

PRONGHORN MANAGEMENT CORPORATION
 CONSERVATION DIVISION
 Pronghorn EXHIBIT NO. 6
 CASE NO. 12905

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.

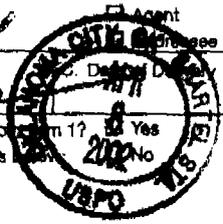
1. Article Addressed to:

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496

2. Article Number (Transfer from) 7001 2510 0007 2764 9036

COMPLETE THIS SECTION ON DELIVERY

A. Signature **BRIAN IMES** Agent Addressee
[Handwritten Signature]
 B. Received by (Printed Name) Brian Imes
 C. Date of Delivery 9-11-02
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

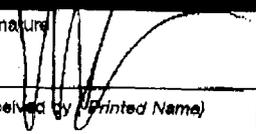
Pronghorn Management Corporation
Box 1772
Hobbs, NM 88241

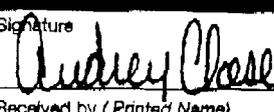
2. Article Number (Transfer from) 7001 2510 0007 2764 9050

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Lana Martinez
 B. Received by (Printed Name) Lana Martinez
 C. Date of Delivery 9-4-02
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: State Land Office 310 Old Santa Fe Trail, Box 1148 Santa Fe, NM 87504-1148		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: 0 auto;">APR 04 2002</div>	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from) 7001 2510 0007 2764 9029		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-01-M-2509	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X  <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Energen Resources Corp. 2198 Bloomfield Hwy. Farmington, NM 87402		B. Received by (Printed Name) Audrey Close C. Date of Delivery 4/4/02 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from) 7001 2510 0007 2764 9067		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-01-M-2509	

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1. Article Addressed to:

Charles B. Gillespie, Jr.
Box 8, 500 W. Texas, Ste. 890
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Nick Cunningham Addressee
B. Received by (Printed Name) C. Date of Delivery
2/12/06

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 7001 2510 0007 2764 9043
(Transfer from)