

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

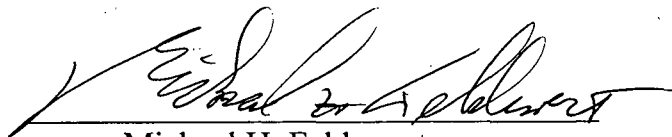
APPLICATION OF CHESAPEAKE EXPLORATION, LLC, TO REINSTATE ORDER NOS. R-13303 AND R-13303-A APPROVING STATUTORY UNITIZATION OF THE CHAMBERS STRAWN UNIT AREA, THE CORRESPONDING CHAMBERS STRAWN UNIT WATERFLOOD PROJECT, AND CERTIFICATION OF THE WATERFLOOD PROJECT AS AN ENHANCED OIL RECOVERY PROJECT PURSUANT TO THE ENHANCED OIL RECOVERY ACT, LEA COUNTY, NEW MEXICO

CASE NO. 14762

AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

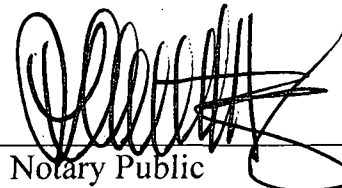
Michael H. Feldewert, attorney in fact and authorized representative of Chesapeake Exploration, LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before this 30th day of November 2011 by
Michael H. Feldewert.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15


Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 3
Submitted by:
CHESAPEAKE EXPLORATION, LLC
Hearing Date: December 1, 2011



October 27, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL AFFECTED INTEREST OWNERS IN THE CHAMBERS STRAWN UNIT AREA.

Re: Application of Chesapeake Exploration, LLC, to reinstate Order Nos. R-13303 and R-13303-A approving statutory unitization of the Chambers Strawn Unit, the corresponding Chambers Strawn Unit Waterflood Project, and certification of the waterflood project as an enhanced oil recovery project pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Chesapeake Operating, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 AM on December 1, 2011. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this application, please contact Terry Frohnafel, Sr Landman, Chesapeake Energy Corporation, P.O. Box 18496, Oklahoma City, OK 73154-0496, telephone (405) 935-2727.

Very truly yours,

Michael H. Feldewert
Attorney for Chesapeake Operating, Inc.

RECEIVED OGD
2011 OCT 27 P 3:56

EXHIBIT A
CHESAPEAKE OPERATING INC.

WORKING INTEREST OWNERS

Chesapeake Exploration, L.L.C.
P.O. Box 18496
Oklahoma City OK 73154-0496

Chesapeake Investments, L.P.
P.O. Box 18756
Oklahoma City OK 73154

ConocoPhillips Co.
Attn: Tom Scarbrough
600 N. Dairy Ashford
Houston, TX 77079-1175

David Petroleum Corp.
116 W. 1st St.
Roswell, NM 88203

ICA Energy, Inc.
700 N. Grant Ave.
Odessa, TX 79760-0233

Piyush V. Patel and Meena Patel
Family Trust
25 Villiage Cir.
Midland, TX 79701

Playtime, Inc.
250 Sterling Ave.
Winter Park, FL 32789-5747

Quimex International, Inc.
PO Box 2662
Midland, TX 79702

Rudd Family Trust
PO Box 1719
Amarillo, TX 79159

TLW Investments, L.L.C.
Attn: Barry McKay
1001 Fannin, Ste. 2020
Houston, TX 77002

Trajan Development Co.
P.O. Box 16007
Oklahoma, City 73113

ROYALTY OWNERS

Aetna Bess Eaves Berry
P.O. Box 1551
Lovington, NM 88260

Betty Day Dawson
P.O. Box 237
Oysterville, WA 98641-0237

Charlene E. Dye
3204 W. Ave D
Lovington, NM 88260

Christine Chambers Pruitt
1780 Hwy. 4
Jacksboro, TX 76458

Colleen Chambers Schultz
P.O. Box 776
Persall, TX 78061-0776

Denise Edward Chambers
1011 Sandy Bend Rd
Castle Rock, WA 98611

Donald E. Yarbrow, aka Don Yarbrow, as
his separate property
1007 W. Ave. K
Lovington, NM 88260

Dudley P. Murph, Trustee
Dudley P. Murph Revocable Living
Trust
3019 W. Ave D
Lovington, NM 88260

Edward Armstrong Elkan, Jr.
Wells Fargo OGM
P.O. Box 1959
Midland, TX 79702

Freida S. Batten
818 Pipeline Dr.
Goldendale, WA 98620

Harold Alsont Elkan and Nancy H.
Elkan
3731 Shade Tree Terrace
Portage, MI 49024-1036

Jasper N. Chambers
44 Woodland Rd.
Goldendale, WA 98620

K.E. Chambers a/k/a Kenneth E.
Chambers
2811 W. Ave. D.
Lovington, NM 88260-5351

Melodee Nelson
22307 SE 255th St.
Maple Valley, WA 98038

Richard C. Campbell
1201 North Hillcrest Drive
Payson, AZ 85541

Shelley Marsh Rice
24 Rosebud Lane
Lovington, NM 88260

Terri Jonas
21816 NE 8th St.
Sammamish, WA 98074

Weldon R. Yarbrow, aka Weldon
Yarbrow, as his separate property
11013 W. Ave.
Lovington, NM 88260

**OVER-RIDING ROYALTY
INTEREST OWNERS**

Amy M. Hawthorne
46 Cottdale Road
The Hills, TX 78738-1513

Chesapeake Exploration, L. L. C.
P.O. Box 18496
Oklahoma City, OK 73154-0496

ConocoPhillips Co.
Attn: Tom Scarbrough
600 N. Dairy Ashford
Houston, TX 77079-1175

Hal W. Hawthorne
807 Las Cimas Pkwy. Ste. 350
Austin, TX 78746

MML Ventures, Ltd.
PO Box 1157
Kilgore, TX 75663-1157

SURFACE OWNERS

Kenneth E. Chambers
2811 W. Avenue D.
Lovington, NM 88260

Dorothy Runnels
8100 W. Alabama
Hobbs, NM 88240

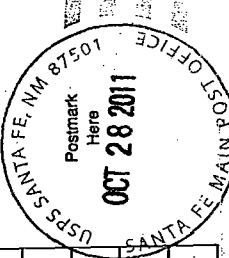
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Postage	\$.64
Certified Fee	\$ 2.85
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 5.79
Total Postage & Fees	

Chesapeake Exploration, L. L. C.
P.O. Box 18496
Oklahoma City, OK 73154-0496



Instructions

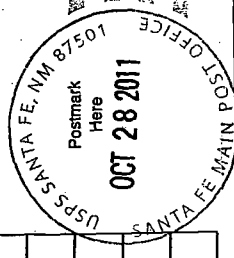
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Certified Fee	\$ 2.85
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 5.79
Total Postage & Fees	

Chesapeake Investments, L.P.
P.O. Box 18756
Oklahoma City OK 73154



Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chesapeake Exploration, L. L. C.
P.O. Box 18496
Oklahoma City, OK 73154-0496

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 4039

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Domestic Return Receipt

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chesapeake Investments, L.P.
P.O. Box 18756
Oklahoma City OK 73154

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 3940

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED

A. Signature
X

B. Received by (Printed Name)

C. Date of Delivery

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

MAILROOM 3

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (Printed Name)

C. Date of Delivery

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

MAILROOM 3

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 Certified Fee **2.85**
 Return Receipt Fee (Endorsement Required) **2.30**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ **5.79**

ConocoPhillips Co.
 Attn: Tom Scarbrough
 600 N. Dairy Ashford
 Houston, TX 77079-1175

OCT 28 2011
 Here
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 SANTA FE MAIN POST OFFICE

or Instructions

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Postage \$ **.64**
 Certified Fee **2.85**
 Return Receipt Fee (Endorsement Required) **2.30**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ **5.79**

David Petroleum Corp.
 116 W. 1st St.
 Roswell, NM 88203

OCT 28 2011
 Here
 USPS SAN ANTONIO, NM 87203
 SANTA FE MAIN POST OFFICE

or Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:
 ConocoPhillips Co.
 Attn: Tom Scarbrough
 600 N. Dairy Ashford
 Houston, TX 77079-1175

2. Article Number (Transfer from service label) **7006 0100 0005 0625 3933**
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **[Signature]** C. Date of Delivery **10/31/11**
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:
 David Petroleum Corp.
 116 W. 1st St.
 Roswell, NM 88203

2. Article Number (Transfer from service label) **7006 0100 0005 0625 4299**
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COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **[Signature]** C. Date of Delivery **10-31-11**
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

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7006 0100 0005 0625 4299

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Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

ICA Energy, Inc.
 700 N. Grant Ave.
 Odessa, TX 79760-0233

or Instructions

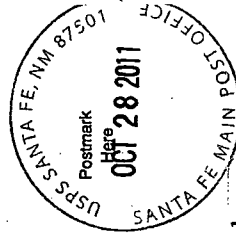


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Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Piyush V. Patel and Meena Patel
 Family Trust
 25 Villiage Cir.
 Midland, TX 79701

or Instructions



TURN ADDRESS FOLD IN DOTTED LINE
 TO OPEN AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

ICA Energy, Inc.
 700 N. Grant Ave.
 Odessa, TX 79760-0233

2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 4282

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *31 2011*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

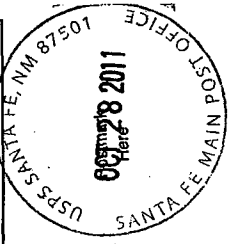
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Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

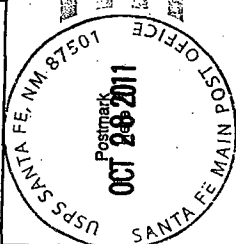
Playtime, Inc.
 250 Sterling Ave.
 Winter Park, FL 32789-5747



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 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT
 website at www.usps.com
AL USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Quimex International, Inc.
 PO Box 2662
 Midland, TX 79702



SENDER: COMPLETE THIS SECTION

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- 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:

Playtime, Inc.
 250 Sterling Ave.
 Winter Park, FL 32789-5747

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 4268

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- 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:

Quimex International, Inc.
 PO Box 2662
 Midland, TX 79702

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 4251

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** *[Signature]* ☒ Agent ☐ Addressee
- B. Received by *(Printed Name)* *[Signature]* C. Date of Delivery *10/31/11*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? *(Extra Fee)* ☐ Yes ☐ No

COMPLETE THIS SECTION ON DELIVERY

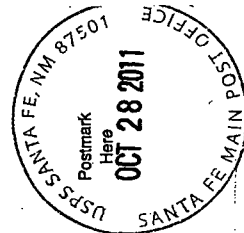
- A. Signature **X** *[Signature]* ☒ Agent ☐ Addressee
- B. Received by *(Printed Name)* *[Signature]* C. Date of Delivery *10/31/11*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? *(Extra Fee)* ☐ Yes ☐ No

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Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Rudd Family Trust
 PO Box 1719
 Amarillo, TX 79159

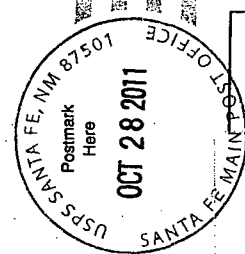


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Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

TLW Investments, L.L.C.
 Attn: Barry McKay
 1001 Fannin, Ste. 2020
 Houston, TX 77002



for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

 Rudd Family Trust
 PO Box 1719
 Amarillo, TX 79159

2. Article Number
 (Transfer from service label) 7006 0100 0005 0625 4244
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A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name)
 Robert S. [Signature]
 C. Date of Delivery
 OCT 31 2011
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 4244
 Domestic Return Receipt
 102595-02-M-1540

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

1. Article Addressed to:

 TLW Investments, L.L.C.
 Attn: Barry McKay
 1001 Fannin, Ste. 2020
 Houston, TX 77002

2. Article Number
 (Transfer from service label) 7006 0100 0005 0625 4237
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name)
 Barry McKay
 C. Date of Delivery
 10-31-11
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

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 Domestic Return Receipt
 102595-02-M-1540

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Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Trajan Development Co.
 P.O. Box 16007
 Oklahoma, City 73113

Postmark: OCT 28 2011
 USPS SANTA FE, NM 87501
 SANTA FE MAIN POST OFFICE

Instructions

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Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Actna Bess Eaves Berry
 P.O. Box 1551
 Lovington, NM 88260

Postmark: OCT 28 2011
 USPS SANTA FE, NM 87501
 SANTA FE MAIN POST OFFICE

Instructions

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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:

Trajan Development Co.
 P.O. Box 16007
 Oklahoma, City 73113

2. Article Number (Transfer from service label): 7006 0100 0005 0625 4220

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: *[Signature]*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Postmark: OCT 28 2011
 USPS SANTA FE, NM 87501
 SANTA FE MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Actna Bess Eaves Berry
 P.O. Box 1551
 Lovington, NM 88260

2. Article Number (Transfer from service label): 7006 0100 0005 0625 4213

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: *[Signature]*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Postmark: OCT 28 2011
 USPS SANTA FE, NM 87501
 SANTA FE MAIN POST OFFICE

7006 0100 0005 0625 4220

7006 0100 0005 0625 4213

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
MHF/CHESAPEAKE/
CHAMBERS STRAWN UNIT
Postmark
OCT 28 2011
USPS SANTA FE, NM 87501
SANTA FE MAIN POST OFFICE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Betty Day Dawson
P.O. Box 237
Oysterville, WA 98641-0237

for instructions
visit at www.usps.com

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
MHF/CHESAPEAKE/
CHAMBERS STRAWN UNIT
Postmark
OCT 28 2011
USPS SANTA FE, NM 87501
SANTA FE MAIN POST OFFICE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Charlene E. Dye
3204 W. Ave D
Lovington, NM 88260

for instructions
visit at www.usps.com

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Betty Day Dawson
P.O. Box 237
Oysterville, WA 98641-0237

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Charlene E. Dye
3204 W. Ave D
Lovington, NM 88260

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

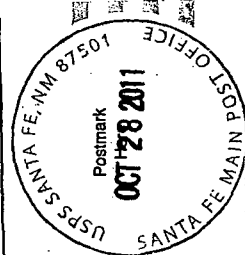
U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
Domestic Mail Only - No Insurance Coverage Provided
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT

Website at www.usps.com

AL USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.79

Christine Chambers Pruitt
 1780 Hwy. 4
 Jacksboro, TX 76458



or instructions

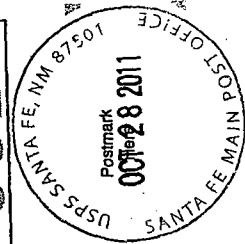
U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
Domestic Mail Only - No Insurance Coverage Provided
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT

Website at www.usps.com

AL USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.79

Colleen Chambers Schultz
 P.O. Box 776
 Persall, TX 78061-0776



or instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Christine Chambers Pruitt
 1780 Hwy. 4
 Jacksboro, TX 76458

2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 4176

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Christine Chambers Pruitt*
- B. Received by (Printed Name) *CHRISTINE CHAMBERS PRUITT*
- C. Date of Delivery *11-1-11*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

- 3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Colleen Chambers Schultz
 P.O. Box 776
 Persall, TX 78061-0776

2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 4176

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Colleen Chambers Schultz*
- B. Received by (Printed Name) *Colleen Chambers Schultz*
- C. Date of Delivery *11-1-11*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

- 3. Service Type
☐ Certified Mail ☐ Express Mail
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT

Postage \$ 4.64
 Certified Fee 2.85
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.79

Denise Edward Chambers
 1011 Sandy Bend Rd
 Castle Rock, WA 98611

Postmark
 OCT 28 2011
 USPS SANTA FE, NM 87501

for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT

Postage \$ 4.64
 Certified Fee 2.85
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.79

Donald E. Yarbro, aka Don Yarbro,
 as his separate property
 1007 W. Ave. K
 Lovington, NM 88260

Postmark
 OCT 28 2011
 USPS SANTA FE, NM 87501

for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Denise Edward Chambers
 1011 Sandy Bend Rd
 Castle Rock, WA 98611

2. Article Number (Transfer from service label)
 7006 0100 0005 0625 4169

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Denise Chambers ☐ Agent
☒ Addressee

B. Received by (Printed Name) Denise Chambers C. Date of Delivery 10-31-11

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

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Donald E. Yarbro, aka Don Yarbro,
 as his separate property
 1007 W. Ave. K
 Lovington, NM 88260

2. Article Number (Transfer from service label)
 7006 0100 0005 0625 4152

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Don Yarbro ☐ Agent
☒ Addressee

B. Received by (Printed Name) Don Yarbro C. Date of Delivery 10-31-11

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

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT

Postage \$ **.64**
 Certified Fee **2.85**
 Return Receipt Fee (Endorsement Required) **2.30**
 Restricted Delivery Fee (Endorsement Required) **5.79**

Total Postage & Fees \$ **9.58**

To: Dudley P. Murph, Trustee
 Dudley P. Murph Revocable Living Trust
 3019 W. Ave D
 Lovington, NM 88260

PS Form 3811, February 2004

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT

Postage \$ **.64**
 Certified Fee **2.85**
 Return Receipt Fee (Endorsement Required) **2.30**
 Restricted Delivery Fee (Endorsement Required) **5.79**

To: Edward Armstrong Elkan, Jr.
 Wells Fargo OGM Operations
 Attn: Charles N. Wallace
 P.O. Box 1959
 Midland, TX 79702

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:
 Dudley P. Murph, Trustee
 Dudley P. Murph Revocable Living Trust
 3019 W. Ave D
 Lovington, NM 88260

2. Article Number (Transfer from service label) **7006 0100 0005 0625 4145**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X Dudley Murph** ☐ Agent
 B. Received by (Printed Name) **D. Murph** ☐ Addressee
 C. Date of Delivery **11/2/11**
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:
 Edward Armstrong Elkan, Jr.
 Wells Fargo OGM Operations
 Attn: Charles N. Wallace
 P.O. Box 1959
 Midland, TX 79702

2. Article Number (Transfer from service label) **7006 0100 0005 0625 4138**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X E. Elkan** ☐ Agent
 B. Received by (Printed Name) **E. Elkan** ☐ Addressee
 C. Date of Delivery **11/2/11**
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

5474 5290 5000 0070 9002

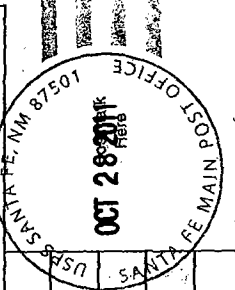
874 5290 5000 0070 9002

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

MHF/CHEAPEAKE/
CHAMBERS STRAWN UNIT
AL USE
Website at www.usps.com

Postage	\$ 6.44
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Freida S. Batten
818 Pipeline Dr.
Goldendale, WA 98620

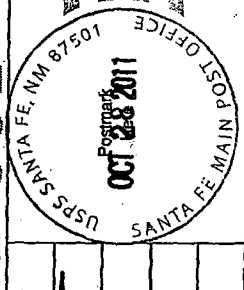


**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

MHF/CHEAPEAKE/
CHAMBERS STRAWN UNIT
AL USE
Website at www.usps.com

Postage	\$ 6.44
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Harold Alsont Elkan and Nancy H. Elkan
3731 Shade Tree Terrace
Portage, MI 49024-1036



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Freida S. Batten
818 Pipeline Dr.
Goldendale, WA 98620

2. Article Number (Transfer from service label) 7006 0100 0005 0625 3764

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Freida S. Batten

B. Received by (Printed Name) ☒ Addressee
FREIDA S. BATTEN 10/31/11

C. Date of Delivery

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

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Harold Alsont Elkan and Nancy H. Elkan
3731 Shade Tree Terrace
Portage, MI 49024-1036

2. Article Number (Transfer from service label) 7006 0100 0005 0625 4121

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Harold Alsont Elkan

B. Received by (Printed Name) ☒ Addressee
H. Elkan 10/31/11

C. Date of Delivery

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

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only - No Insurance Coverage Provided) MHF/CHESAPEAKE/ CHAMBERS STRAWN UNIT AL USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Jasper N. Chambers
44 Woodland Rd.
Goldendale, WA 98620

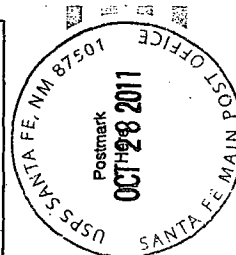
or Instructions

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only - No Insurance Coverage Provided) MHF/CHESAPEAKE/ CHAMBERS STRAWN UNIT AL USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

K.E. Chambers
a/k/a Kenneth E. Chambers
2811 W. Ave. D.
Lovington, NM 88260-5351

Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Jasper N. Chambers
44 Woodland Rd.
Goldendale, WA 98620

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 4114

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
Jasper Chambers
- B. Received by (Printed Name)
Jasper Chambers
- C. Date of Delivery
10/21/11
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenneth E. Chambers
2811 W. Avenue D.
Lovington, NM 88260

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 3995

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
K.E. Chambers
- B. Received by (Printed Name)
K.E. Chambers
- C. Date of Delivery
10/21/11
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
Domestic Mail Only: No Insurance Coverage Provided)
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT
 Visit at www.usps.com

AL USE

Postage \$ 64
 Certified Fee 285
 Return Receipt Fee (Endorsement Required) 230
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 579

To Melodee Nelson
 22307 SE 255th St.
 Maple Valley, WA 98038

Postmark Here
 OCT 28 2011
 USPS SANTA FE, NM 87501
 SANTA FE MAIN POST OFFICE

Instructions: PS

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
Domestic Mail Only: No Insurance Coverage Provided)
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT
 Visit at www.usps.com

AL USE

Postage \$ 64
 Certified Fee 285
 Return Receipt Fee (Endorsement Required) 230
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 579

To Richard C. Campbell
 1201 North Hillcrest Drive
 Payson, AZ 85541

Postmark Here
 OCT 28 2011
 USPS SANTA FE, NM 87501
 SANTA FE MAIN POST OFFICE

Instructions: PS

SENDER: COMPLETE THIS SECTION
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Melodee Nelson ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Melodee Nelson C. Date of Delivery 11/2/11
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:
 Melodee Nelson
 22307 SE 255th St.
 Maple Valley, WA 98038

2. Article Number (Transfer from Service Label) 7006 0100 0005 0625 4307
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ 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:
 Richard C. Campbell
 1201 North Hillcrest Drive
 Payson, AZ 85541

COMPLETE THIS SECTION ON DELIVERY

A. Signature Sharon Campbell ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Sharon Campbell C. Date of Delivery 11/3/11
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from Service Label) 7006 0100 0005 0625 4091
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0625 4307

7006 0100 0005 0625 4091

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT

Website at www.usps.com

AL USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Shelley Marsh Rice
 24 Rosebud Lane
 Lovington, NM 88260



Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

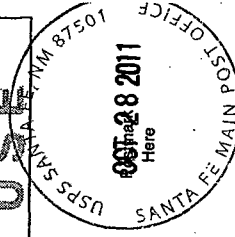
MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT

Website at www.usps.com

AL USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Terri Jonas
 21816 NE 8th St.
 Sammamish, WA 98074



Instructions

Returned

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Terri Jonas
 21816 NE 8th St.
 Sammamish, WA 98074

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Terri L. Jonas* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Terri L. Jonas* C. Date of Delivery *11-12-11*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

NOV 12 2011

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number *7006 0100 0005 0625 4060*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

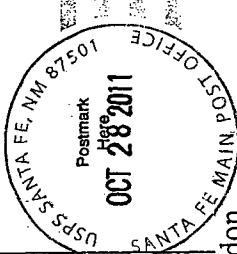
MHF/CHESAPEAKE/
CHAMBERS STRAWN UNIT
ebsite at www.usps.com

AL USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Weldon R. Yarbro, aka Weldon
Yarbro, as his separate property
11013 W. Ave.
Lovington, NM 88260

For Instructions



U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

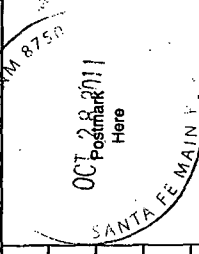
MHF/CHESAPEAKE/
CHAMBERS STRAWN UNIT
ebsite at www.usps.com

AL USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79

Amy M. Hawthorne
46 Cottondale Road
The Hills, TX 78738-1513

For Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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:

Weldon R. Yarbro, aka Weldon
Yarbro, as his separate property
11013 W. Ave.
Lovington, NM 88260

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

7006 0100 0005 0625 4053

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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:

Amy M. Hawthorne
46 Cottondale Road
The Hills, TX 78738-1513

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

7006 0100 0005 0625 4046

102595-02-M-1540

RECEIVED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

ON ON DELIVERY

A. Signature ☒ Agent
X *Weldon Yarbro* ☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery
10-31-11
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

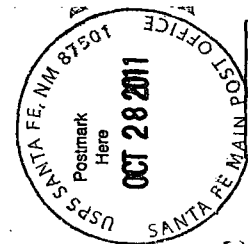
A. Signature ☒ Agent
X *Amy M. Hawthorne* ☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery
11/9/11
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service[™] CERTIFIED MAIL[™] RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

MHF/CHESAPEAKE/
CHAMBERS STRAWN UNIT
website at www.usps.com
AL USE

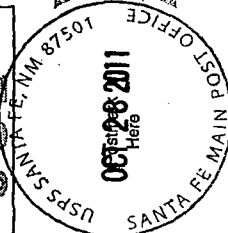


Postage \$ **4.64**
Certified Fee **2.85**
Return Receipt Fee (Endorsement Required) **2.30**
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ **5.79**
Chesapeake Exploration, L.L.C.
P.O. Box 18496
Oklahoma City OK 73154-0496

For Instructions

U.S. Postal Service[™] CERTIFIED MAIL[™] RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

MHF/CHESAPEAKE/
CHAMBERS STRAWN UNIT
website at www.usps.com
AL USE



Postage \$ **4.64**
Certified Fee **2.85**
Return Receipt Fee (Endorsement Required) **2.30**
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ **5.79**

ConocoPhillips Co.
Attn: Tom Scarbrough
600 N. Dairy Ashford
Houston, TX 77079-1175

For Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF ADDRESSEE'S ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chesapeake Exploration, L.L.C.
P.O. Box 18496
Oklahoma City OK 73154-0496

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

C. Date of Delivery **OCT 31 2011**

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below: **MAILROOM 3**

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0625 3957**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

ConocoPhillips Co.
Attn: Tom Scarbrough
600 N. Dairy Ashford
Houston, TX 77079-1175

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

C. Date of Delivery **OCT 31 2011**

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0625 4022**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT
 Website at www.usps.com

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.79

Hal W. Hawthorne
 807 Las Cimas Pkwy. Ste. 350
 Austin, TX 78746

or Instructions



U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT
 Website at www.usps.com

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.79

MM Ventures, Ltd.
 PO Box 1157
 Kilgore, TX 75663-1157

Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Hal W. Hawthorne
 807 Las Cimas Pkwy. Ste. 350
 Austin, TX 78746

2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 4015

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 Daniel Carano

C. Date of Delivery

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

Article Addressed to:

MM Ventures, Ltd.
 PO Box 1157
 Kilgore, TX 75663-1157

2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 4008

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

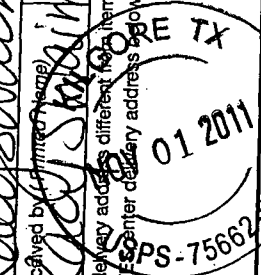
B. Received by (Printed Name)
 Daniel Carano

C. Date of Delivery

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



5104 5290 5000 0010 9002

8004 5290 5000 0010 9002

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
 MHF/CHESAPEAKE/
 CHAMBERS STRAWN UNIT
 Visit at www.usps.com
USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.79

Dorothy Runnels
 8100 W. Alabama
 Hobbs, NM 88240

for instructions



SENDER: C **PLACE STICKER IN TOP OF ENVELOPE TO BE RETURNED TO RIGHT ADDRESSEE** **DELIVERY ON DELIVERY**

1. Article Addressed to:

Dorothy Runnels
 8100 W. Alabama
 Hobbs, NM 88240

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

3. Service Type
☒ Certified Mail
☐ Registered Mail
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee)
☐ Yes
☐ No

5. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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.

A. Signature
☒ Dorothy Runnels
☐ Agent

B. Received by (Printed Name)
 Dorothy Runnels
☐ Date of Delivery
 10/31/11

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

7006 0100 0005 0625 3988
 Domestic Return Receipt
 102595-02-M-1540