

TUP

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

**APPLICATION OF COG OPERATING  
LLC FOR COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO**

**Case No. 20863**

**SELF-AFFIRMED STATEMENT OF  
GRANT BOHLS**

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

2. I am a landman for COG Operating, LLC ("COG"). I have had direct involvement with COG's development of the 640-acre, more or less, standard horizontal spacing unit ("HSU") that is the subject of COG's application in this case.

3. The HSU is comprised of the W/2 of Section 22 and the W/2 of Section 27, Township 22 South, Range 34 East in Lea County.

4. COG seeks to pool all uncommitted interests in the Bone Spring formation underlying the HSU. A listing of the uncommitted interests and their respective working interests is attached hereto as Exhibit A. 79.86% of the working interests are committed to the proposed wells.

5. The HSU will be dedicated to the following wells: (1) the Squints Federal Com #7H well, which will be horizontally drilled from a surface location in Unit N in Section 27 to a bottom hole location in Unit C in Section 22; and (2) the Squints Federal Com #8H well, which will be horizontally drilled from a surface location in Unit M in Section 27 to a bottom hole location in Unit D in Section 22. The completed intervals for the wells will be orthodox. The C-102s for the wells are attached as Exhibit B.




6. There are no depth exceptions in the Bone Spring formation.
7. COG sent well proposal letters to Alpha Energy Partners and Larry T. Long on August 1, 2019 and to Aleyna N. Pace and Tara N. Pace, through their parent and guardian Nuray K. Pace, on September 11, 2019. They all received the letter. Subsequently, I had follow-up communications with them. A sample of my well proposal letter is attached as Exhibit C.
8. In my opinion, COG has made a good faith effort to obtain the voluntary joinder of uncommitted interests in the proposed well.
9. Notice of COG's application and the Division hearing was provided to the uncommitted interests, overriding royalty interests, and production payment interests by certified mail. A sample of the notice letter and associated green cards are attached as Exhibit D.
10. Notice of COG's application and the Division hearing was also published. The affidavit of publication is attached as Exhibit E.
11. COG has the right to pool the overriding royalty owners and production payment interest owners in the HSU.
12. The AFEs for the proposed wells are attached hereto as Exhibit F. The estimated cost of the wells is fair and reasonable and is comparable to the cost of other wells of similar depth and length drilled in Lea County.
13. COG requests overhead and administrative rates of \$7,000 per month while the wells are being drilled and \$700 per month while the wells are producing. These rates are fair and are comparable to the rates charged by COG and by other operators in the vicinity. They are also the rates set forth in the Joint Operating Agreement for the HSU. COG further requests that the rates be adjusted periodically in accordance with the COPAS Accounting Procedure.
14. COG requests that it be designated the operator of the wells.

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

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

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

18. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 17 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

  
Grant Bohls

11/13/19  
Date



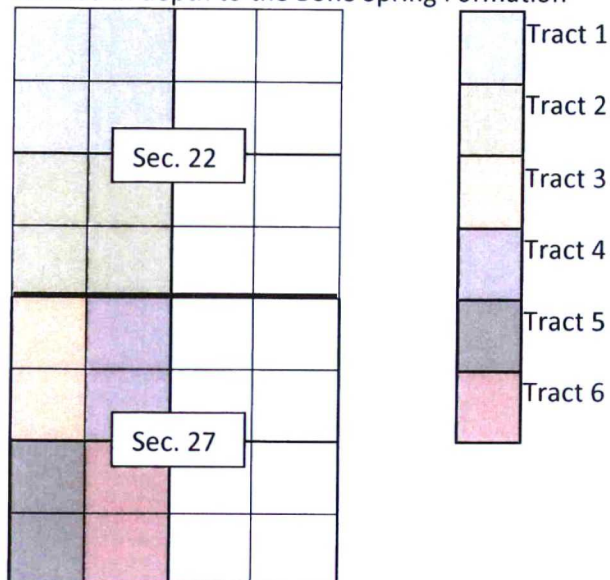
**Ex. A**

## COG Operating, LLC – Squints Fed Com 7H & 8H

W2 Section 22, T22S-R34E

W2 Section 27, T22S-R34E

Limited in depth to the Bone Spring Formation



### Tract 1: Section 22: NW (160 acres, all depths)

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Alpha Energy Partners, LLC	13.14583000%
Larry T. Long	6.25000000%
Axis Energy Corporation	3.12500000%
Wildcat Energy, LLC	0.31250000%
Clinton Pace	0.54166800%
Ryan Pace	0.54166800%
Tara N. Pace	0.54166700%
Aleyna N. Pace	0.54166700%
<b>TOTAL:</b>	<b>100.00000000%</b>

### Tract 2: Section 22: SW (160 acres, all depths)

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	10.00000000%
Alpha Energy Partners, LLC	16.52083000%
Larry T. Long	13.75000000%
Axis Energy Corporation	6.87500000%
Wildcat Energy, LLC	0.68750000%
Clinton Pace	0.54166800%
Ryan Pace	0.54166800%
Tara N. Pace	0.54166700%
Aleyna N. Pace	0.54166700%
<b>TOTAL:</b>	<b>100.00000000%</b>

**Tract 3: Section 27: E2NW (80 acres, all depths)**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Alpha Energy Partners, LLC	13.14583000%
Larry T. Long	6.25000000%
Axis Energy Corporation	3.12500000%
Wildcat Energy, LLC	0.31250000%
Clinton Pace	0.54166800%
Ryan Pace	0.54166800%
Tara N. Pace	0.54166700%
Aleyna N. Pace	0.54166700%
<b>TOTAL:</b>	<b>100.00000000%</b>

**Tract 4: Section 27: W2NW, SW (80 acres, all depths)**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Alpha Energy Partners, LLC	13.14583000%
Larry T. Long	6.25000000%
Axis Energy Corporation	3.12500000%
Wildcat Energy, LLC	0.31250000%
Clinton Pace	0.54166800%
Ryan Pace	0.54166800%
Tara N. Pace	0.54166700%
Aleyna N. Pace	0.54166700%
<b>TOTAL:</b>	<b>100.00000000%</b>

**Tract 5: Section 27: W2SW (80 acres, surface to 12,880')**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	40.00000000%
Alpha Energy Partners, LLC	6.04375000%
Larry T. Long	1.87500000%
Axis Energy Corporation	0.93750000%
Wildcat Energy, LLC	0.93750000%
Clinton Pace	0.16250000%
Ryan Pace	0.16250000%
Tara N. Pace	0.16250000%
Aleyna N. Pace	0.16250000%
<b>TOTAL:</b>	<b>100.00000000%</b>

**Tract 6: Section 27: E2SW (80 acres, surface to 12,880')**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	40.00000000%
Alpha Energy Partners, LLC	6.04375000%
Larry T. Long	1.87500000%
Axis Energy Corporation	0.93750000%
Wildcat Energy, LLC	0.93750000%
Clinton Pace	0.16250000%
Ryan Pace	0.16250000%
Tara N. Pace	0.16250000%
Aleyna N. Pace	0.16250000%
<b>TOTAL:</b>	<b>100.00000000%</b>

**Unit Working Interest (640 acres)**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.10000000%
Alpha Energy Partners, LLC	12.21406000%
Larry T. Long	7.03125000%
Axis Energy Corporation	3.51562500%
Wildcat Energy, LLC	0.35156250%
Clinton Pace	0.44687600%
Ryan Pace	0.44687600%
Tara N. Pace	0.44687530%
Aleyna N. Pace	0.44687530%
<b>TOTAL:</b>	<b>100.00000000%</b>



**Record Title Owner Tract 1**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Axis Energy Corporation	12.50000000%
Joe Reynolds	10.33333000%
David H. Pace	2.16667000%
<b>TOTAL</b>	<b>100.00000000%</b>

**Record Title Owner Tract 2**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	10.00000000%
Axis Energy Corporation	27.50000000%
Joe Reynolds	10.33333000%
David H. Pace	2.16667000%
<b>TOTAL</b>	<b>100.00000000%</b>

**Record Title Owner Tract 3**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Axis Energy Corporation	12.50000000%
Joe Reynolds	10.33333000%
David H. Pace	2.16667000%
<b>TOTAL</b>	<b>100.00000000%</b>

**Record Title Owner Tract 4**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Hunt Oil Company	12.50000000%
Joe Reynolds	10.33333000%
David H. Pace	2.16667000%
<b>TOTAL</b>	<b>100.00000000%</b>

**Record Title Owner Tract 5**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Axis Energy Corporation	12.50000000%
Joe Reynolds	12.50000000%
<b>TOTAL</b>	<b>100.00000000%</b>

**Record Title Owner Tract 6**

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Hunt Oil Company	12.50000000%
Joe Reynolds	12.50000000%
<b>TOTAL</b>	<b>100.00000000%</b>

Uncommitted Working interest Owners



**ORRI Interests to be pooled**

---

JJR, Inc.

Misty Morning Partnership, Ltd.

Douglas Investments, Inc,

Panther City Exploration Company, LLC

Robert E. Landreth

**Production Payment Interests to be pooled**

---

Norton LLC

Alan Jochimsen

Monty D. McLane

States Royalty Limited Partnership

Robert E. Landreth

Deborah Fedric

George H. Hunker, III

Margaret Hunker Tsui, as Trustee of the Margaret Hunker Tsui Trust

McMullen Minerals, LLC

Pegasus Resources, LLC



**Ex. B**

**Y=504689.1 N**  
**X=810270.9 E**

**2310' B.M.**

**Y=504701.6 N**  
**X=811591.3 E**

**LTP**  
**100' FNL & 2310' FNL**  
**Y=504598.4 N**  
**X=811260.9 E**  
**LAT.=32.384177° N**  
**LONG.=103.458928° W**

**SECTION 22**  
**SECTION 27**

**GRID AZ. - 359°39'33"**  
**HORIZ. DIST. - 10412.3'**

**LEASE X-ING**  
**LAT.=32.362678° N**  
**LONG.=103.458984° W**

**ETP**  
**100' FSL & 2310' FNL**  
**Y=494236.3 N**  
**X=811322.6 E**  
**LAT.=32.355695° N**  
**LONG.=103.459003° W**  
**GRID AZ. TO ETP**  
**111°21'34"**

**Y=494128.3 N**  
**X=810333.6 E**

**2010'**  
**220'**

**Y=494139.0 N**  
**X=811653.8 E**

**NAD 83 NME**  
**PROPOSED BOTTOM**  
**HOLE LOCATION**  
**Y=504648.4 N**  
**X=811260.6 E**  
**LAT.=32.384315° N**  
**LONG.=103.458928° W**

**NMNM043565**

**NAD 83 NME**  
**SURFACE LOCATION**  
**Y=494353.9 N**  
**X=811021.9 E**  
**LAT.=32.356025° N**  
**LONG.=103.459973° W**



DISTRICT I  
1625 N. FRANKLIN DR., ROSA, NM 88240  
Phone: (505) 883-6181 Fax: (505) 883-0720

DISTRICT II  
511 E. FIRST ST., ARTESIA, NM 88210  
Phone: (505) 748-1223 Fax: (505) 748-9720

DISTRICT III  
1000 RIO BRAZOS RD., AZTEC, NM 87410  
Phone: (505) 354-8178 Fax: (505) 354-8170

DISTRICT IV  
1220 S. ST. FRANCIS DR., SANTA FE, NM 87503  
Phone: (505) 476-3460 Fax: (505) 476-3468

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 SOUTH ST. FRANCIS DR.  
Santa Fe, New Mexico 87505

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

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number 30-025-43168	Pool Code 96553	Pool Name Ojo Chiso; Bone Spring
Property Code 316103	Property Name SQUINTS FEDERAL COM	Well Number 8H
UGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3404.0'

**Surface Location**

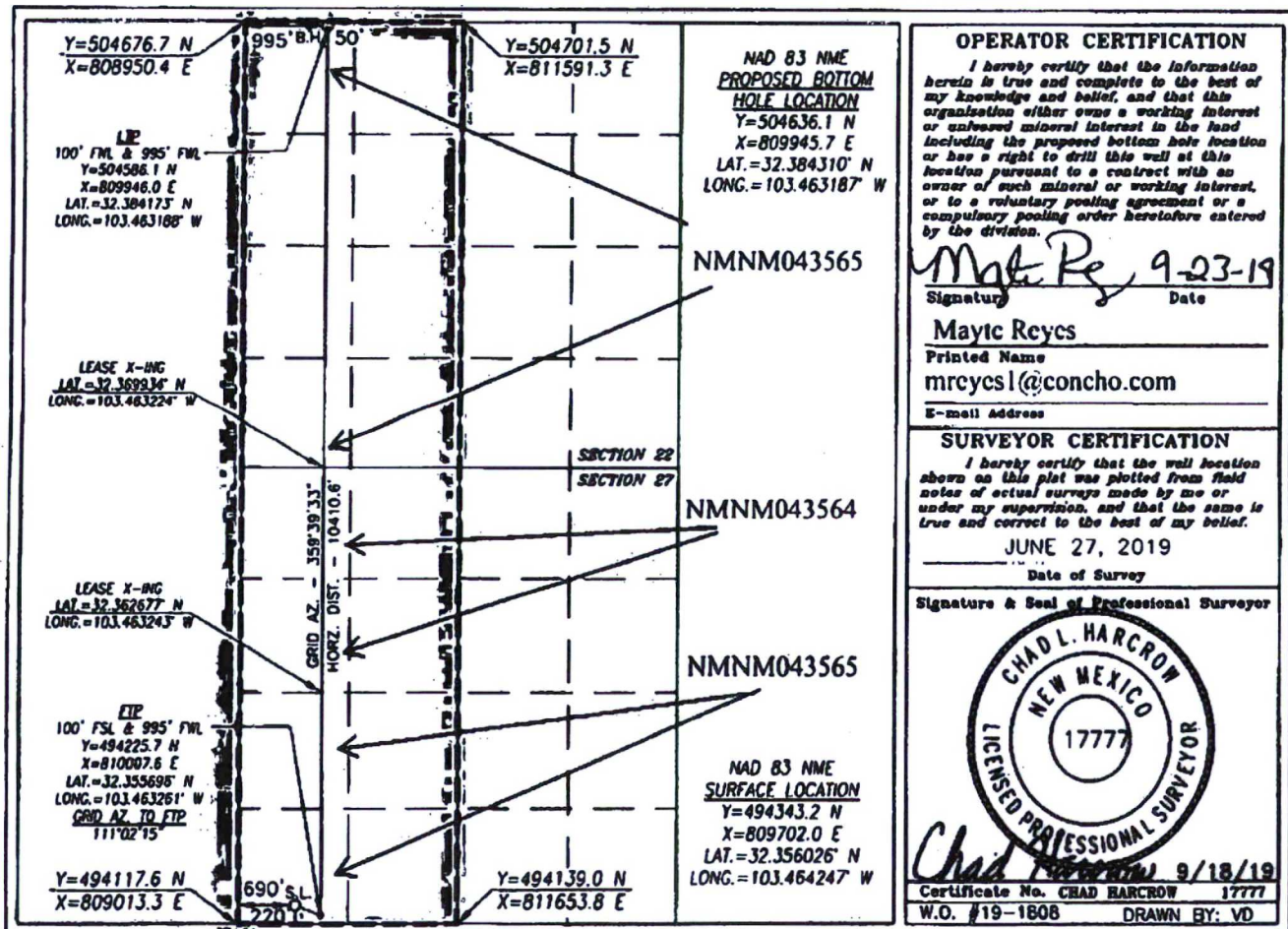
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	27	22-S	34-E		220	SOUTH	690	WEST	LEA

**Bottom Hole Location If Different From Surface**

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	22	22-S	34-E		50	NORTH	995	WEST	LEA

Dedicated Acres 640	Joint or Infill	Consolidation Code	Order No.
------------------------	-----------------	--------------------	-----------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



**Ex. C**





DANNY KIDWELL  
SENIOR STAFF LANDMAN

August 1, 2019

Via Certified USPS – 9414 8149 0246 9822 0206 29

Alpha Energy Partners  
PO BOX 10701  
Midland, TX 79702

**Re: Well Proposal – Squints Federal Com 3H**

Sec 27: E/2W/2

Sec 22: E/2W/2

Township 22 South, Range 34 East, N.M.P.M.

SHL: 220' FSL and 1980' FWL, or a legal location in Sec 27 (Unit N)

BHL: 50' FNL and 1485' FWL, or a legal location in Sec 22 (Unit C)

Lea County, New Mexico

**Well Proposal – Squints Federal Com 7H**

Sec 27: E/2W/2

Sec 22: E/2W/2

Township 22 South, Range 34 East, N.M.P.M.

SHL: 220' FSL and 2010' FWL, or a legal location in Sec 27 (Unit N)

BHL: 50' FNL and 2310' FWL, or a legal location in Sec 22 (Unit C)

Lea County, New Mexico

**Well Proposal – Squints Federal Com 8H**

Sec 27: W/2W/2

Sec 22: W/2W/2

Township 22 South, Range 34 East, N.M.P.M.

SHL: 220' FSL and 690' FWL, or a legal location in Sec 27 (Unit M)

BHL: 50' FNL and 660' FWL, or a legal location in Sec 22 (Unit D)

Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC (“COG”), as Operator, hereby proposes to drill the **Squints Federal Com 3H** well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately **10,150’** and a MD of approximately **15,430’** to test the **Bone Spring** Formation (“Operation”). The total cost of the Operation is estimated to be **\$12,070,960.00**, and a detailed description of the cost is set out in the enclosed Authority for Expenditure (“AFE”).

COG Operating LLC (“COG”), as Operator, hereby proposes to drill the **Squints Federal Com 7H** well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately **10,385’** and a MD of approximately **15,665’** to test the **Bone Spring** Formation (“Operation”). The total cost of the Operation is estimated to be **\$12,070,960.00**, and a detailed description of the cost is set out in the enclosed Authority for Expenditure (“AFE”).

COG Operating LLC ("COG"), as Operator, hereby proposes to drill the **Squints Federal Com 8H** well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately **10,375'** and a MD of approximately **15,655'** to test the **Bone Spring** Formation ("Operation"). The total cost of the Operation is estimated to be **\$12,070,960.00**, and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement, a completed executable copy is enclosed for your review and execution. Please sign and return the additional signature pages included. The Operating Agreement covers W/2 of Section 22 and the W/2 of Section 27 - T22S-R34E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
- \$7,000/\$700 Drilling and Producing Rate
- COG Operating LLC named as Operator

Please indicate your participation election in the space provided on page 2, sign and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements. Also enclosed, are one (1) copy of the referenced wells Communitization Agreements for your records and four (4) additional sets of signature pages with notary blocks for said Agreements. Please execute and notarize the four (4) additional sets of signature pages for each Agreement and return them. A self-addressed, postage paid envelope is enclosed for your convenience.

If you do not wish to participate, COG proposes to acquire your interest via term assignment. It has the following general provisions:

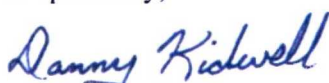
- 3 year primary term
- Delivering a 75% NRI, proportionately reduced
- \$750 per net acre bonus consideration

The Term Assignment offer terminates October 1, 2019 and is subject to the approval of COG's management and verification of title.

If an agreement cannot be reached within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well if uncommitted at such time.

If you have any questions, please do not hesitate to contact the undersigned at (432) 685-2535 or [dkidwell@concho.com](mailto:dkidwell@concho.com).

Respectfully,



Danny Kidwell  
Senior Staff Landman  
Delaware Basin East – New Mexico

\_\_\_\_\_ I/We hereby elect to participate in the **Squints Federal Com 3H.**

\_\_\_\_\_ I/We hereby elect **not** to participate in the **Squints Federal Com 3H.**

\_\_\_\_\_ I/We hereby elect to participate in the **Squints Federal Com 7H.**

\_\_\_\_\_ I/We hereby elect **not** to participate in the **Squints Federal Com 7H.**

\_\_\_\_\_ I/We hereby elect to participate in the **Squints Federal Com 8H.**

\_\_\_\_\_ I/We hereby elect **not** to participate in the **Squints Federal Com 8H.**

Company: ALPHA ENERGY PARTNERS

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

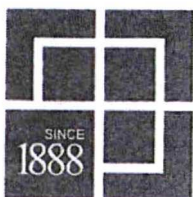
Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

**Ex. D**





## HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:

Gary W. Larson,  
Partner

glarson@hinklelawfirm.com

October 23, 2019

### VIA CERTIFIED MAIL

Larry T. Long  
P.O. Box 1777  
Kilgore, TX 75663

Re: COG Operating LLC NMOCD Application

Dear Mr. Long:

Enclosed is a copy of an application for compulsory pooling that COG Operating LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division"). COG's application requests an order pooling all uncommitted mineral interests in the Bone Spring formation in a standard 640-acre horizontal spacing unit comprised of the of the W/2 of Section 22 and the W/2 of Section 27, Township 22 South, Range 34 East, NMPM, in Lea Count, New Mexico.

This matter (Division Case No. 20863) is scheduled for hearing at 8:15 a.m. on Thursday, November 14, 2019 in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by COG's application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record, you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, November 7, 2019. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,

Gary W. Larson

GWL/lk  
Enclosure



## 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:

BTA Oil Producers, LLC  
104 S. Pecan  
Midland, TX 79701

9590 9402 4582 8278 5983 23

7018 3090 0001 4741 6773

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

OCT 28 2019

BTA

3. Service Type

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

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

OCB - Squints Domestic Return Receipt

## 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:

Larry T. Long  
P.O. Box 1777  
Kilgore, TX 75663

9590 9402 4582 8278 5983 30

2. Article Number (Transfer from service label)

7018 2290 0000 3426 9384

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

OCT 29 2019

3. Service Type

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

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

OCB - Squints Domestic Return Receipt

## 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:

Alpha  
P.O. Box 10701  
Midland, TX 9702

9590 9402 4582 8278 5983 47

2. Article Number (Transfer from service label)

7018 3090 0001 4741 8739

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

10701

3. Service Type

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

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

OCB - Squints Domestic Return Receipt



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:  Tara N. Pace  c/o Murray Pace, Parent/Guardian  258 Cape Jasmine Ct.  The Woodlands, TX 77381</p> <p style="text-align: center;">9590 9402 4582 8278 5983 54</p>	<p>A. Signature  X <i>Tara N. Pace</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)  7018 3090 0001 4741 8746</p>	<p>3. Service Type <span style="float: right;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail 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 </span></p> <p style="text-align: right;">Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 *OC6 - Signets* Domestic Return Receipt

Certified Mail


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:  Aleyna N. Pace  c/o Murray Pace, Parent/Guardian  258 Cape Jasmine Ct.  The Woodlands, TX 77381</p> <p style="text-align: center;">9590 9402 4582 8278 5983 61</p>	<p>A. Signature  X <i>Aleyna N. Pace</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)  7018 3090 0001 4741 8753</p>	<p>3. Service Type <span style="float: right;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail 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 </span></p> <p style="text-align: right;">Restricted Delivery</p>


PS Form 3811, July 2015 PSN 7530-02-000-9053 *OC6 - Signets* Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:  Hunt Oil Company  1900 N. Akard St.  Dallas, TX 75201</p> <p style="text-align: center;">9590 9402 4582 8278 5983 78</p>	<p>A. Signature  X <i>Noah Klausner</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>Noah Klausner</i> <span style="float: right;">10/29/19</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>Service Type <span style="float: right;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail 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 </span></p> <p style="text-align: right;">Restricted Delivery</p>



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>Tiffany Mahy P.O. Box 3598 Roswell, NM 88202</p>		<p>B. Received by (Printed Name) Justin Crum</p>	<p>C. Date of Delivery OCT 28 2019</p>
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 8807</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input 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 type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p>		<p>9590 9402 4582 8278 5984 15</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 006 - Sports Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>Justin T. and Tiffany L. Crum, husband &amp; wife P.O. Box 3598 Roswell, NM 88202</p>		<p>B. Received by (Printed Name) Justin Crum</p>	<p>C. Date of Delivery OCT 28 2019</p>
<p>2. Article Number (Transfer from service label) 7018 2290 0000 3432 5004</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input 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 type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p>		<p>9590 9402 4821 9032 2146 77</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 006 - Sports Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>Madison M. Hinkle P.O. Box 2292 Roswell, NM 88202</p>		<p>B. Received by (Printed Name) Madison M. Hinkle</p>	<p>C. Date of Delivery OCT 28 2019</p>
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 8777</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input 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 type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p>		<p>9590 9402 4582 8278 5983 85</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 006 - Sports Domestic Return Receipt</p>			



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Rolla R. Hinkle III P.O. Box 2292 Roswell, NM 88202</p>		<p>B. Received by (Printed Name) A. Hinkle</p> <p>C. Date of Delivery OCT 28 2019</p>	
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 8784</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input 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</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>Squirts</i> Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Justin T. Crum P.O. Box 3598 Roswell, NM 88202</p>		<p>B. Received by (Printed Name) Justin Crum</p> <p>C. Date of Delivery OCT 28 2019</p>	
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 8791</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input 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</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OC6 - Squirts</i> Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Douglas Investments, Inc. P.O. Box 79148 Saginaw, TX 76179</p>		<p>B. Received by (Printed Name) DAVID SORIANO</p> <p>C. Date of Delivery 10-26-19</p>	
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 6483</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input 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</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OC6 - Squirts</i> Domestic Return Receipt</p>			



## 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:

Wood W. Wall & Maria L. Wall  
P.O. Box 278  
Alto, NM 88312

9590 9402 4821 9032 2144 86

2. Article Number (Transfer from service label)

7018 3090 0001 4741 8814

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Maria Wall

C. Date of Delivery

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

3. Service Type

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

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

OCB - Squints Domestic Return Receipt

## 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:

McMullen Minerals, LLC  
2821 W. 7<sup>th</sup> St., Suite 515  
Fort Worth, TX 76107

9590 9402 4821 9032 2144 93

2. Article Number (Transfer from service label)

7018 3090 0001 4741 8821

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

MERLEON

C. Date of Delivery

10/28/19

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

3. Service Type

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

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

OCB - Squints Domestic Return Receipt

## 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:

Pegasus Resources, LLC  
P.O. Box 123610  
Fort Worth, TX 76121

9590 9402 4821 9032 2145 09

2. Article Number (Transfer from service label)

7018 3090 0001 4741 6438

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Mark Dwyer

C. Date of Delivery

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

3. Service Type

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

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

OCB - Squints Domestic Return Receipt



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>ML</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>GGM Exploration, Inc.  P.O. Box 123610  Fort Worth, TX 76121</p>		<p>B. Received by (Printed Name)  <i>Mar Sany</i></p> <p>C. Date of Delivery  </p>	
<p>2. Article Number (Transfer from service label)  7018 3090 0001 4741 6445</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input 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</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB Sany</i> Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Sammy Morrison</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Sammy L. Morrison, Trustee  Sammy &amp; Sibyl Morrison Mineral Trust  4617 Breezeway Ct.  Midland, TX 79707</p>		<p>B. Received by (Printed Name)  <i>Sammy Morrison</i></p> <p>C. Date of Delivery  10/28/15</p>	
<p>2. Article Number (Transfer from service label)  7018 3090 0001 4741 6452</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input 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</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB Sany</i> Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Deanna Reynolds</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Misty Morning Partnership, Ltd.  2310 Christopher Dr.  Abilene, TX 79602</p>		<p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery  10-26-19</p>	
<p>2. Article Number (Transfer from service label)  7018 3090 0001 4741 6476</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input 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</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB Sany</i> Domestic Return Receipt</p>			



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Robert E. Landreth 110 W. Louisiana, Suite 404 Midland, TX 79701</p> <p style="text-align: center; margin-top: 20px;">9590 9402 4821 9032 2145 85</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; margin-top: 5px;">7018 3090 0001 4741 6506</p>	<p>A. Signature <b>X</b> <i>Linda Carter</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <i>LINDA CARTER</i></p> <p>C. Date of Delivery <i>10-25-19</i></p> <p><input type="checkbox"/> Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If YES, enter delivery address below:</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 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> </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"/> 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												

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">JJR, Inc. 2406 Irving Blvd. Dallas, TX 75207</p> <p style="text-align: center; margin-top: 20px;">9590 9402 4821 9032 2145 47</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; margin-top: 5px;">7018 3090 0001 4741 6469</p>	<p>A. Signature <b>X</b> <i>Scott Tanberg</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <i>SCOTT TANBERG</i></p> <p>C. Date of Delivery <i>10/30/19</i></p> <p><input type="checkbox"/> Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If YES, enter delivery address below:</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 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> </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"/> 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												

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Scott W. Tanberg 2509 Legacy Oaks Midland, TX 79705</p> <p style="text-align: center; margin-top: 20px;">9590 9402 4821 9032 2145 92</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; margin-top: 5px;">7018 3090 0001 4741 6513</p>	<p>A. Signature <b>X</b> <i>Scott Tanberg</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <i>SCOTT TANBERG</i></p> <p>C. Date of Delivery <i>10/30/19</i></p> <p><input type="checkbox"/> Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If YES, enter delivery address below:</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 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> </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"/> 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												



## 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:

Deborah Fedric  
P.O. Box 1837  
Roswell, NM 88202

9590 9402 4821 9032 2146 39

2. Article Number (Transfer from service label)

7018 3090 0001 4741 6551

PS Form 3811, July 2015 PSN 7530-02-000-905

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

*[Signature]*

delivery address different from item 1? ☐ Yes  
YES, enter delivery address below: ☐ No



3. Service Type

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

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

Restricted Delivery

Domestic Return Receipt

## 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:

Norton, LLC  
60 Beach Avenue  
South Dartmouth, MA 02748

9590 9402 4821 9032 2146 08

2. Article Number (Transfer from service label)

7018 3090 0001 4741 6520

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

*[Signature]*

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

3. Service Type

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

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

Restricted Delivery

Domestic Return Receipt

## 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

States Royalty Limited Partnership  
P.O. Box 911  
Breckenridge, TX 76424

9590 9402 4821 9032 2146 46

2. A

7018 3090 0001 4741 6568

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

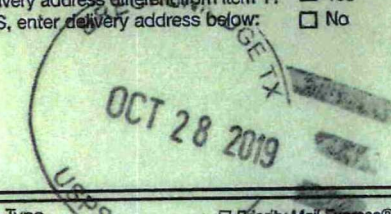
B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

*[Signature]*

delivery address different from item 1? ☐ Yes  
YES, enter delivery address below: ☐ No



3. Service Type

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

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

Restricted Delivery

Domestic Return Receipt



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:  <i>Monty McLane</i>            P.O. Box 9451            Midland, TX 79708</p>		<p>B. Received by (Printed Name)  <i>Alan Solomon</i></p> <p>C. Date of Delivery  <i>10-28-11</i></p>	
<p>2. Article Number (Transfer from service label)            7018 3090 0001 4741 6544</p>		<p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p><i>OCB Square</i> Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Paula Hunker</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            George H. Hunker, III            P.O. Box 524            Lander, WY 82502</p>		<p>B. Received by (Printed Name)  <i>Paula Hunker</i></p> <p>C. Date of Delivery  <i>10-28-11</i></p>	
<p>2. Article Number (Transfer from service label)            7018 3090 0001 4741 6575</p>		<p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p><i>OCB Square</i> Domestic Return Receipt</p>	



**Ex. E**

# Affidavit of Publication


STATE OF NEW MEXICO  
COUNTY OF LEA

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

Beginning with the issue dated  
October 27, 2019  
and ending with the issue dated  
October 27, 2019.

  
Publisher

Sworn and subscribed to before me this  
27th day of October 2019.

  
Business Manager

My commission expires  
January 29, 2023



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

## LEGAL NOTICE October 27, 2019

This is to notify all interested parties, including BTA Oil Producers, LLC, Larry T. Long, Alpha Energy Partners, Tara N. Pace c/o Nuray Pace, as parent & Guardian, Aleya N. Pace, c/o Nuray Pace, as parent & Guardian, Hunt Oil Company, Madison M. Hinkle, Rolla R. Hinkle III, Justin T. Crum, Tiffany Mahy, Woody Wall, Maria L. Wall, McMullen Minerals, LLC, Pegasus Resources, LLC, GGM Exploration, Inc., Sammy L. Morrison, Trustee of the Sammy & Sibyl Morrison Mineral Trust, JJR, Inc., Misty Morning Partnership, Ltd., Douglas Investments, Inc., Panther City Exploration Company, LLC, Robert E. Landreth, Scott W. Tanberg, Norton, LLC, Alan Jochimsen, Monty D. McLane, States Royalty Limited Partnership, Deborah Fedric, George H. Hunker, III, Margaret Hunker Tsui, as Trustee of the Margaret Hunker Tsui Trust, McMullen Minerals, LLC, Pegasus Resources, LLC, and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating (Case No. 20863) at 8:15 a.m. on November 14, 2019 in Porter Hall at 1220 South St. Francis Drive, Santa Fe, New Mexico. Applicant COG Operating LLC seeks an order pooling all uncommitted mineral interests in the Bone Spring formation in a 640-acre standard horizontal spacing unit comprised of the W/2 of Section 22 and the W/2 of Section 27, Township 22 South, Range 34 East, NMPM in Lea County, New Mexico. The horizontal spacing unit will be dedicated to the following wells: (1) the Squints Federal Com #7H well, which will be horizontally drilled from a surface location in Unit N in Section 27 to a bottom hole location in Unit C in Section 22; and (2) the Squints Federal Com #8H well, which will be horizontally drilled from a surface location in Unit M in Section 27 to a bottom hole location in Unit D in Section 22. The completed intervals for the wells will be orthodox. Also to be considered will be the costs of drilling and completing the wells and the allocation of the costs, the designation of COG Operating, LLC as the operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells are located approximately 20 miles southwest of Eunice, New Mexico.  
#34789

02107475

00235070

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

**Ex. F**

**COG OPERATING LLC  
AUTHORITY FOR EXPENDITURE  
DRILLING**

WELL NAME: <b>SQUINTS FED COM 7H</b>	PROSPECT NAME: <b>Lea 2234 (717159)</b>
SHL: <b>Sec 27: 220' FSL &amp; 2010' FWL</b>	STATE & COUNTY: <b>New Mexico, Lea</b>
BHL: <b>Sec 22: 50' FNL &amp; 2310' FWL</b>	OBJECTIVE: <b>Drill and Complete</b>
FORMATION: <b>Bone Spring</b>	DEPTH: <b>15,430</b>
LEGAL: <b>Sec 27 and 22 : T2S-R34E</b>	TVD: <b>10,150</b>

		Drig - Rig	Completion(C)	Tank Btty	Pmpg	
		Release(D)		Constrctn(TB)	Equipment(PEQ)	TOTAL
<b>INTANGIBLE COSTS</b>						
Title/Curative/Permit	201	20,000				20,000
Insurance	202	2,500				2,500
Damages/Right of Way	203	20,000	303			20,000
Survey/Stake Location	204	7,000		351		7,000
Location/Pits/Road Expense	205	135,000	305	10,000	353	190,000
Drilling / Completion Overhead	206	8,400	306	15,000		23,400
Turnkey Contract	207		307	1,418,000		1,418,000
Footage Contract	208		308	473,000		473,000
Daywork Contract	209	720,000	309	404,000		1,124,000
Directional Drilling Services	210	243,000	310	399,000		642,000
Fuel & Power	211	152,000	311	68,000	354	220,000
Water	212	105,000	312	945,000	367	1,050,000
Bits	213	92,000	313	9,000	368	101,000
Mud & Chemicals	214	95,000	314	46,000	369	141,000
Drill Stem Test	215		315		370	0
Coring & Analysis	216					0
Cement Surface	217	37,000				37,000
Cement Intermediate	218	60,000				60,000
Cement 2nd Intermediate/Production	219	130,000				130,000
Cement Squeeze & Other (Kickoff Plug)	220				371	0
Float Equipment & Centralizers	221	50,000				50,000
Casing Crews & Equipment	222	52,000				52,000
Fishing Tools & Service	223		323		372	0
Geologic/Engineering	224	7,200	324	355	373	7,200
Contract Labor	225	6,500	325	23,800	356	161,800
Company Supervision	226	50,400	326	15,000	357	65,400
Contract Supervision	227	123,000	327	268,000	358	396,000
Testing Casing/Tubing	228	30,000	328	5,000	376	35,000
Mud Logging Unit	229	36,000	329		377	36,000
Logging	230				378	0
Perforating/Wireline Services	231	4,000	331	538,000	379	542,000
Stimulation/Treating			332	12,000	380	12,000
Completion Unit			333	138,000	381	146,800
Swabbing Unit			334		382	0
Rentals-Surface	235	150,000	335	385,000	359	542,000
Rentals-Subsurface	236	135,000	336	90,000	384	225,000
Trucking/Forklift/Rig Mobilization	237	200,000	337	40,000	360	243,000
Welding Services	238	3,000	338	5,000	361	8,000
Water Disposal	239		339	60,000	362	445,000
Plug to Abandon	240		340			0
Seismic Analysis	241		341			0
Miscellaneous	242		342	5,000	389	5,000
Contingency	243	54,500	343	250,000	363	304,500
Closed Loop & Environmental	244	275,000	344		364	275,000
Dyed Diesel			345	484,000		484,000
Coil Tubing			346	750,000		750,000
Flowback Crews & Equip			347	48,000		48,000
Offset Directional/Frac	248		348			0
<b>TOTAL INTANGIBLES</b>		<b>3,003,500</b>	<b>6,903,800</b>	<b>305,000</b>	<b>280,300</b>	<b>10,492,600</b>
<b>TANGIBLE COSTS</b>						
Surface Casing	401	81,000				81,000
Intermediate Casing	402	184,000				184,000
Production Casing/Liner	403	361,000				361,000
Tubing			504	53,460	530	58,460
Wellhead Equipment	405	28,000	505	20,900	531	51,900
Pumping Unit					506	96,000
Prime Mover					507	0
Rods					508	35,000
Pumps-Sub Surface (BH)			509		532	5,000
Tanks				510	65,000	65,000
Flowlines				511	27,000	27,000
Heater Treater/Separator				512	140,000	140,000
Electrical System				513	135,000	150,000
Packers/Anchors/Hangers	414	514	65,000		534	67,000
Couplings/Fittings/Valves	415			515	105,000	105,000
Dehydration				517		0
Injection Plant/CO2 Equipment				518		0
Pumps-Surface				521	5,000	5,000
Instrumentation/SCADA/POC				522	11,000	18,000
Miscellaneous	419	519		523	3,000	3,000
Contingency	420	520		524		0
Meters/LACT				525	26,000	26,000
Flares/Combusters/Emission				526	25,000	25,000
Gas Lift/Compression			527	15,000	516	75,000
<b>TOTAL TANGIBLES</b>		<b>654,000</b>	<b>154,360</b>	<b>599,000</b>	<b>171,000</b>	<b>1,578,360</b>
<b>TOTAL WELL COSTS</b>		<b>3,657,500</b>	<b>7,058,160</b>	<b>904,000</b>	<b>451,300</b>	<b>12,070,960</b>

	30%	7%	4%
COG Operating LLC			

Date Prepared: 7/11/19

COG Operating LLC

We approve:  
% Working Interest

By: DWD DR

Company: Alpha Energy Partners, LLC  
By:

Printed Name:  
Title:  
Date:

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.



**COG OPERATING LLC  
AUTHORITY FOR EXPENDITURE  
DRILLING**

WELL NAME: <b>SQUINTS FED COM 8H</b>	PROSPECT NAME: <b>Lea 2234 (717159)</b>
SHL: <b>Sec 27: 220' FSL &amp; 690' FWL</b>	STATE & COUNTY: <b>New Mexico, Lea</b>
BHL: <b>Sec 22: 50' FNL &amp; 660' FWL</b>	OBJECTIVE: <b>Drill and Complete</b>
FORMATION: <b>Bone Spring</b>	DEPTH: <b>15,655</b>
LEGAL: <b>Sec 27 and 22 : T22S-R34E</b>	TVD: <b>10,375</b>

		Drig - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmpg Equipment(PEQ)	TOTAL
<b>INTANGIBLE COSTS</b>						
Title/Curative/Permit	201	20,000				20,000
Insurance	202	2,500	302			2,500
Damages/Right of Way	203	20,000	303			20,000
Survey/Stake Location	204	7,000		351		7,000
Location/Pits/Road Expense	205	135,000	305	10,000	352	190,000
Drilling / Completion Overhead	206	8,400	306	45,000	366	23,400
Turnkey Contract	207		307			1,418,000
Footage Contract	208		308			473,000
Daywork Contract	209	720,000	309	404,000		1,124,000
Directional Drilling Services	210	243,000	310	399,000		642,000
Fuel & Power	211	152,000	311	68,000	354	220,000
Water	212	105,000	312	945,000	367	1,050,000
Bits	213	92,000	313	9,000	368	101,000
Mud & Chemicals	214	95,000	314	46,000	369	141,000
Drill Stem Test	215		315		370	0
Coring & Analysis	216					0
Cement Surface	217	37,000				37,000
Cement Intermediate	218	60,000				60,000
Cement 2nd Intermediate/Production	219	130,000				130,000
Cement Squeeze & Other (Kickoff Plug)	220				371	0
Float Equipment & Centralizers	221	50,000				50,000
Casing Crews & Equipment	222	52,000				52,000
Fishing Tools & Service	223		323		372	0
Geologic/Engineering	224	7,200	324		373	7,200
Contract Labor	225	6,500	325	23,800	355	161,800
Company Supervision	226	50,400	326	15,000	356	65,400
Contract Supervision	227	123,000	327	268,000	357	396,000
Testing Casing/Tubing	228	30,000	328	5,000	358	35,000
Mud Logging Unit	229	36,000	329		376	36,000
Logging	230				377	0
Perforating/Wireline Services	231	4,000	331	538,000	378	542,000
Stimulation/Treating			332	12,000	379	12,000
Completion Unit			333	138,000	380	146,800
Swabbing Unit			334		381	0
Rentals-Surface	235	150,000	335	385,000	362	542,000
Rentals-Subsurface	236	135,000	336	90,000	383	225,000
Trucking/Forklift/Rig Mobilization	237	200,000	337	40,000	384	243,000
Welding Services	238	3,000	338	5,000	385	8,000
Water Disposal	239		339	60,000	361	445,000
Plug to Abandon	240		340		362	0
Seismic Analysis	241		341		387	0
Miscellaneous	242		342	5,000		5,000
Contingency	243	54,500	343	250,000	389	304,500
Closed Loop & Environmental	244	275,000	344		390	275,000
Dyed Diesel			345	484,000	388	484,000
Coil Tubing			346	750,000		750,000
Flowback Crews & Equip			347	48,000		48,000
Offset Directional/Frac	248		348			0
<b>TOTAL INTANGIBLES</b>		<b>3,003,500</b>	<b>6,903,800</b>	<b>305,000</b>	<b>280,300</b>	<b>10,492,600</b>
<b>TANGIBLE COSTS</b>						
Surface Casing	401	81,000				81,000
Intermediate Casing	402	184,000				184,000
Production Casing/Liner	403	361,000				361,000
Tubing			504	53,460	530	58,460
Wellhead Equipment	405	28,000	505	20,900	531	51,900
Pumping Unit					506	96,000
Prime Mover					507	0
Rods					508	35,000
Pumps-Sub Surface (BH)			509		532	5,000
Tanks				510	65,000	65,000
Flowlines				511	27,000	27,000
Heater Treater/Separator				512	140,000	140,000
Electrical System				513	135,000	150,000
Packers/Anchors/Hangers	414		514	65,000	533	67,000
Couplings/Fittings/Valves	415			515	105,000	105,000
Dehydration				517		0
Injection Plant/CO2 Equipment				518		0
Pumps-Surface				521	5,000	5,000
Instrumentation/SCADA/POC				522	11,000	18,000
Miscellaneous	419		519		523	3,000
Contingency	420		520		524	0
Meters/LACT				525	26,000	26,000
Flares/Combusters/Emission				526	25,000	25,000
Gas Lift/Compression			527	15,000	516	75,000
<b>TOTAL TANGIBLES</b>		<b>654,000</b>	<b>154,360</b>	<b>599,000</b>	<b>171,000</b>	<b>1,578,360</b>
<b>TOTAL WELL COSTS</b>		<b>3,657,500</b>	<b>7,058,160</b>	<b>904,000</b>	<b>451,300</b>	<b>12,070,960</b>

	30%	7%	4%
COG Operating LLC			

Date Prepared: 7/11/19

COG Operating LLC

We approve:  
% Working Interest

By: DWD DR

Company: Alpha Energy Partners, LLC  
By:

Printed Name:  
Title:  
Date:

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.