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April 4, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Estate of Charles B. Gillespie, Jr.
Gillespie Oil, Inc.
P.O. Box 2557
Midland, Texas 79702

Amerind Oil Company, Ltd.
Suite 500
415 West Wall Street
Midland, Texas 79701

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

Ladies and Gentlemen:

Enclosed is a copy of an application for pool creation and special pool rules, etc. regarding the Strawn formation underlying the ~~SXSEX~~ of Section 2, the ~~NEX~~ of Section 11, and the ~~NW~~ of Section 12, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico, filed with the New Mexico Oil Conservation Division by Ocean Energy Resources, Inc. This application is scheduled to be heard at 8:15 a.m. on Thursday, May 4, 2000 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner affected by this application, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Ocean Energy
Resources, Inc.



ILLEGIBLE

SENDER:

☐ Complete items 1, 2 and 3 for domestic service.
☐ Complete items 2, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return the card to you.
☐ Attach this form to the front of the package or on the back if space permits.
☐ Write "Return Receipt Requested" on the instructions below the article address.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Amerind Oil Company, Ltd.
 Suite 500
 415 West Wall Street
 Midland, Texas 79701

4a. Inside Number: 21121154688

4b. Service Type:

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

7. Date of Delivery: 4-6-00

5. Received By: (Print Name)

6. Signature: (Address of owner)
X. Davis, Post Office

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

9. Domestic Return Receipt

PS Form 3871, September 1994

SENDER: <input type="checkbox"/> Complete name & address <input checked="" type="checkbox"/> Complete name & Zip Code <input type="checkbox"/> First your name and address on the card to you. <input type="checkbox"/> Attach the form to the front of your package. <input type="checkbox"/> Write return address on no postage being paid label. <input type="checkbox"/> The name printed will place it under the price indicated on the carrier's address label. Article Addressed To	Estate of Charles B. Gillespie, Jr. Gillespie Oil, Inc., P.O. Box 2557 Midland, Texas 79702	Service Type <input type="checkbox"/> Registered mail <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	Date of Delivery December 31, 1981
Addresser's Name Charles B. Gillespie, Jr. P.O. Box 2557 Midland, Texas 79702	Addresser's Address (Only if requested and fee is paid) Same as above	Dated Return Receipt December 31, 1981	

ILLEGIBLE

PS Form 3811, December 1964

1. **Return Address** completed on the reverse side

SENDER:

- Complete items 1 and 2 for additional services (for an extra fee):
 - ☐ Registered Mail
 - ☐ Insured
 - ☐ Certified
- Print your name and address on the reverse of this form to let you and return this card to you.
- Attach this form to the front of the package, or on the back if space is not available.
- Write "Return Receipt Requested" on the flap below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

2. **Article Addressed to:**

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

3. **Return Receipt Requested**

Signature: *[Signature]*

4. **Article Number**
7211591282

5. **Service Type**

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

6. **Date of Delivery**
4/5/68

7. **Addresser's Address (Only if requested and fee is paid)**

8. **Domestic Return Receipt**

Thank you for using Return Receipt Service

PS Form 3811, December 1964

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SENDER:

- Complete items 1 and 2 for additional services (for an extra fee):
 - ☐ Registered Mail
 - ☐ Insured
 - ☐ Certified
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P. O. Box 18496
Oklahoma City, Oklahoma 73154

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