



02354314

7/14/17

DIVISION ORDER

To: Endeavor Energy Resources, LP  
(Payor) 110 N. Marienfeld St., Suite 200  
Midland, TX 79701

Effective Date: March 1, 2016

Owner: Janet G Schiel  
(Payee) 7723 E Kettle Court  
Centennial, CO 80112

Interest Type: Royalty Interest  
Dec. Interest: 0.04166666

ORIGINAL

The undersigned severally and not jointly certifies it is (they are) the legal owner(s) of the interest set out below of all the oil, gas and/or related liquid hydrocarbons produced from the property described below:

Property Code: 5712.002

Description: Tallman 23-2

Location: Sec. 23-18S-45W, Kiowa Co., CO  
Kiowa County, CO

THIS AGREEMENT DOES NOT AMEND ANY LEASE OR OPERATING AGREEMENT BETWEEN THE INTEREST OWNERS AND THE LESSEE OR OPERATOR, OR ANY OTHER CONTRACTS FOR THE PURCHASE OF OIL OR GAS.

The following provisions apply to each interest owner ("owner") who executes this agreement:

**TERMS OF SALE:** The undersigned will be paid in accordance with the Division of Interests set out above. The payor shall pay all parties at the price received by the operator for oil and/or gas to be sold pursuant to this Division Order. Purchaser shall compute quantity and make corrections for gravity and temperature, and make deductions for impurities.

**PAYMENT:** From the effective date, payment is to be made monthly by payor's check, based on this division of interest, for oil and/or gas run during the preceding calendar month from the property listed above, less taxes required by law to be deducted and remitted by payor as purchaser. Payments of less than \$100.00 may be accrued before disbursement until the total amount equals \$100.00 or more, or until 12 month's proceeds accumulate, whichever occurs first. However, the payor may hold accumulated proceeds of less than \$10.00 until production ceases or the payor's responsibility for making payment for production ceases, whichever occurs first. Payee agrees to refund to payor any amounts attributable to an interest or part of an interest that payee does not own.

**INDEMNITY:** The owner agrees to indemnify and hold payor harmless from all liability resulting from payments made to the owner in accordance with such division of interest, including but not limited to attorney fees or judgments in connection with any suit that affects the owner's interest to which payor is made a party.

**DISPUTE - WITHHOLDING OF FUNDS:** If a suit is filed that affects the interest of the owner, written notice shall be given to payor by the owner together with a copy of the complaint or petition filed. In the event of a claim or dispute that affects title to the division of interest credited herein, payor is authorized to withhold payments accruing to such interest, without interest unless otherwise required by applicable statute, until the claim or dispute is settled.

**TERMINATION:** Termination of this agreement is effective on the first day of the month that begins after the 30th day after the date written notice of termination is received by either party.

**NOTICES:** The owner agrees to notify payor in writing of any change in the division of interest, including changes of interest contingent on payment of money or expiration of time.

No change of interest is binding on payor until the recorded copy of the instrument of change or documents satisfactorily evidencing such change are furnished to payor at the time the change occurs.

Any change of interest shall be made effective on the first day of the month following receipt of such notice by payor.

Any correspondence regarding this agreement shall be furnished to the addresses listed unless otherwise advised by either party.

In addition to the legal rights provided by the terms and provisions of this division order, an owner may have certain statutory rights under the laws of this state.

SIGNED this 12 day of July, 2017

WITNESSES/ATTEST:

OWNERS SIGN BELOW:

SOCIAL SECURITY  
OR TAX. I.D. NO.:

**REDACTED**

Failure to furnish your Social Security/Tax I.D. number will result in withholding tax in accordance with federal law, and any tax withheld will not be refundable by payor.

21683

61443

Janet G Schiel

7/7/2017

Janet G. Schiel  
7723 E. Kettle Court  
Centennial, CO 80112

elizabeth b Hayes @  
yahoo.com

August 5, 2013

ORIGINAL

Trinity Bay Oil & Gas, Inc.  
5219 City Bank Parkway, Suite 210  
Lubbock, TX 79407

Re: Interests for Jettie Ray Tallman, Deceased

To Whom It May Concern:

My mom, Jettie Ray Tallman, passed away November 22, 2011. As a Co-Personal Representative of her estate, please find enclosed a copy of the death certificate and the probated will to change the ownership to be as follows:

1/3 Linda R. Tallman  
618 46<sup>th</sup> Avenue Court  
Greeley, CO 80634  
SS# **REDACTED**

1/3 Marla G. Hinds  
1506 Sunset Place  
Lamar, CO 81052  
SS# **REDACTED**

1/3 Janet G. Schiel  
7723 E. Kettle Court  
Centennial, CO 80112  
SS# **REDACTED**

Please contact me if you require any further documentation to effect this change or if you have questions.

Sincerely,

  
Janet G. Schiel

cc: Linda R. Tallman, Marla G. Hinds



9. Appointment is made without bond in unsupervised administration.

10. Letters Testamentary shall be issued.

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

\_\_\_\_\_  
Registrar

**This document constitutes a ruling of the court and should be treated as such.**

**Court:** CO Kiowa County District Court 15th JD

**Judge:** Stanley Brinkley

**File & Serve**  
**Transaction ID:** 41394263

**Current Date:** Dec 14, 2011

**Case Number:** 2011PR31

**Court Authorizer:** Robyn Dunham

**Court Authorizer**  
**Comments:**

Filing date is 12/14/2011

# CERTIFICATION OF VITAL RECORD

## STATE OF COLORADO COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT HOLD TO LIGHT TO VIEW WATERMARK

### STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

#### DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) <b>Jettie Ray TALLMAN</b>		2. SEX <b>Female</b>	3. DATE OF DEATH (Month, Day, Year) <b>November 22, 2011</b>
4. SOCIAL SECURITY NUMBER <b>REDACTED</b>		5. AGE - Last Birthday (Years) <b>86</b>	6. UNDER 1 YEAR <b>Mo</b>
7. DATE OF BIRTH (Month, Day, Year) <b>February 13, 1925</b>		8. BIRTHPLACE (City and State or Foreign Country) <b>Oilton, OK</b>	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. PLACE OF DEATH (check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Home <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
11. FACILITY NAME (If not institution, give street and number) <b>Skyridge Medical Center</b>		12. CITY, TOWN, OR LOCATION OF DEATH <b>Lonetree</b>	
13. COUNTY OF DEATH <b>Douglas</b>		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>	
15. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>		16. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>	
17. SPOUSE (If wife, give maiden name) <b>Charles E. Tallman</b>		18. RESIDENCE-STATE <b>Colorado</b>	
19. COUNTY <b>Kiowa</b>		20. CITY, TOWN, OR LOCATION <b>Brandon</b>	
21. STREET AND NUMBER <b>12410 East Street</b>		22. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23. ZIP CODE <b>81071</b>		24. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>	
25. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>		26. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or Secondary 10 through 12 College (13 through 16 or 17+) <b>13</b>	

#### PARENTS

17. FATHER'S NAME (First, Middle, Last) <b>Robert T. Gardner</b>	18. MOTHER'S NAME (First, Middle, Last (Maiden Name)) <b>Mary Grace Young</b>	19. INFORMANT NAME and relationship to decedent <b>Linda Tallman (Daughter)</b>
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#### DISPOSITION

20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Plainview Cemetery</b>	22. LOCATION - City or Town, State <b>Brandon, CO</b>
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23. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>	24. NAME AND ADDRESS OF FACILITY <b>Horan &amp; McConaty Funeral Service/Cremation from: Peacock Funeral Home 209 S. 4th Street, Lamar, CO ZIP: 81052</b>
25. REGISTRAR'S SIGNATURE <i>[Signature]</i>	26. DATE SIGNED (Month, Day, Year) <b>DEC 07 2011</b>
27. TIME OF DEATH <b>2351</b>	28. DATE PRONOUNCED DEAD (Month, Day, Year) <b>November 22, 2011</b>
29. WAS CORNER NOTIFIED? (Yes or No) <b>Yes</b>	

#### CERTIFIER

30. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN Signature: <i>[Signature]</i> DATE SIGNED (Month, Day, Year) <b>November 29, 2011</b>	31. TO BE COMPLETED BY CORONER Signature: <i>[Signature]</i> DATE SIGNED (Month, Day, Year) <b>November 29, 2011</b>
32. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/print) <b>Surit Sharma, MD, 10103 Ridgeway Pkwy, #313, Lone Tree, CO ZIP: 80124</b>	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/print)	

#### CAUSE OF DEATH

34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	35. DATE OF INJURY (Month, Day, Year) <b>November 22, 2011</b>	36. TIME OF INJURY <b>2351</b>	37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	38. DESCRIBE HOW INJURY OCCURRED
39. PLACE OF INJURY (If home, farm, street, factory, office building, etc. (Specify))		39. LOCATION (Street and Number or Rural Route Number, City, County, State)		
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.				
(a) <i>[Signature]</i>		Interval between onset and death <b>7 days</b>		
(b) <i>Bowel ischemia</i>		Interval between onset and death <b>4 days</b>		
(c) <i>Small bowel obstruction</i>		Interval between onset and death <b>4 days</b>		
PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part I (e.g., Alcohol abuse, obesity, smoker).				
<i>Peripheral vascular disease, Diabetes</i>				
35. AUTOPSY (Yes or No) <b>No</b>		36. IF YES were findings considered in determining cause of death?		

DATE ISSUED  
**DEC 07 2011**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

RONALD S. HYMAN  
STATE REGISTRAR



REV 01/07

SEE DETAILS ON ATTACHED STATEMENT!!!

Bdw.  
7/25/11

Trinity Bay Oil & Gas, Inc.

17038

Trinity Bay Oil and Gas  
 5219 City Bank Parkway, Suite 210  
 Lubbock, TX 79407-

# **Operating Statement**

04/30/2013

Jettie Ray Tallman  
 12410 East Street  
 Brandon, CO 81071-

JE611

Operating Month: 04/2013

Description	Interest	Gross	Your Share
Unit: 20001-CO Tallman 23-2 - Kiowa, CO (Royalty)			
<b>Oil Revenue</b>			
02/2013 188.86 BBL @ 84.191994	0.1250000000	15,900.50	1,987.56
188.86 BBL x Int. -> 23.61 BBL			
<b>Severance Tax (Oil)</b>			
02/2013 Severance Tax	0.1250000000	-11.13	-1.39
	<b>Net Revenue This Unit</b>	<b>15,889.37</b>	<b>1,986.17</b>
<b>Unit Total</b>			
<b>Amount You Receive This Unit</b>			<b>1,986.17</b>

Summary Of All Units For Jettie Ray Tallman	
Revenues	1,987.56
Cost Of Sale	-1.39
<b>Total Amount You Receive</b>	<b>1,986.17</b>



**OIL AND GAS DIVISION ORDER**

To: Trinity Bay Oil & Gas Inc  
5219 City Bank Parkway  
Suite 270  
Lubbock, TX 79407-

Property Name: Tallman 23-2  
Effective Date: 03/01/2011

The undersigned severally and not jointly certifies it is the legal owner of the interest set out below of all of the oil, gas and related liquid hydrocarbons produced from the property described below:

OPERATOR / PAYOR: Trinity Bay Oil & Gas Inc  
Property Name: Tallman 23-2  
County & State: Kiowa, CO

LEGAL DESCRIPTION:  
SE/4 of NW/4 of Section 23 Township 18S Range 45W

OWNER / PAYEE: Jettie Ray Tallman  
OWNER NUMBER: JE611  
DIVISION OF INTEREST: 0.1250000000

THIS AGREEMENT DOES NOT AMEND ANY LEASE OR OPERATING AGREEMENT BETWEEN THE INTEREST OWNERS AND THE LESSEE OR OPERATOR OR ANY OTHER CONTRACTS FOR THE PURCHASE OF OIL OR GAS.

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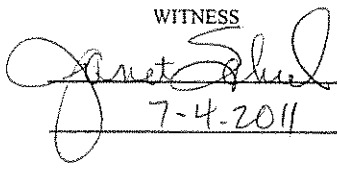
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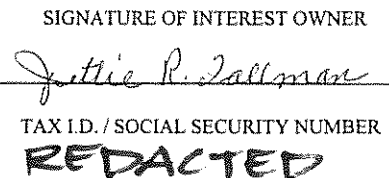
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WITNESS  
  
7-4-2011

SIGNATURE OF INTEREST OWNER  
  
TAX I.D. / SOCIAL SECURITY NUMBER  
**REDACTED**

ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAILURE TO FURNISH YOUR SOCIAL SECURITY / TAX I.D. NUMBER WILL RESULT IN WITHHOLDING TAX IN ACCORDANCE WITH FEDERAL LAW, AND ANY TAX WITHHELD WILL NOT BE REFUNDABLE TO PAYOR.

Trinity Bay Oil & Gas, Inc. 210  
5219 City Bank Parkway, Suite 270  
Lubbock, TX 79407

Telephone (806) 368-3758  
Fax (806) 368-6089

June 15, 2011

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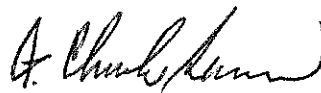
Dear Interest Owner,

Please find enclosed two (2) copies of an Oil and Gas Division Order for your review and handling. One copy is for your files and the other copy should be executed and returned to us in the postage paid envelope enclosed for your convenience.

Please be sure to verify the accuracy of the information included on the form for your interest and have your signature witnessed by two witnesses. If your taxpayer I.D. # was not included on your form, it is because we do not have it. To prevent backup withholding, please print it in the space provided. Please also provide your correct mailing address to ensure our records are accurate.

Thanks in advance for your assistance in this matter.

Very truly yours,  
TRINITY BAY OIL & GAS, INC.



L. Chuck Sammons  
President

*mailed  
7/5/11*