

EXHIBIT A

Robert L. Miller, Trustee for
the benefit of Ada Leora Medlin
4519 Norma
Fort Worth, TX 76103

Collins & Ware
303 W. Wall Street, Suite 2200
Midland, TX 79701

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154

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

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

JACK M. CAMPBELL
1916-1999

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

November 24, 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Collins & Ware
303 W. Wall Street, Suite 2200
Midland, TX 79701

TO AFFECTED INTEREST OWNERS:

Re: Application of David H. Arrington Oil & Gas, Inc. for compulsory pooling, directional drilling and an unorthodox bottom hole location, Lea County, New Mexico.

Gentlemen:

This letter is to advise you that David H. Arrington Oil & Gas, Inc. filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests from the surface to the base of the Strawn formation, Northeast Lovington-Pennsylvanian Pool in the NW/4 SW/4 for all formations and/or pools developed on 40-acre spacing within said vertical extent and a 160-acre project area for a horizontal well comprised of two 80-acre standard spacing and proration units (W/2 SW/4 and E/2 SW/4) in Section 10, Township 16 South, Range 37 East, NMPM., Lea County, New Mexico. Arrington proposes to dedicate the referenced pooled unit to its proposed H&L Variance "10" Well No. 1 to be directionally drilled as a horizontal well in the Strawn formation in the SW/4 of said Section 10. The unorthodox bottom hole location in the Strawn formation as described in the attached application.

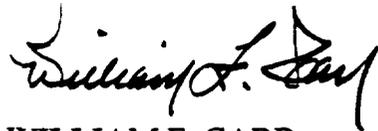
November 24, 1999

Page 2

This application has been set for hearing before a Division Examiner on December 16, 1999. 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.
Enc.

cc: David H. Arrington
Dale Douglas

Z 559 572 364

WFC
SFO
Arr.

US Postal Service
Receipt for Certified Mail

Collins & Ware
303 W. Wall Street, Suite 2200
Midland, TX 79701

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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.
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3. Article Addressed to:
Collins & Ware
~~303 W. Wall Street, Suite 2200~~
Midland, TX 79701
508 W. WALL #1200

4a. Article Z 559 572 364

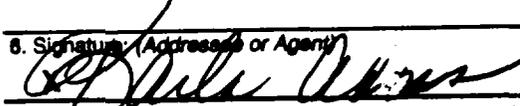
4b. Service Type

Registered Certified
 Express Mail Insured
 Restricted Delivery for Merchandise COD

7. Date of Delivery 11-29-99

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6. Signature (Addressee or Agent)


PS Form 3811, December 1994

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PS Form 3811, April 1995

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Restricted Delivery Fee	
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Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	

CAMPBELL, CARR, BERGE

& SHERIDAN, P.A.

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November 24, 1999

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Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154

TO AFFECTED INTEREST OWNERS:

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ATTORNEY FOR DAVID H. ARRINGTON OIL & GAS, INC.
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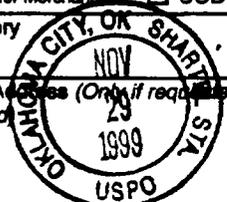
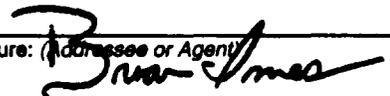
cc: David H. Arrington
Dale Douglas

Z 559 572 363

WR
S90
Arr.

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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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Chesapeake Operating, Inc. P.O. Box 18496 Oklahoma City, OK 73154		4a. Article Number Z 559 572 363	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 	
5. Received By: (Print Name) X 		8. Addressee's Address (Only if required and fee is paid)	
6. Signature: (Addressee or Agent)			

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PS Form 3811, April 1990

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Postmark or Date	

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& SHERIDAN, P.A.
LAWYERS

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DEC 07 1999

DEC -7 1999

CAMPBELL, CARR, et al.

SANTA FE, NEW MEXICO 87504-2208
POST OFFICE BOX 2208
LAWYERS

CAMPBELL, CARR, BERGE & SHERII

LAWYERS

Z 559 572 365

CERTIFIED

OIL & GAS, INC.

MAIL

Robert L. Miller, Trustee for
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FOR
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Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.20
Return Receipt Showing to Whom, Date, & Address	
TOTAL Postage & Fees	\$ 3.20
Postmark on Date	NOV

PS Form 3800 April 1995

