

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

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

Case No. 21841

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

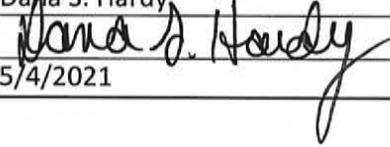
Compulsory Pooling Checklist

- | | |
|-----------|--|
| Exhibit A | Self-Affirmed Statement of Taylor Warren |
| A-1 | Application & Proposed Notice of Hearing |
| A-2 | C-102(s) |
| A-3 | Plat of Tracts |
| A-4 | Ownership Interests, Pooled Parties, Unit Recapitulation |
| A-5 | Sample Well Proposal Letter & AFE(s) |
| A-6 | Summary of Communications |
| A-7 | Hearing Notice Letter and Return Receipts |
| A-8 | Affidavit of Publication |
| Exhibit B | Self-Affirmed Statement of Shane Seals |
| B-1 | Location Map, Structure Map, Gunbarrel Schematic |
| B-2 | Cross Section |

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	21841
Hearing Date:	5/6/2021
Applicant	Steward Energy II, LLC
Designated Operator & OGRID	371682
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Steward Energy II, LLC for Compulsory Pooling, Lea County, New Mexico
Entries of Appearance/Intervenors	N/A
Well Family	Gustavo
Formation/Pool	
Formation Name(s) or Vertical Extent	San Andres
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	San Andres
Pool Name and Pool Code	Bronco; San Andres, South Pool; Code 7500
Well Location Setback Rules	Statewide
Spacing Unit Size	480 acres
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	480 acres
Building Blocks	quarter-quarter
Orientation	Standup
Description: TRS/County	SW/4 of Section 11 and W/2 of Section 14, Township 13 South, Range 38 East, Lea County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	The completed interval of the Gustavo Fee #5H well will be within 330' of the line separating the W/2W/2 and the E/2W/2 of Sections 11 and 14 to allow inclusion of this acreage within a standard 480-acre HSU.
Proximity Defining Well: if yes, description	Gustavo Fee #5H well
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Gustavo Fee #5H (API # pending) SHL: 204' FWL & 219' FNL, Unit D, Section 23, T13S-R38E BHL: 1275' FWL & 2534' FSL, Unit L, Section 11, T13S-R38E Completion Target: San Andres (Approx. 5500' TVD)
Horizontal Well First and Last Take Points	Exhibit A-5
Completion Target (Formation, TVD and MD)	Exhibit A-5
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	6500
Production Supervision/Month \$	650
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-7
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-8
Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibits A-3, A-4

Tract List (including lease numbers & owners)	Exhibits A-3, A-4
Pooled Parties (including ownership type)	Exhibits A-3, A-4
Unlocatable Parties to be Pooled	Exhibits A-3, A-4
Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-5
List of Interest Owners (ie Exhibit A of JOA)	Exhibits A-3, A-4
Chronology of Contact with Non-Joined Working Interests	Exhibit A-6
Overhead Rates In Proposal Letter	N/A
Cost Estimate to Drill and Complete	Exhibit A-5
Cost Estimate to Equip Well	Exhibit A-5
Cost Estimate for Production Facilities	Exhibit A-5
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-1
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibits A-3, A-4
Summary of Interests, Unit Recapitulation (Tracts)	Exhibits A-3, A-4
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-1
Cross Section Location Map (including wells)	Exhibit B-1
Cross Section (including Landing Zone)	Exhibit B-2
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	
Date:	5/4/2021

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

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

Case No. 21841

**SELF-AFFIRMED STATEMENT
OF TAYLOR WARREN**

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.
2. I am the Land Manager at Steward Energy II, LLC ("Steward"). I had direct involvement with Steward's development of the acreage that is the subject of Steward's application in this case. A copy of the application and proposed notice are attached as **Exhibit A-1**.
3. I have previously testified before the Division, and my qualifications as an expert in petroleum land matters were accepted.
4. None of the parties proposed to be pooled in these cases indicated opposition to this proceeding, therefore I do not expect any opposition at hearing.
5. Steward seeks an order pooling all uncommitted mineral interests in the San Andres formation in a 480-acre, more or less, standard horizontal spacing unit comprised of the SW/4 of Section 11 and the W/2 of Section 14, Township 13 South, Range 38 East, Lea County, New Mexico ("HSU").

**STEWARD ENERGY II,
LLC
Case No. 21841
Exhibit A**

6. The HSU will be dedicated to the **Gustavo Fee #5H well**, which will be horizontally drilled from a surface location in the NW/4NW/4 (Unit F) of Section 23 to a bottom hole location in NW/4SW/4 (Unit J) of Section 11, Township 13 South, Range 38 East.
7. The completed interval of the proposed well will be within 330' of the line separating the W/2W/2 and the E/2W/2 of Sections 11 and 14 to allow inclusion of this acreage within a standard 480-acre HSU.
8. The proposed well is located in the Bronco; San Andres, South Pool, Code 7500.
9. The C-102 for the proposed well is attached as **Exhibit A-2**.
10. **Exhibit A-3** includes a plat of the tracts included in the HSU and identifies Steward's ownership interest in each tract. The leases are fee leases.
11. **Exhibit A-4** identifies the ownership interests and pooled parties in each tract and includes a recapitulation.
12. There are no depth severances in the San Andres formation in the proposed HSU.
13. Steward has the right to pool any overriding royalty owners in the HSU.
14. Steward has conducted a diligent search of all public records in Lea County, including phone directories and computer databases.
15. All interest owners Steward seeks to pool are locatable.
16. A sample well proposal letter and AFE for the proposed well is attached as **Exhibit A-5**. The estimated cost of the well is fair and reasonable and is comparable to the cost of other wells of similar depth and length drilled in the area.
17. In my opinion, Steward made a good-faith effort to reach voluntary joinder of the uncommitted interests in the well as indicated by the chronology of contact described in **Exhibit A-6**.

18. Steward requests overhead and administrative rates of \$6,500 per month while the well is being drilled and \$650 per month while the well is producing. These rates are fair and are comparable to the rates charged by Steward and by other operators in the vicinity.

19. Notice of Steward's application and the Division hearing was provided to the uncommitted interests by certified mail more than 20 days prior to the hearing date. A sample of the notice letter and the associated green cards are attached as **Exhibit A-7**.

20. Notice of Steward's application and the Division hearing was published more than ten business days prior to the hearing date. The affidavit of publication is attached as **Exhibit A-8**.

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

22. In my opinion, the granting of Steward's application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

23. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 22 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.


Taylor Warren

5.3.2021
Date

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

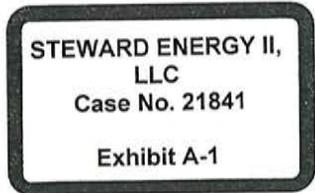
**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

Case No. 21841

APPLICATION

Pursuant to NMSA § 70-2-17, Steward Energy II, LLC (“Steward”) applies for an order pooling all uncommitted mineral interests in the San Andres formation in a 480-acre, more or less, standard horizontal spacing unit comprised of the SW/4 of Section 11 and the W/2 of Section 14, Township 13 South, Range 38 East, Lea County, New Mexico. In support of its Application, Steward states the following.

1. Steward (OGRID No. 371682) is a working interest owner in the proposed spacing unit and has the right to drill thereon.
2. The horizontal spacing unit will be dedicated to the Gustavo Fee #5H well, which will be horizontally drilled from a surface location in the NW/4NW/4 (Unit F) of Section 23 to a bottom hole location in NW/4SW/4 (Unit J) of Section 11, Township 13 South, Range 38 East.
3. The completed interval for the proposed Gustavo Fee #5H well will be within 330’ of the line separating the W/2W/2 and the E/2W/2 of Sections 11 and 14 to allow inclusion of this acreage within a standard 480-acre, more or less, horizontal well spacing unit.
4. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all mineral interest owners within the horizontal spacing unit to participate in the drilling of the well but has been unable to obtain voluntary agreements from all of the mineral interest owners.



5. The pooling of all uncommitted mineral interests will prevent the drilling of unnecessary wells, prevent waste, and protect correlative rights.

6. In order to permit Steward to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in the subject spacing unit should be pooled and Steward should be designated the operator of the proposed horizontal well and spacing unit.

WHEREFORE, Steward requests that this Application be set for hearing on May 6, 2021 and that, after notice and hearing, the Division enter an order:

A. Pooling all uncommitted mineral interests in the proposed horizontal spacing unit;

B. Designating Steward as the operator of the well;

C. Authorizing Steward to recover its costs of drilling, equipping, and completing the well and allocating the costs among the well's working interest owners;

D. Approving the actual operating charges and costs of supervision during drilling and after completion, together with a provision for adjusting the rates pursuant to the COPAS accounting procedure; and

E. Imposing a 200% penalty for the risk assumed by Steward in drilling and completing the well against any working interest owner who does not voluntarily participate in the drilling of the well.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy
Michael Rodriguez
P.O. Box 2068
Santa Fe, NM 87504-2068
Phone: (505) 982-4554
Facsimile: (505) 982-8623
dhardy@hinklelawfirm.com
mrodriguez@hinklelawfirm.com

Counsel for Steward Energy II, LLC

Application of Steward Energy II, LLC for compulsory pooling, Lea County, New Mexico.

Applicant applies for an order pooling all uncommitted mineral interests in the San Andres formation in a 480-acre, more or less, standard (proximity tract) horizontal spacing unit comprised of the SW/4 of Section 11 and the W/2 of Section 14, Township 13 South, Range 38 East in Lea County, New Mexico. The horizontal spacing unit will be dedicated to the Gustavo Fee #5H well, which will be horizontally drilled from a surface location in the NW/4NW/4 (Unit F) of Section 23 to a bottom hole location in NW/4SW/4 (Unit J) of Section 11, Township 13 South, Range 38 East. The completed interval of the well will be orthodox. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Steward Energy II, LLC as the operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well location is approximately fourteen (14) miles east of McDonald, New Mexico.

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code 7500	³ Pool Name BRONCO; SAN ANDRES, SOUTH
⁴ Property Code	⁵ Property Name GUSTAVO FEE	⁶ Well Number 5H
⁷ OGRID No. 371682	⁸ Operator Name STEWARD ENERGY II, LLC	⁹ Elevation 3801'

¹⁰ Surface Location

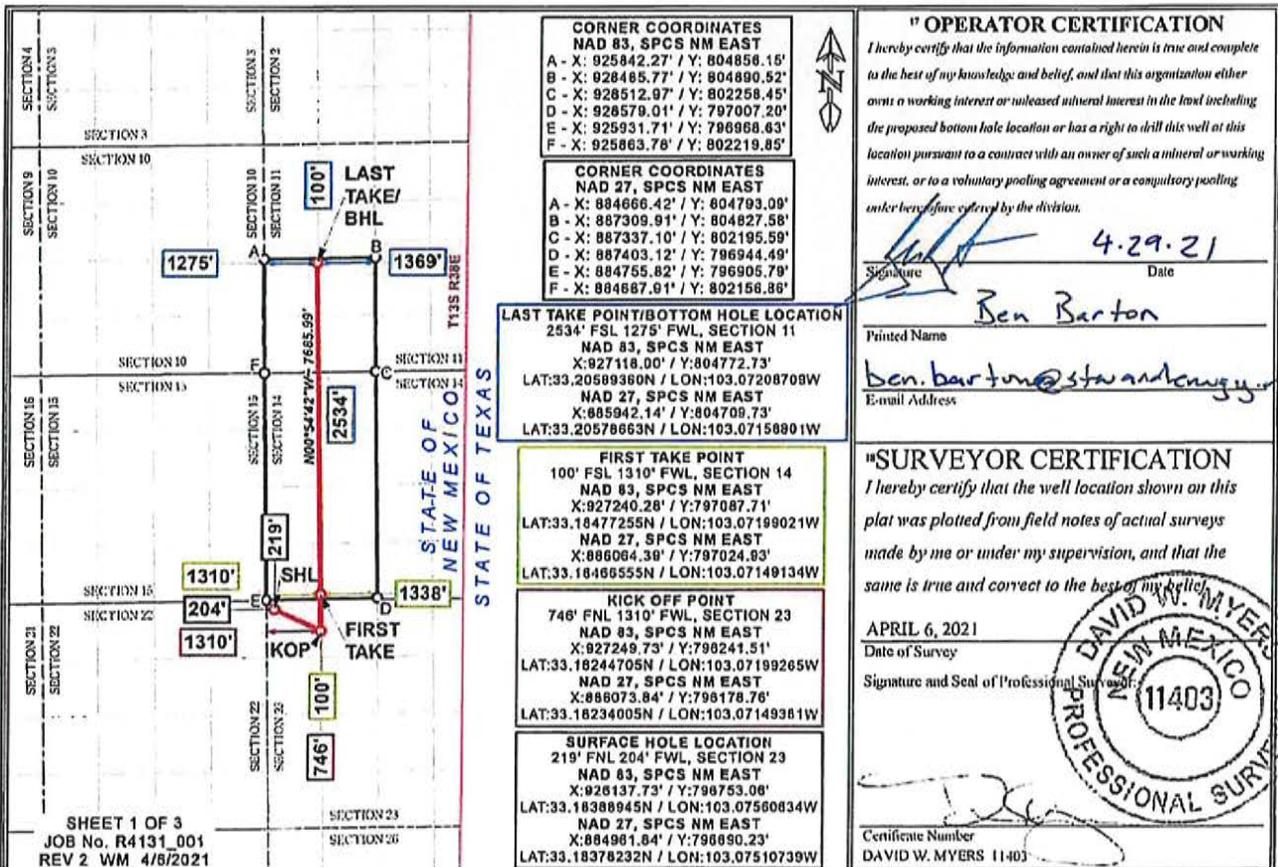
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	23	13S	38E		219	NORTH	204	WEST	LEA

¹¹ Bottom Hole Location if Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	11	13S	38E		2534	SOUTH	1275	WEST	LEA

¹² Dedicated Acres 480.0	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



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

Horizontal Spacing Unit

**STEWARD ENERGY II,
LLC**
Case No. 21841
Exhibit A-2

EXHIBIT A-3

Tract A - (SW/4 of Sec. 11, T13S-R38E, being 160.0 Acres, more or less)

Steward Energy II, LLC	WI	24.3750%
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Tract B - (N2NW/4 of Sec. 14, T13S-R38E, being 80.0 Acres, more or less)

Steward Energy II, LLC	WI	57.789062%
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Tract C - (S2NW/4 & SW/4 of Sec. 14, T13S-R38E, being 240.0 Acres, more or less)

Steward Energy II, LLC	WI	41.213745%
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EXHIBIT A-4

Ownership Interest

Tract A: (SW/4 of Sec. 11, T13S-R38E, being 160.0 Acres, more or less)

Committed

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	24.3750%	Committed JOA executed
G.O. Basic Energy I, LLC	WI	13.1250%	Committed JOA executed
		Total:	37.5%

Uncommitted

Coates Energy Trust	WI	18.75%	Uncommitted
Coates Energy Interests, LTD	WI	18.75%	Uncommitted
Ring Energy, Inc.	WI	25.0%	Uncommitted
		Total:	62.5%
		Grand Total:	100%

Tract B: (N2NW/4 of Sec. 14, T13S-R38E, being 80.0 Acres, more or less)

Committed

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	57.789062%	Committed JOA executed
G.O. Basic Energy I, LLC	WI	31.117187%	Committed JOA executed
Lindsay Production & Royalties, Ltd.	WI	0.941123%	Executed AFE
		Total:	89.847373%

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Cardinal Energy	WI	0.840127%	Pool
The Nordan Trust	WI	7.125000%	Pool
Estate of George R. Davenport & Estates of Alice & Ray Davenport	Mineral Interest	0.312500%	Pool
Schoenherr, Johna	Mineral Interest	0.312500%	Pool

STEWARD ENERGY II,
LLC
Case No. 21841
Exhibit A-4

Estate of L.E. McKee, a/k/a Leslie Essington McKee	Mineral Interest	1.562500%	Pool
		Total:	10.152627%
		Grand Total:	100.00%

Tract C: (S2NW/4 & SW/4 of Sec. 14, T13S-R38E, being 240.0 Acres, more or less)

Committed

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	41.213745%	Committed JOA executed
G.O. Basic Energy I, LLC	WI	22.192017%	Committed JOA executed
Lindsay Production & Royalties, Ltd.	WI	0.1602077%	Executed AFE
Barton Jr., Roy G.	Mineral Interest	0.625000%	Executed AFE
Roy G. Barton & Opal Barton Revocable Trust, dated 1/28/1982	Mineral Interest	5.000000%	Executed AFE
		Total:	69.190970%

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Ring Energy, Inc.	WI	17.5%	Pool
The Nordan Trust	WI	1.212891%	Pool
Cardinal Energy	WI	0.143015%	Pool
B.H.C.H Mineral, Ltd.	Mineral Interest	4.453125%	Pool
Betelgeuse Production	Mineral Interest	1.562500%	Pool
Estate of George R. Davenport (Estates of Alice & Ray Davenport)	Mineral Interest	0.312500%	Pool
Estate of L.E. McKee, a/k/a Leslie Essington McKee	Mineral Interest	1.562500%	Pool
Fredericksburg Royalty, Ltd.	Mineral Interest	0.234375%	Pool
NMO&G, Ltd.	Mineral Interest	2.343750%	Pool
Riffel, Hazel Haynes	Mineral Interest	1.484375%	Pool
		Total:	30.809031%
		Grand Total:	100%

Recapitulation

Committed

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>
Steward Energy II, LLC	WI	38.363383%
G.O. Basic Energy I, LLC	WI	20.657206%
Lindsay Production & Royalties, Ltd.	WI	0.236958%
Barton Jr., Roy G.	Mineral Interest	0.312500%
Roy G. Barton & Opal Barton Revocable Trust, dated 1/28/1982	Mineral Interest	2.500000%
Total:		62.070047%

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>
Ring Energy, Inc.	WI	17.083333%
Coates Energy Trust	WI	6.25%
Coates Energy Interests, LTD	WI	6.25%
Cardinal Energy	WI	0.211529%
The Nordan Trust	WI	1.793945%
Estate of George R. Davenport & Estates of Alice & Ray Davenport	Mineral Interest	0.208333%
Schoenherr, Johna	Mineral Interest	0.052083%
Estate of L.E. McKee, a/k/a Leslie Essington McKee	Mineral Interest	1.041667%
B.H.C.H Mineral, Ltd.	Mineral Interest	2.226563%
Betelgeuse Production	Mineral Interest	0.781250%
Fredericksburg Royalty, Ltd.	Mineral Interest	0.117188%
NMO&G, Ltd.	Mineral Interest	1.171875%
Riffel, Hazel Haynes	Mineral Interest	0.742188%
Total:		37.929954%

Grand Total: 100% WI



STEWARD

ENERGY

*****VIA CERTIFIED U.S.P.S. MAIL #7019 0700 0002 2704 4528*****

March 5, 2021

Re: Steward Energy II, LLC
Well Proposal – GUSTAVO FEE #5H
SW/4 Section 11 and W/2 Section 14, Township 13 South, Range 38 East, N.M.P.M.
Lea County, New Mexico

Apollo Exploration, LLC
1415 23rd Street
Canyon, TX 79015

Dear Working Interest Owner,

This letter will serve as notice regarding the plans of Steward Energy II, LLC (“Steward”) to drill the GUSTAVO FEE #5H (“Well”) as a horizontal well, targeting the San Andres Formation with an approximate total depth drilled of 13,500 feet. The Well’s surface hole will be located approximately 150 feet from the west boundary line and 350 feet from the north boundary line of Section 23, Township 13 South, Range 38 East, N.M.P.M. and is subject to change based on final determination. The producing intervals of the Well will be located within a standard horizontal spacing unit described as being the West Half of Section 14 and the Southwest Quarter of Section 11, Township 13 South, Range 38 East, Lea County New Mexico (“Spacing Unit”). The Well’s first take point will be located approximately 100 feet from the south boundary line and 1,320 feet from the west boundary line of Section 14, and the Well’s last take point will be located approximately 100 feet from the north boundary line and 1,320 from the west boundary line of the Southwest Quarter of Section 11.

Steward’s ownership records indicate that you own a working interest located within the Well’s Spacing Unit, and as a working interest owner you are offered participation in the Well based upon your proportionate working interest in the Spacing Unit. Your proportionate interest and share of cost in the Well are noted at the bottom of the attached Authorization for Expenditure (“AFE”). The itemized cost of the Well is listed on the AFE, and the total cost for drilling is \$1,069,440.00, with an additional \$2,681,278.00 to complete the well. *This AFE is an estimate only and a working interest owner, by execution of same, commits to pay its proportionate share of actual cost incurred.*

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

Well Proposal Letter
GUSTAVO FEE #5H
March 5, 2021

Please be advised that Steward has requested a risk penalty in accordance with New Mexico law. In the event you elect NOT to participate, please contact Steward's Land Department and request to speak with a Landman.

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

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

For questions regarding this well proposal please contact the Land Department via email land@stewardenergy.net or call (214) 297-0500.

Respectfully,



Cooper Newlan
Landman

Attachment

Proportionate Interest: 1.793945%

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

Apollo Exploration, LLC

By: _____ Date: _____



AUTHORIZATION FOR EXPENDITURE

Well Name: Gustavo Fee #5H		
Operator: Steward Energy II, LLC		AFE Number: 2104008DR
Well Type: Horizontal Oil	AFE Type: New Drill	AFE Date: 3/5/2021
S/T/R: Sec 11 & 14 T13S-R38E	Prop. Depth: Approx. 5,500' TVD; 13,500' MD	County, State: Lea, NM
	Field: Bronco, San Andres, South	Prep. By: Tim Hilton
First Take Point:	100' FSL & 1,320' FWL (Sec. 14, T13N-R38W)	
Last Take Point:	100' FNL & 1,320' FWL (SW/4 Sec. 11, T13N-R38W)	
Project Description:	Drill & Complete a 1.5 mile San Andres Horizontal	

Account #	Cost Breakdown	Drilling	Dry Hole	Completion Cost	Workover	Total
8200.100	Land, Surveying & Legal	\$5,500	\$5,500			\$5,500
8200.101	Abstract, Title & Permit	\$150,000	\$150,000			\$150,000
8200.102	ROW & Surface Damages	\$15,000	\$15,000			\$15,000
8200.103	Road, Pad Location & Pit Building	\$58,500	\$58,500			\$58,500
8200.104	Environ, Reg & Safety	\$2,950	\$2,950			\$2,950
8200.105	Well Insurance	\$3,000	\$3,000			\$3,000
8200.113	Contract Labor	\$7,550	\$7,550			\$7,550
8200.114	Consulting Services & Contract Supervision	\$47,760	\$47,760			\$47,760
8200.122	Material Transportation	\$8,000	\$8,000			\$8,000
8200.126	Fuel	\$30,800	\$30,800			\$30,800
8200.131	Chemical-Downhole Treating	\$3,430	\$3,430			\$3,430
8200.132	Mud & Additives	\$25,000	\$25,000			\$25,000
8200.140	Mob/Demob	\$55,000	\$55,000			\$55,000
8200.141	Mud Disposal/Pit Closure	\$155,500	\$155,500			\$155,500
8200.142	Trailer Rental, Camp & Catering	\$20,200	\$20,200			\$20,200
8200.144	Drilling Rig - Daywork or Footage	\$143,000	\$143,000			\$143,000
8200.149	Bits, Mills & Reamers	\$20,500	\$20,500			\$20,500
8200.151	Directional Services	\$95,000	\$95,000			\$95,000
8200.160	Casing Crews & Services	\$19,250	\$19,250			\$19,250
8200.161	Cementing Services	\$72,750	\$72,750			\$72,750
8200.169	Water Transfer	\$4,000		\$4,000	\$4,000	\$4,000
8200.170	Water Purchase	\$18,000	\$18,000			\$18,000
8200.175	Surface Equipment Rental & Services	\$60,500	\$60,500			\$60,500
8200.176	Downhole Equipment Rental & Services	\$16,400	\$16,400			\$16,400
8200.193	Downhole Inspection/Testing - Casing, Tubing &	\$20,850	\$20,850			\$20,850
8200.301	Overhead	\$11,000	\$11,000			\$11,000
	IDC Total:	\$1,065,440	\$1,065,440	\$4,000	\$4,000	\$1,069,440
8250.200	Conductor/Drive Pipe	\$13,800	\$13,800			\$13,800
8250.201	Surface Casing	\$50,784	\$50,784			\$50,784
8250.203	Production Casing	\$231,064	\$231,064			\$231,064
8250.205	Wellhead Equipment, Flow Tee & Meter Run	\$13,880	\$13,880			\$13,880
8250.214	Other Downhole Equipment	\$30,000	\$30,000			\$30,000
	TDC Total:	\$339,528	\$339,528			\$339,528
8300.114	Consulting Services & Contract Supervision			\$70,000	\$70,000	\$70,000
8300.120	Vacuum & Pump Truck			\$10,000	\$10,000	\$10,000
8300.122	Material Transportation			\$15,000	\$15,000	\$15,000
8300.126	Fuel			\$65,000	\$65,000	\$65,000
8300.131	Chemicals - Downhole Treating			\$3,500	\$3,500	\$3,500
8300.142	Trailer Rental, Camp & Catering			\$4,000	\$4,000	\$4,000
8300.143	Well Control - BOP, Isolation Assy			\$65,000	\$65,000	\$65,000
8300.146	Completion/Workover Rig			\$30,400	\$30,400	\$30,400
8300.148	Reverse Unit			\$20,000	\$20,000	\$20,000
8300.149	Bits, Mills & Reamers			\$2,600	\$2,600	\$2,600
8300.163	Cased Hole Logs			\$4,500	\$4,500	\$4,500
8300.164	Wireline & Perforating			\$78,000	\$78,000	\$78,000
8300.169	Water Transfer	\$52,000		\$52,000	\$52,000	\$52,000

8300.170	Water Purchase		\$162,000	\$162,000	\$162,000
8300.171	Stimulation - Frac, Acid, Gravel Pack		\$1,080,000	\$1,080,000	\$1,080,000
8300.175	Surface Equipment Rental & Services		\$62,000	\$62,000	\$62,000
8300.176	Downhole Equipment Rental & Services		\$26,500	\$26,500	\$26,500
8300.179	Elect & Generator R&M		\$35,000	\$35,000	\$35,000
ICC Total:			\$1,785,500	\$1,785,500	\$1,785,500
8350.205	Wellhead Equipment, Flow Tee & Meter Run	\$13,000	\$13,000	\$13,000	\$13,000
8350.206	Tubing		\$30,000	\$30,000	\$30,000
8350.211	Electric Submersible Pumps		\$235,500	\$235,500	\$235,500
8350.213	Frac Plugs, Bridge Plus, Packers, Tubing Anchors		\$33,000	\$33,000	\$33,000
8350.221	Surface VSD, Transformer, POC & Associated		\$22,000	\$22,000	\$22,000
8350.234	Surface Pump & LACT's		\$1,500	\$1,500	\$1,500
TCC Total:			\$335,000	\$335,000	\$335,000
8600.100	Land, Surveying, & Legal	\$1,500	\$1,500		\$1,500
8600.102	ROW & Surface Damages	\$24,250	\$24,250		\$24,250
8600.111	Company Supervision	\$8,500	\$8,500		\$8,500
8600.120	Vaccum & Pump Truck	\$2,000	\$2,000		\$2,000
8600.122	Material Transportation	\$1,500	\$1,500		\$1,500
8600.175	Surface Equipment Rental & Services	\$4,000	\$4,000		\$4,000
IFC Total:			\$41,750		\$41,750
8650.222	Instrumentation & Meters	\$10,500	\$10,500		\$10,500
8650.224	Electrial Installation & Power Generation	\$12,000	\$12,000		\$12,000
8650.229	Prod & SWD Facility Inst.	\$44,000	\$44,000		\$44,000
8650.231	Separator, Heater Treater, FWKO	\$59,000	\$59,000		\$59,000
8650.233	Flowline & Gethering Lines	\$14,000	\$14,000		\$14,000
8650.235	Miscellaneous Non-Controllable - Pipe, Valves &	\$40,000	\$40,000		\$40,000
TFC Total:			\$179,500		\$179,500
Totals:					\$3,750,718
Owner Cost %:					1.793945%
Owner Net Cost:					\$67,286

Approved by:

Signature

Apollo Exploration, LLC:

Date:

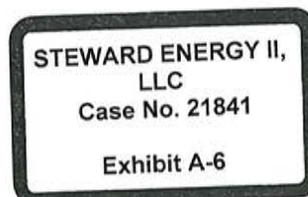
Date:

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

EXHIBIT A-6

Chronology of contact with locatable uncommitted interest

- January 2019 – Steward Energy II, LLC begins acquiring oil and gas leases from the original 79 mineral owners located in Tracts A, B and C. To date Steward Energy II, LLC has acquired 14 oil and gas leases, working interest assignments of 24 oil and gas leases and 3 mineral deeds within Tracts A, B and C.
- January 27, 2021 – Steward Energy II, LLC sends the Gustavo Fee #5H well proposals to the uncommitted unleased minerals owners via certified U.S. Mail.
- March 5, 2021 – Steward Energy II, LLC sends the Gustavo Fee #5H well proposals to the uncommitted working interest owners via certified U.S. Mail.
- April 14, 2021 – Steward Energy II, LLC received an executed election letter and AFE by Lindsay Production & Royalties, Ltd.
- April 16, 2021 – Steward Energy II, LLC acquired the interest from 13 working interest owners located in Tract B and C.
- Steward continues to speak with both mineral and working interest owners regarding the acquisition of their interest or their participation in the Gustavo Fee 5H.





hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

April 6, 2021

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTS SUBJECT TO POOLING PROCEEDINGS

Re: Case No. 21841: Application of Steward Energy II, LLC for Compulsory Pooling, Lea County, New Mexico

Sir/Madam:

Enclosed is a copy of an application that Steward Energy II, LLC ("Steward") has filed with the New Mexico Oil Conservation Division ("the Division").

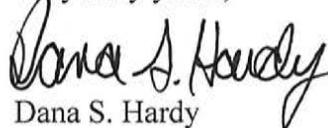
Steward is applying for an order pooling all uncommitted mineral interests in the San Andres formation in a 480-acre, more or less, standard (proximity tract) horizontal spacing unit comprised of the SW/4 of Section 11 and the W/2 of Section 14, Township 13 South, Range 38 East in Lea County, New Mexico.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on May 6, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. You are not required to attend the hearing, but as an owner of an interest that may be affected by Steward's application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record, you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement at least four business days prior to the hearing, but in no event later than 5:00 p.m. mountain time on the Thursday preceding the hearing. The Pre-Hearing Statement must be filed with the Division and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

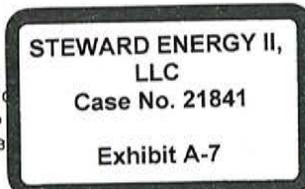
Very truly yours,


Dana S. Hardy

Enclosure

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

PO BOX 1720
ARTESIA, NEW MEXICO
575-622-6510
(FAX) 575-746-63



X 2068
MEXICO 87504
2-4554
-982-8623

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

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7019 2280 0001 9628 5521

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and, Apollo Exploration, LLC
1415 23rd Street

City, State, Canyon, TX 79015

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:

Apollo Exploration, LLC
1415 23rd Street
Canyon, TX 79015



2. Article Number (Transfer from carrier label)

7019 2280 0001 9628 5521

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Handwritten Signature]

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

C. Date of Delivery

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

3. Service Type

Adult Signature

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

7019 2970 0000 7593 6007

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and	Artemis Oil & Gas, LLC 1415 23 rd Street
City, State	Canyon, TX 79015
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:

Artemis Oil & Gas, LLC
1415 23rd Street
Canyon, TX 79015



9590 9402 5751 0003 4203 31

2. Article Number (Transfer from service label)

7019 2970 0000 7593 6007

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X Natalie Bright

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

Natalie Bright

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

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

7020 0640 0000 0143 1211

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

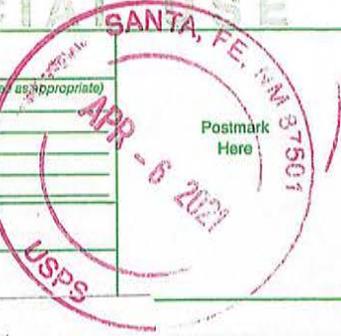
Postage \$ _____

Total Postage and Fees \$ _____

Sent To B.H.C.H Mineral, Ltd.
c/o Bruce C. Hill, President
P.O. Bo 1817
San Antonio, TX 78296-1817

City, State, & ZIP+4®

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Bjh Bonds</i></p> <p>C. Date of Delivery</p> <p><i>4-9-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>B.H.C.H Mineral, Ltd. c/o Bruce C. Hill, President P.O. Bo 1817 San Antonio, TX 78296-1817</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from carrier label)</p> <p>7020 0640 0000 0143 1211</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>



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OFFICIAL SEAL

7019 2970 0000 7641 3477

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To		
Roy G. Barton, Jr.		
1919 North Turner Street		
Hobbs, NM 88240		
City, State		
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:

Roy G. Barton, Jr.
1919 North Turner Street
Hobbs, NM 88240



9590 9402 5554 9249 4988 82

2. Article Number (Transfer from service label)

7019 2970 0000 7641 3477

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dno 16 219 Agent
 Addressee

B. Received by (Printed Name)
BARTON

C. Date of Delivery
4-9-21

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) | |

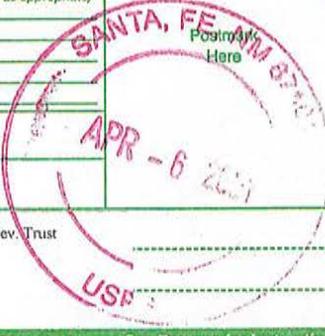
Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	Postmark Here
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To: Roy G. Barton/Opal Barton Rev. Trust Street and: c/o Roy G. Barton, Jr. 1919 North Turner Street City, State: Hobbs, NM 88240	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 2970 0000 7641 3460

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>DW 16 C19</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>BARTON</i>
Roy G. Barton/Opal Barton Rev. Trust c/o Roy G. Barton, Jr. 1919 North Turner Street Hobbs, NM 88240	C. Date of Delivery <i>4-9-21</i>
 9590 9402 5554 9249 4988 75	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) 7019 2970 0000 7641 3460	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 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"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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7020 0640 0000 0143 1167

Certified Mail Fee
 \$ _____

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

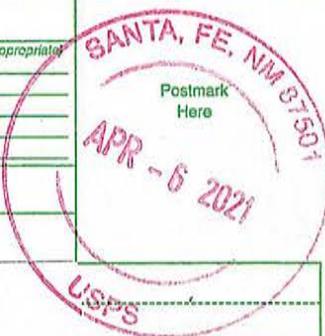
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

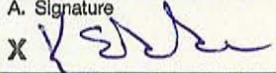


Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To: Betelgeuse Production
 c/o Mrs. Karen Edwards
 P.O. Box 1937
 City, St.: Fredericksburg, TX 78624

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) K Edwards</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Betelgeuse Production c/o Mrs. Karen Edwards P.O. Box 1937 Fredericksburg, TX 78624</p>  <p>9590 9402 5554 9249 4989 98</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 1167</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <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>

6955 929 9628 0000 1000 0822 6101

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OFFICIAL USE

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street Coates Energy Interests, Ltd. _____
7373 Broadway, Suite 406 _____
City, State San Antonio, TX 78209 _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>RS 008</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Clia</i></p> <p>C. Date of Delivery <i>4/9/21</i></p>
<p>1. Article Addressed to:</p> <p>Coates Energy Interests, Ltd. 7373 Broadway, Suite 406 San Antonio, TX 78209</p>  <p>9590 9402 5751 0003 4219 70</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 7019 2280 0001 9628 5569</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

7019 2280 0001 9628 5576

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and A Coates Energy Trust
 7373 Broadway, Suite 406
 City, State, ZIP+4 San Antonio, TX 78209

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:

Coates Energy Trust
 7373 Broadway, Suite 406
 San Antonio, TX 78209



9590 9402 5751 0003 4219 63

2. Article Number (Transfer from service label)

7019 2280 0001 9628 5576

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *RS 008* Agent
 Addressee

B. Received by (Printed Name)

CIA Yes

C. Date of Delivery

04/9/21 No

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) | |

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

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

7019 2280 0001 9628 5583

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and: Cogent Exploration, Ltd. Co. _____

7025 North Robinson Avenue _____

City, State: Oklahoma City, OK 73116 _____

PS Form 3800, April 2016 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:

Cogent Exploration, Ltd. Co.
 7025 North Robinson Avenue
 Oklahoma City, OK 73116



2. Article Number (Transfer from service label)
 7019 2280 0001 9628 5583

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Joseph James* C1 Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 JOSEPH JAMES C1 C19 4/12/21

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

7019 2280 0001 9628 5590

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

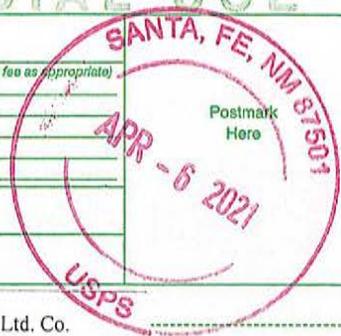
Postage \$

Total Postage and Fees \$

Sent To

Street and City, State Cogent Exploration, Ltd. Co.
P.O. Box 130
Arcadia, OK 73007

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:

Cogent Exploration, Ltd. Co.
P.O. Box 130
Arcadia, OK 73007



2. Article Number (Transfer from service label)

7019 2280 0001 9628 5590

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent
 Addressee

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

Deb Wilson 4/20/21

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

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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OFFICIAL USE

7019 2970 0000 7593 6090

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

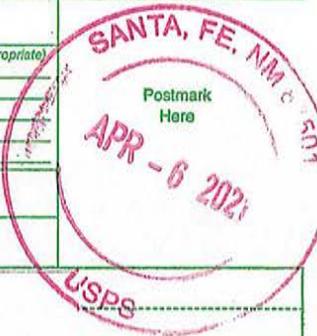
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Street and Est. of George R. Davenport
c/o Adelia M. Babock
2740 North 69th Street
City, State Kansas City, KS 66109

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:

Estate of George R. Davenport
c/o Adelia M. Babock
2740 North 69th Street
Kansas City, KS 66109



2. Article Number (Transfer from service label)

7019 2970 0000 7593 6090

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 951 SJ Agent
 Addressee

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

C-19 4-19-21

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

7019 2970 0000 7593 6106

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USPS

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Estate of George R. Davenport

Street c/o Larry E. Davenport

3770 Park Drive, D-31

City, St. Meriden, KS 66512

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

SANTA FE, NM 87501
APR - 8 2012
Postmark Here
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C. R.</i> C. Date of Delivery <i>4-19</i></p>
<p>1. Article Addressed to:</p> <p>Estate of George R. Davenport c/o Larry E. Davenport 3770 Park Drive, D-31 Meriden, KS 66512</p>  <p>9590 9402 5941 0062 9812 49</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 6106</p>	

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

7019 2970 0000 7641 3484

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

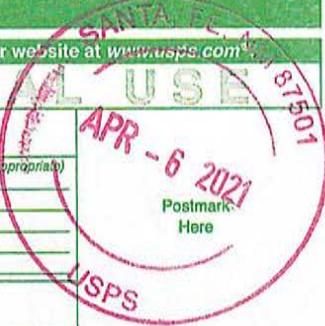
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To Estate of George R. Davenport
 222 E. Elm St., Apt. 105
 Street and Wichita, KS 67214

City, State, _____

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

CERTIFIED MAIL®

ANKLE SHANOR LLP
 ATTORNEYS AT LAW
 POST OFFICE BOX 2068
 TA FE, NEW MEXICO 87504



7019 2970 0000 7641 3484



Estate of George R. Davenport
 222 E. Elm St., Apt. 105
 Wichita, KS 67214

Handwritten signature

*40
 4/13*

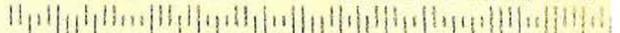
NIXIE 672 FE 1 0004/12/1

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

ANK

BC: 87504206868 *0268-84893-06-

67214875042068



CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

7019 2970 0000 7593 6656

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Douglas A. Denton
1501 Princeton Avenue
Midland, TX 79701

City, St.



PS Form 3800, April 2015 PSN 7530-02-000-8047

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 A. Denton
1501 Princeton Avenue
Midland, TX 79701



9590 9402 5941 0062 9812 25

2. Article Number (Transfer from service label)

7019 2970 0000 7593 6656

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mcagan Murray Agent Addressee

B. Received by (Printed Name) *Mcagan Murray* C. Date of Delivery *04/10/21*

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

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

Domestic Return Receipt

7019 2280 0001 9628 5613

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and Epona Corp.
 922 North Countyline Road
 City, State Newcastle, OK 73065

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

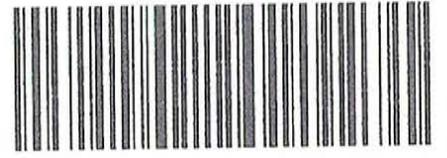


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Everett Holmes</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Everett Holmes</i> C. Date of Delivery <i>4/9/21</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>Epona Corp. 922 North Countyline Road Newcastle, OK 73065</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 5613</p>	

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



HINKLE SHANOR LLP
 ATTORNEYS AT LAW
 POST OFFICE BOX 2068
 SANTA FE, NEW MEXICO 87504



7019 2280 0001 9628 5613



RECEIVED
 APR 12 2021

Epona Corp.
 922 North Countyline Road
 Newcastle, OK 73065

7019 2280 0001 9628 5613 / 06/21
 FORWARD TIME EXP. NOTN TO SEND
 EPONA CORPORATION
 PO BOX 491
 NEWCASTLE OK 73065-0491
 RETURN TO SENDER

Hinkle Shanor LLP
 Santa Fe NM 87504

87504>2068

7019 2970 0000 7593 5888

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and City, State Eric and Gina S. Fox
372 Equestrian Dr.
Rockwall, TX 75032

Postmark Here
APR -6 2021
SANTA FE, NM 87501
USPS

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

HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



7019 2280 0001 9628 5637



RECEIVED

APR 20 2021

Hinkle Shanor LLP
Santa Fe NM 87504

ANK

Eric and Gina S. Fox
6600 Stinchcomb Drive
Oklahoma City, OK 73120

NEXIE 731 DE 1 0004/14/21

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK BC: 87504206868 *0268-04901-06-42

7019 2280 0001 9628 5637

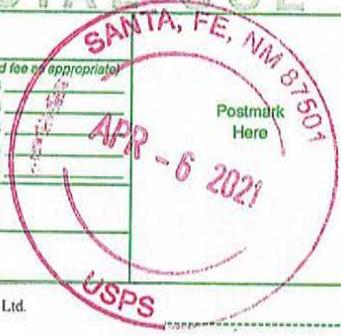
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

9221 410 0000 0490 0207

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee if appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To Fredericksburg Royalty, Ltd. 5111 Broadway San Antonio, TX 78209	
Street and City, State	



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:

 Fredericksburg Royalty, Ltd.
 5111 Broadway
 San Antonio, TX 78209



2. Article Number (Transfer from service label)
 7020 0640 0000 0143 1228

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Amanda Lowry* Agent Addressee

B. Received by (Printed Name) | C. Date of Delivery
 Amanda Lowry | 4-9-21

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

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

7019 2970 0000 7593 5901

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

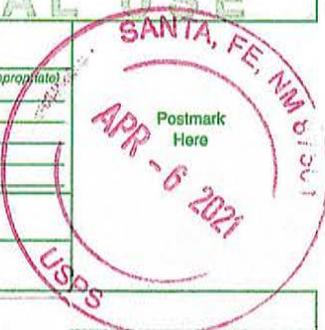
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
Street G.O. Basic Energy I LLC
P.O. Box 51451
City, S Midland, TX 79710



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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

G.O. Basic Energy I LLC
P.O. Box 51451
Midland, TX 79710



9590 9402 5751 0003 4218 64

2 Article Number (Transfer from service label)

7019 2970 0000 7593 5901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 James Bush Agent
 Addressee

B. Received by (Printed Name) *James Bush* C. Date of Delivery *4/9/21*

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

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)

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®

7020 0640 0000 0143 1198

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To Ests. of Don Gourley and Betty Gourley
 Street and A c/o Susan Diane Groover, PR
 P.O. Box 64973
 City, State, Z Tucson, AZ 85728

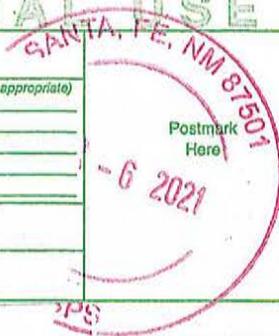
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Susan D Groover</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressed to</p> <p>B. Received by (Printed Name) <i>Susan D Groover</i> C. Date of Delivery <i>4/10/11</i></p>
<p>1. Article Addressed to:</p> <p>Ests. of Don Gourley and Betty Gourley c/o Susan Diane Groover, PR P.O. Box 64973 Tucson, AZ 85728</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>9590 9402 5554 9249 4989 67</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7020 0640 0000 0143 1198</p>	<p>Domestic Return Receipt</p>

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

7019 2970 0000 7593 5918

CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To _____	
Street Gary Greenstreet, LLC	
11003 Salem	
City, St Lubbock, TX 79424	
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:

Gary Greenstreet, LLC
11003 Salem
Lubbock, TX 79424



9590 9402 5751 0003 4218 57

2. Article Number (Transfer from service label)

7019 2970 0000 7593 5918

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jh

- Agent
- Addressee

B. Received by (Printed Name)

Jh Kuz-HQ

C. Date of Delivery

04/09/21

- 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

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To

Street and, Evelyn Joseph
406 Peninsula Court

City, State, Granbury, TX 76048

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

7019 2970 0000 7593 5895

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:

Evelyn Joseph
406 Peninsula Court
Granbury, TX 76048



9590 9402 5751 0003 4218 71

2. Article Number (Transfer from service label)

7019 2970 0000 7593 5895

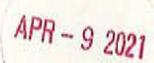
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Handwritten 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 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)

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

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

7019 2970 0000 7593 5932

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Land Services, Inc. _____

P.O. Box 1299 _____

City, State, Blanchard, OK 73010 _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Shelley Stinson</u> C. Date of Delivery <u>4/13/21</u></p>
<p>1. Article Addressed to:</p> <p>Land Services, Inc. P.O. Box 1299 Blanchard, OK 73010</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>9590 9402 5751 0003 4218 33</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7593 5932</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <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>

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Lindsay Production & Royalties

P.O. Box 1609

City, State, Fredericksburg, TX 78212

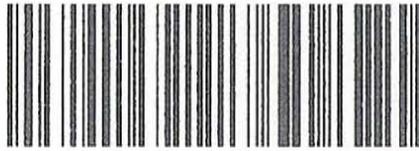
PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 2970 0000 7593 5963



CERTIFIED MAIL®



7019 2970 0000 7593 5963

HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



RECEIVED

APR 20 2021

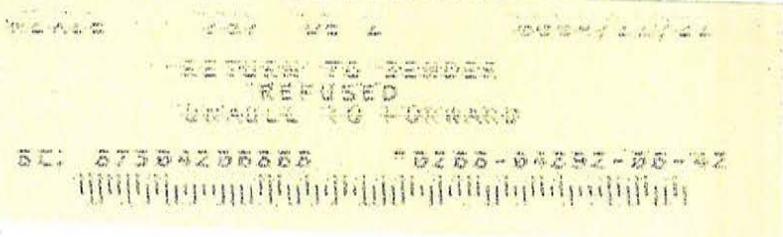
Hinkle Shanor LLP
Santa Fe NM 87504

Refused

Lindsay Production & Royalties

P.O. BOX 1609

Frederi



REF
87504206888

7019 2970 0000 0662 6663

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

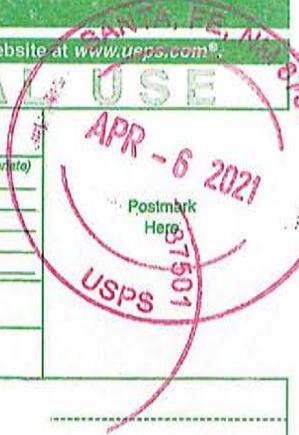
Total Postage and Fees \$ _____

Sent To: Estate of Leslie Essington McKee

Street: R.D. #2

City, St.: Rimersburg, PA 16248

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



HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



7019 2970 0000 7593 6663



RECEIVED

APR 26 2021

Hinkle Shanor LLP
Santa Fe NM 87504

HS

Estate of Leslie Essington McKee
R.D. #2
Rimersburg, PA 16248

Street # & Name needed

NIXIE 15290 04/18/2021

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
SORT IN MANUAL ONLY NO AUTOMATI
BC: 56998999955

5699899999

7019 2970 0000 7593 5925

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL MAIL

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Jens H. Mortensen, Jr. and Tammie J. Mortensen

Street and J. Mortensen

12301 Rooth Road

City, State McAllen, TX 78504

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

Handwritten: APR - 6 2021 Postmark Here

Handwritten: SANTA MARIE, TX 78281

Handwritten: USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>X J. Mortensen</i> <i>4/24</i> <i>Comp 14</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Jens H. Mortensen, Jr. and Tammie J. Mortensen 12301 Rooth Road McAllen TX 78504</p>  <p>9590 9402 5751 0003 4218 40</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 5925</p>	

7020 0640 0000 0143 1174

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
NMO&G, Ltd.
c/o James Raymond Cone, Jr.
P.O. Box 10217
Lubbock, TX 79408

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

SANTA, FE, NM 87501
Postmark Here
APR - 6 2021
USP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>J.M. Cone</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J.M. Cone</i></p> <p>C. Date of Delivery <i>9 2021</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>NMC&G, Ltd. c/o James Raymond Cone, Jr. P.O. Box 10217 Lubbock, TX 79408</p> <p>9590 9402 5554 9249 4989 81</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 1174</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Ap. NMO&G, Ltd.
c/o James Raymond Cone, Jr.
1423 N. Avenue P
City, State, Zi Lubbock, TX 79403

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

See Reverse for Instructions

7020 0640 0000 0143 1181



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:

NMO&G, Ltd.
c/o James Raymond Cone, Jr.
1423 N. Avenue P
Lubbock, TX 79403



9590 9402 5554 9249 4989 74

2. Article Number (Postnet)

7020 0640 0000 0143 1181

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X RCJ

- Agent
- Addressee

B. Received by (Printed Name)

311 C17

C. Date of Delivery

4/9/21

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

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

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To The Nordan Trust

Street and Apt c/o Slattery Perkins Ramirez, PC

8000 IH-10 West, Suite 705

City, State, ZIP San Antonio, TX 78230

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

7019 2970 0000 7593 6045

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>SE CRA</i></p> <p>B. Received by (Printed Name) <i>D. Jordan</i> C. Date of Delivery <i>4-6-21</i></p>
<p>1. Article Addressed to:</p> <p>The Nordan Trust c/o Slattery Perkins Ramirez, PC 8000 IH-10 West, Suite 705 San Antonio, TX 78230</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>9590 9402 5751 0003 4202 94</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 6045</p>	

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

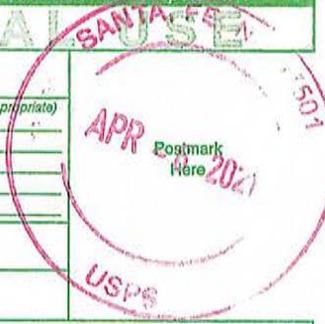
Sent To _____

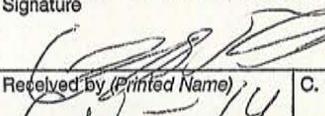
Street and Ring Energy, Inc.
 901 West Wall Street, 3rd Floor

City, State, Midland, TX 79701

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

7019 2970 0000 7593 5987



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Ring Energy, Inc. 901 West Wall Street, 3rd Floor Midland, TX 79701</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 5987</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

Domestic Return Receipt

7019 2970 0000 7593 6021

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Riverland Exploration & Production LLC
 Street and No. 7025 North Robinson Avenue
 City, State, ZIP+4® Oklahoma City, OK 73116

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Joseph James</i> C19 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JOSEPH James</i> C19 C. Date of Delivery <i>4/12/21</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>Riverland Exploration & Production LLC 7025 North Robinson Avenue Oklahoma City, OK 73116</p> <p> 9590 9402 5751 0003 4203 17</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7593 6021</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)																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

7019 2280 0001 9628 5552

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Charles H. and Holly D. Smith
14010 Taylor Road

City, State, Amarillo, TX 79119

PS Form 3800, April 2015 PSN 7530-02-000-0047 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:

Charles H. and Holly D. Smith
14010 Taylor Road
Amarillo, TX 79119



9590 9402 5751 0003 4219 87

2. Article Number (Transfer from service label)
7019 2280 0001 9628 5552

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X SMITH Agent
 Addressee

B. Received by (Printed Name) CEL PRY C. Date of Delivery 4/6

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

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)

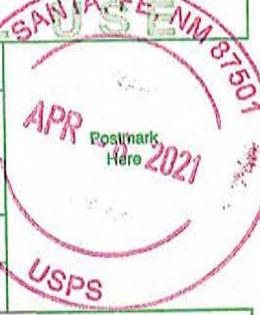
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7019 2970 0000 7641 3507

OFFICIAL RECEIPT

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



Postage \$ _____
Total Postage and Fees \$ _____

Sent To Joann Sohn
Street and 7515 Pelican Bay, #5A
 Naples, FL 34108
City, State _____

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:

Joann Sohn
 7515 Pelican Bay #5A
 Naples, FL 34108



9590 9402 5554 9249 4989 12

2. Article Number (Transfer from service label)

7019 2970 0000 7641 3507

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 4/12/21

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

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

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

Domestic Return Receipt

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7019 2970 0000 7593 5994

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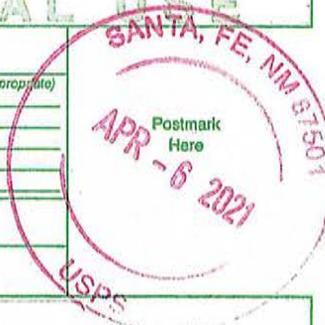
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Sunlight Exploration, Inc.
 1415 23rd Street

City, State Canyon, TX 79015

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:

Sunlight Exploration, Inc.
 1415 23rd Street
 Canyon, TX 79015



2. Article Number (Transfer from service label)

7019 2970 0000 7593 5994

COMPLETE THIS SECTION ON DELIVERY

A. Signature *N. Brown* Agent Addressee

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

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Insured Mail Restricted Delivery (over \$500)

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and AP: Bronco Projects, LLC
 406 Peninsula Court
 City, State, ZIP: Granbury, TX 76048

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



9628 5538
 7019 2280 0001 9628 5538

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

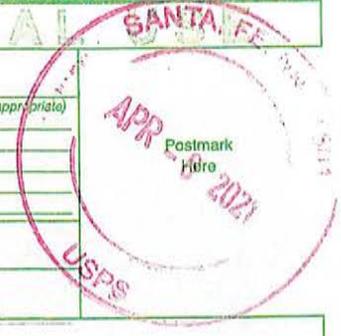
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<input type="checkbox"/> Return Receipt (electronic)	\$ _____
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<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street: Archer Pearl Energy, LLC
 112 East Pelican St., Suite 500
 City, State, ZIP: San Antonio, TX 78205

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



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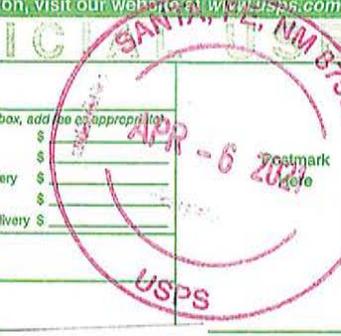
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<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and AP: Duck Hook II, LLC
 3401 94th Street
 City, State, ZIP: Lubbock, TX 79423

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6014
 7019 2970 0000 7593 6014

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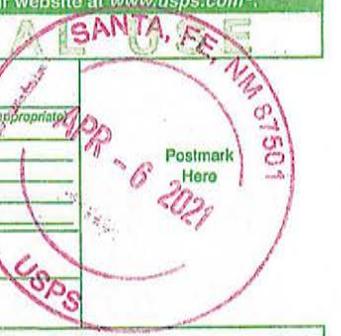
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<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and AP: Cardinal Energy Holding, Ltd.
 401 Austin Hwy., Suite 21
 City, State, ZIP: San Antonio, TX 78209

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



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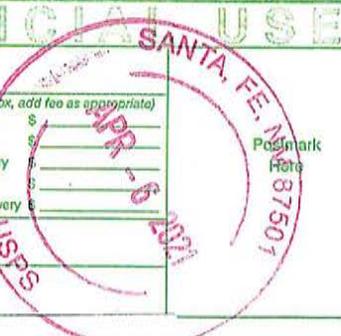
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
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<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and AP: Eric and Gina S. Fox
 6600 Stinchcomb Drive
 City, State, ZIP: Oklahoma City, OK 73132

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



5620
 7019 2280 0001 9628 5620

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 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and AP: Epona Corp.
 P.O. Box 1120
 City, State, ZIP: Newcastle, OK 73065

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



Sent To
 Street and Address: LARAMI, Ltd.
 11765 West Avenue, PMB #315
 City, State: San Antonio, TX 78216

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



Sent To
 Street and Address: Est. of L.E. McKee a/k/a Leslie Essington
 McKee
 308 Lavina Ave.
 City, State: Pittsburgh, PA 15216

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



Sent To
 Street and Address: OGI, Ltd.
 11765 West Avenue, PMB #315
 City, State: San Antonio, TX 78216

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



Sent To
 Street and Address: Lindsay Production & Royalties
 112 East Pecan Street, Suite 500
 City, State: San Antonio, TX 78205

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

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



Sent To
 Street and Address: The Nordan Trust
 112 East Pecan St., Suite 500
 City, State: San Antonio, TX 78205

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Extra Services & Fees (check box, add fee as appropriate)	
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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	\$
Total Postage and Fees	\$



Sent To
 Street and Address: Hazel Haynes Riffel
 9335 Gloxinia Drive
 Garden Ridge, TX 78266
 City, State:

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

7019 2970 0000 7593 5956

7019 2970 0000 7593 6038

7020 0640 0000 0143 1235

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OFFICIAL USE 87501

7020 0640 0000 0143 1204
4021 EHTD 0000 0490 0201

Certified Mail Fee

\$ _____

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

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

Postage

\$ _____

Total Postage and Fees

\$ _____

Sent To

Johna Schoenherr
608 Arroyo Hondo Trail
Street and, Santa Fe, NM 87508

City, State, _____

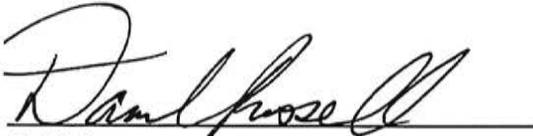


Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

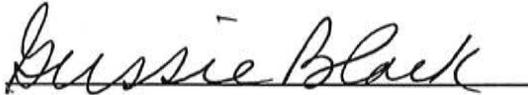
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
April 13, 2021
and ending with the issue dated
April 13, 2021.



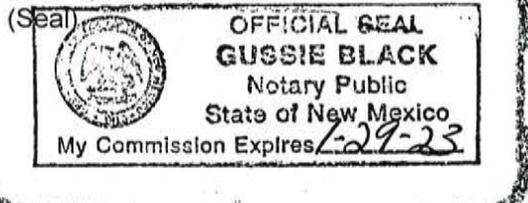
Publisher

Sworn and subscribed to before me this
13th day of April 2021.



Business Manager

My commission expires
January 29, 2023



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

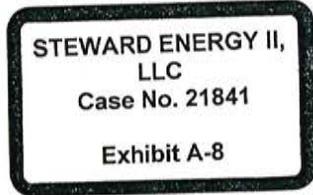
LEGAL NOTICE April 13, 2021

This is to notify all interested parties, including Apollo Exploration, LLC, Archer Pearl Energy, LLC, Artemis Oil & Gas, LLC, B.H.C.H. Mineral, Ltd., Roy G. Barton, Jr., the Roy G. Barton/Opal Barton Revocable Trust, Betelgeuse Production, Bronco Projects, LLC, Cardinal Energy Holding, Ltd., Coates Energy Interests, Ltd., Coates Energy Trust, Cogent Exploration, Ltd. Co., Estate of George R. Davenport, Douglas A. Denton, Duck Hook II, LLC, Epona Corp., Eric Fox, Gina S. Fox, Fredericksburg Royalty, Ltd., G.O. Basic Energy I LLC, Gary Greenstreet, LLC, Estate of Betty Gourley, Estate of Don Gourley, Evelyn Joseph, Land Services, Inc., LARAMI, Ltd., Lindsay Production & Royalties, Estate of Leslie Essington McKee, Jens H. Mortensen, Jr., Tammie J. Mortensen, NMO&G, Ltd., The Norden Trust, OGI, Ltd., Hazel Haynes Riffel, Ring Energy, Inc., Riverland Exploration & Production, LLC, John Schoenherr, Charles H. Smith, Holly D. Smith, Joann Sohn, Sunlight Exploration, Inc., and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Steward Energy II, LLC (Case No. 21841). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on May 6, 2021, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for that date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted mineral interests in the San Andres formation in a 480-acre, more or less, standard (proximity tract) horizontal spacing unit comprised of the SW/4 of Section 11 and the W/2 of Section 14, Township 13 South, Range 38 East in Lea County, New Mexico. The horizontal spacing unit will be dedicated to the Gustavo Fee #5H well, which will be horizontally drilled from a surface location in Unit F of Section 23 to a bottom hole location in Unit I of Section 11, Township 13 South, Range 38 East. The completed interval of the well will be orthodox. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Steward Energy II, LLC as the operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well location is approximately fourteen (14) miles east of McDonald, New Mexico.
#36398

02107475

00253070

GILBERT
HINKLE, SHANOR LLP
PO BOX 2068
SANTA FE, NM 87504



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

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

Case No. 21841

**SELF-AFFIRMED STATEMENT OF
SHANE SEALS**

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

2. I am a geologist at Steward Energy II, LLC ("Steward"). I am familiar with the geological matters that pertain to Steward's application.

3. I have previously testified before the New Mexico Oil Conservation Division as an expert in geology, and my qualifications were accepted.

4. Steward is targeting the San Andres formation with its proposed **Gustavo Fee #5H well** ("Well").

5. **Exhibit B-1** contains a general location map of the proposed horizontal spacing unit ("HSU") which provides the location of the well bore, a schematic of the proposed spacing unit, and a gun barrel/lateral trajectory schematic along with additional Steward Energy-operated offset horizontal wells in the nearby area.

6. **Exhibit B-1** also contains a structure map of the top of the Pi Marker in the San Andres formation that is representative of the targeted interval. The map demonstrates that the structure generally dips from north to south. I do not observe any faulting, pinch-outs, or other geologic impediments to developing the targeted interval with horizontal wells in this area.

STEWARD ENERGY II,
LLC
Case No. 21841
Exhibit B

7. **Exhibit B-1** also overlays a cross-section line of three wells penetrating the San Andres formation that I used to construct a stratigraphic cross-section from A to A'. I consider these well logs to be representative of the geology in the area.

8. **Exhibit B-2** is a stratigraphic cross-section using the representative wells depicted in **Exhibit B-1**. The well logs on the cross-section provide a representative sample of the San Andres formation in the area. The cross-section demonstrates the target zone for the Well is continuous across the HSU.

9. In my opinion, stand-up orientation is the preferred orientation for horizontal well development in this area and is appropriate to efficiently and effectively develop the subject acreage because there is a slightly dominant stress regime that makes stand-up orientation optimal for completion purposes.

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

- a) The HSU is justified from a geologic standpoint;
- b) There is no faulting or other geologic impediment that could adversely affect the drilling of the Well; and
- c) Each quarter-quarter section in the HSU will contribute more or less equally to production.

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

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

13. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 12 above is true and correct and is made

under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

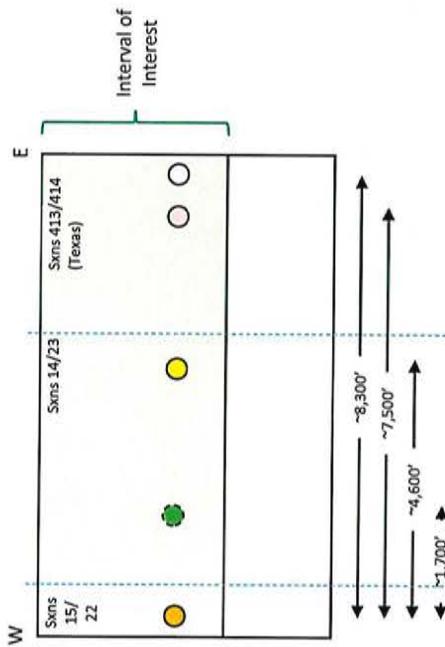


Shane Seals

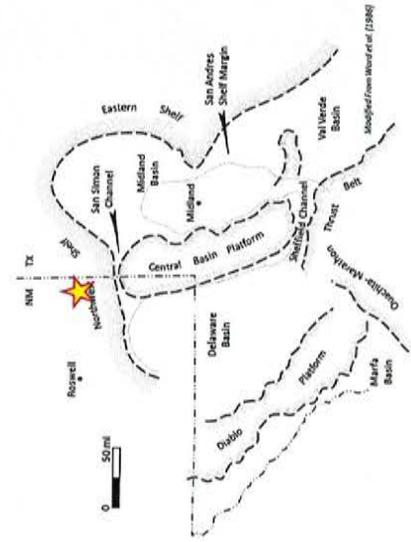
5/3/21
Date

Gun Barrel

(Not to scale - Refer to map for orientation)

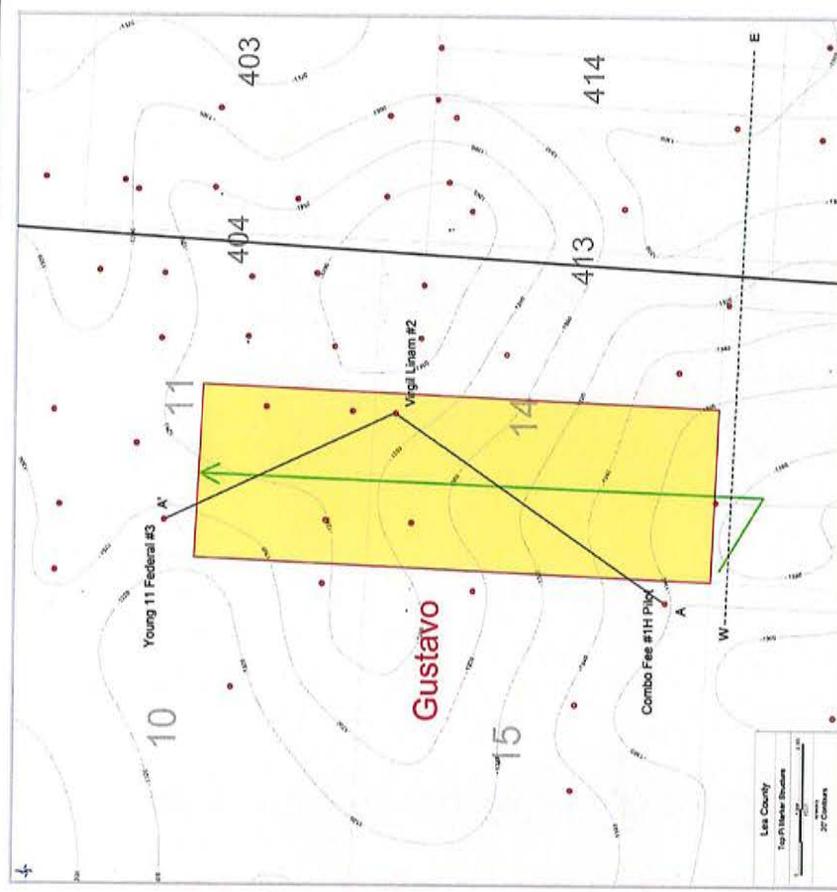


Permian Basin System



- Combo Fee #1H (Steward Energy)
- Proposed Gustavo Fee #5H (Same interval as previously drilled Felina Fee #5H)
- Slippin Jimmy Fee #1H (Steward Energy)
- Spoonman 455 #4H (Steward Energy)
- Brass Monkey C #3H (Steward Energy)

- Top San Andres Pi Present
- Proposed Babineaux Fee #2H (Arrow towards BHL)
- Steward Energy (Gustavo) Acreage
- Producing Horizontal San Andres Well (Well Symbol at BHL)
- 20' Contour Interval
- 0 ft 1,000 ft
- Gun Barrel
- Cross Section

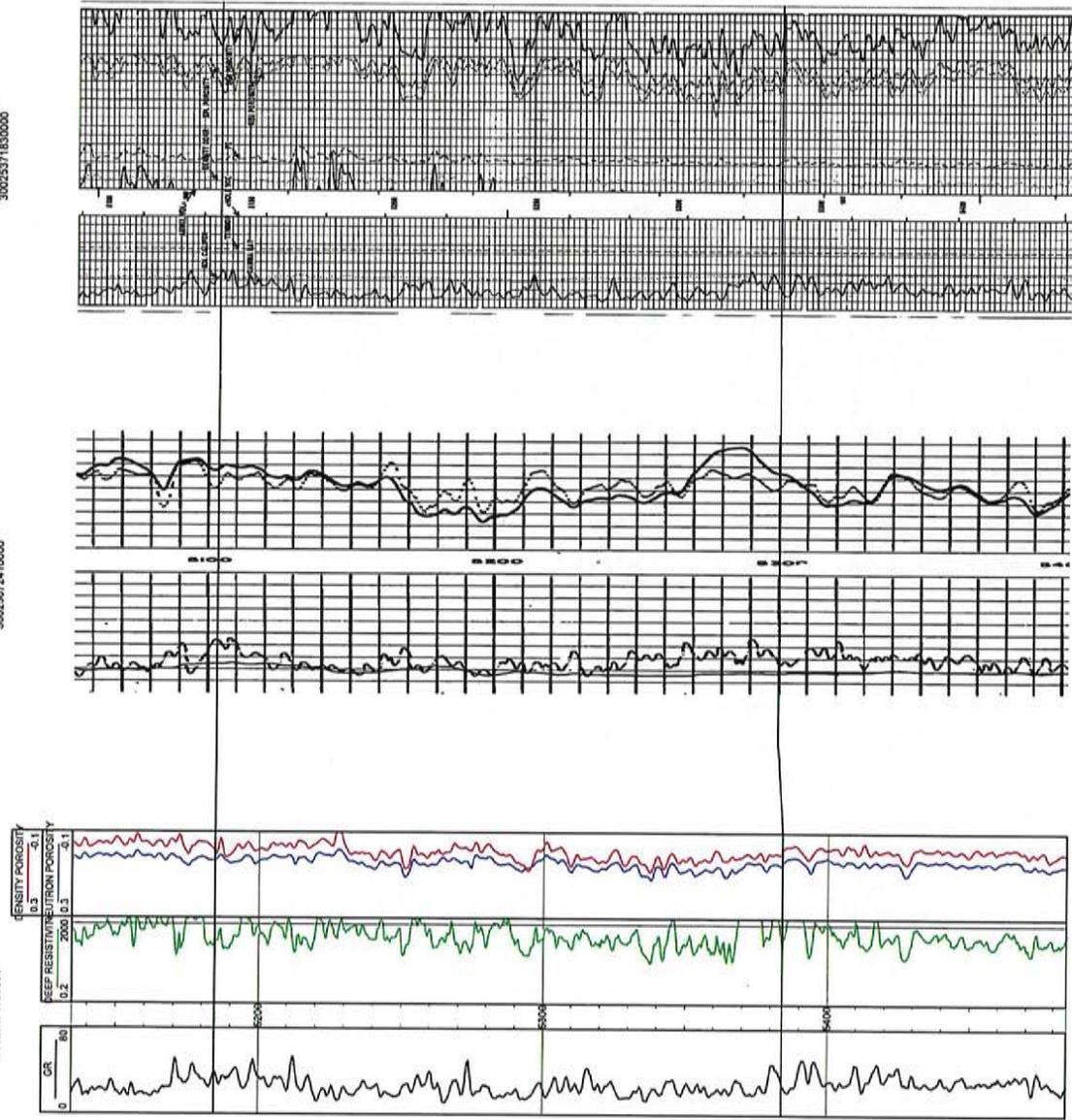


STEWARD ENERGY II, LLC
 Case No. 21841
 Exhibit B-1

YOUNG 11 FEDERAL
30025371830000

VIRGIL LINAM
30025072410000

COMBO FEE 1H (PILOT)
30025474750001



**STEWARD ENERGY II,
LLC**
Case No. 21841
Exhibit B-2