

BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

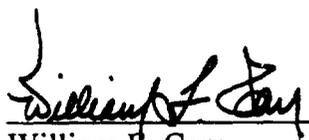
IN THE MATTER OF THE APPLICATION OF  
DAVID H. ARRINGTON OIL & GAS, INC.  
FOR AN UNORTHODOX WELL LOCATION,  
LEA COUNTY, NEW MEXICO.

CASE NO. 12078

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of David H. Arrington Oil & Gas, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William R. Carr

SUBSCRIBED AND SWORN to before me this 4<sup>th</sup> day of November, 1998.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:  
June 23, 2002

BEFORE THE  
OIL CONSERVATION DIVISION  
Santa Fe, New Mexico

Case Nos. 12078 Exhibit No. 3

Submitted by: David H. Arrington Oil & Gas, Inc.

Hearing Date: November 5, 1998

**EXHIBIT A**

Chesapeake Operating, Inc.  
Post Office Box 18496  
Oklahoma City, OK 73154

Kenneth G. Cone  
Post Office Box 11310  
Midland, TX 79702

Anson Gas Corporation  
Post Office Box 24060  
Oklahoma City, OK 73124

Tom R. Cone  
Post Office Box 778  
Jay, OK 74363

J.C. Mansker, aka James  
Cilisto Mansker  
425 Eastwood Avenue  
Fort Worth, TX 76107

Kaye Mansker Cummings  
4329 Winding Way  
Fort Worth, TX 76126

Patsy Mansker Capps  
9806 Highland Drive  
Dallas, TX 75238

Mr. and Mrs. Jack Aduddell  
Rt. 1, Box 52  
Lovington, NM 88260

Packard Energy Group, Inc.  
Post Office Box 10866  
Midland, TX 79702

Douglas L. Cone  
Post Office Box 93355  
Lubbock, TX 79413

Clifford R. Cone  
Post Office Box 1629  
Lovington, NM 88260

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
ANTHONY F. MEDEIROS  
PAUL R. OWEN  
KATHERINE M. MOSS  

---

JACK M. CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

October 15, 1998

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

TO AFFECTED INTEREST OWNERS:

Re: *Application of David H. Arrington Oil & Gas, Inc. for an unorthodox well location, Lea County, New Mexico*

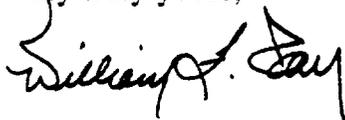
Gentlemen:

This letter is to advise you that David H. Arrington Oil & Gas, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking approval of an unorthodox gas well location for its Prince Nymph Well No. 1 to be drilled to test the Strawn and Wolfcamp formations at an unorthodox well location 2446 feet from the South line and 1006 feet from the East line of Section 29, Township 15 South, Range 36 East, NMPM, Lea County, New Mexico. The E/2 SE/4 of said Section 29 will be dedicated to the well.

This application has been set for hearing before a Division Examiner on November 5, 1998. 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 have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR  
ATTORNEY FOR DAVID H. ARRINGTON OIL & GAS, INC.  
WFC:mlh  
Enc.

Z 559 541 775

US Postal Service  
Receipt for Certified Mail

Chesapeake Operating, Inc.  
Post Office Box 18496  
Oklahoma City, OK 73154

PS Form 3800, April 1995

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	OCT 15 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	USPS 2317
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1  Addressee's Address  
2  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to: Chesapeake Operating, Inc.  
Post Office Box 18496  
Oklahoma City, OK 73154

4a. Article Number: Z 559 541 775

4b. Service Type:  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery: OCT 15 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Domestic Return Receipt Service

Z 559 541 776

US Postal Service  
Receipt for Certified Mail

Anson Gas Corporation  
Post Office Box 24060  
Oklahoma City, OK 73124

PS Form 3800, April 1995

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	OCT 15 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	USPS 2317
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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I also wish to receive the following services (for an extra fee):

1  Addressee's Address  
2  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to: 4005 NW Expressway  
Ste  
Ok city Ok  
73166

4a. Article Number: Z 559 541 776

4b. Service Type:  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery: 10-21

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service

Z 559 541 777

US Postal Service  
**Receipt for Certified Mail**  
J.C. Mansker, aka James  
Cilisto Mansker  
425 Eastwood Avenue  
Fort Worth, TX 76107

PS Form 3800, April 1995

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$3.77
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J.C. Mansker, aka James  
Cilisto Mansker  
425 Eastwood Avenue  
Fort Worth, TX 76107

4a. Article Number

Z 559 541 777

4b. Service type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

10/21/98

5. Received By: (Print Name)

Kaye Cummings

6. Signature: (Addressee or Agent)

X Kaye Cummings

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 778

US Postal Service  
**Receipt for Certified Mail**  
Kaye Mansker Cummings  
4329 Winding Way  
Fort Worth, TX 76126

PS Form 3800, April 1995

Postage	\$ .3
Certified Fee	1.3
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	DEC 15 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$1.63
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Kaye Mansker Cummings  
4329 Winding Way  
Fort Worth, TX 76126

4a. Article Number

Z 559 541 778

4b. Service type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

10-26-98

5. Received By: (Print Name)

Kaye Cummings

6. Signature: (Addressee or Agent)

X Kaye Cummings

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 779

US Postal Service  
**Receipt for Certified Mail**

Patsy Mansker Capps  
9806 Highland Drive  
Dallas, TX 75238

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>2.77</b>
Postmark or Date	

PS Form 3800 April 1995

1ST NOTICE \_\_\_\_\_  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

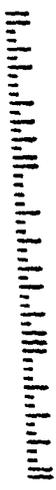
CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
LAWYERS  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

Patsy Mansker Capps  
9806 Highland Drive  
Dallas, TX 75238

**CERTIFIED**

Z 559 541 779

**MAIL**



Z 559 541 780

US Postal Service  
**Receipt for Certified Mail**

Mr. and Mrs. Jack Aduddell  
Rt. 1, Box 52  
Lovington, NM 88260

Postage	.32
Certified Fee	35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	

*DE VARGAS CTR STA  
SANTA FE NM  
OCT 15 1998  
3159A*

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. and Mrs. Jack Aduddell  
Rt. 1, Box 52  
Lovington, NM 88260

4a. Article Number

Z 559 541 780

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

EA 10/17

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Jack Aduddell*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-8-0229

Domestic Return Receipt

PS Form 3800 April 1995

Thank you for using Return Receipt Service.

Z 559 541 781

US Postal Service  
Receipt for Certified Mail

Packard Energy Group, Inc.  
Post Office Box 10866  
Midland, TX 79702

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	5 1993
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	PS - 31594

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Packard Energy Group, Inc.  
Post Office Box 10866  
Midland, TX 79702

4a. Article Number  
Z 559 541 781

4b. Service Type  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 Certified  
 Insured  
 COD

7. Date of Delivery

5. Received By: (Print Name)  
Stephanie Collier

6. Signature: (Addressee or Agent)  
X AS 10-19-98

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt

Z 559 541 782

US Postal Service  
Receipt for Certified Mail

Douglas L. Cone  
Post Office Box 93355  
Lubbock, TX 79413

Postage	.32
Certified Fee	.35
Special Delivery/Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	15 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	10
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	PS - 31594

PS Form 3800, April 1995

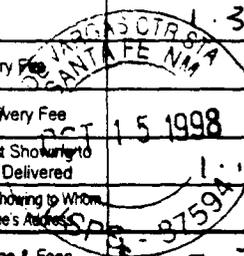
Z 559 541 783

US Postal Service  
Receipt for Certified Mail

Clifford R. Cone  
Post Office Box 1629  
Lovington, NM 88260

PS Form 3800, April 1995

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	



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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Clifford R. Cone  
Post Office Box 1629  
Lovington, NM 88260

4a. Article Number  
Z 559 541 783

4b. Service type  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 Certified  
 Insured  
 COD

7. Date of Delivery  
OCT 15 1998

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X [Signature]

PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

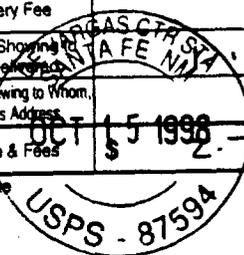
Z 559 541 784

US Postal Service  
Receipt for Certified Mail

Kenneth G. Cone  
Post Office Box 11310  
Midland, TX 79702

PS Form 3800, April 1995

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	



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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Kenneth G. Cone  
Post Office Box 11310  
Midland, TX 79702

4a. Article Number  
Z 559 541 784

4b. Service type  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 Certified  
 Insured  
 COD

7. Date of Delivery  
OCT 15 1998

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X [Signature]

PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 785

US Postal Service  
Receipt for Certified Mail

Tom R. Cone  
Post Office Box 778  
Jay, OK 74363

PS Form 3800, April 1995

Postage	.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	

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1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Tom R. Cone  
Post Office Box 778  
Jay, OK 74363

4a. Article Number  
Z 559 541 785

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
10/15/98

5. Received By: (Print Name)  
X [Signature]

6. Signature: (Addressee or Agent)  
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Domestic Return Receipt

Z 211 156 533

US Postal Service  
Receipt for Certified Mail

Samuel Carlton Alexander, Jr.  
Rt. 1, Box 293-A  
Swoope, VA 24479

PS Form 3800, April 1995

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	

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2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Samuel Carlton Alexander, Jr.  
Rt. 1, Box 293-A  
Swoope, VA 24479

4a. Article Number  
Z 211 156 533

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
10/21/98

5. Received By: (Print Name)  
[Signature]

6. Signature: (Addressee or Agent)  
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt



**EXHIBIT A**

Chesapeake Operating, Inc.  
Post Office Box 18496  
Oklahoma City, OK 73154

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Midland, TX 79702

Anson Gas Corporation  
Post Office Box 24060  
Oklahoma City, OK 73124

Tom R. Cone  
Post Office Box 778  
Jay, OK 74363

J.C. Mansker, aka James  
Cilisto Mansker  
425 Eastwood Avenue  
Fort Worth, TX 76107

Kaye Mansker Cummings  
4329 Winding Way  
Fort Worth, TX 76126

Patsy Mansker Capps  
9806 Highland Drive  
Dallas, TX 75238

Mr. and Mrs. Jack Aduddell  
Rt. 1, Box 52  
Lovington, NM 88260

Packard Energy Group, Inc.  
Post Office Box 10866  
Midland, TX 79702

Douglas L. Cone  
Post Office Box 93355  
Lubbock, TX 79413

Clifford R. Cone  
Post Office Box 1629  
Lovington, NM 88260

**AFFIDAVIT**  
**Page 2**

BEFORE EXAMINER CATANACH	
OIL CONSERVATION DIVISION	
<u>APPROVED</u>	EXHIBIT NO. <u>3</u>
CASE NO.	<u>12078</u>

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
ANTHONY F. MEDEIROS  
PAUL R. OWEN  
KATHERINE M. MOSS  
  
JACK M. CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

October 15, 1998

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

TO AFFECTED INTEREST OWNERS:

Re: *Application of David H. Arrington Oil & Gas, Inc. for an unorthodox well location, Lea County, New Mexico*

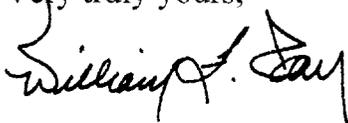
Gentlemen:

This letter is to advise you that David H. Arrington Oil & Gas, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking approval of an unorthodox gas well location for its Prince Nymph Well No. 1 to be drilled to test the Strawn and Wolfcamp formations at an unorthodox well location 2446 feet from the South line and 1006 feet from the East line of Section 29, Township 15 South, Range 36 East, NMPM, Lea County, New Mexico. The E/2 SE/4 of said Section 29 will be dedicated to the well.

This application has been set for hearing before a Division Examiner on November 5, 1998. 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 have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR  
ATTORNEY FOR DAVID H. ARRINGTON OIL & GAS, INC.  
WFC:mlh  
Enc.

Z 559 541 775

US Postal Service  
Receipt for Certified Mail

Chesapeake Operating, Inc.  
Post Office Box 18496  
Oklahoma City, OK 73154

PS Form 3800, April 1995

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	OCT 15, 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	USPS 23177
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Chesapeake Operating, Inc.  
Post Office Box 18496  
Oklahoma City, OK 73154

4a. Article Number  
Z 559 541 775

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery OCT 10 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 776

US Postal Service  
Receipt for Certified Mail

Anson Gas Corporation  
Post Office Box 24060  
Oklahoma City, OK 73124

PS Form 3800, April 1995

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	OCT 15 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	USPS 23177
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
4005 NW Expressway Ste  
Ok city Ok 73116

4a. Article Number  
Z 559 541 776

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery 10-21

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 777

US Postal Service

Receipt for Certified Mail

J.C. Mansker, aka James

Cilisto Mansker

425 Eastwood Avenue

Fort Worth, TX 76107

PS Form 3800, April 1995

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$3.17
Postmark or Date	NOV 15 1998

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J.C. Mansker, aka James  
Cilisto Mansker  
425 Eastwood Avenue  
Fort Worth, TX 76107

4a. Article Number

Z 559 541 777

4b. Service type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

10/21/98

5. Received By: (Print Name)

Kay Cummings

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X Kay Cummings

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 778

US Postal Service

Receipt for Certified Mail

Kaye Mansker Cummings

4329 Winding Way

Fort Worth, TX 76126

PS Form 3800, April 1995

Postage	\$ .3
Certified Fee	1.3
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$2.7
Postmark or Date	NOV 15 1998

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Kaye Mansker Cummings  
4329 Winding Way  
Fort Worth, TX 76126

4a. Article Number

Z 559 541 778

4b. Service type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

10-26-98

5. Received By: (Print Name)

Kay Cummings

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X Kay Cummings

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

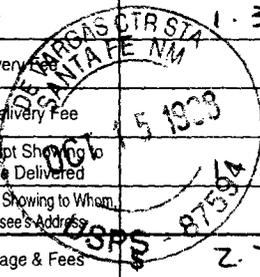
Thank you for using Return Receipt Service.

Z 559 541 779

US Postal Service  
**Receipt for Certified Mail**

Patsy Mansker Capps  
9806 Highland Drive  
Dallas, TX 75238

Postage	\$ .32
Certified Fee	1.35
Special Delivery	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>2.77</b>
Postmark or Date	



1ST NOTICE  
2ND NOTICE  
RETURN

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
LAWYERS  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

Patsy Mansker Capps  
9806 Highland Drive  
Dallas, TX 75238

**CERTIFIED**

Z 559 541 779

**MAIL**



Z 559 541 780

US Postal Service  
**Receipt for Certified Mail**

Mr. and Mrs. Jack Aduddell  
Rt. 1, Box 52  
Lovington, NM 88260

Postage	.32
Certified Fee	.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	OCT 15 1998
Return Receipt Showing to Whom Date, & Addressee's Address	3759A
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. and Mrs. Jack Aduddell  
Rt. 1, Box 52  
Lovington, NM 88260

4a. Article Number

Z 559 541 780

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

CA 10/17

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Jack Aduddell*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

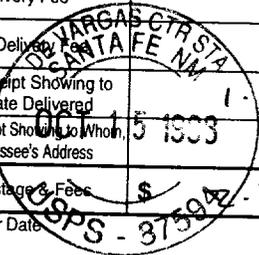
Z 559 541 781

US Postal Service  
**Receipt for Certified Mail**

Packard Energy Group, Inc.  
Post Office Box 10866  
Midland, TX 79702

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	15 1993
TOTAL Postage & Fees	\$ 1.67
Postmark or Date	SPS - 37594

PS Form 3800, April 1995



Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  Packard Energy Group, Inc. Post Office Box 10866 Midland, TX 79702		4a. Article Number Z 559 541 781
4b. Service type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery
5. Received By: (Print Name) <i>Stephanie Collins</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) <i>X AS 10-19-98</i>		

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

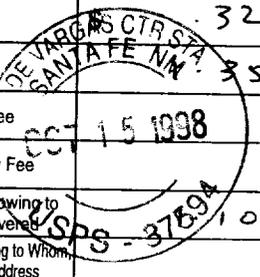
Z 559 541 782

US Postal Service  
**Receipt for Certified Mail**

Douglas L. Cone  
Post Office Box 93355  
Lubbock, TX 79413

Postage	.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	10
Return Receipt Showing to Whom, Date, & Addressee's Address	15 1998
TOTAL Postage & Fees	\$ 1.67
Postmark or Date	SPS - 37894

PS Form 3800, April 1995



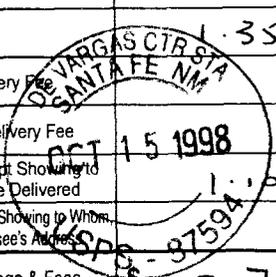
Z 559 541 783

US Postal Service  
Receipt for Certified Mail

Clifford R. Cone  
Post Office Box 1629  
Lovington, NM 88260

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	

PS Form 3800, April 1995



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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Clifford R. Cone  
Post Office Box 1629  
Lovington, NM 88260

4a. Article Number  
Z 559 541 783

4b. Service Type  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 Certified  
 Insured  
 COD

7. Date of Delivery  
OCT 22 1998

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *[Signature]*

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

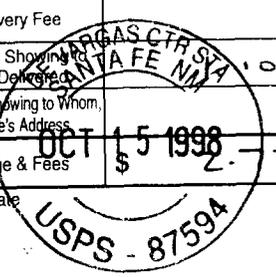
Z 559 541 784

US Postal Service  
Receipt for Certified Mail

Kenneth G. Cone  
Post Office Box 11310  
Midland, TX 79702

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	

PS Form 3800, April 1995



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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Kenneth G. Cone  
Post Office Box 11310  
Midland, TX 79702

4a. Article Number  
Z 559 541 784

4b. Service Type  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 Certified  
 Insured  
 COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *[Signature]*

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

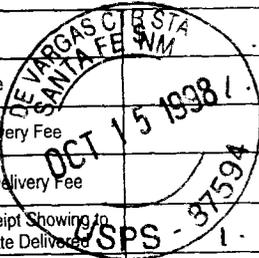
Z 559 541 785

US Postal Service  
Receipt for Certified Mail

Tom R. Cone  
Post Office Box 778  
Jay, OK 74363

PS Form 3800, April 1995

Postage	.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	



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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Tom R. Cone  
Post Office Box 778  
Jay, OK 74363

4a. Article Number

Z 559 541 785

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Tom R. Cone*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

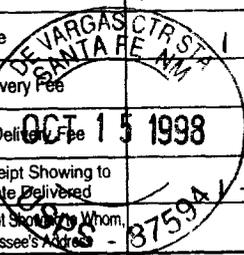
Z 211 156 533

US Postal Service  
Receipt for Certified Mail

Samuel Carlton Alexander, Jr.  
Rt. 1, Box 293-A  
Swoope, VA 24479

PS Form 3800, April 1995

Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	



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- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Samuel Carlton Alexander, Jr.  
Rt. 1, Box 293-A  
Swoope, VA 24479

4a. Article Number

Z 211 156 533

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

10/21/98 *AK*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*Samuel Alexander*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.