

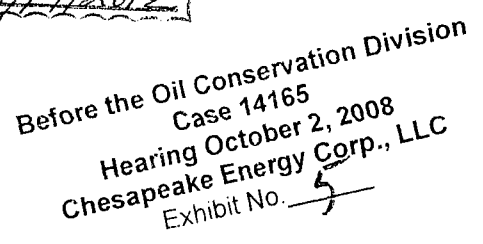
**PAUL BACA PROFESSIONAL COURT REPORTERS**

# **OIL CONSERVATION**

**CASE NO: 14165**

# **EXHIBIT 5**

**500 4<sup>TH</sup> STREET NW, SUITE 105, ALBUQUERQUE, NEW MEXICO 87102**



**KELLAHIN & KELLAHIN**  
**Attorney at Law**

W. THOMAS KELLAHIN  
706 GONZALES ROAD  
SANTA FE, NEW MEXICO 87501

TELEPHONE 505-982-4285  
FACSIMILE 505-982-2047  
TKELLAHIN@COMCAST.NET

July 23, 2008

**CERTIFICATE MAIL-RETURN RECEIPT REQUESTED**  
**NOTICE OF THE HEARING OF THE FOLLOWING**  
**NEW MEXICO OIL CONSERVATION DIVISION CASE:**

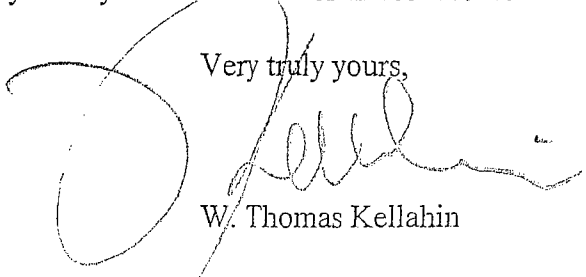
*Re: Application of Chesapeake Energy Corporation, L.L.C. to  
amend Division Order R-11993 for Compulsory Pooling,  
Lea County, New Mexico*

On behalf of Chesapeake Energy Corporation, L.L.C. please find enclosed our application to amended Division Order R-11993 for an compulsory pooling for NE/4NE/4 of Section 19, T20S, R39E, Lea County, NM dedicated to its Duncan Well No. 1 which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for at 8:15 am on August 21, 2008. The hearing will be held at the Division hearing room located at 1220 South St. Francis Drive, Santa Fe, New Mexico.

You are not required to attend this hearing, but as an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Rule 1208.B, parties appearing in cases are required to file a Pre-Hearing Statement with the Division not later than 5:00 pm on Thursday, August 14, 2008, with a copy delivered to the undersigned. This statement must include: a summary of your position, 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 the identification of any procedural matters that are to be resolved prior to the hearing. In addition, the Division will impose a 200% risk charge unless you declare in this Pre-Hearing Statement that you intend to oppose it. Please note that the burden of proof as to this issue will be yours. If you have any questions about this case you may contact Jared Boren 405-879-7923.

Very truly yours,



W. Thomas Kellahin

Todd Burns  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

Kari Burns Rader  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

Concord Oil Co.  
100 West Houston St. Ste 1500  
San Antonio, TX 78205-1424

Newton Financial Corp.  
100 West Houston, Ste 1500  
San Antonio TX 78205-1424

Dalco Petroleum, LLC  
P.O. Box 1904  
Lovington, NM 88260-1904

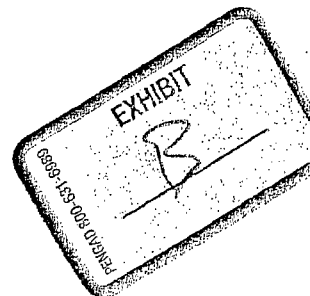
Terry B. Bannatyne  
8500 N.M-33 Hwy  
Cheboygan MI 49721

Marilyn Pasney  
8500 N.M-33 Hwy  
Cheboygan, MI 49721

Greg Bannatyne  
2232 Hennings Road  
Cheboygan MI 49721

Robert Burns  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

Bruce Burns  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434



Heirs and Unknown Heirs of  
M.S. Bannatyne, aka Matthew  
Bannatyne, including Alice T  
Bannatyne (address unknown)

-----  
Heirs and Unknown Heirs of  
Harald Muller and Helen  
Muller, including:

Todd Burns  
425 Market Street, Ste 2200  
San Francisco, CA 94105-  
2434

Kari Burns Rader  
425 Market Street, Ste 2200  
San Francisco, CA 94105-  
2434

Robert Burns  
425 Market Street, Ste 2200  
San Francisco, CA 94105-  
2434

Bruce Burns  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

-----  
Concord Oil Co.  
100 West Houston St. Ste 1500  
San Antonio, TX 78205-1424

Newton Financial Corp. 100  
West Houston, Ste 1500 San  
Antonio TX 78205-1424

-----  
Dalco Petroleum, LLC P.O.  
Box 1904  
Lovington, NM 88260-1904

(successor to William J. Foster  
and Mary C. Foster Geddes)

7005 1820 0003 8431 8941

U.S. Postal Service	
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Restricted Delivery Fee (Endorsement Required)	
Total Po	
Sent To	Greg Bannatyne
Street, Apt. No., or PO Box	2232 Hennings Road
City, State	Cheboygan MI 49721
PS Form 3800, June 2002 See Reverse for Instructions	

7005 1820 0003 8431 8965

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Terry B. Bannatyne
Street, Apt. No., or PO Box No.	8500 N.M-33 Hwy
City, State, ZIP+	Cheboygan MI 49721
PS Form 3800, June 2002 See Reverse for Instructions	

7005 1820 0003 8431 8958

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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Marilyn Pasney
Street, Apt. No., or PO Box No.	8500 N.M-33 Hwy
City, State, Zi	Cheboygan, MI 49721
PS Form 3800, June 2002 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.

Article Addressed to:

**Todd Burns**  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

## COMPLETE THIS SECTION ON DELIVERY

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

**Kari Burns Rader**  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

2. Article Number  
(Transfer from service label)

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154C

7005 1820 0003 8431 8897

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

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

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only. No Insurance Coverage Provided)  
For delivery information visit us at www.usps.com

7005 1820 0003 8431 8880

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Postmark Here  
Total P&H

**Todd Burns**  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

Sent To  
Street, Apt.  
or PO Box  
City, State

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only. No Insurance Coverage Provided)  
For delivery information visit us at www.usps.com

7005 1820 0003 8431 8897

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Postmark Here  
Total P&H

**Kari Burns Rader**  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

Sent To  
Street, Apt.  
or PO Box  
City, State

**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:

**Bruce Burns**  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

**COMPLETE THIS SECTION ON DELIVERY**

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

Article Number 7005 1820 0003 8431 8927  
(Transfer from service label)  
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.

Article Addressed to:

**Robert Burns**  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

**COMPLETE THIS SECTION ON DELIVERY**

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

Article Number 7005 1820 0003 8431 8934  
(Transfer from service label)  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-

7005 1820 0003 8431 8927

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only. No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post  
Sent To  
Street, Apt.  
or PO Box  
City, State

**Bruce Burns**  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434

7005 1820 0003 8431 8934

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only. No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post  
Sent To  
Street, Apt.  
or PO Box  
City, State

**Robert Burns**  
425 Market Street, Ste 2200  
San Francisco, CA 94105-2434



## 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:

Concord Oil Co.  
100 West Houston St. Ste 1500  
San Antonio, TX 78205-1424

2. Article Number

(Transfer from service label)

7005 1820 0003 8431 8903

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X R Bigley

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

R. Bigley

C. Date of Delivery

7-28-08

D. Is delivery address different from item 1? ☐ YesIf 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

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CERTIFIED MAIL RECEIPT  
(Domestic Mail Only. No Insurance Coverage Provided)

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total Post

Concord Oil Co.

100 West Houston St. Ste 1500  
San Antonio, TX 78205-1424

OFFICIAL USE

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

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

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total Post

Newton Financial Corp.

100 West Houston, Ste 1500  
San Antonio TX 78205-1424

## 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:

Newton Financial Corp.  
100 West Houston, Ste 1500  
San Antonio TX 78205-1424

2. Article Number

(Transfer from service label)

7005 1820 0003 8431 8910

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X R Bigley

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

R. Bigley

C. Date of Delivery

7-28-08

D. Is delivery address different from item 1? ☐ YesIf 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

OFFICIAL USE

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

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

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total Post

Dalco Petroleum, LLC

P.O. Box 1904  
Lovington, NM 88260-1904

## 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:

Dalco Petroleum, LLC  
P.O. Box 1904  
Lovington, NM 88260-1904

2. Article Number

(Transfer from service label)

7005 1820 0003 8431 8972

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X D. Lynch

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

D. Lynch

C. Date of Delivery

7-28-08

D. Is delivery address different from item 1? ☐ YesIf 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

# Prime Title and Leasing, Inc.

600 North Marienfeld, Suite 350 Midland, Texas 79701

Petroleum Land Services Corporation

Phone: 432-789-1011 Fax: 888-721-0802

July 15, 2008

Attn: Kevin Pfister  
Chesapeake Energy  
6100 N. Western Ave  
Oklahoma City, OK 73118

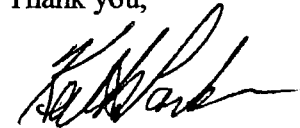
Re: Duncan 19 #1 Well

Mr. Kevin Pfister,

The enclosed original document has been filed of record in Lea County, New Mexico. It pertains to the Duncan 19 #1 Well and designates the beneficiaries for Alice R. Bannatyne.

Please let us know if you have any questions regarding this document.

Thank you,



Keith Parker  
Prime Title and Leasing

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION AND ORDER FOR ASSIGNMENT, ESTATE NOT EXCEEDING \$2,500	FILE NO.
---	---	----------

Estate of

Alice R Bannatyne

I, Terry B Bannatyne son of Alice Bannatyne, represent that:

1. Deceased was a resident of 8500 N. M-33 Hwy., Cheboygan, Michigan.
2. Decedent died on 5 February 85 at 1:30 P m. and the estate of the Deceased consists of property of a value  
Date Time (if known)  
not exceeding \$2,500, which is described as follows:

DESCRIPTION OF PROPERTY	VALUE
Prudential Life Insurance Policy for \$500.00	\$500.00
Policy # M51 009 764	
Total	\$500.00

PLEASE SEE OTHER SIDE

**Do not write below - For court use only**

FILED  
MAR 11 1985  
PER *CP* TIME *12:00*  
CHEBOYAN CO. PROBATE COURT

BOOK 1583 PAGE 953

3. The funeral expenses ☐ have not been paid  
☒ have been paid by Terry B. Bannatyne

in the amount of \$ \$3,441.12 (receipt attached).

4. The names, relationships and addresses of the heirs are as follows:

Name	Relationship	Address
Greg Bannatyne	son	Hennings rd. Cheboygan Mi. 49721
Marilyn Pasney	Daughter	Garfield Ave. Cheboygan, Mi. 49721
Terry B. Bannatyne	Son	8500 North M-33 Hwy. Cheboygan, Mi. 49721

5. I, therefore, request that the property listed above be assigned to Terry B. Bannatyne  
Name(s)  
as I have paid for the funeral expense and need to be reimbursed.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge and belief.

8 March 1985

Date

Attorney name

Bar no.

Address

City, state, zip

Telephone no.

Petitioner signature

Terry B. Bannatyne  
8500 North M-33 Hwy.

Address

Cheboygan, Michigan

49721 616-625-2697

City, state, zip

Telephone no.

**ORDER ASSIGNING ASSETS**

IT IS ORDERED that the property described above is assigned as follows:

To Terry Bannatyne - \$500.00 Life Insurance Policy

MARCH 11, 1985

Date

James J. [Signature]  
Judge of Probate

Approved, SCAO

PROBATE OSM CODE: EXR

<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT JUDICIAL CIRCUIT <b>CHEBOYGAN COUNTY PROBATE</b>		<b>CERTIFICATION OF RECORDS/ ATTESTATION OF EXEMPLIFIED COPIES</b>	<b>CASE NO.</b>  85-8-PE
Court address 870 South Main Street, Cheboygan, MI 49721		Court telephone no. 231-627-8823	
Plaintiff	v	Defendant	
<input type="checkbox"/> Juvenile In the matter of _____ <input checked="" type="checkbox"/> Probate In the matter of <u>Alice R. Bannatyne</u>			

**ATTESTATION OF CLERK/REGISTER**

I am the clerk/register of the court and I attest that:

1. I am the custodian of the records of the Cheboygan County Probate court.
2. I have compared the annexed copies of Petition and Order for Assignment, Estate Not Exceeding \$2,500

from the above case with the originals on file and of record in this court, and I find the copies to be true copies of the whole of such originals.

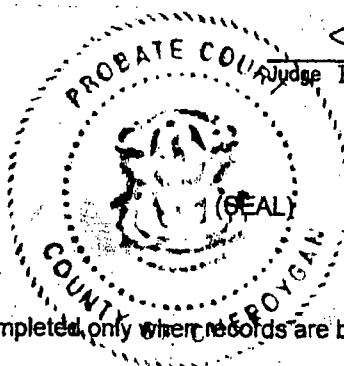
May 28, 2008  
Date

Ann M. Couture  
Signature  
Patricia Hansen  
Clerk/Register (type or print)  
By: Ann M. Couture  
Deputy clerk/register (type or print)

**CERTIFICATION OF JUDGE**

I, Robert J. Butts, judge of the Cheboygan County Probate court, certify that the above attestation is in proper form and that the signature is genuine.

May 29, 2008  
Date



ROBERT J. BUTTS  
Judge

P34271

Bar no.

NOTE: The Certification of Judge is completed only when records are being sent out of the state.