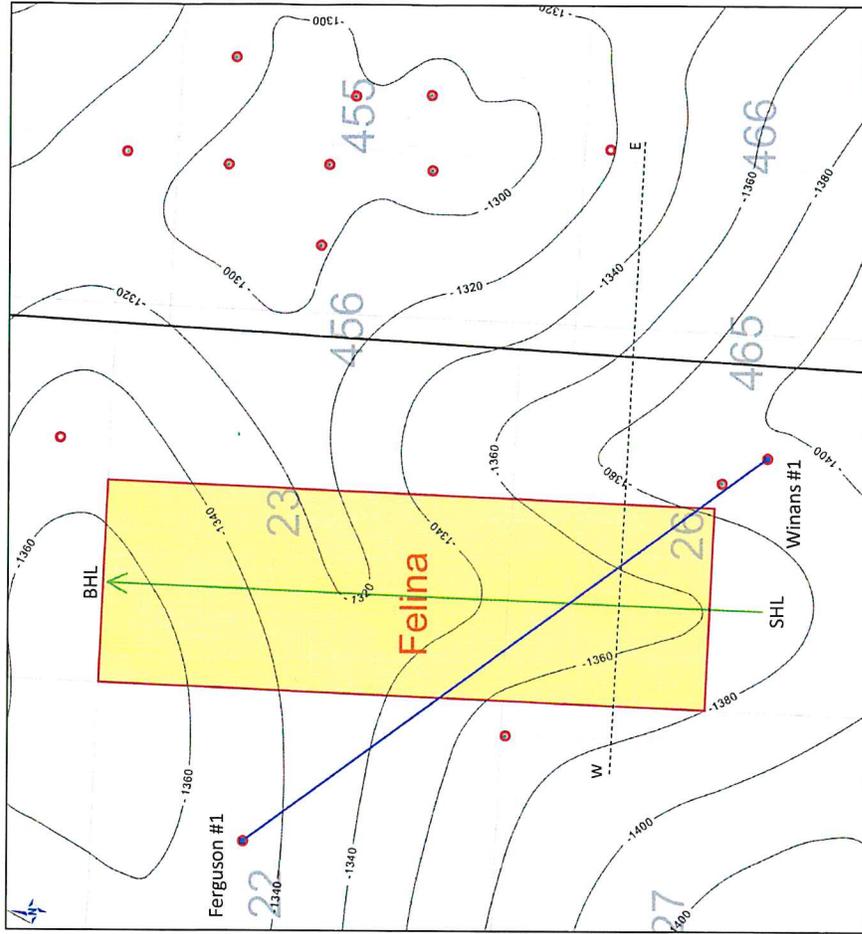


○ Top San Andres PI  
Present

■ Steward Energy  
(Felina) Acreage

— Producing Horizontal San  
Andres Well  
(Well Symbol at BHL)

→ Proposed Felina Fee #5H  
(Arrow towards BHL)



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**STEWARD ENERGY**  
**Exhibit B-1**

