BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CHESAPEAKE OPERATING, INC. FOR AN UNORTHODOX OIL WELL LOCATION, LEA COUNTY, NEW MEXICO. **Case No. 12,653**

3

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 Application filed herein.

4. Notice of the Application was provided to the interest owners by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

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

James Bruce

SUBSCRIBED AND SWORN TO before me this 1st day of May, 2001, by James Bruce.

Notary Public

My Commission Expires:
3/14/2005

OIL CONSERVATION DIVISION

CASE NUMBER _____

EXHIBIT 3

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

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

April 11, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application for an unorthodox oil well location, filed with the New Mexico Oil Conservation Division by Chesapeake Operating, Inc., regarding a well in the W½NE¼ of Section 5, Township 17 South, Range 37 East, NMPM, Lea County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, May 3, 2001 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset interest owner, 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 Chesapeake Operating, Inc.

EXHIBIT A

MINERAL OWNERS (Unleased or open)

WA Yeager Group
P.O. Box 1756
Midland, TX 79702

Estate of John Fitzgerald
614 W. Storey
Midland, TX 79701

Ashland Exploration, Inc.
P.O. Box 391
Ashland, KY 41101

William J. Sanders
P.O. Box 201347
Arlington, TX 76006

LMA Royalties, Ltd.
P.O. Box 1778
Colorado Springs, CO 80901

Mary J. Fitz-Gerald
P.O. Box 1565
Midland, TX 79702

Charles B. Read
P.O. Box 1518
Roswell, NM 88202

Stevens Revocable Trust
Norma L. Stevens, Jr., Trustee
P.O. Box 1
Hondo, NM 88336

Charles J. Hoffman, III
1125 Rolling Springs Road
Ft. Worth, TX 76114

WI OWNERS

Amerind Oil Company
415 West Wall Street, Suite 500
Midland, TX 79701

Northport Production Company
1001 NW 63rd, Suite 305
Oklahoma City, OK 73116

Quatro Resources LLC
1401 East Bryan
Sapulpa, OK 74066

Amerac Energy Corporation
700 Louisiana, Suite 3330
Houston, TX 77002

Finlay Energy Company
3030 NW Expressway, Suite 1600
Oklahoma City, OK 73112

JACA Oil and Gas, Inc.
P.O. Box 135
Snyder, TX 79549

Commonwealth Royalty, (Part.)
3030 NW Expressway, Suite 1600
Oklahoma City, OK 73112

Chester F. Deckert
2700 NW 157th Street
Edmond, OK 73013

Jan Oil Company
P.O. Box 76499
Oklahoma City, OK 74147

Fremont Exploration Inc.
12412 St. Andrews Drive
Oklahoma City, OK 73120

The Langstroth Family, Ltd. I
c/o LWH Mortgage Funding Group
3111 N. Andrews Ave., Bldg. 2
Ft. Lauderdale, FL 33309

Fremont Exploration Inc.
12412 St. Andrews Drive
Oklahoma City, OK 73120

Chet Nelson Mitchell
P.O. Box 1705
Taos, NM 87571

Marvin R. Morgan
2225 W. Hefner Road
Oklahoma City, OK 73120

Sundance Resources, Inc.
9500 Rorest Lane, Suite 500
Dallas, TX 75243

H. Huffman and Company
204 N. Robinson, Suite 500
Oklahoma City, OK 73102

Jones Energy
210 Park Avenue, Suite 2300
Oklahoma City, OK 73102

Chesapeake Exploration LP
P.O. Box 18496
Oklahoma City, OK 73154-0496

Conoco Inc.
Suite 100W
10 Desta Drive
Midland, Texas 79705

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION
OF CHESAPEAKE OPERATING, INC.
FOR AN UNORTHODOX OIL WELL LOCATION,
LEA COUNTY, NEW MEXICO

CASE:_____

APPLICATION

Comes now CHESAPEAKE OPERATING, INC. ("Chesapeake") by and through its attorney, James Bruce, and applies to the New Mexico Oil Conservation Division ("NMOCD") for approval to drill and produce its proposed Buchanan"5" Well No. 1 at an unorthodox oil well location 2365 feet from the north line and 1641 feet from the east line (Unit G) of Section 5, Township 17 South, Range 37 East, NMPM, for production from the Strawn formation from the Shipp-Strawn Pool to be dedicated to a standard 80-acre oil spacing and proration unit consisting of the W/2NE/4 of this section.

In support thereof, Applicant states:

1. Applicant, Chesapeake, is the proposed operator of the Buchanan "5" Well No. 1 to be drilled as a Strawn oil well at an unorthodox oil well location 2365 feet from the north line and 1641 east line (Unit G) of Section 5, T17S, R37E, Lea County, New Mexico for any production from the Shipp-Strawn Pool.

2. This well location is subject to the Division's special rules for the Shipp-Strawn Pool which provide for 80-acre spacing and proration units and standard well locations within 150 feet of the center of a quarter/quarter section of the spacing unit.

3. Chesapeake's geologic evaluation indicates that the optimum location for this well is at an unorthodox well location.

4. The well encroaches towards the SE/4NE/4 and the SE/4 of Section 5 in which there is no Strawn oil well. In accordance with the Division's notice rules, notice of this hearing is being sent to all of the working interest owners and unleased mineral owners in that quarter section and quarter-quarter section.

5. Approval of this application will afford the applicant the opportunity to produce its just and equitable share of the gas underlying this unit, will prevent the economic loss caused by the drilling of unnecessary wells, avoid the augmentation of risk arising from the drilling of an excessive number of wells and will otherwise prevent waste and protect correlative rights.

WHEREFORE, Applicant requests that, after notice and hearing, this Application be approved as requested.

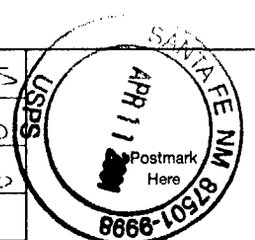
BY _____

James Bruce, Esq.
P. O. Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

7000 0520 0021 6897 9486

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

COF Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.95**



Recipient's Name ***(Please Print Clearly) (To be completed by mailer)***

Street, Apt. Amerac Energy Corporation
700 Louisiana, Suite 3330

City, State, Houston, TX 77002

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0520 0021 6898 0802

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

COL

SANTA FE NM 87501-9998 APR 11 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; WA Yeager Group
P.O. Box 1756
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, February 2000 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.

1. Article Addressed to:

Charles J. Hoffman, III
1125 Rolling Springs Road
Ft. Worth, TX 76114

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0727

PS Form 3811, July 1999 COL Domestic Return Receipt 102595-00-M-0952

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:

WA Yeager Group
P.O. Box 1756
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* R A PRICE B. Date of Delivery 4/10/01

C. Signature
X R A Price ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0802

PS Form 3811, July 1999 COL Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6898 0727

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

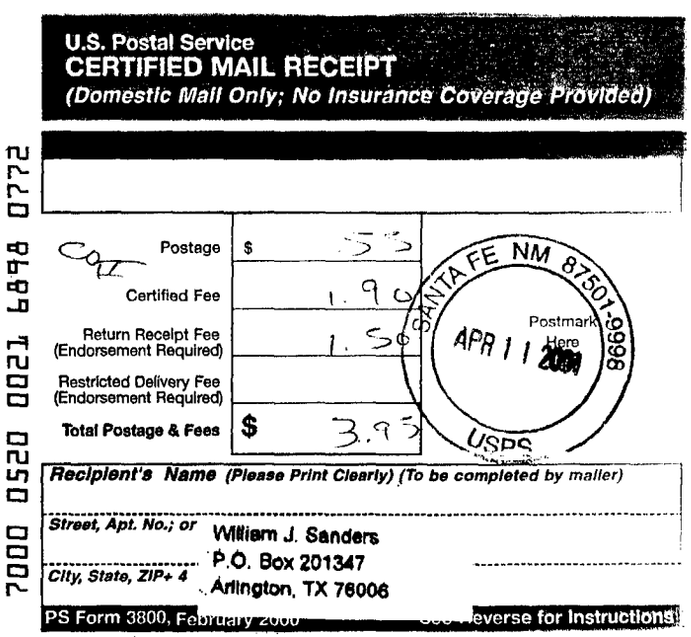
COL

SANTA FE NM 87501-9998 Postmark APR 11 2001 USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; Charles J. Hoffman, III
1125 Rolling Springs Road
City, State, ZIP+4 Ft. Worth, TX 76114

PS Form 3800, February 2000 See Reverse for Instructions



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

7000 0520 0021 6898 0772

Postage	$ .57
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.97

SANTA FE NM 87501-9998
Postmark Here
APR 11 2011
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; or
City, State, ZIP+ 4

William J. Sanders
P.O. Box 201347
Arlington, TX 76006

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6897 9448

Postage	$ .55
COI Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 11 2001 USPS Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Chester F. Deckert
Street, Apt. No.: 2700 NW 157th Street
City, State, ZIP+: Edmond, OK 73013

PS Form 3800, February 2000 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.

1. Article Addressed to:

The Langstroth Family, Ltd. I
c/o LWH Mortgage Funding Group
3111 N. Andrews Ave., Bldg. 2
Ft. Lauderdale, FL 33309

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4/11

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0888

PS Form 3811, July 1999 COI Domestic Return Receipt 102595-00-M-0952

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:

Chester F. Deckert
2700 NW 157th Street
Edmond, OK 73013

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4/14/01

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6897 9448

PS Form 3811, July 1999 COI Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6898 0888

Postage	$ .55
COI Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM APR 11 2001 USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
The Langstroth Family, Ltd. I
Street, Apt. No.; c/o LWH Mortgage Funding Group
3111 N. Andrews Ave., Bldg. 2
City, State, ZIP+ Ft. Lauderdale, FL 33309

PS Form 3800, February 2000 See Reverse for Instructions

FOLD AT DOTTED LINE
TO THE RIGHT OF RETURN ADDRESS.

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:

Finlay Energy Company
3030 NW Expressway, Suite 1600
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from Service Label)*
7000 0520 0021 6897 9479

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
APR 2001

7000 0520 0021 6897 9479

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Finlay Energy Company
Street, Apt. No. 3030 NW Expressway, Suite 1600
City, State, ZIP. Oklahoma City, OK 73112

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0765

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here: SANTA FE NM 87501-9998 APR 11 2001 USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
LMA Royalties, Ltd.
Street, Apt. No. P.O. Box 1778
Colorado Springs, CO 80901
City, State, ZIP+

PS Form 3800, February 2000 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.

1. Article Addressed to:

Chet Nelson Mitchell
P.O. Box 1705
Taos, NM 87571

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Chet Mitchell B. Date of Delivery 4/13/01

C. Signature X Chet Mitchell ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number (Copy from service label)
7000 0520 0021 6898 0864

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

LMA Royalties, Ltd.
P.O. Box 1778
Colorado Springs, CO 80901

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 4/11/01

C. Signature X Patricia Ryan ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number (Copy from service label)
7000 0520 0021 6898 0765

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6898 0864

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here: SANTA FE NM 87501 APR 11 2001 USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Chet Nelson Mitchell
Street, Apt. No. P.O. Box 1705
Taos, NM 87571
City, State, ZIP+

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6897 9424

Postage	$ .55
Certified Fee	1.70
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
APR 1 1 2001
Postmark Here
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Fremont Exploration Inc.
Street, Apt. No. 12412 St. Andrews Drive
Oklahoma City, OK 73120
City, State, ZIP+

PS Form 3800, February 2000 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.

1. Article Addressed to:

Marvin R. Morgan
2225 W. Hefner Road
Oklahoma City, OK 73120

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4/16/01

C. Signature
X Lonnie Brown ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0857

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COT

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:

Fremont Exploration Inc.
12412 St. Andrews Drive
Oklahoma City, OK 73120

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4-14

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6897 9424

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6898 0857

COT

Postage	$ .55
Certified Fee	1.70
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
APR 1 1 2001
Postmark Here
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Marvin R. Morgan
Street, Apt. No.; or 2225 W. Hefner Road
Oklahoma City, OK 73120
City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

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:

Commonwealth Royalty, (Part.)
3030 NW Expressway, Suite 1600
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6897 9455

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

COI

SANTA FE NM 87501-9998
APR 11 2001
Postmark Here
USPS

7000 0520 0021 6897 9455

Recipient's Name *(Please Print Clearly) (To be completed by mailer)*
Commonwealth Royalty, (Part.)
Street, Apt. No. 3030 NW Expressway, Suite 1600
Oklahoma City, OK 73112
City, State, ZIP.

PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

7000 0520 0021 6897 9462

ALBUQUERQUE NM 87101 PM 11 APR 2001

4/19

1ST NOTICE
2ND NOTICE
RETURN

REASON CHECKED
Unclaimed
Refused
Attempted Not Known
Insufficient Address
No Such Street
No Such Number
No Such Office In State
Do not remail this envelope

4/19
NAME
1st Notice
2nd Notice 16 APR 2001

JACA Oil and Gas, Inc.
P.O. Box 135
Snyder, TX 79549

79550+0135

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
Postmark Here
APR 11 2001

Recipient's Name ***(Please Print Clearly) (To be completed by mailer)***

Street, Apt. No.; o JACA Oil and Gas, Inc.
P.O. Box 135

City, State, ZIP+ 4 Snyder, TX 79549

7000 0520 0021 6897 9462

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0520 0021 6898 0741

COL Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 11 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Charles B. Read
Street, Apt. No.; P.O. Box 1518
City, State, ZIP+ Roswell, NM 88202

PS Form 3800, February 2000 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.

1. Article Addressed to:

Ashland Exploration, Inc.
P.O. Box 391
Ashland, KY 41101

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Mike Tapp — B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0789

PS Form 3811, July 1999 COL Domestic Return Receipt 102595-00-M-0952

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:

Charles B. Read
P.O. Box 1518
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

ROSWELL NM 88201-9998 APR 16 2001 USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0741

PS Form 3811, July 1999 COL Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6898 0789

COL Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR [illegible] 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Street, Apt. No.; or Ashland Exploration, Inc.
P.O. Box 391
City, State, ZIP+ 4 Ashland, KY 41101

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

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:

Sundance Resources, Inc.
9500 Rorest Lane, Suite 500
Dallas, TX 75243

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0840

PS Form 3811, July 1999 COL Domestic Return Receipt 102595-00-M-0952

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

COL Postage	$ .57
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
APR 11 2001
Postmark Here
USPS

7000 0520 0021 6898 0840

Recipient's Name *(Please Print Clearly) (To be completed by mailer)*
Sundance Resources, Inc.
Street, Apt. No. 9500 Rorest Lane, Suite 500
City, State, ZIP+ Dallas, TX 75243

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0703

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
APR 11 2001
Here

Recipient's Name *(Please Print Clearly) (To be completed by mailer)*
Street, Apt. No.: Amerind Oil Company
City, State, ZIP: 415 West Wall Street, Suite 500 Midland, TX 79701

PS Form 3800, February 2000 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.

1. Article Addressed to:

Chesapeake Exploration LP
P.O. Box 18496
Oklahoma City, OK 73154-0496

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4-17-01
C. Signature X ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)* 7000 0520 0021 6898 0819

PS Form 3811, July 1999 COI Domestic Return Receipt 102595-00-M-0952

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:

Amerind Oil Company
415 West Wall Street, Suite 500
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4-16-01
C. Signature X Mary Ann Brock ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)* 7000 0520 0021 6898 0703

PS Form 3811, July 1999 COI Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6898 0819

COI Postage	$ 3.95
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
APR 11 2001

Recipient's Name *(Please Print Clearly) (To be completed by mailer)*
Street, Apt. No.: Chesapeake Exploration LP
City, State, ZIP: P.O. Box 18496 Oklahoma City, OK 73154-0496

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

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:

Estate of John Fitzgerald
614 W. Storey
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0796

PS Form 3811, July 1999 Cert Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6898 0796

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.95**

Cert

SANTA FE NM 87501-9998
APR 11 2001
Postmark Here
USPS

Recipient's Name *(Please Print Clearly) (To be completed by mailer)*
Estate of John Fitzgerald
Street, Apt. No.; 614 W. Storey
City, State, ZIP+ Midland, TX 79701

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0734

COI Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 11 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Stevens Revocable Trust
Norma L. Stevens, Jr., Trustee
Street, Apt. P.O. Box 1
City, State, Hondo, NM 88336

PS Form 3800, February 2000 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.

1. Article Addressed to:

Quatro Resources LLC
1401 East Bryan
Sapulpa, OK 74066

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 4-14-01

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number (Copy from service label)
7000 0520 0021 6897 9493

PS Form 3811, July 1999 COI Domestic Return Receipt 102595-00-M-0952

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:

Stevens Revocable Trust
Norma L. Stevens, Jr., Trustee
P.O. Box 1
Hondo, NM 88336

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Dolores Stevens 4-14-01

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number (Copy from service label)
7000 0520 0021 6898 0734

PS Form 3811, July 1999 COI Domestic Return Receipt 102595-00-M-

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

7000 0520 0021 6897 9493

COI Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

USPS Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Quatro Resources LLC
Street, Apt. No. 1401 East Bryan
City, State, ZI Sapulpa, OK 74066

PS Form 3800, February 2000 See Reverse for Instructions

FOLD AT DOTTED LINE

CERTIFIED MAIL

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

7000 0520 0021 6898 0833

1ST NOTICE APR 20 2001
2ND NOTICE
RETURN

RETURNED TO SENDER

REASON CHECKED
Unclaimed ____ Refused ____
Attempted-Not known ____
Insufficient Address ____
No such street ____ number ____
No such office in state ____
Do not remail in this envelope

H. Huffman and Company
204 N. Robinson, Suite 500
Oklahoma City, OK 73102

73102

PM
13 APR
2001

Ruth Benedict
ANTHROPOLOGIST
USA 46

USA $3.50

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's N: H. Huffman and Company
Street, Apt. No.; 204 N. Robinson, Suite 500
City, State, ZIP+ 4: Oklahoma City, OK 73102

plated by mailer)

7000 0520 0021 6898 0833

PS Form 3800, February 2000 See Reverse for Instructions

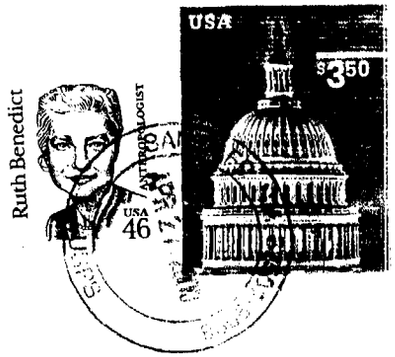
CERTIFIED MAIL

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

7000 0520 0021 6898 0710

APR 26 2001

1ST NOTICE
2ND NOTICE
RETURN



Conoco Inc.
Suite 100W
10 Desta Drive
Midland, Texas 79705

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501 APR 11 2001 USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
CONOCO INC, SUITE 100 W
Street, Apt. No.; or PO Box No.
10 DESTA DRIVE
City, State, ZIP+4
MIDLAND, TEXAS 79705

PS Form 3800, February 2000 See Reverse for Instructions

7000 0520 0021 6898 0710

FOLD AT DOTTED LINE
TO THE RIGHT OF RETURN ADDRESS.
PLACE STICKER AT TOP OF ENVELOPE

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:

Jan Oil Company
P.O. Box 76499
Oklahoma City, OK 74147

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6897 9431

PS Form 3811, July 1999 COI Domestic Return Receipt 102595-00-M-0952

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

COI Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.95**

USPS Postmark Here NM 87501-9998 2001

7000 0520 0021 6897 9431

Recipient's Name *(Please Print Clearly) (To be completed by mailer)*

Street, Apt. No. Jan Oil Company
P.O. Box 76499

City, State, ZIP Oklahoma City, OK 74147

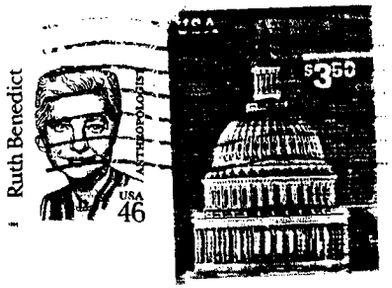
PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL

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

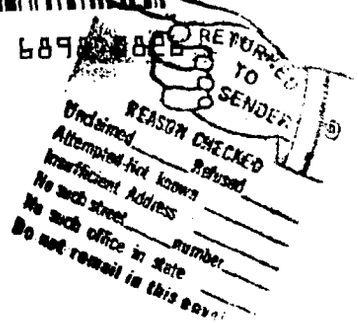
7000 0520 0021 6898 0826

ALBUQUERQUE NM 87101 PM 11 APR 2001



1ST NOTICE APR 27 2001
2ND NOTICE
RETURN

Re-14



UAA 2008

Jones Energy
210 Park Avenue, Suite 2300
Oklahoma City, OK 73102

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

7000 0520 0021 6898 0826

SANTA FE NM 87501-9998 APR 11 2001 USPS Postmark Here

Postage	$ 5
COI	
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Jones Energy
Street, Apt. No. 210 Park Avenue, Suite 2300
Oklahoma City, OK 73102
City, State, ZIP

PS Form 3800, February 2000 — 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.

1. Article Addressed to:

Northport Production Company
Suite 902 East
2601 Northwest Expressway
Oklahoma City, Oklahoma 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 4-23-01

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 8056

PS Form 3811, July 1999 Domestic Return Receipt COS 102595-00-M-0952

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

Postage	$ 0.37
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.77

SANTA FE NM APR 21 2001

Postmark Here

Recipient's Name (Please Print Clearly) Northport Production Company
Street, Apt. No.; or PO Box No. Suite 902 East
2601 Northwest Expressway
City, State, ZIP+4 Oklahoma City, Oklahoma 73112

PS Form 3800, February 2000 See Reverse for Instructions

7000 0600 0024 3122 8056

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

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:

Northport Production Company
1001 NW 63rd, Suite 305
Oklahoma City, OK 73116

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6897 9509

PS Form 3811, July 1999 COI Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6897 9509

COI Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

USPS Postmark Here APR 11 2001 NM 87501-9998

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Northport Production Company
Street, Apt. No. 1001 NW 63rd, Suite 305
Oklahoma City, OK 73116
City, State, Zip

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0871

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

COT

SANTA FE NM 87501-9998 APR 17 2001 Postmark USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No. Fremont Exploration Inc.
12412 St. Andrews Drive
City, State, ZIP Oklahoma City, OK 73120

PS Form 3800, February 2000 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.

1. Article Addressed to:

Mary J. Fitz-Gerald
P.O. Box 1565
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
Alice C. Williams 4-17

C. Signature
X Alice C. Williams ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MIDLAND TX APR 17 2001

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0758

PS Form 3811, July 1999 Cert Domestic Return Receipt 102595-00-M-0952

LOPE

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:

Fremont Exploration Inc.
12412 St. Andrews Drive
Oklahoma City, OK 73120

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
4-14

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0871

PS Form 3811, July 1999 Cert Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6898 0758

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Cert

SANTA FE NM 87501-9998 APR 17 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No. Mary J. Fitz-Gerald
P.O. Box 1565
City, State, ZIP Midland, TX 79702

PS Form 3800, February 2000 See Reverse for Instructions