





October 12, 2012

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED****TO OFFSETS**

**Re: Application of Mewbourne Oil Company for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico – Tamano 10 Fed Com 8H Well**

This letter is to advise you that Mewbourne Oil Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating a non-standard spacing unit comprised of the N/2 S/2 of Section 10, Township 18 South, Range 31 East, NMPM, Eddy County, New Mexico. As a mineral lessee or operator in the offsetting properties, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on November 1, 2012. 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.

Questions concerning this application should be directed to Steven Smith, Senior Landman, at (432) 682-3715.

Sincerely,

Adam G. Rankin  
**ATTORNEY FOR MEWBOURNE OIL COMPANY**

HOLLAND & HART<sup>LLP</sup>



**Adam G. Rankin**  
Phone 505-954-7294  
Fax 505-983-6043  
AGRankin@hollandhart.com

October 12, 2012

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO AFFECTED INTEREST OWNERS**

**Re: Application of Mewbourne Oil Company for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico – Tamano 10 Fed Com 8H Well**

This letter is to advise you that Mewbourne Oil Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interests in the N/2 S/2 of Section 10, Township 18 South, Range 31 East, NMPM, Eddy County, New Mexico. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on November 1, 2012. 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 four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should 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.

Questions concerning this application should be directed to Steven Smith, Senior Landman, at (432) 682-3715.

Sincerely,

Adam G. Rankin  
ATTORNEY FOR MEWBOURNE OIL COMPANY

Holland & Hart<sup>LLP</sup>

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻

**MEWBOURNE OIL COMPANY  
TOMANO 10 FED COM 8H WELL**

**POOLED PARTIES:**

Magnum Hunter Production,  
Inc. Attn: Mark Compton  
600 N. Marienfeld, Suite 600  
Midland, Texas 79701

Ard Oil, Ltd.  
222 W. 4th Street, No. 313  
Fort Worth, Texas 76102

**OFFSETS:**

Mewbourne Oil Company  
500 West Texas, Suite 1020  
Midland, Texas 79701

E.R. Hudson Trust #1  
c/o Hudson Oil Company of Texas  
616 Texas Street  
Fort Worth, Texas 76102-4696  
Attn: Randall Hudson

Zorro Partners  
c/o Hudson Oil Company of Texas  
616 Texas Street  
Fort Worth, Texas 76102-4696  
Attn: Randall Hudson

Javelina Partners  
c/o Hudson Oil Company of Texas  
616 Texas Street  
Fort Worth, Texas 76102-4696  
Attn: Randall Hudson

Magnum Hunter Production, Inc.  
600 N. Marienfeld, Suite 600  
Midland, Texas 79701  
Attn: Mark Compton

Moore & Shelton Co., Ltd.  
Post Office Box 3070  
Galveston, Texas 77552  
Attn: Mrs. Ann Winklemann

Legacy Reserves Operating LP  
Post Office Box 10848  
Midland, Texas 79702  
Attn: Mr. Matt Sears

Bright Hart/Burkard Venture  
9525 Katy Freeway, Suite 230  
Houston, Texas 77024  
Attn: Mr. James Carroll

Delmar Hudson Lewis Living Trust  
c/o U.S. Trust  
Post Office Box 2546  
Fort Worth, Texas 76113  
Attn: Mr. Larry Farris

Ard Oil, Ltd.  
222 W. 4th Street, #313  
Fort Worth, Texas 76102  
Attn: Mrs. Mary Ard

Chesapeake Operating, Inc.  
6100 N. Western Avenue  
Oklahoma City, OK 73118

7006 0100 0005 0626 9644

**U.S. Postal Service™**  
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Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

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 OCT 12 2012

Magnum Hunter Production,  
 Inc. Attn: Mark Compton  
 600 N. Marienfeld, Suite 600  
 Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 9668

**U.S. Postal Service™**  
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For delivery information visit **OFFIC**

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Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

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Ard Oil, Ltd.  
 222 W. 4th Street, No. 313  
 Fort Worth, Texas 76102

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

- 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:

Magnum Hunter Production,  
 Inc. Attn: Mark Compton  
 600 N. Marienfeld, Suite 600  
 Midland, Texas 79701

2. Article Number (Transfer from service label): 7006 0100 0005 0626 9644

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

**SECTION ON DELIVERY**

A. Signature: *Sadi Parcia*  Agent  Addressee

B. Received by (Printed Name): *Sadi Parcia* C. Date of Delivery: *10-15-12*

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**

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

- 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:

Ard Oil, Ltd.  
 222 W. 4th Street, No. 313  
 Fort Worth, Texas 76102

2. Article Number (Transfer from service label): 7006 0100 0005 0626 9668

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

**SECTION ON DELIVERY**

A. Signature: *Jo Marie Grat*  Agent  Addressee

B. Received by (Printed Name): *Jo Marie Grat* C. Date of Delivery: *10/16/2012*

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

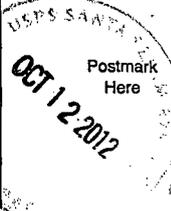
3. Service Type:  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 9620

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**AGR/MEWBOURNE**  
 For delivery information visit **TOMANO 10 FED 8H**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Mewbourne Oil Company  
 500 West Texas, Suite 1020  
 Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

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

**IS SECTION ON DELIVERY**

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** *David Kaulin*  Agent  Addressee

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

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

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

**4. Restricted Delivery? (Extra Fee)  Yes**

**1. Article Addressed to:**  
 Mewbourne Oil Company  
 500 West Texas, Suite 1020  
 Midland, Texas 79701

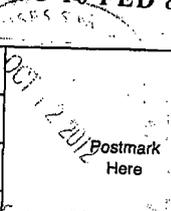
**2. Article Number (Transfer from service label):** 7006 0100 0005 0626 9620

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7006 0100 0005 0626 9613

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**AGR/MEWBOURNE**  
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**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



E.R. Hudson Trust #1  
 c/o Hudson Oil Company of Texas  
 616 Texas Street  
 Fort Worth, Texas 76102-4696  
 Attn. Randall Hudson

PS Form 3800, June 2002 See Reverse for Instructions

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

**SECTION ON DELIVERY**

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** *Quella*  Agent  Addressee

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

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

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

**4. Restricted Delivery? (Extra Fee)  Yes**

**1. Article Addressed to:**  
 E.R. Hudson Trust #1  
 c/o Hudson Oil Company of Texas  
 616 Texas Street  
 Fort Worth, Texas 76102-4696  
 Attn. Randall Hudson

**2. Article Number (Transfer from service label):** 7006 0100 0005 0626 9613

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

7006 0100 0005 0626 9606

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**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 OCT 15 2012

Zorro Partners  
 c/o Hudson Oil Company of Texas  
 616 Texas Street  
 Fort Worth, Texas 76102-4696  
 Attn. Randall Hudson

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Zorro Partners  
 c/o Hudson Oil Company of Texas  
 616 Texas Street  
 Fort Worth, Texas 76102-4696  
 Attn. Randall Hudson

2. Article Number (Transfer from service label): **7006 0100 0005 0626 9606**

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

**SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Olivia* C. Date of Delivery: **OCT 15 2012**

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 0626 9590

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Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

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 OCT 15 2012

Javelina Partners  
 c/o Hudson Oil Company of Texas  
 616 Texas Street  
 Fort Worth, Texas 76102-4696  
 Attn. Randall Hudson

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Javelina Partners  
 c/o Hudson Oil Company of Texas  
 616 Texas Street  
 Fort Worth, Texas 76102-4696  
 Attn. Randall Hudson

2. Article Number (Transfer from service label): **7006 0100 0005 0626 9590**

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

**SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Olivia* C. Date of Delivery: **OCT 15 2012**

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 0626 9583

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**OFFICIAL USE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: **OCT 12 2012**

Magnum Hunter Production, Inc.  
 600 N. Marienfeld, Suite 600  
 Midland, Texas 79701  
 Attn: Mark Compton

PS Form 3811, February 2004 See Reverse 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:

Magnum Hunter Production, Inc.  
 600 N. Marienfeld, Suite 600  
 Midland, Texas 79701  
 Attn: Mark Compton

2. Article Number (Transfer from service label): **7006 0100 0005 0626 9583**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Mark Compton*  Agent  Addressee

B. Received by (Printed Name): **Sadie Garcia** C. Date of Delivery: **10-15-12**

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

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

7006 0100 0005 0626 9576

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**OFFICIAL USE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: **OCT 12 2012**

Moore & Shelton Co., Ltd.  
 Post Office Box 3070  
 Galveston, Texas 77552  
 Attn: Mrs. Ann Winklemann

PS Form 3811, February 2004 See Reverse 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:

Moore & Shelton Co., Ltd.  
 Post Office Box 3070  
 Galveston, Texas 77552  
 Attn: Mrs. Ann Winklemann

2. Article Number (Transfer from service label): **7006 0100 0005 0626 9576**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Ann Winklemann*  Agent  Addressee

B. Received by (Printed Name): **A. Winklemann** C. Date of Delivery: **10-15-12**

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

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

7006 0100 0005 0626 9569

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**OFFICE**

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here **OCT 12 2012**

Legacy Reserves Operating LP  
 Post Office Box 10848  
 Midland, Texas 79702  
 Attn: Mr. Matt Sears

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **SECTION ON DELIVERY**

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

1. Article Addressed to:  
 Legacy Reserves Operating LP  
 Post Office Box 10848  
 Midland, Texas 79702  
 Attn: Mr. Matt Sears

2. Article Number (Transfer from service label) **7006 0100 0005 0626 9569**

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

A. Signature  Agent  Addressee  
*x Charles P...*

B. Received by (Printed Name) **Enriselda Campos** C. Date of Delivery **10-3-12**

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 0626 9552

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**TOMANO 10 FED 8H**

**OFFICE**

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

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Bright Hart/Burkard Venture  
 9525 Katy Freeway, Suite 230  
 Houston, Texas 77024  
 Attn: Mr. James Carroll

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **SECTION ON DELIVERY**

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1. Article Addressed to:  
 Bright Hart/Burkard Venture  
 9525 Katy Freeway, Suite 230  
 Houston, Texas 77024  
 Attn: Mr. James Carroll

2. Article Number (Transfer from service label) **7006 0100 0005 0626 9552**

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

A. Signature  Agent  Addressee  
*x James Carroll*

B. Received by (Printed Name) **J. CARROLL** C. Date of Delivery **10-15-2012**

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

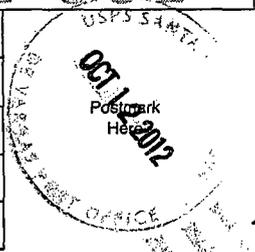
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 9545

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 For delivery information visit TOMANO 10 FED 8H  
**OFFICIAL**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

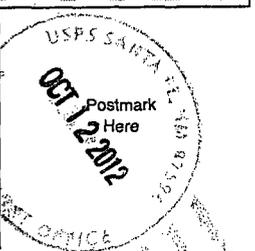


Delmar Hudson Lewis Living Trust  
 c/o U.S. Trust  
 Post Office Box 2546  
 Fort Worth, Texas 76113  
 Attn: Mr. Larry Farris

7006 0100 0005 0626 9545

**U.S. Postal Service™**  
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 (Domestic Mail Only; No AGR/MEWBOURNE)  
 For delivery information visit TOMANO 10 FED 8H  
**OFFICIAL**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Ard Oil, Ltd.  
 222 W. 4th Street, #313  
 Fort Worth, Texas 76102  
 Attn: Mrs. Mary Ard

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

**IS SECTION ON DELIVERY**

■ 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: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): *[Signature]*  
 C. Date of Delivery: OCT 16 2012

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

1. Article Addressed to:  
 Delmar Hudson Lewis Living Trust  
 Trust  
 Post Office Box 2546  
 Fort Worth, Texas 76113  
 Attn: Mr. Larry Farris

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 0626 9545

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

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

**SECTION ON DELIVERY**

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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.

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): Jo Marie Graf  
 C. Date of Delivery: 10/16/2012

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

1. Article Addressed to:  
 Ard Oil, Ltd.  
 222 W. 4th Street, #313  
 Fort Worth, Texas 76102  
 Attn: Mrs. Mary Ard

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 0626 9538

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

7006 0100 0005 0626 9637

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

*(Domestic Mail Only; No Insurance)* **AGR/MEWBORNE**  
For delivery information visit our website at **TOMANO 10 FED 8H**

**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.95</b>



Chesapeake Operating, Inc.  
6100 N. Western Avenue  
Oklahoma City, OK 73118

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER**

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

**THIS SECTION ON DELIVERY**

- 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  Agent  Addressee

B. Received by **RECEIVED** C. Date of Delivery

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

**MAILROOM 17**

1. Article Addressed to:

Chesapeake Operating, Inc.  
6100 N. Western Avenue  
Oklahoma City, OK 73118

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 0626 9637

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540