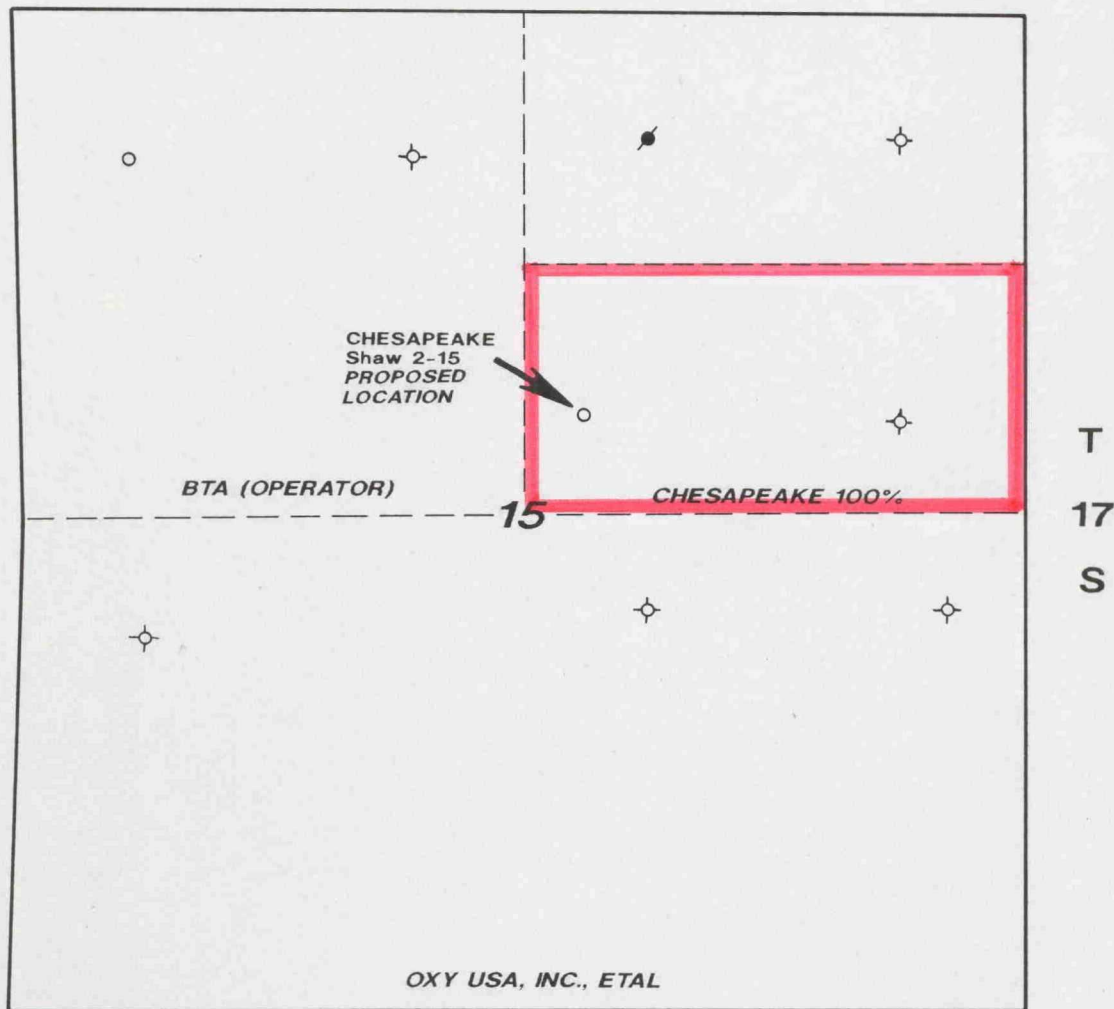


R 37 E



NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 1

CASE NO. 11404

CHESAPEAKE OPERATING, INC.

Proposed Location Shaw 2-15
LAND PLAT FOR CASE # 11404
15-17S-37E Lea Co., N.M.

LANDMAN: MIKE HAZLIP

SCALE: 1" = 1000'

DATE: 10/16/95

EXHIBIT "A"
CHESAPEAKE OPERATING, INC. APPLICATION

BTA Oil Producers
104 S. Pecos
Midland, Texas 79702

PG&E Resources Co.
6688 N. Central Expressway Suite 1000
Dallas, Texas 75206

John T. Stallings
P. O. Box 685
Creedmoor, NC 27522

E. L. Latham Co.
P. O. Box 1392
Hobbs, New Mexico 88240

The Moran Partnership
P. O. Box 1919
Hobbs, NM 88241

Roy G. Barton, Jr.
P. O. Box 978
Hobbs, NM 88240

Roy G Barton, Jr. Trustee
of the Roy G. Barton, Sr
& Opal Barton Revocable Trust
P. O. Box 978
Hobbs, NM 88240

Norma J. Chanley
P. O. Box 729
Hobbs, NM 88240

Marshall & Winston, Inc.
P. O. Box 50880
Midland, Texas 79710-0880

11404 1A

Ken McPeters
P. O. Box 1860
Hobbs, NM 88240

Sun-West Oil & Gas Inc.
P. O. Box 309
Hobbs, NM 88241

Oxy USA Inc.
P. O. Box 50250
Midland, Texas 79710-0250
Attn: Richard Foppiano

Cross Timbers Oil Co.
810 Houston Street Suite 2000
Fort Worth, TX 76102-6298

Charles F. Doornbos Revocable Trust
P. O. Box 639
Bartlesville, OK 74005

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

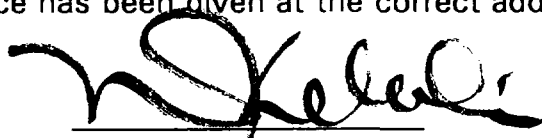
In the matter of the hearing called
by the Oil Conservation Division
for the purpose of considering:

CASE NO. 11404

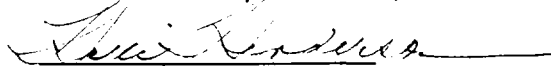
Application of Chesapeake Operating, Inc.
for an Unorthodox Oil Well Location
for Shaw "15" Well No. 2
Lea County, New Mexico.

CERTIFICATE OF MAILING AND COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Chesapeake Operating, Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 26th day of September 1995 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for October 19, 1995, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 18th day of October, 1995.


Notary Public

My Commission Expires: June 15, 1998

2
11404

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 the following information on the front of the mailpiece, or on the back if space does not permit:
- The date of delivery.

Chesapeake/Shaw10/19/95
September 26, 1995

article number,
and the date

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Ken McPeters
POB 1860
Hobbs, New Mexico 88240

4a. Article Number

424 287 465

4b. Service Type

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

7. Date of Delivery

9/28

5. Signature (Addressee)

Ken McPeters

6. Signature (Agent)

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

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

Z 424 287 465



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

1993

Sent to

Ken McPeters
POB 1860
Hobbs, New Mexico 88240

PSF

Special Delivery Fee

Restricted Delivery Fee

Z 424 287 464



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

393

Sent to

Sun-West Oil & Gas, Inc.
POB 309
Hobbs, New Mexico 88241

PSF

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing

Z 424 287 466



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

393

Sent to

Marshall & Winston, Inc.
POB 50880
Midland, TX 79710-0880

PSF

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing
to Whom & Date Delivered

Return Receipt Showing to Whom
Date, and Addressee's Address

TOTAL Postage
& Fees

\$

Chesapeake/Shaw10/19/95

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 the following information on the front of the mailpiece, or on the back if space does not permit:
- The date of delivery.

Chesapeake/Shaw10/19/95
September 26, 1995

number,
the date

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Sun-West Oil & Gas, Inc.
POB 309
Hobbs, New Mexico 88241

4a. Article Number

424 287 464

4b. Service Type

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

7. Date of Delivery

9/28/95

5. Signature (Addressee)

Ken McPeters

6. Signature (Agent)

Ken McPeters

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

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 the following information on the front of the mailpiece, or on the back if space does not permit:
- The date of delivery.

Chesapeake/Shaw10/19/95
September 26, 1995

article number,
and the date

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Marshall & Winston, Inc.
POB 50880
Midland, TX 79710-0880

4a. Article Number

424 287 466

4b. Service Type

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

7. Date of Delivery

9-28-95

5. Signature (Addressee)

Ken McPeters

6. Signature (Agent)

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

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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.

Chesapeake/Shaw10/19/95

September 26, 1995

article number:
ed and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Roy G Barton, Jr Trustee
Roy G Barton, Sr. & Opal
Barton Revocable Trust
POB 978
Hobbs, New Mexico 88240

4a. Article Number

424 287 467

4b. Service Type

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

7. Date of Delivery

9/28

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service

Z 424 287 468



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Roy G Barton, Jr Trustee
Roy G Barton, Sr. & Opal
Barton Revocable Trust
POB 978
Hobbs, New Mexico 88240

PS Fo	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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.

Chesapeake/Shaw10/19/95

September 26, 1995

article number:
ed and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Norma J. Chanley
POB 729
Hobbs, New Mexico 88240

4a. Article Number

424 287 467

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Z 424 287 467



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Norma J. Chanley
POB 729
Hobbs, New Mexico 88240

PS Fo	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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.

Chesapeake/Shaw10/19/95

September 26, 1995

le number.
d the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Oyx USA, Inc.
POB 50250
Midland, TX 79710-0250
Attn: Rick Foppiano

4a. Article Number

424 287 463

4b. Service Type

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

7. Date of Delivery

9-28

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Z 424 287 463



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Oyx USA, Inc.
POB 50250
Midland, TX 79710-0250
Attn: Rick Foppiano

PS Fo	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing	
	Return Receipt Showing to Whom	
	Date, and Addressee's Address	
	TOTAL Postage & Fees	\$

Chesapeake/Shaw10/19/95

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• 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

Chesapeake/Shaw10/19/95
September 26, 1995

Article number, red and the date

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
E.L. Latham Co.
POB 1392
Hobbs, New Mexico 88240

4a. Article Number
424 287 471

4b. Service Type
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)
E.L. Latham

6. Signature (Agent)
9.25

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

2 424 287 471



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

993 Sent to
E.L. Latham Co.
POB 1392
Hobbs, New Mexico 88240

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• 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

Chesapeake/Shaw10/19/95
September 26, 1995

Article number, red and the date

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
The Moran Partnership
POB 1919
Hobbs, New Mexico 88240

4a. Article Number
424 287 470

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
9-29-95

5. Signature (Addressee)

6. Signature (Agent)
Nancy Rhoads

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

2 424 287 470



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

993 Sent to
The Moran Partnership
POB 1919
Hobbs, New Mexico 88240

Special Delivery Fee	
Restricted Delivery Fee	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• 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

Chesapeake/Shaw10/19/95
September 26, 1995

Article number, red and the date

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Roy G. Barton, Jr.
POB 978
Hobbs, New Mexico 88240

4a. Article Number
424 287 469

4b. Service Type
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
9/28

5. Signature (Addressee)
Roy Barton

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

2 424 287 469



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

993 Sent to
Roy G. Barton, Jr.
POB 978
Hobbs, New Mexico 88240

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$

Chesapeake/Shaw10/19/95

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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

Chesapeake/Shaw10/19/95
September 26, 1995

article number, id and the date

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BTA Oil Producers Trust
104 S. Pecos
Midland, Texas 79702

4a. Article Number
424 287 474

4b. Service Type

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

7. Date of Delivery
SEP 28 1995

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

Z 424 287 474



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
BTA Oil Producers Trust
104 S. Pecos
Midland, Texas 79702

PS F

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

Z 424 287 473



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
PG&E Resources Co.
6688 N. Central Expressway
Ste. 1000
Dallas, TX 75206

Z 424 287 472



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
John T. Stallings
POB 685
Greedmoor, NC 27522

PS F

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$

Chesapeake/Shaw10/19/95

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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

Chesapeake/Shaw10/19/95
September 26, 1995

article number, id and the date

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PG&E Resources Co.
6688 N. Central Expressway
Ste. 1000
Dallas, TX 75206

4a. Article Number
424 287 472

4b. Service Type

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

7. Date of Delivery
9/29/95

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

RETURN RECEIPT
N 055 462 617
FOR MERCHANDISE

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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

Chesapeake/Shaw10/19/95
September 26, 1995

article number, id and the date

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John T. Stallings
POB 685
Greedmoor, NC 27522

4a. Article Number
424 287 472

4b. Service Type

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

7. Date of Delivery
9/29/95

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Chesapeake/Shaw10/19/95
September 26, 1995

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Cross Timbers Oil Co.
810 Houston Street
Ste. 2000
Fort Worth, TX 76102-6298

4a. Article Number

424 287 462

4b. Service Type

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

7. Date of Delivery

SEP 28 1995

5. Signature (Addressee)

James D. Mollath

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Z 424 287 462



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Cross Timbers Oil Co.
810 Houston Street
Ste. 2000
Fort Worth, TX 76102-6298

PS Fo

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	

Z 424 287 461



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Charles F. Doornbos
Revocable Trust
POB 639
Bartlesville, OK 74005

PS Fo

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$

Chesapeake/Shaw10/19/95

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Chesapeake/Shaw10/19/95
September 26, 1995

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Charles F. Doornbos
Revocable Trust
POB 639
Bartlesville, OK 74005

4a. Article Number

424 287 461

4b. Service Type

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

7. Date of Delivery

10-3-95

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

LARGE FORMAT
EXHIBIT HAS
BEEN REMOVED
AND IS LOCATED
IN THE NEXT FILE

LARGE FORMAT
EXHIBIT HAS
BEEN REMOVED
AND IS LOCATED
IN THE NEXT FILE