

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

**APPLICATION OF ELIZABETH KAYE DILLARD
TO REOPEN CASE NO. 21226 (ORDER R-21354),
EDDY COUNTY, NEW MEXICO.**

Case No. 22323

**PRE-HEARING STATEMENT
OF ELIZABETH KAYE DILLARD.**

Applicant Elizabeth Kay Dillard (“Ms. Dillard”), by and through her undersigned attorneys, submits this pre-hearing statement as required by the rules of the Oil Conservation Division (the “OCD”).

STATEMENT OF THE CASE

Ms. Dillard has brought this action to reopen Case No. 21226 regarding the Application of Colgate Operating, LLC (“Colgate”) for Compulsory Pooling and Non-Standard Spacing and Proration Unit in Eddy County, New Mexico. In Case No. 21226, Colgate sought an order pooling all mineral interests in the Winchester Bone Spring Pool underlying Sections 33 and 34, Township 19 South, Range 38 East, N.M.P.M., Eddy County, New Mexico (the “Subject Lands”). The purpose of pooling the Subject Lands was to drill the Dawson 34 Fed State Com 123H well, the Dawson 34 Fed State Com 133H well, the Dawson 34 Fed State Com 124H well, and the Dawson 34 Fed State Com 134H well (collectively, the “Dawson Wells”).

Ms. Dillard is an affected interest owner in the Subject Lands. The OCD entered Order No. R-21354-A in Case No. 21226 pooling the Subject Lands for the Dawson Wells. The sole issue before the OCD is: “did the compulsory pooling order apply to [Ms. Dillard]..., or did it not apply... because there was not proper notice to” Ms. Dillard. *See* Transcript of OCD Hearing dated

December 2, 2021, attached hereto as **Exhibit D**. Ms. Dillard did not receive notice, actual or constructive, of Case No. 21226 and is, therefore, not bound by the terms of Order No. R-21354-A.

As the Applicant in Case No. 21226, Colgate has the burden of proving that it satisfied the statutory, constitutional, and regulatory notice requirements prior to the entry of Order No. R-21354-A. *See* NMAC 19.15.4.12(C). Notice and an opportunity to defend is a fundamental requirement of law. *See, e.g. Santa Fe. Exploration Co. v. Oil Conservation Comm'n*, 114 N.M. 103, 1992-NMSC-044, ¶14 (holding that, “At a minimum, procedural due process requires that before being deprived of life, liberty, or property, a person or entity be given notice of the possible deprivation and an opportunity to defend.”).

NMAC 19.15.4.12(A)(1) dictates how notice must be given in compulsory pooling cases. This rule specifies that notice must be given to “each owner of an interest in the mineral estate of any portion of the lands the applicant proposes to be pooled.” It is undisputed that Ms. Dillard owns an interest in the Subject Lands and the Dawson Wells. The Affidavit of Ernest L. Padilla, dated May 26, 2020 and filed in Case No. 21226 (the “Padilla Affidavit”) lists “Elizabeth Kaye Dillard” as a “WI Owner (Dawson Wells)”. *See* Affidavit of Ernest Padilla, attached hereto as **Exhibit A**, pages 5, 8.

Because Ms. Dillard was an interest owner as defined by the NMAC, she was constitutionally entitled to notice and entitled to notice in the manner outlined in NMAC 19.15.4.12(A)(1). In order to comply with this code section, an Applicant for compulsory pooling must show that it satisfied three separate requirements: (1) an Applicant must send notice via certified mail to the last known address of the interested owner; *see* NMAC 19.15.4.12(B); (2) an Applicant must conduct a good-faith, diligent search to find the correct address of an interested

owner; *see* 19.15.4.12(C)(2); and (3) if an Applicant is unable to locate persons entitled to notice, the applicant shall provide notice by publication and submit proof of publication at the hearing.

19.15.4.12(B). In Case No. 21226, Colgate failed to satisfy any of these three elements.

I. Colgate did not send notice via certified mail to Ms. Dillard’s last known address and did not conduct a good faith, diligent search to find Ms. Dillard’s correct address.

In Case No. 21226, Colgate did not send notice via certified mail to Ms. Dillard’s last known address or, in the alternative, did not conduct a good faith, diligent search to find Ms. Dillard’s correct address. The Padilla Affidavit reflects that Colgate sent Ms. Dillard a letter referencing Case No. 21226, as well as the associated Case No. 21227 to the following address:

Elizabeth Kaye Tullis Dillard, SSP
3208 Wellshire Court
Plano Texas 75093

See Padilla Affidavit, pages 8, 31, 71. Specifically, page 71 of the Padilla Affidavit contains a photocopy of an envelope, postmarked March 5, 2020, and sent by certified mail receipt requested to Ms. Dillard at the above-identified address. This envelope reflects that it was returned to Colgate and marked “Return to Sender Not Deliverable as Addressed Unable to Forward”. The address for Ms. Dillard used by Colgate to send her notice is an address that Ms. Dillard moved from in 2016. *See* Affidavit of Elizabeth Kaye Dillard (the “Dillard Affidavit”), attached as **Exhibit C**.

Colgate sent the Case No. 21226 notice letter to this old address even though it had an updated address for Ms. Dillard. On February 11, 2020, nearly a month before it sent out the Notice Letter, Colgate, acting through a Landman, Shaw Interests, Inc., as its agent, sent Ms. Dillard a Leasehold Purchase Proposal (attached hereto as **Exhibit B**) offering to purchase her interests in the Subject Lands; this Proposal was sent to the following address for Ms. Dillard:

Elizabeth Kaye Tullis Dillard
1307 Hodges Avenue
Ruston, LA 71270

The Proposal contained a proposed Assignment, Conveyance and Bill of Sale, which listed Ms. Dillard as the Assignor and Colgate Production, LLC as Assignee, and included the above-described Ruston, LA address.

Ms. Dillard received the Proposal and, had Colgate sent notice of Case No. 21226 to the Ruston, LA address, she would have received notice of that case. *See* Dillard Affidavit. However, Colgate did not send Ms. Dillard notice of Case No. 21226 to her last known address and, as a result, did not comply with the notice requirements of the NMAC. At a minimum, even if the Plano, TX address constituted Ms. Dillard's last known address from Colgate's perspective, Colgate was obligated by law to conduct a good faith, diligent search for Ms. Dillard's address upon receiving the notice letter back as "Not Deliverable as Addressed".

It is undisputed that Shaw Interests, Inc. was acting on behalf of Colgate. *See, generally* Exhibit B, page 1. Under New Mexico law, the knowledge of an agent is, generally, imputed to the principal. *Morrison v. First National Bank of Taos*, 28 N.M. 129, 1922-NMSC-016, ¶ 6. As a result, knowledge of the Ruston, LA address is imputed to Colgate. If Colgate had conducted such a search, Colgate certainly would have learned of the Ruston, LA address for Ms. Dillard. The NMAC states that it is Colgate's burden to prove that they conducted a diligent search, in good faith to find Ms. Dillard's correct address. NMAC 19.15.4.12(C)(2). It is Colgate's burden to prove that a diligent search, made in good faith, would not have resulted in them finding the Ruston, LA address for Ms. Dillard.

II. Colgate did not provide notice by publication to Ms. Dillard.

Even if Colgate conducted a diligent search in good faith and that search did not result in finding Ms. Dillard’s address, Colgate still failed in its duty to provide her notice because it failed to publish notice as required by the NMAC. NMAC 19.15.4.12(B) provides that if an Applicant is unable to locate persons entitled to notice, the applicant “shall” provide notice by publication and submit proof of publication at the hearing. Pages 78 through 80 of the Padilla Affidavit reflect an Affidavit of Publication prepared by the *Carlsbad Current Argus* regarding the notice of publication published with regards to Case No. 21226. The Affidavit of Publication lists 10 different defendants in the “TO:” section who are given notice, but does not include Ms. Dillard.

Listing the name of the defendant against whom service by publication is sought is required by the New Mexico Rules. *See* NMRA 1-004(K)(2)(b). By failing to include Ms. Dillard’s name on the Notice of Publication, Colgate failed to serve her with notice of Case No. 21226 by publication. Ms. Dillard did not receive notice of Case No. 21226. *See* Dillard Affidavit. Colgate failed to give Ms. Dillard notice of Case No. 21226 and failed to satisfy statutory, constitutional, and regulatory notice requirements. As a result, Order No. R-21354-A entered in Case No. 21226 is not binding on Ms. Dillard.

PARTIES

APPLICANT:

Elizabeth Kaye Dillard

APPLICANT’S ATTORNEY

Scott S. Morgan
Brandon D. Hajny
Cavin & Ingram, P.A.
P. O. Box 1216
Albuquerque, New Mexico 87103-1216
Telephone: (505) 243-5400
Facsimile: (505) 243-1700
smorgan@cilawnm.com
bhajny@cilawnm.com

RESPONDENT

Colgate Operating, LLC

RESPONDENT’S ATTORNEY

Dana S. Hardy
P.O. Box 2068
Santa Fe, NM 87504-2068
dhardy@hinklelawfirm.com

OTHER INTERESTED PARTIES

None.

APPLICANT’S PROPOSED EVIDENCE

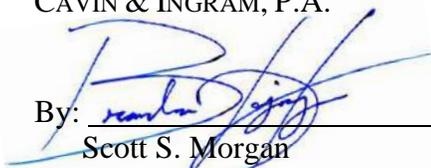
WITNESSES	ESTIMATED TIME	EXHIBITS
Elizabeth Kaye Dillard	15 minutes	Approx. 5-10

APPLICANT’S POSITION ON RELIEF SOUGHT

Ms. Dillard requests that the OCD reopen Case No. 21226 due to a lack of notice as allowed by NMAC 19.15.4.12(D) to give Ms. Dillard an opportunity to be heard, to challenge the well costs, administrative charges, and risk penalty approved in the case, and to elect to participate in the Dawson Wells.

RESPECTFULLY SUBMITTED,

CAVIN & INGRAM, P.A.

By: 

 Scott S. Morgan
 Brandon D. Hajny
 P. O. Box 1216
 Albuquerque, NM 87103
 (505) 243-5400
smorgan@cilawnm.com
bhajny@cilawnm.com

Attorneys Applicant Elizabeth Kaye Dillard

I hereby certify that a true and correct copy of the foregoing was served via e-mail on May 12, 2022 to the following:

Dana S. Hardy
PO Box 2068
Santa Fe, New Mexico 87504
dhardy@hinklelawfirm.com

Attorneys for Colgate Operating, LLC

CAVIN & INGRAM, P.A.

By: /s/ Brandon D. Hajny
Brandon D. Hajny

EXHIBIT A

Ernest L. Padilla

Affidavit

OCD Cases 21226 and 21227

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

OCD CASE
21226

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

PADILLA LAW FIRM, P.A.

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

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

EMAIL ADDRESS
padillalaw@qwestoffice.net

TELEPHONE
505-988-7577

FACSIMILE
505-988-7592

March 5, 2020

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

TO: ALL INTEREST OWNERS

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

Ladies and Gentlemen:

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

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

Very truly yours,


ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

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

Paul Umbarger and wife, Zofia Umbarger
3804 Brandon Avenue, SW, Apt. No. 342
Roanoke, Virginia 24018

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

Galkay, a Joint Venture
P.O. Box 4109
Winston-Salem, North Carolina 27105

Patrick D. & Gail Lynn Ferguson
2021 West Dickens Ave
Chicago, IL 60647

Wildcat Energy, LLC, a Texas corporation
P.O. Box 13323
Odessa, Texas 79768

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

J. Darlene Kline
5045 East St. Andrews Drive
Tucson, Arizona 85718

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

Olin Garrett
P.O. Box 1489
Roanoke, Virginia 24007

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

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

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

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

Ted J. Werts
8220 Oxford Cir
Wichita, Kansas 67226

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

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

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

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

Robert A Weil
416 Sheridan Road
Highland Park, Il 60035

Mary L. Kline
3451 Eastern NE
Grand Rapids, Michigan 49505

Geoffrey Lanceley, MSU
4226 Oberlin Street
Houston, Texas 77005

Elizabeth Kaye Tullis Dillard, SSP
3208 Wellshire Court
Plano, Texas 75093

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

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

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

Duer Wagner, III
PO Box 101265
Fort Worth, Texas 76185

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

Amy Umbarger
322 Eagle Drive
Jupiter, Florida 33477-4066

Heidi Umbarger Perez
10 Woodstock Court
Hilton Head Island, South Carolina 29928

Cheryl D Cordry
115 S Rutan Avenue
Wichita, KS 67218

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

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

J4C Royalties, Ltd.
PO Box 1058
Albany, TX 76430

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

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

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

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

Patrick D. Ferguson
229 Bee Tree Ridge Lane
Villas, NC 28692

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

Randi S. Firestone
12760 Millennium, Apt. 403
Playa Vista, CA 90094

Nancy S. Holceker
399 Fullerton Parkway
Chicago, IL 60614-2876

John Ettelson
2350 N Lincoln Ave., Apt. 3N
Chicago, IL 60614-3442

William Ettelson
589 Sheridan Road
Glencoe, IL 60022-1764

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

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

Russell Cranmer
772 White Grotto Street
Las Vegas, NV 89138

Scratch Properties, LLC
PO Box 1287
Artesia, NM 88211

Shirley Anne Egbert
PO Box 36
Los Gatos, CA 95031

Silverhair, LLC
1301 Lewis Road
Artesia, NM 88210

Sombrero Associates
1 Chase Manhattan Plaza
New York, NY 10005

Ted Werts
8220 Oxford Circle
Wichita, KS 67226

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

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

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage 50
 \$ 6.90
 Total Postage \$ _____

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

71226

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

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Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage 50
 \$ 6.90
 Total Postage \$ _____

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



2. Article Number (Transfer from service label)
 7019 2280 0001 9628 8966

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 8-9-20

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)

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

Postmark
Here

Postage 50
 \$ 6.90
 Total Postage on _____

Sent To **Tularosa Oil Company**
 P.O. Box 471349
 Street and Apt. No. **Fort Worth, TX 76147**
 City, State, ZIP+4

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Tularosa Oil Company
 P.O. Box 471349
 Fort Worth, TX 76147



9590 9402 4038 8079 4191 28

2. Article Number (Transfer from service label)
79 2280 0001 9628 9024

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) HEATHER DAVIS
 C. Date of Delivery 3/16

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

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

Domestic Return Receipt

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Certified Mail Fee	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage 50	
\$ 16.90	
Total Postage at	
\$	
Sent To	
Sombrero Associates	
1 Chase Manhattan Plaza	
New York, New York 10005	
Street and Apt. #	
City, State, ZIP+4	

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7019 2280 0001 9628 9949

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>1. Article Addressed to:</p> <p>Sombrero Associates 1 Chase Manhattan Plaza New York, New York 10005</p> <div style="text-align: center;">  9590 9402 4038 8079 4191 66 </div> <p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 9949</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Bontu</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p><i>MSY</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; color: red; font-weight: bold;">APR 10 2020</p> <p style="text-align: center; font-size: 1.5em;"><i>Ch nR</i></p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> 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 8980

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	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 50
Total Postage and	\$ 10.98

Postmark Here

Sent To: Wildcat Energy, LLC
P.O. Box 13323
Street and Apt. No.: Odessa, TX 79768
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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 3/10/10</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>Wildcat Energy, LLC P.O. Box 13323 Odessa, TX 79768</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 4038 8079 4190 81</p> <p>7019 2280 0001 9628 8980</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 checked="" 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 checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<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 checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

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OFFICIAL USE

7019 2280 0001 9628 8942

Certified Mail Fee
\$ 3.55

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

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

Postmark
Here

Postage
\$ 6.90

Total Postage on
\$ _____

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

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

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

SENDER: COMPLETE THIS SECTION

- 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:

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



9590 9402 4038 8079 4190 50

2. Article Number (Transfer from service label)
7019 2280 0001 9628 8942

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery
3/9/20

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

3. Service Type

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

7019 2280 0001 9628 9956

Certified Mail Fee
 \$ 3.55

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

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

Postmark
Here

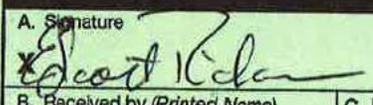
Postage 50
 \$ 6.90

Total Postage at
 \$ _____

Sent To Silverhair, LLC
1301 Lewis Road
Artesia, NM 88210

Street and Apt. N
 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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>E. Scott Richardson</u></p> <p>C. Date of Delivery <u>3-9-15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>Silverhair, LLC 1301 Lewis Road Artesia, NM 88210</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 4038 8079 4191 73</p> <p>7019 2280 0001 9628 9956</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input checked="" 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 type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input checked="" 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 type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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OFFICIAL USE

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

Postmark
Here

Postage .50
 \$ 10.90
 Total Postage and

Sent To **Scratch Properties, LLC**
P.O. Box 1287
 Street and Apt. No. **Artesia, NM 88211**
 City, State, ZIP+4

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

See Reverse for Instructions

7019 2280 0001 9628 9970

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:

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



9590 9402 4038 8079 4191 97

2. Article Number (Transfer from service label)

7019 2280 0001 9628 9970

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Travis Lanning

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Travis Lanning

3. Service Type

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

Domestic Return Receipt



7019 2280 0001 9628 9031

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 Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	56
Total Postage and Fees	\$ 10.90

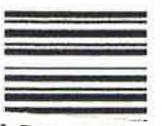
Postmark Here

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE 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>Christian Williams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Christian Williams</i></p> <p>C. Date of Delivery <i>3-9-20</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Thomas A. Crow, Trustee of the Mark E. Boling Revocable Trust 8210 Louisiana Blvd. NE, Suite B Albuquerque, NM 87113</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 9031</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 (over \$500)</p>
<p>9590 9402 4038 8079 4191 35</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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



7019 2

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

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

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

Postage: **16.90**
Total Postage and Fees: **19.75**

Postmark Here

Sent to: Robert K. Hillin, Jr., MSU
4450 Eck Lane, Apt. F
Austin, Texas 78734
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9001

See Reverse for Instructions

UNC

7 DE 1 0003/27729
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504252323 *0893-08552-27-21
0000579279 MAR 05 2020
MAILED FROM ZIP CODE 87505

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



7019 2

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

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

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

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

Postage: **50**
Total Postage and Fees: **52.85**

Postmark Here

Sent to: Russell Cramer
772 White Grotto Street
Las Vegas, NV 89138
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9001

See Reverse for Instructions

87504252323

BC: 87504252323

*0768-04267-05-41



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

WTF

DE 1 0004/03729

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

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

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

Handwritten: mooder
 2-9-2

0103112/29

ANK

7520875204252323

BC: 87504252323 *0768-05250-05-41

TURN TO SENDER
 NOT KNOWN
 NOT FORWARD

7019 6228 0001 1000 1651702

7019 6228 0001 1000 1651702

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OFFICIAL USE

Certified Mail Fee \$ 3.55
 Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ 16.90
 Total Postage at _____

Sent To Robert H. Kriebel c/o
 Larry Evans
210 Park Avenue, Suite 2300
Oklahoma City, OK 73102
 City, State, Zip+4

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

See Reverse for Instructions

87504252323

731 75 1 0103/11/29
 RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 BC: 87504252323 *0768-05250-05-41



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OFFICIAL USE

Certified Mail Fee \$ 3.55
 Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ 16.90
 Total Postage at _____

Sent To Thomas F. Meaders
4417 Normandy
Dallas, TX 75205
 City, State, Zip+4

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

See Reverse for Instructions



0 FEB 1 0003/11/29

TURN TO SENDER
 NOT KNOWN
 NOT FORWARD

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

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Certified Mail Fee

\$ 3.55

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

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

Postage

\$ 16.90

Total Postage and

\$

Sent To

Virgina D. Kriz-Neesen
505 Lombardy Ave.

Street and Apt. No. El Paso, TX 79922

City, State, Zip+4

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

Postmark
Here



799 FE 1 0003/11/20

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504252323 0568-87654-23-41
79922317352

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

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

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

OFFICIAL USE

Certified Mail Fee

\$ 3.55

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

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

Postage 50

\$ 10.90

Total Postage and

\$

Sent To

William Hilliard
2900 Club Drive
Los Angeles, CA 90064

Street and Apt. No.

City, State, Zip+4

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

Postmark
Here



E 1 0003/11/20

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504252323 0568-87654-23-41
79922317352

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

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

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

0006 8296 1000 0822 6102
 70

Certified Mail Fee
 \$ 3.55

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.88
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage: 50
 Total Postage and
 \$ 10.90

Sent to Virginia B. Dean, Et al
 Street and Apt. No. 4212 O'Keefe
 City, State, Zip+4 El Paso, TX 79902

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

0006 8296 1000 0822 6102
 70

Certified Mail Fee
 \$ 3.55

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.88
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage: 50
 Total Postage and
 \$ 10.90

Sent to V. Burrfend, p/k/a Vernon Burrfend
 Street and Apt. No. P.O. Box 1526
 City, State, Zip+4 Brenham, TX 79902

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



799 FE 1 0003/10/20
 RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 BC: 87504252323 *0668-05453-05-41



81 0003/28/20
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 87504252323 *0758-02610-05-41

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

ERQUE



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OFFICIAL USE

Certified Mail Fee \$ **3.55**

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

Return Receipt (hardcopy) \$ **2.85**

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage **.50**

Total Postage and Fees **\$4.05**

Postmark Here

Ted Werts
 8220 Oxford Circle
 Wichita, KS 67226

City, State, ZIP+4®

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



672 DE 1 0003 / 13 / 20

RETURN TO SENDER
 INSUFFICIENT ADDRESS
 UNABLE TO FORWARD

BC: 87504252323 *0758-02505-05-41

IA
 87504252323

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

CERTIFIED MAIL™
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 \$ **3.55**

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

Return Receipt (hardcopy) \$ **2.85**

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

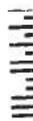
Adult Signature Restricted Delivery \$

Postage **.50**

Total Postage and Fees **\$4.05**

Postmark Here

Shirley Anne Egbert
 P.O. Box 36
 Street and Apt. No. Los Gatos, CA 95031
 City, State, ZIP+4®



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



N/9
 3/9

DC 1 0003 / 28 / 20

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 87504252323 *0668-04152-05-41

UNC
 87504252323

OCD CASE
21226 & 21227

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

PADILLA LAW FIRM, P.A.

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

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

EMAIL ADDRESS
padillalaw@qwestoffice.net

TELEPHONE
505-988-7577

FACSIMILE
505-988-7592

March 5, 2020

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

TO: ALL INTEREST OWNERS

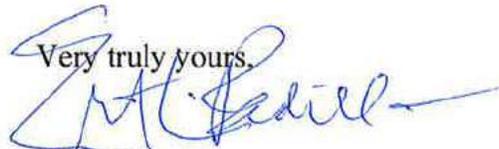
Re: NMOCD Case Numbers#21226 and 21227, In the Matter of the Application of Colgate Operating, LLC, for compulsory pooling, non-standard spacing and proration unit in Eddy County, New Mexico.

Ladies and Gentlemen:

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

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

Very truly yours,



ERNEST L. PADILLA

ELP:jbg

cc: Colgate Operating, LLC

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

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

Paul Umbarger and wife, Zofia Umbarger
3804 Brandon Avenue, SW, Apt. No. 342
Roanoke, Virginia 24018

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

Galkay, a Joint Venture
P.O. Box 4109
Winston-Salem, North Carolina 27105

Patrick D. & Gail Lynn Ferguson
2021 West Dickens Ave
Chicago, IL 60647

Wildcat Energy, LLC, a Texas corporation
P.O. Box 13323
Odessa, Texas 79768

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

J. Darlene Kline
5045 East St. Andrews Drive
Tucson, Arizona 85718

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

Olin Garrett
P.O. Box 1489
Roanoke, Virginia 24007

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

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

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

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

Ted J. Werts
8220 Oxford Cir
Wichita, Kansas 67226

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

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

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

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

Robert A Weil
416 Sheridan Road
Highland Park, IL 60035

Mary L. Kline
3451 Eastern NE
Grand Rapids, Michigan 49505

Geoffrey Lanceley, MSU
4226 Oberlin Street
Houston, Texas 77005

Elizabeth Kaye Tullis Dillard, SSP
3208 Wellshire Court
Plano, Texas 75093

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

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

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

Duer Wagner, III
PO Box 101265
Fort Worth, Texas 76185

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

Amy Umbarger
322 Eagle Drive
Jupiter, Florida 33477-4066

Heidi Umbarger Perez
10 Woodstock Court
Hilton Head Island, South Carolina 29928

Cheryl D Cordry
115 S Rutan Avenue
Wichita, KS 67218

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

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

J4C Royalties, Ltd.
PO Box 1058
Albany, TX 76430

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

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

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

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

Patrick D. Ferguson
229 Bee Tree Ridge Lane
Villas, NC 28692

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

Randi S. Firestone
12760 Millennium, Apt. 403
Playa Vista, CA 90094

Nancy S. Holceker
399 Fullerton Parkway
Chicago, IL 60614-2876

John Ettelson
2350 N Lincoln Ave., Apt. 3N
Chicago, IL 60614-3442

William Ettelson
589 Sheridan Road
Glencoe, IL 60022-1764

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

Silverhair, LLC
1301 Lewis Road
Artesia, New Mexico 88210

Loco Hills Production Company LLC
P.O. Box 779
Artesia, New Mexico 88211

Marshall & Winston, Inc.
PO Box 50880
Midland, Texas 79710-0880

Greenville Partners
PO Box 50612
Midland, Texas 79710

Lawrence R. Andersen
6337 Foote Road, Apt. A
Ceres, California 95307-6645

Frank Jordan Pisor III
6319 N 8th Street
Fresno, California 93710

Kevin Hammit and wife, Christine Hammit
PO Box 50880
Midland, Texas 79710-0880

James A. Lawson, MSU
PO Box 10017
Midland, Texas 79705

Barry Don Oldham
330 Rocky Land Drive
Midland, Texas 79703

Larry C. Oldham
908 Country Club Drive
Midland, Texas 79701

Cheryl Dianne Etheredge, as sole Trustee of the
CDE 2015 Revocable Trust
4352 Westwood Drive
Dallas, TX 75209

7018 3090 0001 4738 0920

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OFFICIAL USE

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

Postmark
Here

Postage \$ 7.05
Total Postage amt \$

Sent To Nancy S. Holceker
Street and Apt. No 399 Fullerton Parkway
City, State, ZIP+4 Chicago, IL 60614-2876

Handwritten signature

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

7018 3090 0001 4738 0647

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

Postmark
Here

Postage \$ 7.05
Total Postage amt \$

Sent To Olin Garrett
Street and Apt. No P.O. Box 1489
City, State, ZIP+4 Roanoke, Virginia 24007

Handwritten signature

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

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

Postmark
Here

Postage 05
 \$ 7.05
 Total Postage and
 \$
 Sent To
 Street and Apt. No.
 City, State, ZIP+4

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

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

7018 3090 0001 4738 0890

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 5843 64

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0890

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

COMPLETE THIS SECTION ON DELIVERY

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

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

3. Service Type

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

Domestic Return Receipt

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OFFICIAL USE

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

Postmark
Here

Sent To: J4C Royalties, Ltd.
 Street and Apt. No: P.O. Box 1058
 City, State, ZIP+4: Albany, TX 76430

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

2001 REC 4 1000 060E 8102

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Transfer from service label)

9590 9402 4038 8079 4193 33
 21226 21227

7018 3090 0001 4738 1002

PS Form 3811, July 2015 PSN 7530-02-000-8058

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Deanna Carter

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input 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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7018 3090 0000 4738 0531

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

Postmark
Here

Postage *65*
\$ 7.05
Total Postage and
\$

Sent To J.W. Davis, SSP (1995)
299 West 31st Street, Cottage 473
Sea Island, Georgia 31561
Street and Apt. No.
City, State, ZIP+4

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 6045 43
21226? 21227

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0531

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
J.W. Davis

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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Certified Mail Fee
 \$ 3.55

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage .65
 \$ 7.05
 Total Postage amt

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

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

PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

7018 3090 0001 4738 0548

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Pamela A. Davis, Trustee Under
 Declaration of Trust, dated August
 28, 1992, Exed. by Alice G. Davis
 299 West 31st Street, Cottage 473
 Sea Island, Georgia 31561



9590 9402 4582 8278 6045 36

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0548

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Pamela Davis Agent
 Addressee

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

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

3. Service Type
- 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 (over \$500)

Domestic Return Receipt

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7018 3090 0001 4738 0661

Certified Mail Fee
\$ 3.55

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

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

Postmark
Here

Postage .65
\$ 7.05
Total Postage and
\$ _____
Sent To _____
Street and Apt. No. _____
City, State, ZIP+4® _____

J. Darlene Kline
5045 East St. Andrews Drive
Tucson, Arizona 85718

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J. Darlene Kline
5045 East St. Andrews Drive
Tucson, Arizona 85718



9590 9402 4582 8278 6044 20
21224 21227

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0661

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Darlene Kline Agent
 Addressee

B. Received by (Printed Name)
DARLENE KLINE

C. Date of Delivery
3-16-20

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input 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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7018 3090 0001 4738 0678

Certified Mail Fee
 \$ 3.55

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

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

Postmark
Here

Postage .65
 \$ 7.05
 Total Postage and
 \$

Sent To
 John G. Rocovich, Jr.
 P.O. Box 13606
 Street and Apt. No.
 Roanoke, Virginia 24035
 City, State, ZIP+4®

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

<p>SENDER: COMPLETE THIS SECTION</p> <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>1. Article Addressed to:</p> <p>John G. Rocovich, Jr. P.O. Box 13606 Roanoke, Virginia 24035</p> <p>2. Article Number (Transfer from service label) 7018 3090 0001 4738 0678</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) [Signature]</p> <p>C. Date of Delivery 12/26</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (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 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 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)																	

9590 9402 4582 8278 6044 37
 21224021227

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

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OFFICIAL USE

7018 3090 0001 4738 0692

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

Postmark
Here

Postage 65
\$ 7.05
Total Postage and
\$

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

Patrick D. & Gail Lynn Ferguson
2021 West Dickens Ave.
Chicago, IL 60647

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Patrick D. & Gail Lynn Ferguson
2021 West Dickens Ave.
Chicago, IL 60647



9590 9402 4582 8278 6044 51

2. Article Number (transfer from service label)

7018 3090 0001 4738 0692

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
3-12-20

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

3. Service Type

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

7018 3090 0001 4738 0722

Certified Mail Fee		
\$ 3.55		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/>	Return Receipt (electronic)	\$
<input type="checkbox"/>	Certified Mail Restricted Delivery	\$
<input type="checkbox"/>	Adult Signature Required	\$
<input type="checkbox"/>	Adult Signature Restricted Delivery	\$
Postage .65		
\$ 7.05		
Total Postage and		
\$		
Sent To		
Street and Apt. No.		Geoffrey Lanceley, MSU
City, State, ZIP+4		4226 Oberlin Street Houston, Texas 77005

Postmark Here

See Reverse for Instructions

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

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><input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Geoffrey Lanceley, MSU 4226 Oberlin Street Houston, Texas 77005 </div>	<p>B. Received by (Printed Name) GEORGEY LANCELEY</p> <p>C. Date of Delivery</p>																
<p>2. Article Number (transfer from service label)</p> <p>7018 3090 0001 4738 0722</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p style="text-align: center;">9590 9402 4582 8278 6042 84 21226 & 21227</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" 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 checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<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 checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

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OFFICIAL USE

7018 3090 0001 4738 0777

Certified Mail Fee
\$ 3.55

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

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

Postmark
Here

Postage US
\$ 7.05

Total Postage and
\$ _____

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



2. Article Number (Transfer from service label)
7018 3090 0001 4738 0777

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name)
Douglas C. Cranmer

C. Date of Delivery
3-17-20

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

3. Service Type
- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input checked="" type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input 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

7018 3090 0001 4738 0814

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

Postmark
Here

Postage 65
\$ 7.05

Total Postage and

Sent To

Street and Apt. No.

City, State, ZIP+4

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

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 6042 60

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0814

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B) Received by (Printed Name)

[Handwritten Name]

C) Date of Delivery

[Handwritten Date]

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

- Yes
- No

3. Service Type

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

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OFFICIAL USE

7018 3090 0001 4738 0821

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

Postmark
Here

Postage \$ 7.05
 Total Postage and
 \$

Sent To John W Burress III
 Street and Apt. No 403 New England Road
 City, State, ZIP+4® Guildford, CT 06437-1876

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 John W Burress III
 403 New England Road
 Guildford, CT 06437-1876



9590 9402 4582 8278 6042 53

2. Article Number (Transfer from service label)
 7018 3090 0001 4738 0821

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Loring Burress Agent
 Addressee

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

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

Loring Burress

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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7018 3090 0001 4738 0876

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

Postmark
Here

Postage *US*
\$ 7.05
Total Postage and
\$

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

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

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 6042 08

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0876

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

COMPLETE THIS SECTION ON DELIVERY

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

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

Domestic Return Receipt

7018 3090 0001 4738 0944

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Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	.65
Total Postage and Fees	\$ 7.05
Sent To	Gail Lynn Ferguson
Street and Apt. No.	403 Pearson Drive
City, State, ZIP+4	Asheville, NC 28001-1021

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Gail Ferguson</u></p> <p>C. Date of Delivery <u>MAR 12 2020</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Gail Lynn Ferguson 403 Pearson Drive Asheville, NC 28001-1021</p>	<p>3. Service Type <u>USPS</u></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) <u>9590 9402 4038 8079 4192 72</u> <u>21220 21227</u></p>	
<p>7018 3090 0001 4738 0944</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7018 3090 0001 4738 0968

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

Postmark
Here

Postage	7.05
Total Postage and	
\$	

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE 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><input checked="" type="checkbox"/> <i>John Tanas</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Patrick J. Michaud 7307 N. Hamilton Street Spokane, WA 99208-5255	John Tanas	3/14/20
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type	
9590 9402 4038 8079 4192 96 21224 7 21227	<input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
7018 3090 0001 4738 0968	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9058	Domestic Return Receipt	

7018 3090 0001 4738 0555

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OFFICIAL USE

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

Postmark
Here

Postage .65
\$ 7.05
Total Postage and

\$
Sent To Crump Energy Partners VI, LLC
Street and Apt. No P.O. Box 50820
City, State, ZIP+4® Midland, Texas 79701

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



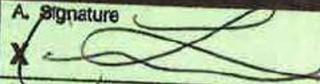
9590 9402 4582 8278 6045 29

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0555

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) Crystallina C. Date of Delivery 3.10.20

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

Domestic Return Receipt

7018 3090 0001 4738 0586

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	\$ 3.55
Extra Services & Fees (check box, add fees appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage .65	
Total Postage on	\$ 7.05

Postmark
Here

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 6044 99

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0586

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
X	
B. Received by (Printed Name)	C. Date of Delivery
	3-10-20
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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

Domestic Return Receipt

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

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

OFFICIAL USE

7018 3090 0001 4738 0609

Certified Mail Fee
 \$ 3.55

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.00</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage .65
 \$ 7.05
 Total Postage and

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

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



9590 9402 4582 8278 6044 75

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0609

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

James E Beard
 JAMES BEARD

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

Domestic Return Receipt

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

Domestic Mail Only

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

OFFICIAL USE

7018 3090 0001 4738 0593

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

Postmark
Here

Postage .65
\$ 7.05

Total Postage and

\$

Sent To

Street and Apt. No

City, State, ZIP+4®

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 6044 82

2. Article Number (Transfer from service label)
7018 3090 0001 4738 0593

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) Crystallena C. Date of Delivery 3.10.20

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

J. Service Type

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

Domestic Return Receipt

7018 3090 0001 4738 0685

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.00
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$ 7.05
Total Postage and	\$

Sent To Wildcat Energy, LLC, a Texas Corporation
 Street and Apt. No. P.O. Box 13323
 City, State, ZIP+4® Odessa, Texas 79768

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

SENDER: COMPLETE THIS SECTION

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

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



9590 9402 4582 8278 6044 44

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *RUBahn* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 3/18/20

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



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

Domestic Return Receipt

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

OFFICIAL USE

7018 3090 0001 4738 0746

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

Postmark
Here

Postage - 65
 \$ 7.05
 Total Postage and
 \$

Sent To **Robert A. Weil**
 416 Sheridan Road
 Street and Apt. No. **Highland Park, IL 60035**
 City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 Robert A. Weil
 416 Sheridan Road
 Highland Park, IL 60035



9590 9402 4582 8278 6043 07
 212208 21227

2. Article Number (Transfer from service label)
 7018 3090 0001 4738 0746

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Robert A. Weil Agent Addressee

B. Received by (Printed Name) _____

C. Date of Delivery **3/10/20**

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

3. Service Type

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

Domestic Return Receipt

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

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

OFFICIAL USE

7018 3090 0001 4738 0753

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

Postmark
Here

Sent To Douglas C. Cranmer and
Russell E. Cranmer Trustees
 Street and Apt. No. 200 W. Douglas, Suite 100
 City, State, ZIP+4® Wichita, KS 67202

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 6043 14
 21224 2 21227

2. Article Number (Transfer from service label)
 7018 3090 0001 4738 0753

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name)
Enika Montezano

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

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

OFFICIAL USE

7018 3090 0001 4738 0760

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

Postmark
Here

Postage 65
 \$ 7.05

Total Postage and

\$ _____
 Sent To Russell B. Cranmer
200 W. Douglas, Suite 100
 Street and Apt. No. Wichita, KS 67202
 City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 6043 21
21226 & 21227

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0760

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Enika Montelongo Addressee

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

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

3. Service Type

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

Domestic Return Receipt

**U.S. Postal Service™
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OFFICIAL USE

7018 3090 0001 4738 0807

Certified Mail Fee
\$ 3.55

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage .65
\$ 7.65

Total Postage and
\$ _____

Sent To _____

Street and Apt. No. _____

City, State, ZIP+4® _____

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

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 6043 69

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0807

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Fred Demers

- Agent
 Addressee

B. Received by (Printed Name)

Fred Demers

C. Date of Delivery

3-9-20

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

3. Service Type

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

Domestic Return Receipt

7018 3090 0001 4738 0838

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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OFFICIAL USE

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

Postmark
Here

Postage *65*
\$ 7.85

Total Postage and
\$

Sent To

Street and Apt. No.

City, State, ZIP+4®

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 6042 46

21224 & 21227

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0838

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John Shay

Agent
 Addressee

B. Received by (Printed Name)

John Shay

C. Date of Delivery

3/9/20

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

3. Service Type

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

Domestic Return Receipt

7018 3090 0001 4738 0869

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	63
\$	7.05
Total Postage and	
\$	
Sent To	Kenneth Walter Kline
Street and Apt. No.	N4158 US Highway 41
City, State, ZIP+4	Wallace, MI 49893-9780

Postmark Here

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

SENDER: COMPLETE THIS SECTION		COMPLETE 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><input checked="" type="checkbox"/> <i>Kenneth Walter Kline</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Kenneth Walter Kline N4158 US Highway 41 Wallace, MI 49893-9780</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 4738 0869</p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> 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>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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OFFICIAL USE

7018 3090 0001 4738 0883

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

Postmark
Here

Postage .65
\$ 7.05
Total Postage and
\$

Sent To C5 Capital Management
P.O. Box 2218
Street and Apt. No. Albany, Texas 76430
City, State, ZIP+4

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 6041 92

2. Article Number (Transfer from service label)
7018 3090 0001 4738 0883

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Christi Chapman Agent
 Addressee
 B. Received by (Printed Name) Christi Chapman C. Date of Delivery 3-9-20
 D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

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

Domestic Return Receipt

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

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

OFFICIAL USE

7018 3090 0001 4738 0906

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage, 05
 \$ 7.05
 Total Postage or

Sent To
 Street and Apt. N
 City, State, ZIP+4

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4582 8278 5843 57

2. Article Number (Transfer from service label)

7018 3090 0001 4738 0906

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X *Catherin Huffman*

B. Received by (Printed Name)
 Catherin Huffman

C. Date of Delivery
 3/9/20

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

3. Service Type

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

Domestic Return Receipt

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

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

OFFICIAL USE

7018 3090 0001 4738 0999

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

Postmark
Here

Postage .45
 \$ 7.05
 Total Postage amt

Sent To **Clint R. Werts**
 855 N Sagebrush Street
 Street and Apt. No **Wichita, KS 67230-7057**
 City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 4038 8079 4193 26
 21226 21227

2. Article Number (Transfer from service label)
 7018 3090 0001 4738 0999

COMPLETE THIS SECTION ON DELIVERY

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

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

3. Service Type

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

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

Domestic Return Receipt

7019 1640 0001 6683 3890

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

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

OFFICIAL USE

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

Postmark
Here

Sent To **EOG Resources, Inc**
 5509 Champions Dr.
 Midland, Texas 79706

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 5554 9249 4946 00

2. Article Number (Transfer from service label)

7019 1640 0001 6683 3890

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **John**
 C. Date of Delivery **8-10-20**

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<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)	

CERTIFIED MAIL

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

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

OFFICIAL USE

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

Certified Mail Fee \$ 3.55

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

Postage 65

Total Postage and Postmark Here \$ 7.05

Sent to Paul Umbarger and Zofia Umbarger

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

PS Form 3800, April 2015 PSN 7520-02-000-9007 See Reverse for Instructions



001 4738 0524

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



FWO 3/10

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

7018 3090 0001 4738 0562

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

OFFICIAL USE

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

Certified Mail Fee \$ 3.55

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

Postage 65

Total Postage and Postmark Here \$ 7.05

Sent to Intrepid Energy, LLC
 P.O. Box 711
 Yankton, South Dakota 57078

PS Form 3800, April 2015 PSN 7520-02-000-9007 See Reverse for Instructions



011 4738 0562

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



Refused at this address

NIXIE 553 DE 1 0003/11/20
RETURN TO SENDER
UNABLE TO FORWARD
BC: 87504252323 *0378-00952-11-31

CERTIFIED MAIL

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

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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4738 0579



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

Certified Mail Fee \$ 3.55
 Extra Services & Fees (check box and fee as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postmark Here

Postage - 1.05
Total Postage and
\$ 7.05
Sent to Myrlene Mannschreck Dillon, SSP
1383 County Road 141
Coleman, Texas 76834-8159
City, State, ZIP+4®

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

-K-T-S-

10834-KHS-LN

03/24/20

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER

* R F S *

PS Form 3800, April 2015 PSN 7539-02-000-90-7 See Reverse for Instructions

CERTIFIED MAIL

Padilla Law Firm, P.A.
Ernest L. Padilla
PO Box 2523

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



0 0001 4738 0616



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

Certified Mail Fee \$ 3.55
 Extra Services & Fees (check box and fee as appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postmark Here

Total Postage and
\$ 7.05
Sent to Sombrero Associates
1 Chase Manhattan Plaza
New York, New York 10005
City, State, ZIP+4®

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

1*

NIXIE 100 FE 1 0003/14/20

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504252323 *0445-01168-07-27

See Reverse for Instructions

81401 0009
87504-2523

2018 3090 0001 4738 0616

2018 3090 0001 4738 0579

CERTIFIED MAIL

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

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

OFFICIAL USE

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

Certified Mail Fee \$ 3.55

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage 7.05

Total Postage and Postmark Here \$ 10.60

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

City, State, ZIP+4®
PS Form 3800, April 2015 PSN 753002-000-9047 See Reverse for Instructions



0001 4738 0623

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



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

No SW Person

NIXIE 910 FE 1 0003/12/20

NOT DELIVERABLE TO SENDER
UNABLE TO FORWARD

BC: 87504252323 *0952-00466-12-22

CERTIFIED MAIL

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

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

OFFICIAL USE

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

Certified Mail Fee \$ 3.55

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage 7.05

Total Postage and Postmark Here \$ 10.60

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

City, State, ZIP+4®
PS Form 3800, April 2015 PSN 753002-000-9047 See Reverse for Instructions



0001 4738 0630

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



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

NIXIE 672 DE 1 2203/10/20

RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504252323 *0568-08461-05-41

CERTIFIED MAIL

Padilla Law Firm, P.A.

Ernest L. Padilla

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

\$ 3.55

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$ 7.05

Total Postage amt: \$ 10.60

Postmark
Here

Sent To Robert H. Kriebel, c/o
Larry A. Evans CPA Inc.

Street and Apt. No. 210 Park Avenue, Suite 2300
City, State, ZIP+4® Oklahoma City, Oklahoma 73102

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



0001 4738 0654



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

NIXIE 731 FE 1 0003/10/20
NOT DELIVERABLE AS ADDRESSEE
RETURN TO SENDER

UTF
87504>2523

CERTIFIED MAIL

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

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

OFFICIAL USE

Certified Mail Fee

\$ 3.55

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

Return Receipt (hardcopy) \$ 2.05

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$ 7.05

Total Postage and \$ 10.60

Sent To Galkay, a Joint Venture
P.O. Box 4109
Street and Apt. No. Winston-Salem, NC 27105
City, State, ZIP+4®

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



0001 4738 0708

ALBUQUERQUE



a Joint Venture
P.O. Box 4109
Winston-Salem, NC 27105

NIXIE 274 FE 1 0003/11/20

RETURN TO SENDER
ATTEMPTED - NOT DELIVERABLE TO FORWARD

BC: 87504252323 *9756-02593-05-*

CERTIFIED MAIL

525240528

Padilla Law Firm, P.A.

Ernest Padilla

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
\$ 3.55

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

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

Postage \$7.65
Total Postage amt

Postmark
Here

Sent To Elizabeth Kaye Tullis Dillard, SSP
3208 Wellshire Court
Plano, Texas 75093
Street and Apt. No.
City, State, ZIP+4

PS Form 3800, April 2013 PSN 7530-02-000-9017

See Reverse for Instructions

525240528 0001 4738 0715



0001 4738 0715



Elizabeth Kaye Tullis Dillard, SSP
3208 Wellshire Court
Plano, Texas 75093

NIXIE 750 7E 1 2003/14/20
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504252323 *2182-02462-13-17

CERTIFIED MAIL

Padilla Law Firm, P.A.

Ernest Padilla

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
\$ 3.55

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

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

Postage \$7.05
Total Postage amt

Postmark
Here

Sent To Hodge Natural Gas Gathering, LLC
1013 Centre Road, Suite 403S
Wilmington, DE 19805
Street and Apt. No.
City, State, ZIP+4

PS Form 3800, April 2013 PSN 7530-02-000-9017

See Reverse for Instructions

4738 0784



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

Void
1-1-14

NIXIE 175 DE 1 0003/14/20
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504252323 *2827-05053-07-19

198053 1710 450832

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

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

OFFICIAL USE



01 4738 0791



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

Certified Mail Fee
\$3.55

Extra Services & Fees (check box and fee as appropriate)
 Return Receipt (hardcopy) \$2.85
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage and
\$7.05

Postmark
Here
Ted J. Werts
8220 Oxford Cir
Wichita, Kansas 67226

Sent To
Ted J. Werts
8220 Oxford Cir
Wichita, Kansas 67226

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

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

CERTIFIED MAIL



01 4738 0845



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
0000579279 MAR 05 2020
MAILED FROM ZIP CODE 97505
\$007.050

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

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

OFFICIAL USE

Certified Mail Fee
\$3.55
Extra Services & Fees (check box and fee as appropriate)
 Return Receipt (hardcopy) \$2.85
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage and
\$7.05

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

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

Handwritten signature: Heidi Umbarger Perez

MAIL 296 DE 1 87505/25/20

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BCI 87504252923 *9768-02575-05-41

7018 3090 0001 4738 0845

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

UNC

CERTIFIED MAIL

Padilla Law Firm, P.A.
Ernest L. Padilla
PO Box 2522

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

OFFICIAL USE

0001 4738 0852



UNITED STATES POSTAGE
FIRST CLASS
\$007.05
02 1P
0000579279 MAR 05 2020
MAILED FROM ZIP CODE 87505

Handwritten initials: *UJ*

Amy Umbarger
322 Eagle Drive
Jupiter, Florida 33477-4066

NIXIE 351 DE 1 0003/29/20
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504252323 *1687-05446-29-23

PS Form 3800, April 2015 PSN 7530-02-000-9027
See Reverse for Instructions

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

Sent to Amy Umbarger
322 Eagle Drive
Jupiter, Florida 33477-4066
City, State, ZIP+4®

CERTIFIED MAIL

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

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

OFFICIAL USE

01 4738 0913



UNITED STATES POSTAGE
FIRST CLASS
\$007.05
02 1P
0000579279 MAR 05 2020
MAILED FROM ZIP CODE 87505

John Ettelson
2350 N. Lincoln Ave., Apt. 3N
Chicago, IL 60614-3442

Handwritten initials: *RTS*

-R-T-S- 606144054-1X 009 03/25/20

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

Sent to John Ettelson
2350 N. Lincoln Ave., Apt. 3N
Chicago, IL 60614-3442
City, State, ZIP+4®

3442 0077

PS Form 3800, April 2015 PSN 7530-02-000-9027 See Reverse for Instructions

Padilla Law Firm, P.A.

Patrick D. Padilla

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 \$ 3.55
Extra Services & Fees (check box and fees appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00
Postage \$ 7.05
Total Postage amt \$ 10.55

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

See Reverse for instructions



4738 0951

CERTIFIED MAIL

ALBUQUERQUE NM 870



PRIME[®] BOWERS
\$007.05

FERG229 286924258-1N 009 03/16/20

-R-T-S- 286924258-1N 009 03/16/20

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



28692-9774

7018 3090 0001 4738 0975

Padilla Law Firm, P.A.

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 \$ 3.55
Extra Services & Fees (check box and fees appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00
Postage \$ 7.05
Total Postage amt \$ 10.55

Sent To
Street and Apt. No.
City, State, ZIP+4[®]
Aimee Leann Michaud
555 E. Northview Ave, Apt 4
McPherson, KS 67460-1950

See Reverse for instructions



0001 4738 0975

CERTIFIED MAIL

ALBUQUERQUE NM 870



PRIME[®] BOWERS
\$007.05

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

NIXIE 672 FE 1 0003/13/20

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

501 87504252523 *0000-05482-02-42

CERTIFIED MAIL

Padilla Law Firm, P.A.
Ernest L. Padilla
PO Box 2523



1 9628 8935



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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.55
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) \$ 2.85
Return Receipt (electronic) \$
Certified Mail Restricted Delivery \$
Adult Signature Required \$
Adult Signature Restricted Delivery \$
Postage \$ 7.05
Total Postage amt \$ 10.45

Sent to William Ettelson
589 Sheridan Road
Glencoe, IL 60022-1764
City, State, ZIP+4

William Ettelson
589 Sheridan Road
Glencoe, IL 60022-1764
-R-T-S-
RETURN TO SENDER
UNCLAIMED
RETURN TO SENDER
UNABLE TO FORWARD

03/25/20

* R E S *

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

CERTIFIED MAIL

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



001 4738 0739



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 \$ 3.55
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) \$ 2.85
Return Receipt (electronic) \$
Certified Mail Restricted Delivery \$
Adult Signature Required \$
Adult Signature Restricted Delivery \$
Postage \$ 7.05
Total Postage amt \$ 10.45

Sent to Mary L. Kline
3451 Eastern NE
Grand Rapids, Michigan 49505
City, State, ZIP+4

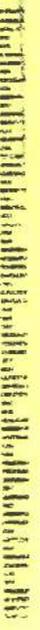
Mary L. Kline
3451 Eastern NE
Grand Rapids, Michigan 49505

W2511
RL
3/9

FDL

-R-T-S- 495254012-1N 009 04/09/20

RETURN TO SENDER
DECEASED
UNABLE TO FORWARD
RETURN TO SENDER



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

495254012-1N

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

7019 2280 0001 9628 9949



31027

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



9327000084155249

87504XXXX140

NIXIE 100 FEB 1 0003/23/20
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504252323 *1653-00159-23-24

CERTIFIED MAIL

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

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 7.05
Total Postage and Fees	\$ 10.60

Timothy S. Ferguson &
Patricia C. Ferguson

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

4738 0982



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



Unclaimed
No Such Street
Return to Sender
Postmark Here

NIXIE 501 DC 1 0004/15/20
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504252323 *0607-00941-08-24

7018 3090 0001 4738 0982

PS Form 3800, April 2015 PSN 7500-06-000-9047
See Reverse for Instructions

Padilla Law Firm, P.A.

CERTIFIED MAIL

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

OFFICIAL USE

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

Certified Mail Fee \$3.55

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

Postmark Here

Postage \$7.05

Total Postage and Sent To Timothy S. Ferguson and Patricia C. Ferguson

Street and Apt. No. 1710 W Parkside Drive
City, State, ZIP+4 Hoffman Estates, IL 60192-1540

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



01 4738 0517

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



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

enclamer No Such Sl

1.8/20

601 DC 1 0004/16/20
NIXIE RETURN TO SENDER UNCLAIMED
UNABLE TO FORWARD
BC: 87504252323 *0607-00342-08-24
UNABLE TO FORWARD

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

CERTIFIED MAIL

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

OFFICIAL USE

4738 0937

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

Postmark Here

Total Postage and Sent To Randi S. Firestone

Street and Apt. No. 12760 Millennium, Apt. 403
City, State, ZIP+4 Playa Vista, CA 90094

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



Randi S. Firestone
12760 Millennium



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

NOTIFY SENDER
FIRESTONE RANDI S
7551 N 151ST S
FRESNO CA 93
BC: 93720095
87504252323

910 WEE 1 220T0003/08/20
ADDRESS
NIXIE 957 DE 1 0004/26/20
RETURN TO SENDER
UNABLE TO FORWARD
BC: 87504252323 *0362-01907-08-28

Carlsbad Current Argus.

Affidavit of Publication

Ad # 0004204327

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PADILLA LAW FIRM
POBOX 2523

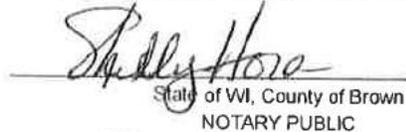
SANTA FE, NM 87504

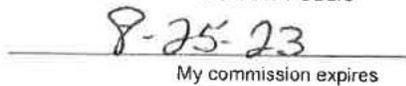
I, a legal clerk of the Carlsbad Current Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements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

05/22/2020


Legal Clerk

Subscribed and sworn before me this May 26, 2020:


State of WI, County of Brown
NOTARY PUBLIC


My commission expires



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

This is not an invoice

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

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

STATE OF NEW MEXICO:

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

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

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

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

A. Dawson 34 Fed State Com 123H

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

BHL: 1650 feet from the South line and 10 feet from the West line,

(Unit L) of Section 33, Township 19 South, Range 28 East, NMPM.

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

Well Orientation: East to West

Completion Location: standard

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

B. Dawson 34 Fed State Com 133H

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

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

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

Well Orientation: East to West

Completion Location: standard

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

C. Dawson 34 Fed State Com 124H

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

East, NMPM.
BHL: 330 feet from the South line and 10 feet from the West line, (Unit M) of Section 33, Township 19 South, Range 28 East, NMPM.
Completion Target: 2nd Bone Spring Sand at approx 7500 feet TVD.
Well Orientation: East to West
Completion Location: standard
Spacing Unit: S/2 S/2 of Section 34 and S/2 S/2 of Section 33

D. Dawson 34 Fed State Com 134H

SHL: 340 feet from the South line and 560 feet from the East line, (Unit P) of Section 34, Township 19 South, Range 28 East, NMPM.
BHL: 430 feet from the South line and 10 feet from the West line, (Unit M) of Section 33, Township 19 South, Range 28 East, NMPM.
Completion Target: 3rd Bone Spring Sand at approx 8600 feet TVD.
Well Orientation: East to West
Completion Location: standard
Spacing Unit: S/2 S/2 of Section 34 and S/2 S/2 of Section 33
#4204195, Current Argus, May 22, 2020

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

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

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

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

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

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

A. Shamrock 34 Fed State Com 121H

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

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

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

Well Orientation: East to West

Completion Location: standard

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

B. Shamrock 34 Fed State Com 131H

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

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

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

Well Orientation: East to West

Completion Location: standard

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

C. Shamrock 34 Fed State Com 122H

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

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

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

Well Orientation: East to West

Completion Location: standard

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

D. Shamrock 34 Fed State Com 132H

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

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

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

Well Orientation: East to West

Completion Location: standard

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

#4204327, Current Argus, May 22, 2020

CARLSBAD
CURRENT-ARGUS

AFFIDAVIT OF PUBLICATION

Ad No.
0004204195

PADILLA LAW FIRM
PO BOX 2523
SANTA FE, NM 87504

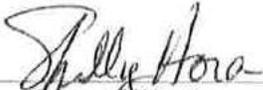
I, a legal clerk of the Carlsbad Current-Argus,
a newspaper published daily at the City of
Carlsbad, in said county of Eddy, state of New
Mexico and of general paid circulation in said
county; that the same is a duly qualified
newspaper under the laws of the State wherein
legal notices and advertisements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

05/22/2020

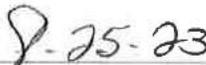


Legal Clerk

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



State of WI, County of Brown
NOTARY PUBLIC



My Commission Expires

Ad#:0004204195
P O :
of Affidavits :0.00

SHELLY HORA
Notary Public
State of Wisconsin

SHAW INTERESTS, INC.

OIL & GAS PROPERTIES

310 W. WALL, SUITE 305

MIDLAND, TX 79701

(432) 685-1404

February 11, 2020

Elizabeth Kaye Tullis Dillard
1307 Hodges Avenue
Ruston, LA 71270

(214) 704-9248

Re: Leasehold Purchase Proposal
Township 19 South, Range 28 East
Section 34: NE/4, E/2SE/4 and SW/4SE/4
Containing 280.00 acres, more or less
From the Surface down to 11,345'

Dear Mrs. Dillard,

According to our research, you own an undivided 17.5 net acres (6.25% Working Interest) in the above described tract of land and specified depth interval as to the leasehold operating rights. Our client, Colgate Production, LLC, ("Colgate") desires to purchase all of your leasehold operating rights in said land for the price of \$6,000.00 per net acre, subject to approval of title and Colgate management. Please find the enclosed Assignment, Conveyance, and Bill of Sale ("Assignment").

If the above terms and Assignment meet with your approval, please sign the enclosed Assignment in the presence of a Notary Public and thereafter return the Assignment along with a completed W9 form to me in Midland, TX at the above letterhead address. Upon receipt, subject to verification of title and approval of Colgate management, we will process the Assignment and forward you a check in the amount of \$105,000.00 within thirty (30) business days.

Thank you very much for your attention to this matter. Please contact me on my cell at (432) 853-1106 to discuss this proposal.

Sincerely,
SHAW INTERESTS



Brad Carter, CPL
bcarter@shawinterests.com



ASSIGNMENT, CONVEYANCE AND BILL OF SALE

STATE OF NEW MEXICO
COUNTY OF EDDY

§
§
§

KNOW ALL MEN BY THESE PRESENTS THAT:

THIS ASSIGNMENT, CONVEYANCE AND BILL OF SALE (this "Assignment") is made between **Elizabeth Kaye Tullis Dillard**, herein dealing in her sole and separate property, having an address of 1307 Hodges Avenue, Ruston, LA 71270, hereinafter called "Assignor", and **Colgate Production, LLC**, a Delaware limited liability company having an address of 303 West Wall Street, Suite 700, Midland, Texas 79701, hereinafter called "Assignee".

IN CONSIDERATION of the sum of Ten Dollars (\$10.00), and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and the mutual promises made between Assignor and Assignee, Assignor hereby grants, sells, assigns, bargains, transfers and conveys to Assignee, Assignee's heirs, successors and assigns, subject to the terms and conditions contained herein, all of Assignor's right, title and interest in and to the following properties and interests (collectively, the "Properties"):

- (a) The oil and gas leases more particularly described in Exhibit "A" attached hereto and made a part hereof for all purposes (the "Leases");
- (b) All oil, gas, water, disposal and injection wells located on the lands covered by the Leases or included in pooled acreage or units with which any Lease may have been pooled or unitized (the "Wells"), including the Wells listed on Exhibit "B", and all oil, gas and other hydrocarbons produced from or attributable to the Wells at and after the Effective Date; and
- (c) All other real and personal property, and any and all other property rights relating to the Leases or Wells, the leasehold estates created by the Leases, or the lands covered by the Leases or included in pooled acreage or units with which any Lease may have been pooled or unitized, including, but not limited to, all easements, rights-of-way, servitudes, contracts, contract rights, operating rights, water rights, lease, title and other files, geophysical and seismic data, well equipment, pipelines, gathering systems, processing facilities, storage facilities, drillsite pads, imbalances, liens and security interests securing payment for the sale of oil, gas or other hydrocarbons, and any overriding royalty interest, mineral interest, fee interest, net profits interest, production payments, reversionary interests and other interests in the oil and gas in place or the production thereof from the lands covered by the Leases or included in pooled acreage or units with which any Leases may have been pooled or unitized.

TO HAVE AND TO HOLD unto Assignee and its successors and assigns forever, subject to the following terms, representations, warranties, conditions, limitations and exceptions:

1. ASSIGNOR WARRANTS TITLE TO THE PROPERTIES FROM AND AGAINST ALL PERSONS CLAIMING BY, THROUGH OR UNDER ASSIGNOR, BUT NOT OTHERWISE.
2. This Assignment shall be effective as of **February 11, 2020** at 7:00 a.m., local time where the Properties are located (the "Effective Date").
3. It is agreed that Assignor will be responsible for the payment of any and all production and severance taxes due or payable prior to the Effective Date. Ad valorem taxes shall be prorated between Assignor and Assignee as of the Effective Date. With respect to proceeds held in suspense for production attributable to the Properties prior to the Effective Date, Assignee shall be responsible for the payment or distribution of such amounts held in suspense only to the extent such amounts are transferred to Assignee by Assignor on or after the Effective Date.
4. The terms, conditions or exceptions contained herein shall constitute covenants running with the land, and shall be binding upon, and for the benefit of, the respective successors and assigns of Assignor and Assignee. This Assignment and the other documents delivered pursuant hereto shall be governed and construed in accordance with the laws of the State of New Mexico, without giving effect to principles of conflicts of laws that would result in the application of the laws of another jurisdiction.
5. Assignor agrees to execute and deliver such other instruments and documents and take such other actions as may be reasonably necessary to evidence and effectuate the transactions contemplated

by this Assignment, including but not limited to delivering additional and/or corrective assignments to transfer properties and interest that are improperly described herein or inadvertently omitted from this Assignment (including the exhibits attached hereto). In addition to filing this Assignment of record in Eddy County, New Mexico, the parties shall execute and file with the appropriate authorities, whether state, federal or local, all forms or instruments required by applicable law or regulation to effectuate the conveyance contemplated hereby. Said instruments shall be deemed to contain all of the exceptions, reservations, rights, titles and privileges set forth herein as fully as though the same were set forth in each such instrument. The interests conveyed by such separate assignments are the same, and not in addition to, the Properties conveyed herein.

6. To the extent permitted by law, Assignee shall be subrogated to Assignor's rights in and to representations, warranties and covenants given with respect to the Properties. Assignor hereby grants and transfers to Assignee, its successors and assigns, to the extent so transferable and permitted by law, the benefit of and the right to enforce the covenants, representations and warranties, if any, which Assignor is entitled to enforce with respect to the Properties, but only to the extent not enforced by Assignor.
7. Assignor represents and warrants to Assignee that:
 - (A) ~~Assignor is a limited partnership organized and in good standing under the laws of the state of Wisconsin and is qualified to do business in the state of New Mexico.~~
 - (B) Assignor has full power to enter into and perform its obligations under this Assignment and has taken all proper action to authorize entering into this Assignment and performance of its obligations hereunder.
 - (C) Neither the execution and delivery of this Assignment, nor the consummation of the transactions contemplated hereby, nor the compliance with the terms hereof, will result in any default under any agreement or instrument to which Assignor is a party or by which the Leases are bound, or violate any order, writ, injunction, decree, statute, rule or regulation applicable to Assignor or to the Leases.
 - (D) This Assignment constitutes the legal, valid and binding obligation of Assignor, enforceable in accordance with its terms, except as limited by bankruptcy or other laws applicable generally to creditor's rights and as limited by general equitable principles.
 - (E) There are no pending suits, actions, or other proceedings in which Assignor is a party (or to Assignor's knowledge, based upon a reasonable investigation with its officers and employees, which have been threatened to be instituted) which affect the Leases (including, without limitation, any actions challenging or pertaining to Assignor's title to any of the Leases), or affect the execution and delivery of this Assignment or the consummation of the transactions contemplated hereby.
 - (F) Except for approvals required to be obtained from governmental entities who are lessors under leases forming a part of the Leases (or who administer such leases on behalf of such lessors) which are customarily obtained post-closing, none of the Leases is subject to the terms of any preferential right for a third party to purchase such Property, a right of first refusal, any area of mutual interest agreement, or requires the consent of any third party to the valid assignment of such Property to Assignee.
 - (G) All taxes related to taxable periods or portions thereof ending prior to or on the Effective Date have been accurately recorded and duly paid, collected or withheld and remitted to the appropriate governmental agency, except for current taxes not due and payable prior to or on the Effective Date.
 - (H) There are no outstanding authorities for expenditures as of the Effective Date with respect to the Leases. There are no authorities for expenditure with respect to the Leases which Assignor has not consented to.
 - (I) Assignor is not a foreign person within the meaning of Section 1445 of the United States Internal Revenue Code of 1986, as amended.
 - (J) There exist no material agreements or arrangements for the sale of production from the Properties (including calls on, or other rights to purchase, production, whether or not the same are currently

being exercised) other than production sales contracts or arrangements that are cancellable on 90 days notice or less without penalty or detriment and, other than the agreements mentioned in this subparagraph, there are no other material contracts that will be binding on Assignee or the Properties upon or after delivery of this Assignment from Assignor to Assignee.

(K) There exist no material defaults under the Leases.

(L) There are no bankruptcy, reorganization or arrangement proceedings pending, being contemplated by or threatened against Assignor.

The foregoing representations and warranties shall survive execution and delivery of this Assignment indefinitely and Assignor agrees to indemnify Assignee for all losses suffered by and expenses incurred in connection with any misrepresentation or breach of warranty.

EXECUTED AND DELIVERED this ____ day of _____, 2020, but to be effective for all purposes as of the Effective Date.

ASSIGNOR:

By: _____
Elizabeth Kaye Tullis Dillard, dealing in her
sole and separate property

ASSIGNEE:

Colgate Production, LLC

By: _____
Name: Brandon Gaynor
Title: Senior Vice President of Land and Legal

ACKNOWLEDGMENTS

STATE OF LOUISIANA §
§
PARISH OF LINCOLN §

This instrument was acknowledged before me on this ____ day of _____, 2020, by Elizabeth Kaye Tullis Dillard.

Notary Public, State of Louisiana

STATE OF TEXAS §
§
COUNTY OF MIDLAND §

This instrument was acknowledged before me on this ____ day of _____, 2020, by Brandon Gaynor, Senior Vice President of Land and Legal of Colgate Production, LLC, a Delaware limited liability company, on behalf of said company.

Notary Public, State of Texas

Exhibit "A"

Attached to and made a part of that certain Assignment, Conveyance and Bill of Sale dated effective February 11, 2020 by and between Elizabeth Kaye Tullis Dillard, as Assignor, and Colgate Production, LLC, as Assignee.

1) Lease Serial No.:
Lessor:
Lessee:
Date:
Lands:

NM-0473362
United States of America
Geo. A. Lauck
January 1, 1964

INSOFAR AND ONLY INSOFAR AS SAID LEASE COVERS:
Township 19 South, Range 28 East, N.M.P.M.
Section 34: NE/4, E/2SE/4 and SW/4SE/4
As to those depths from the Surface down to 11,345'
Eddy County, New Mexico

Exhibit "B"

Attached to and made a part of that certain Assignment, Conveyance and Bill of Sale dated effective February 11, 2020 by and between Elizabeth Kaye Tullis Dillard, as Assignor, and Colgate Production, LLC, as Assignee.

Well Name	API Number	Location
DWU Federal No. 4	30-015-23078	SW/4SE/4 of Section 34, T19S-R28E
DWU Federal No. 6	30-015-28803	NE/4SE/4 of Section 34, T19S-R28E

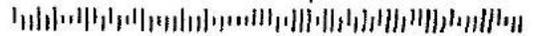
SHAW INTERESTS, INC.
OIL & GAS PROPERTIES
310 W. WALL ST., SUITE 305
MIDLAND, TEXAS 79701



February 11, 2020

Elizabeth Kaye Tullis Dillard
1307 Hodges Avenue
Ruston, LA 71270

71270\$5507 0008



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

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:

CASE NOS: 22323

APPLICATION OF ELIZABETH KAYE DILLARD
TO REOPEN CASE NO. 21226 REGARDING THE
APPLICATION OF COLGATE OPERATING FOR
COMPULSORY POOLING AND NON-STANDARD
SPACING AND PRORATION UNIT,
EDDY COUNTY, NEW MEXICO.

REPORTER'S TRANSCRIPT OF VIRTUAL PROCEEDINGS
EXAMINER HEARING
DECEMBER 2, 2021
SANTA FE, NEW MEXICO

This matter came on for virtual hearing before
the New Mexico Oil Conservation Division, HEARING OFFICER
WILLIAM BRANCARD and TECHNICAL EXAMINERS DEAN McCLURE and
DYLAN ROSE-COSS on Thursday, December 2, 2021, through the
Webex Platform.

Reported by: Irene Delgado, NMCCR 253
PAUL BACA PROFESSIONAL COURT REPORTERS
500 Fourth Street, NW, Suite 105
Albuquerque, NM 87102
505-843-9241

EXHIBIT

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A P P E A R A N C E S

For the Applicant:

SCOTT MORGAN
CAVIN & INGRAM
P.O. Box 1216
Albuquerque, NM 87103

For Colgate Operating LLC:

PADILLA LAW FIRM
ERNEST PADILLA
1512 S. St. Francis Drive
Santa Fe, NM 87505

CASE CALLED

STATUS CONFERENCE 03

REPORTER CERTIFICATE 09

1 notice.

2 Less than a month later, Colgate ultimately used
3 an address that didn't give her notice of the proceedings.
4 She has notice of the proceedings now after the fact, but
5 she didn't have an opportunity to participate.

6 HEARING EXAMINER BRANCARD: All right. So I see
7 us having a brief evidentiary hearing on the facts that you
8 have alleged, Mr. Morgan, where you can put them forward
9 however you would like, through affidavits, through
10 testimony, and Colgate can challenge or present its own
11 evidence about what happened with that particular hearing
12 and whether proper notice was given, and that would be the
13 issue, did the compulsory pooling order apply to this party,
14 or did it not apply, essentially, because there was not
15 proper notice to the party.

16 MR. MORGAN: I appreciate that, Mr. Examiner.

17 HEARING EXAMINER BRANCARD: So we just need to
18 come up with a date for this hearing.

19 MR. MORGAN: I was hoping that January 20 would
20 be --

21 HEARING EXAMINER BRANCARD: Yeah. Do you want to
22 try for February 3? I don't see this as being a terribly
23 detailed hearing. It's a pretty narrow issue.

24 MR. MORGAN: Mr. Examiner, February 3 works for
25 my client.