



**EXHIBIT A**

**Ernest L. Padilla**

**Affidavit**

**OCD Cases 21226 and 21227**

**Application of Colgate Operating, LLC  
for compulsory pooling, and non-standard  
spacing and proration unit in  
Eddy County, New Mexico**

OCD CASE  
21226

In the Matter of the Application  
of Colgate Operating, LLC for  
compulsory pooling, non-standard  
spacing and proration unit in  
Eddy County, New Mexico

**PADILLA LAW FIRM, P.A.**

**STREET ADDRESS**  
1512 S. ST. FRANCIS DRIVE  
SANTA FE, NM 87505

**MAILING ADDRESS**  
P.O. BOX 2523

SANTA FE, NEW MEXICO 87504-2523

**EMAIL ADDRESS**  
[padillalaw@qwestoffice.net](mailto:padillalaw@qwestoffice.net)

**TELEPHONE**  
505-988-7577

**FACSIMILE**  
505-988-7592

March 5, 2020

**CERTIFIED MAIL/RETURN RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS**

**Re: NMOCD Case Number#21226, In the Matter of the Application of Colgate Operating, LLC, for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico.**

Ladies and Gentlemen:

This letter will advise that Colgate Operating, LLC has filed an application with the New Mexico Oil Conservation Division seeking an order for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico as referenced above. Copy of the application is enclosed.

This application will be set for hearing before a Division Examiner on April 2, 2020 at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend these hearings, but as an owner of an interest or offset operator that may be affected, you may appear and present testimony. Failure to appear at the time and become a party of record will preclude you from challenging these applications at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

  
ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

<b>WI OWNER (Dawson wells)</b>
Colgate Production, LLC
OXY USA WTP Limited Partnership 5 Greenway Plaza, Suite 110 Houston, Texas 77046
Crown Oil Partners VI, LLC P.O. Box 50820 Midland, Texas 79710
Magnum Hunter Production, Inc., 600 North Marienfeld, Suite 600 Midland, Texas 79701
Myrlene Mannschreck Dillon, SSP 1383 County Road 141 Coleman, Texas 76834-8159
Intrepid Energy, LLC PO Box 711 Yankton, South Dakota 57078
Crump Energy Partners VI, LLC P.O. Box 50820 Midland, Texas 79701
Pamela A. Davis, Trustee Under Declaration of Trust, dated August 28, 1992, Executed by Alice G. Davis 299 West 31st Street, Cottage 473 Sea Island, Georgia 31561
J.W. Davis, SSP (1995) 299 West 31st Street, Cottage 473 Sea Island, Georgia 31561

Paul Umbarger and wife, Zofia Umbarger 3804 Brandon Avenue, SW, Apt. No. 342 Roanoke, Virginia 24018
Timothy S. Ferguson and Patricia C. Ferguson 1710 W Parkside Drive Hoffman Estates, IL 60192-1540
Galkay, a Joint Venture P.O. Box 4109 Winston-Salem, North Carolina 27105
Patrick D. & Gail Lynn Ferguson 2021 West Dickens Ave Chicago, IL 60647
Wildcat Energy, LLC, a Texas corporation P.O. Box 13323 Odessa, Texas 79768
John G. Rocovich, Jr. P.O. Box 13606 Roanoke, Virginia 24035
J. Darlene Kline 5045 East St. Andrews Drive Tucson, Arizona 85718
Robert H. Kriebel, c/o Larry A. Evans CPA Inc. 210 Park Avenue, Suite 2300 Oklahoma City, Oklahoma 73102
Olin Garrett P.O. Box 1489 Roanoke, Virginia 24007
Gerald L. Michaud 11015 East 63rd Street South Derby, Kansas 67037

William L. Hilliard 2900 Club Drive Los Angeles, California 90064
Sombrero Associates 1 Chase Manhattan Plaza New York, New York 10005
Nelson & Company f/b/o John D. Wile Marital Trust P.O. Box 259 Willman, Connecticut 06226
Ted J. Werts 8220 Oxford Cir Wichita, Kansas 67226
Hodge Natural Gas Gathering, LLC 1013 Centre Road, Suite 403S Wilimington, DE 19805
Douglas C. Cranmer 202 North Gateway Circle Wichita, KS 67230
Russell B. Cranmer 200 W. Douglas, Suite 100 Wichita, KS 67202
Douglas C. Cranmer and Russell E. Cranmer, Trustees of the Russell E. Cranmer Irrevocable Trust 200 W. Douglas, Suite 100 Wichita, KS 67202
Robert A Weil 416 Sheridan Road Highland Park, Il 60035
Mary L. Kline 3451 Eastern NE Grand Rapids, Michigan 49505

Geoffrey Lanceley, MSU 4226 Oberlin Street Houston, Texas 77005
Elizabeth Kaye Tullis Dillard, SSP 3208 Wellshire Court Plano, Texas 75093
Catherin Huffman P.O. Box 100429 Fort Worth, Texas 76185
HCH Investments, LLC P.O. Box 3097 Albany, Texas 76430
C5 Capital Management P.O. Box 2218 Albany, Texas 76430
Duer Wagner, III PO Box 101265 Fort Worth, Texas 76185
Kenneth Walter Kline N4158 US Highway 41 Wallace, MI 49893-9780
Amy Umbarger 322 Eagle Drive Jupiter, Florida 33477-4066
Heidi Umbarger Perez 10 Woodstock Court Hilton Head Island, South Carolina 29928
Cheryl D Cordry 115 S Rutan Avenue Wichita, KS 67218
John W Burress III 403 New England Road Guildford, CT 06437-1876

Cameron Michaud-Drumright 300 N Mead Street, Suite 200 Wichita, KS 67202-2722
J4C Royalties, Ltd. PO Box 1058 Albany, TX 76430
Clint R. Werts 855 N Sagebrush Street Wichita, KS 67230-7057
Timothy S. Ferguson and Patricia C. Ferguson 1710 W Parkside Dri Hoffman Estates, IL 60192-1540
Aimee Leann Michaud 555 E. Northview Ave, Apt 4 McPherson, KS 67460-1950
Patrick J. Michaud 7307 N Hamilton St Spokane WA 99208-5255
Patrick D. Ferguson 229 Bee Tree Ridge Lane Villas, NC 28692
Gail Lynn Ferguson 403 Pearson Dr Asheville, NC 28001-1021
Randi S. Firestone 12760 Millennium, Apt. 403 Playa Vista, CA 90094
Nancy S. Holceker 399 Fullerton Parkway Chicago, IL 60614-2876

<p>John Ettelson 2350 N Lincoln Ave., Apt. 3N Chicago, IL 60614-3442</p>
<p>William Ettelson 589 Sheridan Road Glencoe, IL 60022-1764</p>
<p>Robert K. Hillin, Jr., MSU 4450 Eck Lane, Apt. F Austin, Texas 78734</p>
<p>Robert H. Kriebel c/o Larry Evans 210 Park Avenue, Suite 2300 Oklahoma City, OK 73102</p>
<p>Russell Cranmer 772 White Grotto Street Las Vegas, NV 89138</p>
<p>Scratch Properties, LLC PO Box 1287 Artesia, NM 88211</p>
<p>Shirley Anne Egbert PO Box 36 Los Gatos, CA 95031</p>
<p>Silverhair, LLC 1301 Lewis Road Artesia, NM 88210</p>
<p>Sombrero Associates 1 Chase Manhattan Plaza New York, NY 10005</p>
<p>Ted Werts 8220 Oxford Circle Wichita, KS 67226</p>

Teryl D. Meyers, Trustee of the Teryl D. Meyers Separate Property Trust 1943 Yajome Street Napa, CA 94559	
Thomas F. Meaders 4417 Normandy Dallas, TX 75205	
Thomas A. Crow, Trustee of the Mark E. Boling Revocable Trust 8210 Louisiana Blvd. NE Suite B Albuquerque, NM 87113	
Tularosa Oil Company PO Box 471349 Fort Worth, TX 76147	
V. Burfiend, p/k/a Vernon Burfiend PO Box 1526 Brenham, TX 77833	
Virgina B. Dean, Et al 4212 O'Keefe El Paso, TX 79902	
Virginia D. Kriz-Neesen	505
Lombardy El Paso, Texas 7992	
Wildcat Energy, LLC PO Box 13323 Odessa, TX 79768	
William Hilliard 2900 Club Drive Los Angeles, CA 90064	
ZPZ Delaware I, LLC 2000 Post Oak Blvd., Suite 100 Houston, TX 77056	

L & J Cohen, Inc.  
770 Tamalpais Drive, Suite 318  
Corte Madera, CA 94925

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	
\$	16.90
Total Postage and	
\$	20.45

Sent To Teryl D. Meyers, Trustee of the  
Teryl D. Meyers  
Separate Property Trust  
Street and Apt. 1 1943 Yajome Street  
City, State, ZIP+4 Napa, CA 94559

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

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<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	
\$	16.90
Total Postage and	
\$	20.45

Sent To ZPZ Delaware I, LLC  
2000 Post Oak Blvd., Suite 100  
Street and Apt. No Houston, TX 77056  
City, State, ZIP+4

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

ZPZ Delaware I, LLC  
2000 Post Oak Blvd., Suite 100  
Houston, TX 77056



9590 9402 4038 8079 4190 67

2. Article Number (Transfer from service label)

7019 2280 0001 9628 8966

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-9-20

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$ 16.90
Total Postage and Fees	\$ 20.45
Sent To	Tularosa Oil Company
Street and Apt. No.	P.O. Box 471349
City, State, ZIP+4	Fort Worth, TX 76147

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Tularosa Oil Company  
 P.O. Box 471349  
 Fort Worth, TX 76147



9590 9402 4038 8079 4191 28

**2. Article Number (Transfer from service label)**

9590 9402 4038 8079 4191 28

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

☒ Agent  
☐ Addressee

**B. Received by (Printed Name)**

Handwritten signature

**C. Date of Delivery**

3/16

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

**3. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Signature                                | <input type="checkbox"/> Priority Mail Express®                     |
| <input checked="" type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                     | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery             | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery        | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                   |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  |   |

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7019 2280 0001 9628 9949

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

☐ Return Receipt (hardcopy) \$ 2.85

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ 50

Total Postage at \$ 6.90

Sent To Sombrero Associates

Street and Apt. # 1 Chase Manhattan Plaza

City, State, ZIP+4 New York, New York 10005

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Postmark Here

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Sombrero Associates  
1 Chase Manhattan Plaza  
New York, New York 10005

2. Article Number (Transfer from service label)

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

Bontu

B. Received by (Printed Name) MSH

C. Date of Delivery APR 10 2020

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

Ch nR

3. Service Type

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

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Certified Mail Fee  
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Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ 2.85  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage 50  
\$ 16.98  
Total Postage and  
\$ \_\_\_\_\_  
Sent To  
Street and Apt. No. Wildcat Energy, LLC  
P.O. Box 13323  
City, State, ZIP+4<sup>®</sup> Odessa, TX 79768

Postmark  
Here

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


SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Wildcat Energy, LLC  
P.O. Box 13323  
Odessa, TX 79768

  
9590 9402 4038 8079 4190 81

2. Article Number (Transfer from service label)  
7019 2280 0001 9628 8980

COMPLETE THIS SECTION ON DELIVERY


A. Signature  
☒ RL Bah  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
  
C. Date of Delivery  
3/10/20

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

3. Service Type  
☐ Adult Signature  
☒ Adult Signature Restricted Delivery  
☒ Certified Mail<sup>®</sup>  
☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express<sup>®</sup>  
☐ Registered Mail<sup>TM</sup>  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation<sup>TM</sup>  
☐ Signature Confirmation Restricted Delivery



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Certified Mail Fee	
\$	3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	
\$	6.90
Total Postage on	
\$	

Sent To **L & J Cohen, Inc.**  
770 Tamalpais Drive, Suite 318  
Corte Madera, CA 94925  
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**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

L & J Cohen, Inc.  
770 Tamalpais Drive, Suite 318  
Corte Madera, CA 94925



9590 9402 4038 8079 4190 50

2. Article Number (Transfer from service label)

7019 2280 0001 9628 8942

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/9/20

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

3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Signature                                | <input type="checkbox"/> Priority Mail Express®                     |
| <input checked="" type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                                | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery             | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery        | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                   |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  |   |

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Certified Mail Fee  
 \$ 3.55

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark  
Here

Postage 50  
 \$ 6.90  
 Total Postage at  
 \$ \_\_\_\_\_  
 Sent To  
 Street and Apt. No.  
 City, State, ZIP+4

Silverhair, LLC  
 1301 Lewis Road  
 Artesia, NM 88210

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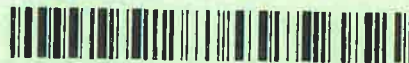
See Reverse for Instructions

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**1. Article Addressed to:**

Silverhair, LLC  
 1301 Lewis Road  
 Artesia, NM 88210



9590 9402 4038 8079 4191 73

**2. Article Number (Transfer from service label)**

7019 2280 0001 9628 9956

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*E. Scott Richardson*

- ☐ Agent  
☒ Addressee

**B. Received by (Printed Name)**

E. Scott Richardson

**C. Date of Delivery**

3-9-20

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

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

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<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage \$ 1.50  
Total Postage and Fees \$ 5.05

Sent To  
Scratch Properties, LLC  
P.O. Box 1287  
Artesia, NM 88211

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

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See Reverse for Instructions

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1. Article Addressed to:

Scratch Properties, LLC  
P.O. Box 1287  
Artesia, NM 88211



9590 9402 4038 8079 4191 97

2. Article Number (Transfer from service label)

7019 2280 0001 9628 9970

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A. Signature ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Travis Lanning

**3. Service Type**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Adult Signature                     | <input type="checkbox"/> Priority Mail Express®                     |
| <input checked="" type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                     | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery  | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery        | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                   |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  |   |

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Certified Mail Fee  
\$ 3.55

Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ 2.85  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage 56  
\$ 6.90  
Total Postage and Fees \$ \_\_\_\_\_

Postmark  
Here

Sent To \_\_\_\_\_  
Street and Apt. No. \_\_\_\_\_  
City, State, ZIP+4 \_\_\_\_\_

Thomas A. Crow, Trustee of the  
Mark E. Boling Revocable Trust  
8210 Louisiana Blvd. NE, Suite B  
Albuquerque, NM 87113

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

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Thomas A. Crow, Trustee of the  
Mark E. Boling Revocable Trust  
8210 Louisiana Blvd. NE, Suite B  
Albuquerque, NM 87113

  
9590 9402 4038 8079 4191 35

2. Article Number (Transfer from service label)  
212210  
7019 2280 0001 9628 9031

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail<sup>®</sup>  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express<sup>®</sup>  
☐ Registered Mail<sup>TM</sup>  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation<sup>TM</sup>  
☐ Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
☒ Christian Williams ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
Christian Williams

C. Date of Delivery  
3-9-20

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

PS Form 3811, July 2015 PSN 7530-02-000-9059 Domestic Return Receipt

Padilla Law Firm, P.A.  
Ernest L. Padilla  
PO Box 2523  
Santa Fe, NM 87504



7019 2

7019 2280 0001 9629 0006

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**OFFICIAL USE**

**Certified Mail Fee**  
\$ 3.55

**Extra Services & Fees (check box and fee as applicable)**

<input type="checkbox"/> Return Receipt (hardcopy)	\$	2.85
<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** \$6.90

**Total Postage amt** \$10.45

Postmark  
Here

Sent to **Robert K. Hillin, Jr., MSU**  
**4450 Eck Lane, Apt. F**  
**Austin, Texas 78734**

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

PS Form 3800, April 2015 PSN 7530-02-000-9007

See Reverse for Instructions

UNC  
7530-02-000-9007

7 DE 1 6003/27/26  
UNCL TO SENDER  
UNCL TO FORWARD  
BC: 87504252323 \*0893-00552-27-21  
0000579279 MAR 05 2020  
MAILED FROM ZIP CODE 87505



Padilla Law Firm, P.A.  
Ernest L. Padilla  
PO Box 2523  
Santa Fe, NM 87504



7019 2

7019 2280 0001 9628 9987

**U.S. Postal Service™  
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**OFFICIAL USE**

**Certified Mail Fee**  
\$ 3.55

**Extra Services & Fees (check box and fee as applicable)**

<input type="checkbox"/> Return Receipt (hardcopy)	\$	2.85
<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** \$6.90

**Total Postage amt** \$10.45

Postmark  
Here

Sent to **Russell Crammer**  
**772 White Grotto Street**  
**Las Vegas, NV 89138**

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

PS Form 3800, April 2015 PSN 7530-02-000-9007

See Reverse for Instructions

91236  
21227

WTF



UNITED STATES POSTAGE  
02 1P \$006.90  
0000579279 MAR 05 2020  
MAILED FROM ZIP CODE 87505

63100-1000000000

BC: 87504252323 \*0768-04267-05-41  
RETURN TO SENDER  
ATTEMPTED -  
UNABLE TO FORWARD



→

Padilla Law Firm, P.A.  
Ernest L. Padilla  
PO Box 2523  
Santa Fe, NM 87504

Padilla Law Firm, P.A.  
Ernest L. Padilla  
PO Box 2523  
Santa Fe, NM 87504

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**OFFICIAL USE**

Certified Mail Fee  
\$ 3.55

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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 50  
Total Postage and Fees \$10.90

Sent To \_\_\_\_\_  
Street and Apt. No. \_\_\_\_\_  
City, State, ZIP+4<sup>™</sup> \_\_\_\_\_

Virginia B. Dean, Et al  
4212 O'Keefe  
El Paso, TX 79902

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

U.S. Postal Service<sup>™</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
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**OFFICIAL USE**

Certified Mail Fee  
\$ 3.55

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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 50  
Total Postage and Fees \$10.90

Sent To \_\_\_\_\_  
Street and Apt. No. \_\_\_\_\_  
City, State, ZIP+4<sup>™</sup> \_\_\_\_\_

V. Burfiend, p/k/a Vernon Burfiend  
P.O. Box 1526  
Brenham, TX 79902

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



799 FE 1 0003/10/20  
RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD  
BC: 87504252323 \*0668-05463-05-41

ANK  
79904252323



E 1 0003/28/20  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 87504252323 \*0758-02610-05-41

Padilla Law Firm, P.A.  
Ernest L. Padilla  
PO Box 2523  
Santa Fe, NM 87504

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**OFFICIAL USE**

Certified Mail Fee \$ 3.55  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ 2.85  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage .50

Total Postage and  
Fees \$4.05

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

Ted Werts  
8220 Oxford Circle  
Wichita, KS 67226

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

See Reverse for Instructions

7019

-R-T-S-

Padilla Law Firm, P.A.  
Ernest L. Padilla  
PO Box 2523  
Santa Fe, NM 87504

**CERTIFIED MAIL**

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**OFFICIAL USE**

Certified Mail Fee \$ 3.55  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ 2.85  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage .50

Total Postage and  
Fees \$4.05

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

Shirley Anne Egbert  
P.O. Box 36  
Los Gatos, CA 95031

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

See Reverse for Instructions

ERQUE

20



672 DE 1 0003/13/20

RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

BC: 87504252323 \*0668-04152-05-41

67226750452323



N/9  
3/9

DC 1 0003/28/20

TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 87504252323 \*0668-04152-05-41

UNC  
67504252323

OCD CASE  
21226 & 21227

In the Matter of the Application  
of Colgate Operating, LLC for  
compulsory pooling, non-standard  
spacing and proration unit in  
Eddy County, New Mexico

**PADILLA LAW FIRM, P.A.**

**STREET ADDRESS**  
1512 S. ST. FRANCIS DRIVE  
SANTA FE, NM 87505

**TELEPHONE**  
505-988-7577

**MAILING ADDRESS**  
P.O. BOX 2523  
SANTA FE, NEW MEXICO 87504-2523

**FACSIMILE**  
505-988-7592

**EMAIL ADDRESS**  
[padillalaw@qwestoffice.net](mailto:padillalaw@qwestoffice.net)

March 5, 2020

**CERTIFIED MAIL/RETURN RECEIPT REQUESTED**

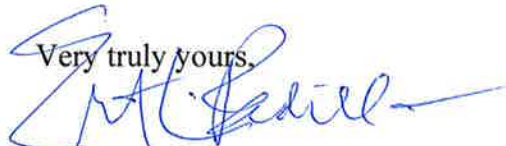
**TO: ALL INTEREST OWNERS**

**Re: NMOCD Case Numbers#21226 and 21227, In the Matter of the Application of Colgate Operating, LLC, for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico.**

Ladies and Gentlemen:

This letter will advise that Colgate Operating, LLC has filed an application with the New Mexico Oil Conservation Division seeking an order for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico as referenced above. Copy of the application is enclosed.

This application will be set for hearing before a Division Examiner on April 2, 2020 at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend these hearings, but as an owner of an interest or offset operator that may be affected, you may appear and present testimony. Failure to appear at the time and become a party of record will preclude you from challenging these applications at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,  
  
ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

<b>WI OWNER (Shamrock wells)</b>
Colgate Production, LLC
EOG Resources, Inc. 5509 Champions Dr. Midland, Texas 79706
OXY USA WTP Limited Partnership 5 Greenway Plaza, Suite 110 Houston, Texas 77046
Crown Oil Partners VI, LLC P.O. Box 50820 Midland, Texas 79710
Magnum Hunter Production, Inc., 600 North Marienfeld, Suite 600 Midland, Texas 79701
Myrlene Mannschreck Dillon, SSP 1383 County Road 141 Coleman, Texas 76834-8159
Intrepid Energy, LLC PO Box 711 Yankton, South Dakota 57078
Crump Energy Partners VI, LLC P.O. Box 50820 Midland, Texas 79701
Pamela A. Davis, Trustee Under Declaration of Trust, dated August 28, 1992, Executed by Alice G. Davis 299 West 31st Street, Cottage 473 Sea Island, Georgia 31561

J.W. Davis, SSP (1995) 299 West 31st Street, Cottage 473 Sea Island, Georgia 31561
Paul Umbarger and wife, Zofia Umbarger 3804 Brandon Avenue, SW, Apt. No. 342 Roanoke, Virginia 24018
Timothy S. Ferguson and Patricia C. Ferguson 1710 W Parkside Drive Hoffman Estates, IL 60192-1540
Galkay, a Joint Venture P.O. Box 4109 Winston-Salem, North Carolina 27105
Patrick D. & Gail Lynn Ferguson 2021 West Dickens Ave Chicago, IL 60647
Wildcat Energy, LLC, a Texas corporation P.O. Box 13323 Odessa, Texas 79768
John G. Rocovich, Jr. P.O. Box 13606 Roanoke, Virginia 24035
J. Darlene Kline 5045 East St. Andrews Drive Tucson, Arizona 85718
Robert H. Kriebel, c/o Larry A. Evans CPA Inc. 210 Park Avenue, Suite 2300 Oklahoma City, Oklahoma 73102
Olin Garrett P.O. Box 1489 Roanoke, Virginia 24007

Gerald L. Michaud 11015 East 63rd Street South Derby, Kansas 67037
William L. Hilliard 2900 Club Drive Los Angeles, California 90064
Sombrero Associates 1 Chase Manhattan Plaza New York, New York 10005
Nelson & Company f/b/o John D. Wile Marital Trust P.O. Box 259 Willman, Connecticut 06226
Ted J. Werts 8220 Oxford Cir Wichita, Kansas 67226
Hodge Natural Gas Gathering, LLC 1013 Centre Road, Suite 403S Wilimington, DE 19805
Douglas C. Cranmer 202 North Gateway Circle Wichita, KS 67230
Russell B. Cranmer 200 W. Douglas, Suite 100 Wichita, KS 67202
Douglas C. Cranmer and Russell E. Cranmer, Trustees of the Russell E. Cranmer Irrevocable Trust 200 W. Douglas, Suite 100 Wichita, KS 67202

Robert A Weil 416 Sheridan Road Highland Park, IL 60035
Mary L. Kline 3451 Eastern NE Grand Rapids, Michigan 49505
Geoffrey Lanceley, MSU 4226 Oberlin Street Houston, Texas 77005
Elizabeth Kaye Tullis Dillard, SSP 3208 Wellshire Court Plano, Texas 75093
Catherin Huffman P.O. Box 100429 Fort Worth, Texas 76185
HCH Investments, LLC P.O. Box 3097 Albany, Texas 76430
C5 Capital Management P.O. Box 2218 Albany, Texas 76430
Duer Wagner, III PO Box 101265 Fort Worth, Texas 76185
Kenneth Walter Kline N4158 US Highway 41 Wallace, MI 49893-9780
Amy Umbarger 322 Eagle Drive Jupiter, Florida 33477-4066

Heidi Umbarger Perez 10 Woodstock Court Hilton Head Island, South Carolina 29928
Cheryl D Cordry 115 S Rutan Avenue Wichita, KS 67218
John W Burress III 403 New England Road Guildford, CT 06437-1876
Cameron Michaud-Drumright 300 N Mead Street, Suite 200 Wichita, KS 67202-2722
J4C Royalties, Ltd. PO Box 1058 Albany, TX 76430
Clint R. Werts 855 N Sagebrush Street Wichita, KS 67230-7057
Timothy S. Ferguson and Patricia C. Ferguson 1710 W Parkside Dri Hoffman Estates, IL 60192-1540
Aimee Leann Michaud 555 E. Northview Ave, Apt 4 McPherson, KS 67460-1950
Patrick J. Michaud 7307 N Hamilton St Spokane WA 99208-5255
Patrick D. Ferguson 229 Bee Tree Ridge Lane Villas, NC 28692

Gail Lynn Ferguson 403 Pearson Dr Asheville, NC 28001-1021
Randi S. Firestone 12760 Millennium, Apt. 403 Playa Vista, CA 90094
Nancy S. Holceker 399 Fullerton Parkway Chicago, IL 60614-2876
John Ettelson 2350 N Lincoln Ave., Apt. 3N Chicago, IL 60614-3442
William Ettelson 589 Sheridan Road Glencoe, IL 60022-1764

<b>ORRI OWNER (Shamrock wells)</b>
Colgate Production, LLC
Charles F. Keller by AIF, Carol Sue Mhoon 85 Lonesome Pine Drive Antonito, Colorado 81120
Doris Jean Barnes Turner by AIF, Roger Emerson Barnes 1308 Godfrey Street Midland, Texas 79703-5036
Sharon Ross Jackson and Noell Ross Jackson, Co- Trustees of the Ross Family Trust PO Box 86 Midland, Texas 79702
D. Lloyd Henderson and wife, Jean E. Henderson 332 San Saba Street Meadowlakes, Texas 78654-7009
Marathon Oil Permian, LLC 5555 San Felipe Street Houston, Texas 77056
Platform Energy III, LLC PO Box 2078 Abilene, Texas 79604
Thomas A. Crow, Trustee of the Mark E. Boling Revocable Trust 8210 Louisiana Boulevard NE Suite B Albuquerque, New Mexico 87113
Abuelo, LLC 21 Cook Drive Artesia, New Mexico 88210
Ergodic Resources, LLC, a New Mexico limited liability company P.O. Box 2021 Roswell, New Mexico 88202

Silverhair, LLC 1301 Lewis Road Artesia, New Mexico 88210
Loco Hills Production Company LLC P.O. Box 779 Artesia, New Mexico 88211
Marshall & Winston, Inc. PO Box 50880 Midland, Texas 79710-0880
Greenville Partners PO Box 50612 Midland, Texas 79710
Lawrence R. Andersen 6337 Foote Road, Apt. A Ceres, California 95307-6645
Frank Jordan Pisor III 6319 N 8th Street Fresno, California 93710
Kevin Hammit and wife, Christine Hammit PO Box 50880 Midland, Texas 79710-0880
James A. Lawson, MSU PO Box 10017 Midland, Texas 79705
Barry Don Oldham 330 Rocky Land Drive Midland, Texas 79703
Larry C. Oldham 908 Country Club Drive Midland, Texas 79701
Cheryl Dianne Etheredge, as sole Trustee of the CDE 2015 Revocable Trust 4352 Westwood Drive Dallas, TX 75209



7018 3090 0001 4738 0920

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CERTIFIED MAIL <sup>®</sup> RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 7.05
Total Postage and	
Sent To	Nancy S. Holceker
Street and Apt. No.	399 Fullerton Parkway
City, State, ZIP+4 <sup>®</sup>	Chicago, IL 60614-2876
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark  
Here

2/27/21

7018 3090 0001 4738 0647

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CERTIFIED MAIL <sup>®</sup> RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 7.05
Total Postage and	
Sent To	Olin Garrett
Street and Apt. No.	P.O. Box 1489
City, State, ZIP+4 <sup>®</sup>	Roanoke, Virginia 24007
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark  
Here

2/27/21

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**OFFICIAL USE**

Certified Mail Fee	
\$	3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	
\$	7.05
Total Postage on	
\$	

Sent To	
Street and Apt. No.	
City, State, ZIP+4	

HCH Investments, LLC  
 P.O. Box 3097  
 Albany, Texas 76430

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

HCH Investments, LLC  
 P.O. Box 3097  
 Albany, Texas 76430



9590 9402 4582 8278 5843 64

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0890

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

**COMPLETE THIS SECTION ON DELIVERY**

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

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

3. Service Type		<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Signature Confirmation™
		<input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 7.05
Total Postage and	\$
Sent To	J4C Royalties, Ltd.
Street and Apt. No	P.O. Box 1058
City, State, ZIP+4	Albany, TX 76430

Postmark  
Here

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

J4C Royalties, Ltd.  
 P.O. Box 1058  
 Albany, TX 76430



9590 9402 4038 8079 4193 33

2. Article Number (Transfer from service label)

7018 3090 0001 4738 1002

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Deanna Carter* ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery

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

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$ 7.05
Total Postage and	\$

Sent To **J.W. Davis, SSP (1995)**  
299 West 31<sup>st</sup> Street, Cottage 473  
Sea Island, Georgia 31561  
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 items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

J.W. Davis, SSP (1995)  
299 West 31<sup>st</sup> Street, Cottage 473  
Sea Island, Georgia 31561



9590 9402 4582 8278 6045 43

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0531

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

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name)

C. Date of Delivery

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

**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery over \$500

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

Domestic Return Receipt

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

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

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.55

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark  
Here

Postage 65  
 \$ 7.05  
 Total Postage and  
 \$ \_\_\_\_\_

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

Pamela A. Davis, Trustee Under  
 Declaration of Trust, dated August  
 28, 1992, Exed. by Alice G. Davis  
 299 West 31<sup>st</sup> Street, Cottage 473  
 Sea Island, Georgia 31561

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Pamela A. Davis, Trustee Under  
 Declaration of Trust, dated August  
 28, 1992, Exed. by Alice G. Davis  
 299 West 31<sup>st</sup> Street, Cottage 473  
 Sea Island, Georgia 31561



9590 9402 4582 8278 6045 36

**2. Article Number (Transfer from service label)**

7018 3090 0001 4738 0548

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

Pamela Davis ☐ Agent  
☒ Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

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

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

**U.S. Postal Service™**  
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Domestic Mail Only

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

**OFFICIAL USE**

7018 3090 0001 4738 0661

Certified Mail Fee	
\$	3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	7.05
Total Postage and	
\$	
Sent To	J. Darlene Kline
Street and Apt. No.	5045 East St. Andrews Drive
City, State, ZIP+4®	Tucson, Arizona 85718

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>Darlene Kline</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DARLENE KLINE</i> C. Date of Delivery <i>3-16-20</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>J. Darlene Kline  5045 East St. Andrews Drive  Tucson, Arizona 85718</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 4738 0661</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.55  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ 2.85  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage .65  
 \$ 7.05  
 Total Postage and  
 \$ \_\_\_\_\_

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

John G. Rocovich, Jr.  
 P.O. Box 13606  
 Roanoke, Virginia 24035

Postmark  
 Here

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

John G. Rocovich, Jr.  
 P.O. Box 13606  
 Roanoke, Virginia 24035



9590 9402 4582 8278 6044 37

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0678

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X [Signature]

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

12/26

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

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7018 3090 0001 4738 0692

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$ <u>3.55</u>	Postmark Here
Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.85</u> <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage <u>65</u> \$ <u>7.05</u>	
Total Postage and \$ _____	
Sent To Street and Apt. No. City, State, ZIP+4	
Patrick D. & Gail Lynn Ferguson 2021 West Dickens Ave. Chicago, IL 60647	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature <input checked="" type="checkbox"/> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>3-12-20</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:  Patrick D. & Gail Lynn Ferguson 2021 West Dickens Ave. Chicago, IL 60647	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label) 9590 9402 4582 8278 6044 51 <u>210221 2 210221</u> 7018 3090 0001 4738 0692	Domestic Return Receipt
PS Form 3811, July 2015 PSN 7530-02-000-9053	

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**OFFICIAL USE**

Certified Mail Fee  
\$ 3.55

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
\$ 7.05

Total Postage and  
\$

Sent To  
Geoffrey Lanceley, MSU  
4226 Oberlin Street  
Houston, Texas 77005

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

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

Postmark  
Here

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Geoffrey Lanceley, MSU  
4226 Oberlin Street  
Houston, Texas 77005

2. Article Number (Transfer from service label)

9590 9402 4582 8278 6042 84  
21226 & 21227

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** Geoffrey Lanceley ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
Geoffrey Lanceley

C. Date of Delivery

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 7.05
Total Postage and Fees	\$

Postmark  
Here

Sent To Douglas C. Cranmer  
 Street and Apt. No 202 North Gateway Circle  
 City, State, ZIP+4® Wichita, KS 67230

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Douglas C. Cranmer  
 202 North Gateway Circle  
 Wichita, KS 67230



9590 9402 4582 8278 6043 38

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0777

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X <u>[Signature]</u>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <u>Douglas C. Cranmer</u>	C. Date of Delivery <u>3-17-20</u>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

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

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

**OFFICIAL USE**

Certified Mail Fee

\$ 3.55

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

☐ Return Receipt (hardcopy) \$ 2.85  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage 65

\$ 7.05

Total Postage and

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

Sent To \_\_\_\_\_

Street and Apt. No. \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_

Cameron Michaud-Drumright  
 300 N Mead Street, Suite 200  
 Wichita, KS 67202-2722

Postmark  
 Here

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Cameron Michaud-Drumright  
 300 N Mead Street, Suite 200  
 Wichita, KS 67202-2722



9590 9402 4582 8278 6042 60

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0814

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

[Signature]

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Wm Michaud

C. Date of Delivery

7/9/15

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:

☐ Yes  
☐ No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7018 3090 0001 4738 0821

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage \$ 7.05  
Total Postage and  
\$

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

John W Burress III  
403 New England Road  
Guildford, CT 06437-1876

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

John W Burress III  
403 New England Road  
Guildford, CT 06437-1876



9590 9402 4582 8278 6042 53

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0821

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☒ Addressee  
*Loring Burress*  
B. Received by (Printed Name) C. Date of Delivery

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

*Loring Burress*

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

Domestic Return Receipt

7018 3090 0001 4738 0876

# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>®</sup> RECEIPT

Domestic Mail Only

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

## OFFICIAL USE

Certified Mail Fee	
\$	3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	
\$	7.05
Total Postage and	
\$	

Sent To	
Street and Apt. No.	
City, State, ZIP+4	

Duer Wagner, III  
P.O. Box 101265  
Fort Worth, Texas 76185

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

See Reverse for Instructions

### SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Duer Wagner, III  
P.O. Box 101265  
Fort Worth, Texas 76185



9590 9402 4582 8278 6042 08

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0876

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

### COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
X Mary Miller		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
Mary Miller	3-11-20	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		

### 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express <sup>®</sup>         |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail <sup>TM</sup>              |
| <input checked="" type="checkbox"/> Certified Mail <sup>®</sup>        | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation <sup>TM</sup>       |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

7018 3090 0001 4738 0944

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

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**OFFICIAL USE**

Certified Mail Fee	
\$	3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	
\$	7.05
Total Postage and	
\$	

Sent To	
Street and Apt. No.	
City, State, ZIP+4	

Gail Lynn Ferguson  
403 Pearson Drive  
Asheville, NC 28001-1021

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Gail Lynn Ferguson  
403 Pearson Drive  
Asheville, NC 28001-1021



9590 9402 4038 8079-4192 72

**2. Article Number (Transfer from service label)**

7018 3090 0001 4738 0944

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Gail Ferguson*

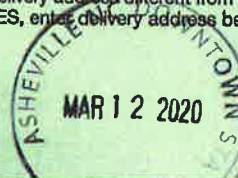
- ☐ Agent
- ☐ Addressee

**B. Received by (Printed Name)**

*Gail Ferguson*

**C. Date of Delivery**

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



**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7018 3090 0001 4738 0968

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage \$ 7.05  
Total Postage and  
\$

Sent To Patrick J. Michaud  
7307 N. Hamilton Street  
Street and Apt. No. Spokane, WA 99208-5255  
City, State, ZIP+4

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Patrick J. Michaud  
7307 N. Hamilton Street  
Spokane, WA 99208-5255



9590 9402 4038 8079 4192 96

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0968

PS Form 3811, July 2015 PSN 7530-02-000-9059

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

John Tanas

C. Date of Delivery

3/14/20

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

3. Service Type

- ☐ Adult Signature
- ☒ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7018 3090 0001 4738 0555

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ <u>3.55</u>
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>3.85</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage .65  
\$ 7.05  
Total Postage and

\$  
Sent To  
Street and Apt. No.  
City, State, ZIP+4®

Crump Energy Partners VI, LLC  
P.O. Box 50820  
Midland, Texas 79701

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Crump Energy Partners VI, LLC  
P.O. Box 50820  
Midland, Texas 79701



9590 9402 4582 8278 6045 29

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0555

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) <u>Crystallina</u>	C. Date of Delivery <u>3.10.20</u>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

7018 3090 0001 4738 0586

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee  
\$ 3.55

Extra Services & Fees (check box, add fees appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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 .45  
\$ 7.05  
Total Postage on \$

Sent To  
Street and Apt. No.  
City, State, ZIP+4

Magnum Hunter Production, Inc.  
600 North Marienfeld, Suite 600  
Midland, Texas 79701

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

Postmark  
Here

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Magnum Hunter Production, Inc.  
600 North Marienfeld, Suite 600  
Midland, Texas 79701

2. Article Number (Transfer from service label)

9590 9402 4582 8278 6044 99  
21226 22227

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
3-10-20

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express <sup>®</sup>
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail <sup>TM</sup>
<input checked="" type="checkbox"/> Certified Mail <sup>®</sup>	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation <sup>TM</sup>
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

7018 3090 0001 4738 0609

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

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

**OFFICIAL USE**

Certified Mail Fee	
\$	3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.65
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	7.05
Total Postage and Fees	
\$	10.60
Sent To	
Street and Apt. No.	
City, State, ZIP+4	

OXY USA WTP  
Limited Partnership  
5 Greenway Plaza, Suite 110  
Houston, Texas 77046

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X</b></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><i>James E Beaul</i> JAMES BEAUL</p>																
<p>1. Article Addressed to:</p> <p>OXY USA WTP Limited Partnership 5 Greenway Plaza, Suite 110 Houston, Texas 77046</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 checked="" type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr><tr><td><input type="checkbox"/> Insured Mail Restricted Delivery over \$500</td><td></td></tr></table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery over \$500	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery over \$500																	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 4582 8278 6044 75</p> <p>7018 3090 0001 4738 0609</p>																	

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

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<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 .65  
 \$ 7.05  
 Total Postage and

\$  
 Sent To

Street and Apt. No

City, State, ZIP+4®

Postmark  
 Here

Crown Oil Partners VI, LLC  
 P.O. Box 50820  
 Midland, Texas 79710

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Crown Oil Partners VI, LLC  
 P.O. Box 50820  
 Midland, Texas 79710



9590 9402 4582 8278 6044 82

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0593

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

Crystalena

C. Date of Delivery

3.10.20

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:

☐ Yes  
☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7018 3090 0001 4738 0685

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*Domestic Mail Only*

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

OFFICIAL USE


Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.05
<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 - 05	\$ 7.05
Total Postage and	\$
Sent To	Wildcat Energy, LLC, a Texas Corporation
Street and Apt. No.	P.O. Box 13323
City, State, ZIP+4 <sup>®</sup>	Odessa, Texas 79768

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Wildcat Energy, LLC, a Texas Corporation  
P.O. Box 13323  
Odessa, Texas 79768

  
9590 9402 4582 8278 6044 44  
21226 21227

2. Article Number (Transfer from service label)  
7018 3090 0001 4738 0685


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ *RLB*  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
  
C. Date of Delivery  
3/10/20

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

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

  
Domestic Return Receipt

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

7018 3090 0001 4738 0746

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee	
\$	3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage + <u>65</u>	
\$	7.05
Total Postage and	
\$	
Sent To	
Robert A. Weil	
416 Sheridan Road	
Highland Park, IL 60035	
Street and Apt. No.	
City, State, ZIP+4 <sup>®</sup>	

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><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 checked="" type="checkbox"/> Addressee</p> <p><i>Robert A. Weil</i></p>
1. Article Addressed to:	B. Received by (Printed Name)
Robert A. Weil 416 Sheridan Road Highland Park, IL 60035	C. Date of Delivery 3/10/20
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type
9590 9402 4582 8278 6043 07 <i>212203 21227</i>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express <sup>®</sup> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail <sup>TM</sup> <input checked="" type="checkbox"/> Certified Mail <sup>®</sup> <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <sup>TM</sup> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 7.05
Total Postage and	\$

Postmark  
Here

Sent To Douglas C. Cranmer and  
Russell E. Cranmer Trustees  
200 W. Douglas, Suite 100  
Wichita, KS 67202

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Douglas C. Cranmer and  
 Russell E. Cranmer Trustees  
 200 W. Douglas, Suite 100  
 Wichita, KS 67202



9590 9402 4582 8278 6043 14

**2. Article Number (Transfer from service label)**

7018 3090 0001 4738 0753

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*[Signature]*

☐ Agent

☐ Addressee

**B. Received by (Printed Name)**

*Enika Montezuma*

**C. Date of Delivery**

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

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

7018 3090 0001 4738 0760

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

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

**OFFICIAL USE**

Certified Mail Fee	
\$	3.55
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	
\$	7.05
Total Postage and	
\$	

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

Russell B. Cranmer  
 200 W. Douglas, Suite 100  
 Wichita, KS 67202

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Russell B. Cranmer  
 200 W. Douglas, Suite 100  
 Wichita, KS 67202



9590 9402 4582 8278 6043 21

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0760

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

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type		<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	
<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Return Receipt for Merchandise	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	
<input type="checkbox"/> Collect on Delivery Restricted Delivery		
<input type="checkbox"/> Insured Mail		
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		

Domestic Return Receipt

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

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

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.55

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark  
Here

Postage .65  
 \$ 7.85

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

Sent To \_\_\_\_\_

Street and Apt. No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Nelson & Company f/b/o  
 John D. Wile Martial Trust  
 P.O. Box 259  
 Willman, Connecticut 06226

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Nelson & Company f/b/o  
 John D. Wile Martial Trust  
 P.O. Box 259  
 Willman, Connecticut 06226



9590 9402 4582 8278 6043 69

**2. Article Number (Transfer from service label)**

7018 3090 0001 4738 0807

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X Fred Demers

- ☐ Agent  
☐ Addressee

**B. Received by (Printed Name)**

Fred Demers

**C. Date of Delivery**

3-9-20

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

**3. Service Type**

- ☐ Adult Signature  
☒ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7018 3090 0001 4738 0838

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee	
\$	3.55
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	
\$	7.05
Total Postage and	
\$	

Sent To	
Street and Apt. No.	
City, State, ZIP+4 <sup>®</sup>	

Cheryl D. Cordry  
115 S. Rutan Avenue  
Wichita, KS 67218

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Cheryl D. Cordry  
115 S. Rutan Avenue  
Wichita, KS 67218



9590 9402 4582 8278 6042 46

21220 21227

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0838

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature	
<input checked="" type="checkbox"/> <i>John Shay</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
John Shay	3/9/08
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express <sup>®</sup>
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail <sup>TM</sup>
<input checked="" type="checkbox"/> Certified Mail <sup>®</sup>	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation <sup>TM</sup>
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery over \$500	

Domestic Return Receipt

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

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

**OFFICIAL USE**

**Certified Mail Fee**

\$ 3.55

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

☐ Return Receipt (hardcopy) \$ 2.85  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

**Postage**

\$ 7.05

**Total Postage and**

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

**Sent To**

\_\_\_\_\_

**Street and Apt. No.**

\_\_\_\_\_

**City, State, ZIP+4**

\_\_\_\_\_

Kenneth Walter Kline  
 N4158 US Highway 41  
 Wallace, MI 49893-9780

Postmark  
 Here

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Kenneth Walter Kline  
 N4158 US Highway 41  
 Wallace, MI 49893-9780



9590 9402 4582 8278 6042 15

**2. Article Number (Transfer from service label)**

7018 3090 0001 4738 0869

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X Kenneth Kline

☐ Agent

☐ Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

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

**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee	
\$	3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	
\$	7.05
Total Postage and	
\$	

Sent To

Street and Apt. No.

City, State, ZIP+4

C5 Capital Management  
P.O. Box 2218  
Albany, Texas 76430

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

C5 Capital Management  
P.O. Box 2218  
Albany, Texas 76430



9590 9402 4582 8278 6041 92

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0883

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature		<input checked="" type="checkbox"/> Agent
x Christi Chapman		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
Christi Chapman	3-9-20	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

7018 3090 0001 4738 0906

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage \$ 7.05  
 Total Postage \$

Sent To  
 Street and Apt. N  
 City, State, ZIP+

Catherin Huffman  
 P.O. Box 100429  
 Fort Worth, Texas 76185

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Catherin Huffman  
 P.O. Box 100429  
 Fort Worth, Texas 76185



9590 9402 4582 8278 5843 57

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0906

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Catherin Huffman	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Catherin Huffman	C. Date of Delivery 3/9/20
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<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	.45
Total Postage amt	\$ 7.05

Postmark  
Here

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

Clint R. Werts  
 855 N Sagebrush Street  
 Wichita, KS 67230-7057

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Clint R. Werts  
 855 N Sagebrush Street  
 Wichita, KS 67230-7057



9590 9402 4038 8079 4193 26

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0999

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

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

7019 1640 0001 6683 3890

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

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

**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.55

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.85</u>
<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 65  
 \$ 7.05

Total Postage and  
 \$

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

EOG Resources, Inc  
 5509 Champions Dr.  
 Midland, Texas 79706

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>8-10-20</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>EOG Resources, Inc          5509 Champions Dr.          Midland, Texas 79706</p>			
<p>2. Article Number (Transfer from service label)          7019 1640 0001 6683 3890</p>	<p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)               </td> <td> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery               </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>		

CERTIFIED MAIL

Padilla Law Firm, P.A.  
Ernest L. Padilla  
PO Box 2523  
Santa Fe, NM 87504

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

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

OFFICIAL USE

Certified Mail Fee \$3.55  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$2.85  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$  
Postage \$7.05  
Total Postage and Fees \$10.60

Postmark  
Here

Sent to Paul Umbarger and  
Zofia Umbarger  
Street and Apt. No 3804 Brandon Ave., SW, Apt. #342  
City, State, ZIP+4® Roanoke, Virginia 24018.

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

See Reverse for Instructions

CERTIFIED MAIL

Padilla Law Firm, P.A.  
Ernest L. Padilla  
PO Box 2523  
Santa Fe, NM 87504  
U.S. Postal Service  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$3.55  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$2.85  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$  
Postage \$7.05  
Total Postage and Fees \$10.60

Postmark  
Here

Sent to Intrepid Energy, LLC  
P.O. Box 711  
Street and Apt. No Yankton, South Dakota 57078  
City, State, ZIP+4®

001 4738 0524

Paul Umbarger and  
Zofia Umbarger  
3804 Brandon Ave., SW, Apt. #342  
Roanoke, Virginia 24018.

U T F D  
87504252323

NIXIE 274 FEB 1 0003/17/20  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
BC: 87504252323 \*2180-05245-12-26

01 4738 0562

Intrepid Energy, LLC  
P.O. Box 711  
Yankton, South Dakota

REF  
875042523



Feb 3/10



Refused at this address

07070

553 DE 1

0003/11/20

RETURN TO SENDER  
UNABLE TO FORWARD

BC: 87504252323 \*0378-00952-12-31

7018 3090 0001 4738 0562

7018 3090 0001 4738 0524

CERTIFIED MAIL

Padilla Law Firm, P.A.  
Ernest L. Padilla  
PO Box 2523  
Santa Fe, NM 87504

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



4738 0579



UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P  
\$007.050  
0000579279 MAR 05 2020  
MAILED FROM ZIP CODE 87505

OFFICIAL USE

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

Certified Mail Fee

\$ 3.55

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

☐ Return Receipt (hardcopy) \$ 2.85

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage - 65

Total Postage and

\$ 7.05

Sent To

Myrlene Mannschreck Dillon, SSP

1383 County Road 141

Coleman, Texas 76834-8159

City, State, ZIP+4®

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

Postmark  
Here

Myrlene Mannschreck Dillon, SSP  
1383 County Road 141  
Coleman, Texas 76834-8159

-K-T-S-

16834-KES-1N

U3/24/20

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
RETURN TO SENDER

\* R F S \*

CERTIFIED MAIL



0 0001 4738 0616



UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P  
\$007.050  
0000579279 MAR 05 2020  
MAILED FROM ZIP CODE 87505

\* R F S \*

Padilla Law Firm, P.A.  
Ernest L. Padilla  
PO Box 2523  
U.S. Postal Service  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$ 3.55

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

☐ Return Receipt (hardcopy) \$ 2.85

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage - 65

Total Postage and

\$ 7.05

Sent To

Sombrero Associates

1 Chase Manhattan Plaza

New York, New York 10005

City, State, ZIP+4®

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

Postmark  
Here

Sombrero Associates  
1 Chase Manhattan Plaza  
New York, New York 10005

NIXIE

100 FE 1

0003/14/20

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 87504252323

\*0445-01158-07-27

1 \*

2018 3090 0001 4738 0616

2018 3090 0001 4738 0579

CERTIFIED MAIL

Padilla Law Firm, P.A.  
Ernest L. Padilla

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee \$ 3.55  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ 2.85  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_  
Postage \$ 7.05  
Total Postage and

Postmark  
Here

Sent To William L. Hilliard  
2900 Club Drive  
Street and Apt. No. Los Angeles, California 90064  
City, State, ZIP+4<sup>®</sup>

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



0001 4738 0623



William L. Hilliard  
2900 Club Drive  
Los Angeles, California 90064

No Silver Postage

544620 066F  
875042523

NIXIE 910 FE 1 0003/12/20  
NOT RETURN TO SENDER  
UNDELIVERABLE AS ADDRESSED  
BC: 87504252323 \*0952-00466-12-22

CERTIFIED MAIL

Padilla Law Firm, P.A.  
Ernest L. Padilla

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee \$ 3.55  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ 2.85  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_  
Postage \$ 7.05  
Total Postage and

Postmark  
Here

Sent To Gerald L. Michaud  
11015 East 63rd Street South  
Street and Apt. No. Derby, Kansas 67037  
City, State, ZIP+4<sup>®</sup>

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



0001 4738 0630



Gerald L. Michaud  
11015 East 63rd Street South  
Derby, Kansas 67037

NIXIE 672 DE 1 2203/10/20

RETURN TO SENDER  
UNDELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
BC: 87504252323 \*0568-08461-05-41

Padilla Law Firm, P.A.

Ernest I. Padilla

**U.S. Postal Service<sup>™</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee

\$ 3.55

Extra Services & Fees (check box and fee as appropriate)

☐ Return Receipt (hardcopy) \$ 2.85

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ 7.05

Total Postage and

Sent To Robert H. Kriebel, c/o

Larry A. Evans CPA Inc.

210 Park Avenue, Suite 2300

Oklahoma City, Oklahoma 73102

City, State, ZIP+4

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

See Reverse for Instructions



0001 4738 0654

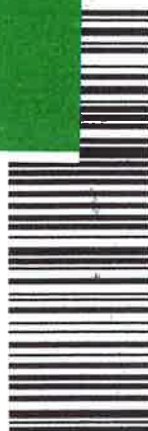


Robert H. Kriebel, c/o  
Larry A. Evans CPA Inc.  
210 Park Avenue, Suite 2300  
Oklahoma City, Oklahoma 73102

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ALBUQUERQUE



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Ernest I. Padilla

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☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

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Postage \$ 7.05

Total Postage and

Sent To Galkay, a Joint Venture

P.O. Box 4109

Winston-Salem, NC 27105

City, State, ZIP+4

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

See Reverse for Instructions

a Joint Venture  
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a-Salem, NC 27105

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Postage \$7.65  
Total Postage and Fees \$11.20

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Sent to Elizabeth Kaye Tullis Dillard, SSP  
3208 Wellshire Court  
Plano, Texas 75093  
City, State, ZIP+4

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Postage \$7.65  
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Sent to Hodge Natural Gas Gathering, LLC  
1013 Centre Road, Suite 403S  
Wilmington, DE 19805  
City, State, ZIP+4

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

See Reverse for Instructions



4738 0784



Hodge Natural Gas Gathering, LLC  
1013 Centre Road, Suite 403S  
Wilmington, DE 19805

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Ted J. Werts  
8220 Oxford Cir  
Wichita, Kansas 67226

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Heidi Umbarger Perez  
10 Woodstock Court  
Hilton Head Island, SC 29928

Total Postage and

10 Woodstock Court  
Hilton Head Island, SC 29928

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

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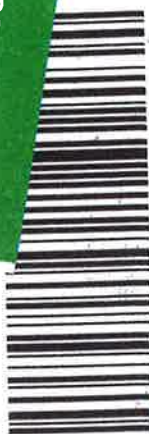
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage \$7.05

Total Postage and

Postmark  
Here

Sent To Patrick D. Ferguson  
Street and Apt. No 229 Bee Tree Ridge Lane  
City, State, ZIP+4<sup>®</sup> Villas, NC 28692

28692-9774

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<input type="checkbox"/> Adult Signature Required	\$	
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Sent To Aimee Leann Michaud  
Street and Apt. No 555 E. Northview Ave, Apt 4  
City, State, ZIP+4<sup>®</sup> McPherson, KS 67460-1950

Aimee Leann Michaud  
555 E. Northview Ave, Apt 4  
McPherson, KS 67460-1950

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Total Postage amt \$ 10.60

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589 Sheridan Road

Glencoe, IL 60022-1764

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☐ Adult Signature Required \$

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Postage \$ 7.05

Total Postage amt \$ 10.60

Sent to Mary L. Kline

3451 Eastern NE

Grand Rapids, Michigan 49505

City, State, ZIP+4

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See Reverse for Instructions

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Mary L. Kline

3451 Eastern NE

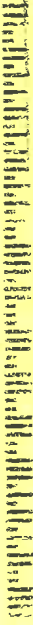
Grand Rapids, Michigan 49505

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RETURN TO SENDER



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Ernest L. Padilla  
PO Box 2523  
Santa Fe, NM 87504



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Sombrero Associates  
1 Chase Manhattan Plaza  
New York, New York 10005



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BC: 875042252323 \*1653-00159-23-24

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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
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Postage \$7.05  
Total Postage and Fees \$10.60

Sent to Timothy S. Ferguson &  
Patricia C. Ferguson

1710 W. Parkside Drive  
Hoffman Estates, IL 60192-1540

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

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Timothy S. Ferguson &  
Patricia C. Ferguson  
1710 W. Parkside Drive  
Hoffman Estates, IL 60192-1540

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BC: 875042252323 \*0607-00941-08-24

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Total Postage and

Sent To Timothy S. Ferguson and Patricia C. Ferguson

Street and Apt. No. 1710 W Parkside Drive

City, State, ZIP+4 Hoffman Estates, IL 60192-1540

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

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Timothy S. Ferguson and Patricia C. Ferguson  
 1710 W Parkside Drive  
 Hoffman Estates, IL 60192-1540



UNITED STATES POSTAGE  
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☐ Adult Signature Restricted Delivery \$0.00

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Total Postage and

Sent To Randi S. Firestone

Street and Apt. No. 12760 Millennium, Apt. 403

City, State, ZIP+4 Playa Vista, CA 90094

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



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Randi S. Firestone  
 12760 Millennium, Apt. 403



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BC: 87504252323 \*0362-01907-08-28

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# Carlsbad Current Argus.

## Affidavit of Publication

Ad # 0004204327

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POBOX 2523

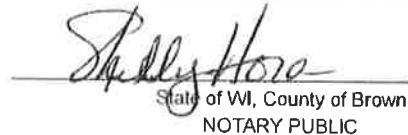
SANTA FE, NM 87504

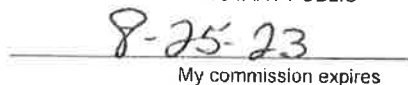
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements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

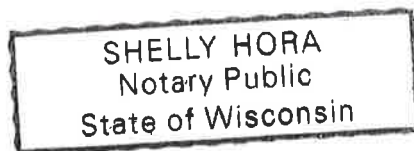
05/22/2020

  
Legal Clerk

Subscribed and sworn before me this May 26, 2020:

  
State of WI, County of Brown  
NOTARY PUBLIC

  
My commission expires



Ad # 0004204327  
PO #: No. 21227  
# of Affidavits: 1

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on May 28, 2020, in the Oil Conservation Division Hearing Room at 1220 South Saint Francis Drive, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <http://www.emnrd.state.nm.us/OCD/announcement.s.html>. Nonetheless, to stay informed as to any changes for hearing procedures you should consult the OCD website for further instructions.

STATE OF NEW MEXICO:

All named parties and persons  
having any right, title, interest  
or claim in the following case  
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

TO: Russell Cranmer, Robert K. Hillin, Jr., MSU, Robert H. Kreible c/o Larry Evans, Thomas F. Meaders, William Hilliard, Virginia D. Kriz-Neesen, Virginia B. Dean, V. Burfiend, p/k/a Vernon Burfiend, Ted Werts, Shirley Anne Egbert.

Case No. 21226: Application of Colgate Operating, LLC for an order pooling all mineral interests within the Winchester Bone Spring Pool (Pool Code 65010), underlying Sections 34 and 33, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico. These wells are located approximately 12 miles NE of Carlsbad, New Mexico. Applicant seeks to dedicate the above referenced horizontal spacing unit to the following four initial wells:

**A. Dawson 34 Fed State Com 123H**

SHL: 1505 feet from the South line and 715 feet from the East line, (Unit I) of Section 34, Township 19 South, Range 28 East, NMPM.

BHL: 1650 feet from the South line and 10 feet from the West line, (Unit L) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 2nd Bone Spring Sand at approx 7500 feet TVD.

Well Orientation: East to West

Completion Location: standard

Spacing Unit: N/2 S/2 of Section 34 and N/2 S/2 of Section 33

**B. Dawson 34 Fed State Com 133H**

SHL: 1505 feet from the South line and 760 feet from the East line, (Unit I) of Section 34, Township 19 South, Range 28 East, NMPM.

BHL: 1750 feet from the South line and 10 feet from the West line, (Unit L) of Section 34, Township 19 South, Range 28 East, NMPM.

Completion Target: 3rd Bone Spring Sand at approx 8600 feet TVD.

Well Orientation: East to West

Completion Location: standard

Spacing Unit: N/2 S/2 of Section 34 and N/2 S/2 of Section 33

**C. Dawson 34 Fed State Com 124H**

SHL: 295 feet from the South line and 560 feet from the East line, (Unit P) of Section 34, Township 19 South, Range 28

East, NMPM.

BHL: 330 feet from the South line and 10 feet from the West line, (Unit M) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 2nd Bone Spring Sand at approx 7500 feet TVD.

Well Orientation: East to West

Completion Location: standard

Spacing Unit: S/2 S/2 of Section 34 and S/2 S/2 of Section 33

**D. Dawson 34 Fed State Com 134H**

SHL: 340 feet from the South line and 560 feet from the East line, (Unit P) of Section 34, Township 19 South, Range 28 East, NMPM.

BHL: 430 feet from the South line and 10 feet from the West line, (Unit M) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 3rd Bone Spring Sand at approx 8600 feet TVD.

Well Orientation: East to West

Completion Location: standard

Spacing Unit: S/2 S/2 of Section 34 and S/2 S/2 of Section 33

#4204195, Current Argus, May 22, 2020

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on May 28, 2020, in the Oil Conservation Division Hearing Room at 1220 South Saint Francis Drive, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <http://www.emnrd.state.nm.us/OCD/announcement.s.html>. Nonetheless, to stay informed as to any changes for hearing procedures you should consult the OCD website for further instructions.

STATE OF NEW MEXICO:  
All named parties and persons  
having any right, title, interest  
or claim in the following case  
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

TO: Paul Umbarger & Zofia Umbarger, Intrepid Energy, LLC, Myrlene Mannschreck Dillon, SSP, Sombrero Associates, William L. Hilliard, Gerald L. Michaud, Robert H. Kriebel, c/o Larry A. Evans CPA Inc., Galkay, a Joint Venture, Elizabeth Kaye Tullis Dillard, SSP, Hodge Natural Gas Gathering, LLC, Ted J. Werts, Heidi Umbarger Perez, Amy Umbarger, John Ettelson, Patrick D. Ferguson, Aimee Leann Michaud, William Ettelson, Mary L. Kline, Timothy S. Ferguson & Patricia C. Ferguson, Randi S. Firestone,

Case No. 21227: Application of Colgate Operating, LLC for an order pooling all mineral interests within the Winchester Bone Spring Pool (Pool Code 65010), underlying Sections 34 and 33, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico. These wells are located approximately 12 miles NE of Carlsbad, New Mexico. Applicant seeks to dedicate the above referenced horizontal spacing unit to the following four initial wells:

**A. Shamrock 34 Fed State Com 121H**

SHL: 700 feet from the North line and 330 feet from the West line, (Unit D) of Section 35, Township 19 South, Range 28 East, NMPM.

BHL: 990 feet from the North line and 10 feet from the West line, (Unit D) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 2nd Bone Spring Sand at approx 7500 feet TVD.

Well Orientation: East to West

Completion Location: standard

Spacing Unit: N/2 N/2 of Section 34 and N/2 N/2 of Section 33

**B. Shamrock 34 Fed State Com 131H**

SHL: 655 feet from the North line and 330 feet from the West line, (Unit D) of Section 35, Township 19 South, Range 28 East, NMPM.

BHL: 890 feet from the North line and 10 feet from the West line, (Unit D) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 3rd Bone Spring Sand at approx 8600 feet TVD.

Well Orientation: East to West

Completion Location: standard

Spacing Unit: N/2 N/2 of Section 34 and N/2 N/2 of Section 33

**C. Shamrock 34 Fed State Com 122H**

SHL: 2610 feet from the South line and 295 feet from the East line, (Unit I) of Section 34, Township 19 South, Range 28 East, NMPM.

BHL: 2310 feet from the North line and 10 feet from the West line, (Unit E) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 2nd Bone Spring Sand at approx 7500 feet TVD.

Well Orientation: East to West

Completion Location: standard

Spacing Unit: S/2 N/2 of Section 34 and S/2 N/2 of Section 33

**D. Shamrock 34 Fed State Com 132H**

SHL: 2610 feet from the South line and 340 feet from the East line, (Unit I) of Section 34, Township 19 South, Range 28 East, NMPM.

BHL: 2210 feet from the North line and 10 feet from the West line, (Unit E) of Section 33, Township 19 South, Range 28 East, NMPM.

Completion Target: 3rd Bone Spring Sand at approx 8600 feet TVD.

Well Orientation: East to West

Completion Location: standard

Spacing Unit: S/2 N/2 of Section 34 and S/2 N/2 of Section 33

#4204327, Current Argus, May 22, 2020

# CARLSBAD CURRENT-ARGUS

## AFFIDAVIT OF PUBLICATION

Ad No.  
0004204195

PADILLA LAW FIRM  
PO BOX 2523  
SANTA FE, NM 87504

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

05/22/2020

  
Legal Clerk

Subscribed and sworn before me this  
26th of May 2020.

  
State of WI, County of Brown  
NOTARY PUBLIC

  
My Commission Expires

Ad#:0004204195  
P O :  
# of Affidavits :0.00

SHELLY HORA  
Notary Public  
State of Wisconsin