

EXHIBIT A

**APPLICATION OF CHESAPEAKE OPERATING INC. FOR A NON-STANDARD
DEEP GAS SPACING UNIT, LEA COUNTY, NEW MEXICO.
(Little Eddy Unit Well No. 1)**

Breck Operating Corp.
P. O. Box 911
Breckenridge, TX. 76424
Attention: Mr. Don Craig

Samson Resources Company
200 North Loraine, Suite 1010
Midland, TX 79701
Attention Ms. Rita Buress

State of New Mexico
Bureau of Land Management
P.O. Box 27115
Santa Fe, NM 87502-0115



January 13, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTEDAttention Ms. Rita Buress
Samson Resources Company
200 North Loraine, Suite 1010
Midland, TX 79701Re: Application of Chesapeake Operating, Inc.
For a Non-standard Deep Gas Spacing Unit, Lea County, New Mexico.
LEU Well No. 1

Dear Ms. Buress:

This letter is to advise you that Chesapeake Operating, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner on February 16, 2006. You are not required to attend this hearing, but as an owner of an interest in this property, you may appear and present testimony. Failure to appear at these hearings and become a party of record will preclude you from challenging the matter at a later date.

Any person desiring to appear and present technical evidence at the hearing is required by Division Rules 1208 and 1211 to file an entry of appearance five business days in advance of a scheduled hearing, and a prehearing statement four days in advance of the hearing, but in no event later than the Thursday preceding the scheduled hearing date. The prehearing statement must include: the party and the party's attorney; the reasons a party supports or opposes the application; the names and expertise of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

Michael H. Feldewert
Holland & Hart, LLP
Attorneys for
Chesapeake Operating, Inc.

MHF

Holland & Hart LLPPhone (505) 988-4421 Fax (505) 983-6043 www.hollandhart.com

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☺



January 13, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Attention: Mr. Don Craig
Breck Operating Corp.
P. O. Box 911
Breckenridge, TX. 76424

Re: Application of Chesapeake Operating, Inc.
For a Non-standard Deep Gas Spacing Unit, Lea County, New Mexico.
LEU Well No. 1

Dear Mr. Craig:

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Michael H. Feldewert
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January 13, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

State of New Mexico
Bureau of Land Management
P.O. Box 27115
Santa Fe, NM 87502-0115

Re: Application of Chesapeake Operating, Inc.
For a Non-standard Deep Gas Spacing Unit, Lea County, New Mexico.
LEU Well No. 1

Dear Interest Owner:

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Sincerely,

Michael H. Feldewert
Holland & Hart, LLP
Attorneys for
Chesapeake Operating, Inc.

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110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

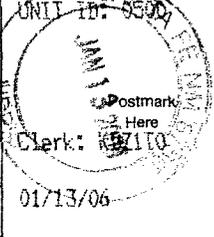
Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☺

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

7001 1140 0002 9558 6359

MIDLAND Chesapeake LEV 2 E

Postage	\$.83
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.08



Ms. Rita Buress
 Samson Resources Company
 200 North Lorain, Suite 1010
 Midland, Texas 79701

PS Form 3800, January 2001 See Reverse for Instructions

CERTIFIED MAIL

SENDER: COMPLETE **DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD ALONG THE LINE

■ 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:

Ms. Rita Buress
 Samson Resources Company
 200 North Lorain, Suite 1010
 Midland, Texas 79701

A. Received by (Please Print Clearly) **Joan Maner** B. Date of Delivery **1/17/06**

C. Signature **Joan Maner** 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) **7001 1140 0002 9558 6359**

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

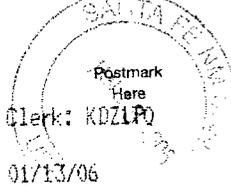
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

7001 1140 0002 9558 6335

MR. DON CRAIG
BRECK OPERATING CORP.

Postage	\$ 83.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.08

UNIT ID: 0500



Mr. Don Craig
 Breck Operating Corp.
 P.O. Box 911
 Breckenridge, Texas 76424

PS Form 3800, January 2001 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:

Mr. Don Craig
 Breck Operating Corp.
 P.O. Box 911
 Breckenridge, Texas 76424

2. Article Number (Copy from service label)

7001 1140 0002 9558 6335

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Christina Spent* B. Date of Delivery *1/17/06*
 C. Signature *Christina Spent* Agent Addressee
 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

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

7001 1140 0002 9558 6342

MAIL: CHESAPEAKE LELL I

Postage	\$ 0.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

UNIT NO: 0500
 Postmark Here
 Clerk: KDZ170
 01/13/06

State of New Mexico
 Bureau of Land Management
 P.O. Box 27115
 Santa Fe, New Mexico 87502

PS Form 3800, January 2001 See Reverse for Instructions

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. 	<p>A. Received by (Please Print Clearly) <i>Henry Owsen</i> B. Date of Delivery</p> <p>C. Signature <i>X Henry Owsen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>State of New Mexico Bureau of Land Management P.O. Box 27115 Santa Fe, New Mexico 87502</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 1140 0002 9558 6342</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102585-00-M-0952</p>	