BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CROSS TIMBERS OIL COMPANY FOR COMPULSORY POOLING AND AN UNORTHODOX OIL WELL LOCATION, SAN JUAN COUNTY, NEW MEXICO. **Case No. 12,142**

APPLICATION OF CROSS TIMBERS OIL COMPANY FOR COMPULSORY POOLING AND AN UNORTHODOX OIL WELL LOCATION, SAN JUAN COUNTY, NEW MEXICO. **Case No. 12,143**

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Applications filed herein.

4. Notice of the Applications was provided to the interest owners at their correct addresses by mailing them, by certified mail, copies of the Applications. Copies of the notice letters and certified return receipts are attached hereto as Exhibits A, B, C and D.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this ~~31st~~ day of March, 1999, by James Bruce.

Notary Public

My Commission Expires:

3/14/2001

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 5
CASE NO.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

February 23, 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Cross Timbers Oil Company has filed an application for compulsory pooling with the New Mexico Oil Conservation Division regarding the W½ of Section 32, Township 28 North, Range 10 West, NMPM, San Juan County, New Mexico. The application will be heard by the Division on Thursday, March 18, 1999 at 8:15 a.m. The Division's address is 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well unit you have the right to enter an appearance in the case and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Cross Timbers
Oil Company

EXHIBIT A

#12142

EXHIBIT A

Mathias Family Trust
452 Maidstone Lane
Thousand Oaks, California 91320

Virginia L. Mullin
1 Churchill Drive
Englewood, Colorado 80110

Chesapeake Mid-Continent Corp.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

Rita Treasa Floyd
Apartment 828
4901 Saratoga Boulevard
Corpus Christi, Texas 78413

Richard P. Shooshan, Trustee of
the Shooshan Family Trust
686 East Union Street
Pasadena, California 91101-1820

Thank you for using Return Receipt Service.

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.

4a. Article Number: Z 559 543 961

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

7. Date of Delivery: 11-25-94

3. Article Addressed to:
Mathias Family Trust
452 Maidstone Lane
Thousand Oaks, California 91320

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

5. Received By: (*Print Name*)

6. Signature: (*Addressee or Agent*) X B. Mathias

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

Is your RETURN ADDRESS completed on the reverse side?

Z 559 543 961

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (*See reverse*)

Sent to
Mathias Family Trust
Street, Apt. No., or PO Box No. 452 Maidstone Lane
City, State, & ZIP Code Thousand Oaks, California 91320

Post Office, State, & ZIP Code	
Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	NOV 23 1994
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 1.95
Postmark or Date	NOV 23 1994 USPS

PS Form **3800**, April 1995

Z 559 543 962

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (*See reverse*)

Sent to
Virginia L. Mullin
Street, Apt. No., or PO Box No. 1 Churchill Drive
City, State, & ZIP Code Englewood, Colorado 80110

Post Office, State, & ZIP Code	
Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	NOV 25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 1.95
Postmark or Date	NOV 23 1994 USPS

PS Form **3800**, April 1995

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Z 559 543 965

Sent to	Richard P. Shooshan, Trustee of the Shooshan Family Trust
Street & Number	686 East Union Street
Post Office, State, & ZIP Code	Pasadena, California 91101-1820
Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	FEB 25 1999 USPS

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 Mid-Continent Corp.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

4a. Article Number Z 559 543 963

4b. Service Type

☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery FEB 25 1999

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*

X

PS Form **3811**, December 1994 CTO-32 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Z 559 543 965

Sent to	Chesapeake Mid-Continent Corp.
Street & Number	P.O. Box 18496
Post Office, State, & ZIP Code	Oklahoma City, Oklahoma 73154
Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	FEB 25 1999 USPS

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:

Richard P. Shooshan, Trustee of
the Shooshan Family Trust
686 East Union Street
Pasadena, California 91101-1820

4a. Article Number Z 559 543 965

4b. Service Type

☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery FEB 26 1999

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*

X

PS Form **3811**, December 1994 CTO-32 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and [illegible] for additional services.
- Complete items 3, 4a, [illegible]b.
- 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 [illegible]sh to receive the follo[illegible] services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Rita Treasa Floyd
Apartment 828
4901 Saratoga Boulevard
Corpus Christi, Texas 78413

4a. Article Number Z 559 543 964

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

7. Date of Delivery 3-5

5. Received By: *(Print Name)* JAMES ZUNNO

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 C10-32 102595-98-B-0229 Domestic Return Receipt

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 559 543 564

Sent to Rita Treasa Floyd
Apartment 828
Street & 4901 Saratoga Boulevard
Corpus Christi, Texas 78413
Post Office, State, & ZIP Code

Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.20
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.15
Postmark or Date	FEB 1999 USPS

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

March 5, 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Cross Timbers Oil Company has filed an amended application for compulsory pooling with the New Mexico Oil Conservation Division regarding the W½ of Section 32, Township 28 North, Range 10 West, NMPM, San Juan County, New Mexico. A copy of the amended application is enclosed. The application will be heard by the Division on Thursday, April 1, 1999 at 8:15 a.m. The Division's address is 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well unit you have the right to enter an appearance in the case and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Cross
Timbers Oil Company

EXHIBIT B

#12142

EXHIBIT A

Mathias Family Trust
452 Maidstone Lane
Thousand Oaks, California 91320

Virginia L. Mullin
1 Churchill Drive
Englewood, Colorado 80110

Chesapeake Mid-Continent Corp.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

Rita Treasa Floyd
Apartment 828
4901 Saratoga Boulevard
Corpus Christi, Texas 78413

Richard P. Shooshan, Trustee of
the Shooshan Family Trust
686 East Union Street
Pasadena, California 91101-1820

Thank you for using Return Receipt Service.

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:
Mathias Family Trust
452 Maidstone Lane
Thousand Oaks, California 91320

4a. Article Number Z 559 543 775

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

7. Date of Delivery 12-8-94

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

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X Barbara Mathias

Is your RETURN ADDRESS completed on the reverse side?

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

Z 559 543 775

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
Mathias Family Trust
St 452 Maidstone Lane
Thousand Oaks, California 91320

Post Office, State, & ZIP Code

Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	
Return Receipt Showing Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 1.95
Postmark or Date	DEC 5 1994 USPS

PS Form **3800**, April 1995

Z 559 543 781

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
Virginia L. Mullin
Street & 1 Churchill Drive
Englewood, Colorado 80110

Post Office, State, & ZIP Code

Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	
Return Receipt Showing Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 1.95
Postmark or Date	DEC 5 1994 USPS

PS Form **3800**, April 1995

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 559 543 784

Postmark or Date	3-8-99
TOTAL Postage & Fees	$ 2.30
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	1.40
Postage	$ 0.55
Post Office, State, & ZIP Code	Santa Fe NM 87501
Sent To	Richard P. Shooshan, Trustee of the Shooshan Family Trust
Street, Apt. No., or PO Box No.	686 East Union Street
City, State, & ZIP Code	Pasadena, California 91101-1820

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 Mid-Continent Corp.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

4a. Article Number: Z 559 543 782

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

7. Date of Delivery: 3/8/99

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 CTO-32A 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

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:

Richard P. Shooshan, Trustee of
the Shooshan Family Trust
686 East Union Street
Pasadena, California 91101-1820

4a. Article Number: Z 559 543 784

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

7. Date of Delivery: 3-9-99

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 CTO-32A 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 559 543 782

Postmark or Date	3-8-99
TOTAL Postage & Fees	$ 2.30
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	1.40
Postage	$ 0.55
Post Office, State, & ZIP Code	Santa Fe NM 87501
Sent To	Chesapeake Mid-Continent Corp.
Street, Apt. No., or PO Box No.	P.O. Box 18496
City, State, & ZIP Code	Oklahoma City, Oklahoma 73154

Z 559 543 783

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to	Rita Treasa Floyd Apartment 828
Street	4901 Saratoga Boulevard Corpus Christi, Texas 78413
Post Office, State, & ZIP Code	
Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

PS Form **3800**, April 1995

SANTA FE NM 875 MAR 5 1996 USPS

Z 559 543 783

Thank you for using Return Receipt Service.

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:

Rita Treasa Floyd
Apartment 828
4901 Saratoga Boulevard
Corpus Christi, Texas 78413

4a. Article Number Z 559 543 783

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

CTD-324

VISION WEEK AVE

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

February 23, 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Cross Timbers Oil Company has filed an application for compulsory pooling with the New Mexico Oil Conservation Division regarding the W½ of Section 21, Township 28 North, Range 10 West, NMPM, San Juan County, New Mexico. A copy of the application is enclosed. The application will be heard by the Division on Thursday, March 18, 1999 at 8:15 a.m. The Division's address is 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well unit you have the right to enter an appearance in the case and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Cross
Timbers Oil Company

EXHIBIT C

12143

EXHIBIT A

Mathias Family Trust
452 Maidstone Lane
Thousand Oaks, California 91320

Virginia L. Mullin
1 Churchill Drive
Englewood, Colorado 80110

Chesapeake Mid-Continent Corp.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

Rita Treasa Floyd
Apartment 828
4901 Saratoga Boulevard
Corpus Christi, Texas 78413

Richard P. Shooshan, Trustee of
the Shooshan Family Trust
686 East Union Street
Pasadena, California 91101-1820

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 559 543 957

Sent to	Virginia L. Mullin
Street & Number	1 Churchill Drive
Post Office, State, & ZIP Code	Englewood, Colorado 80110
Postage	$ 0.55
Certified Fee	1.40
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	$3.20
Postmark or Date	FEB 25 1999 DENVER CO 80201

21

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:

Mathias Family Trust
452 Maidstone Lane
Thousand Oaks, California 91320

4a. Article Number Z 559 543 956

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

7. Date of Delivery 2-25-99

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X B. J. Mathias

PS Form **3811**, December 1994 CTO-21 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 559 543 956

Sent to	Mathias Family Trust
Street & Number	452 Maidstone Lane
Post Office, State, & ZIP Code	Thousand Oaks, California 91320
Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	FEB 25 1999
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$3.20
Postmark or Date	FEB 25 1999 DENVER CO 80201

21

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:

Virginia L. Mullin
1 Churchill Drive
Englewood, Colorado 80110

4a. Article Number Z 559 543 957

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

7. Date of Delivery 2-25-99

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X V. Mullin

PS Form **3811**, December 1994 CTO-21 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 559 543 959

Sent to	Richard P. Shooshan, Trustee of the Shooshan Family Trust
Street & Number	686 East Union Street
Post Office, State, & ZIP Code	Pasadena, California 91101-1820
Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.20
Postmark or Date	FEB 23 1999 SANTA FE NM 87501 USPS

21

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 Mid-Continent Corp.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

4a. Article Number Z 559 543 958

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

7. Date of Delivery 2/25/99

5. Received By: *(Print Name)*

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

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

OK CITY, OK SHARTEL STA FEB 25 1999 USPO

PS Form **3811**, December 1994 CTO-21 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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:

Richard P. Shooshan, Trustee of
the Shooshan Family Trust
686 East Union Street
Pasadena, California 91101-1820

4a. Article Number Z 559 543 959

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

7. Date of Delivery FEB 26 1999

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 CTO-21 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 559 543 958

Sent to	Chesapeake Mid-Continent Corp.
Street & Number	P.O. Box 18496
Post Office, State, & ZIP Code	Oklahoma City, Oklahoma 73154
Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	FEE NM 87501
Return Receipt Showing to Whom, Date, & Addressee's Address	FEB
TOTAL Postage & Fees	$2.20
Postmark or Date	FEB 25 1999 USPS

21

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to: Rita Treasa Floyd
Apartment 828
Street & Number: 4901 Saratoga Boulevard
Post Office, State, & ZIP Code: Corpus Christi, Texas 78413

Postage	$ 0.52
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	FEB 23 1999 USPS NM 87504

Z 559 543 960

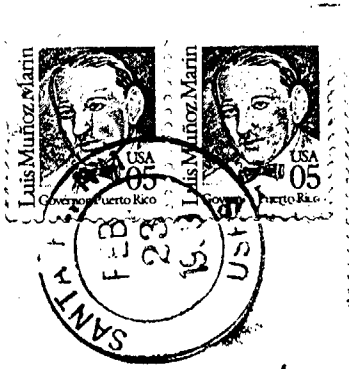
JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

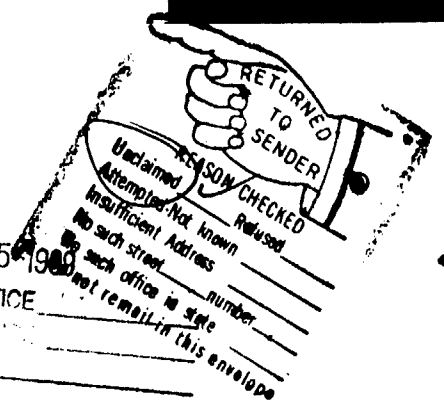
Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 559 543 960

MAIL





Rita Treasa Floyd
Apartment 828
4901 Saratoga Blvd.
Corpus Christi, Texas 78413

LM 2-25-99

2nd 3-4-99 Return 3-11-99

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

March 17, 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Rita Treasa Floyd
3145 Geary Blvd. #258
San Francisco, California 94118

Dear Ms. Floyd:

Cross Timbers Oil Company has filed applications for compulsory pooling with the New Mexico Oil Conservation Division regarding the W½ of Section 21 and the W½ of Section 32, Township 28 North, Range 10 West, NMPM, San Juan County, New Mexico. Copies of the applications are enclosed. The applications will be heard by the Division on Thursday, April 1, 1999 at 8:15 a.m. The Division's address is 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well units you have the right to enter an appearance in the cases and present evidence. Failure to appear at the hearing will preclude you from contesting these matters at a later date.

Very truly yours,

James Bruce

James Bruce
Attorney for Cross
Timbers Oil Company

EXHIBIT D

#12142 + #12143

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:
- Complete items 1 and 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:

Rita Treasa Floyd
3145 Geary Blvd. #258
San Francisco, California 94118

4a. Article Number
Z 559 543 945

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

7. Date of Delivery
3-1-99

5. Received By: *(Print Name)*

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

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

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

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
Rita Treasa Floyd
3145 Geary Blvd. #258
San Francisco, California 94118
Post Office, State, & ZIP Code

Postage	$ 0.99
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.35
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.74
Postmark or Date	SAN FRANCISCO CA MAR 1 '99

Z 559 543 945

CPC/BSH