

**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:**

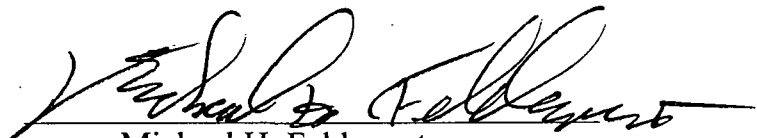
**APPLICATION OF MEWBOURNE OIL COMPANY  
FOR A NON-STANDARD SPACING AND  
PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**CASE NO. 14918**


**AFFIDAVIT**

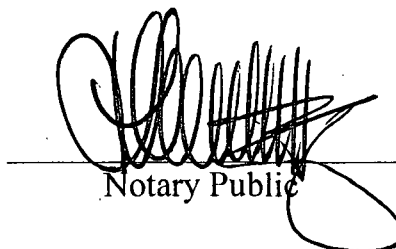
STATE OF NEW MEXICO       )  
  ) ss.  
COUNTY OF SANTA FE       )

Michael H. Feldewert, attorney in fact and authorized representative of Mewbourne Oil Company, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 31st day of October 2012 by  
Michael H. Feldewert.

 **OFFICIAL SEAL**  
**LISAMARIE ORTIZ**  
**NOTARY PUBLIC-STATE OF NEW MEXICO**  
My commission expires 01/14/15

  
\_\_\_\_\_  
Notary Public

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 3  
Submitted by:  
MEWBOURNE OIL COMPANY  
Hearing Date: November 1, 2012



October 12, 2012

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED****TO OFFSETS**

**Re: Application of Mewbourne Oil Company for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico – Tamano 10 Fed Com 8H Well**

This letter is to advise you that Mewbourne Oil Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating a non-standard spacing unit comprised of the N/2 S/2 of Section 10, Township 18 South, Range 31 East, NMPM, Eddy County, New Mexico. As a mineral lessee or operator in the offsetting properties, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on November 1, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names 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.

Questions concerning this application should be directed to Steven Smith, Senior Landman, at (432) 682-3715.

Sincerely,

Adam G. Rankin  
**ATTORNEY FOR MEWBOURNE OIL COMPANY**



October 12, 2012

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED****TO AFFECTED INTEREST OWNERS**

**Re: Application of Mewbourne Oil Company for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico – Tamano 10 Fed Com 8H Well**

This letter is to advise you that Mewbourne Oil Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interests in the N/2 S/2 of Section 10, Township 18 South, Range 31 East, NMPM, Eddy County, New Mexico. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on November 1, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names 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.

Questions concerning this application should be directed to Steven Smith, Senior Landman, at (432) 682-3715.

Sincerely,

Adam G. Rankin

**ATTORNEY FOR MEWBOURNE OIL COMPANY**

**MEWBOURNE OIL COMPANY  
TOMANO 10 FED COM 8H WELL**

**POOLED PARTIES:**

Magnum Hunter Production,  
Inc. Attn: Mark Compton  
600 N. Marienfeld, Suite 600  
Midland, Texas 79701

Ard Oil, Ltd.  
222 W. 4th Street, No. 313  
Fort Worth, Texas 76102

**OFFSETS:**

Mewbourne Oil Company  
500 West Texas, Suite 1020  
Midland, Texas 79701

E.R. Hudson Trust #1  
c/o Hudson Oil Company of Texas  
616 Texas Street  
Fort Worth, Texas 76102-4696  
Attn: Randall Hudson

Zorro Partners  
c/o Hudson Oil Company of Texas  
616 Texas Street  
Fort Worth, Texas 76102-4696  
Attn: Randall Hudson

Javelina Partners  
c/o Hudson Oil Company of Texas  
616 Texas Street  
Fort Worth, Texas 76102-4696  
Attn: Randall Hudson

Magnum Hunter Production, Inc.  
600 N. Marienfeld, Suite 600  
Midland, Texas 79701  
Attn: Mark Compton

Moore & Shelton Co., Ltd.  
Post Office Box 3070  
Galveston, Texas 77552  
Attn: Mrs. Ann Winklemann

Legacy Reserves Operating LP  
Post Office Box 10848  
Midland, Texas 79702  
Attn: Mr. Matt Sears

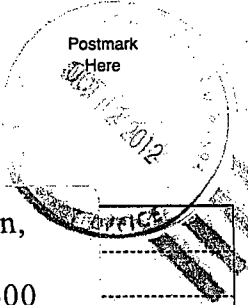
Bright Hart/Burkard Venture  
9525 Katy Freeway, Suite 230  
Houston, Texas 77024  
Attn: Mr. James Carroll

Delmar Hudson Lewis Living Trust  
c/o U.S. Trust  
Post Office Box 2546  
Fort Worth, Texas 76113  
Attn: Mr. Larry Farris

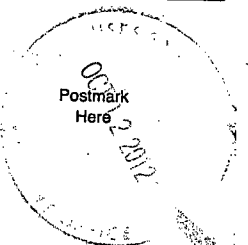
Ard Oil, Ltd.  
222 W. 4th Street, #313  
Fort Worth, Texas 76102  
Attn: Mrs. Mary Ard

Chesapeake Operating, Inc.  
6100 N. Western Avenue  
Oklahoma City, OK 73118

7006 0100 0005 0626 9644

U.S. Postal Service™		<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only, No Int'l)		AGR/MEWBOURNE	
For delivery information visit <b>OFFICE</b>		TOMANO 10 FED 8H	
Postage	\$	65	
Certified Fee		2.95	
Return Receipt Fee (Endorsement Required)		2.35	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	5.95
Magnum Hunter Production, Inc. Attn: Mark Compton 600 N. Marienfeld, Suite 600 Midland, Texas 79701			
PS Form 3800, June 2002		See Reverse for Instructions	

7006 0100 0005 0626 9668

U.S. Postal Service™		<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only, No Int'l)		AGR/MEWBOURNE	
For delivery information visit <b>OFFICE</b>		TOMANO 10 FED 8H	
Postage	\$	65	
Certified Fee		2.95	
Return Receipt Fee (Endorsement Required)		2.35	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	5.95
Ard Oil, Ltd. 222 W. 4th Street, No. 313 Fort Worth, Texas 76102			
PS Form 3800, June 2002		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:

Magnum Hunter Production,  
 Inc. Attn: Mark Compton  
 600 N. Marienfeld, Suite 600  
 Midland, Texas 79701

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 9644

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## ACTION ON DELIVERY

## A. Signature

x *Sadi Parcia*

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

Sadi Parcia

## C. Date of Delivery

10-15-12

- 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

## 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:

Ard Oil, Ltd.  
 222 W. 4th Street, No. 313  
 Fort Worth, Texas 76102

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 9668

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SECTION ON DELIVERY

## A. Signature

x *Jo Marie Grat*

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

Jo Marie Grat

## C. Date of Delivery

10/16/2012

- 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.

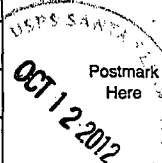
## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0626 9620

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit **AGR/MEWBOURNE**  
**TOMANO 10 FED 8H**

Postage \$ .65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95



Mewbourne Oil Company  
 500 West Texas, Suite 1020  
 Midland, Texas 79701

PS Form 3800, June 2002

See Reverse for Instructions

SEND

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

IS SECTION ON DELIVERY

- 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:

Mewbourne Oil Company  
 500 West Texas, Suite 1020  
 Midland, Texas 79701

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0626 9620

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

*David Kaulin* ☒ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

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.

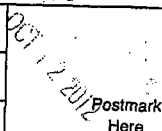
## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0626 9613

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit **AGR/MEWBOURNE**  
**TOMANO 10 FED 8H**

Postage \$ .65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95



E.R. Hudson Trust #1  
 c/o Hudson Oil Company of Texas  
 616 Texas Street  
 Fort Worth, Texas 76102-4696  
 Attn. Randall Hudson

See Reverse for Instructions

SENDER:

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

TION ON DELIVERY

- 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:

E.R. Hudson Trust #1  
 c/o Hudson Oil Company of Texas  
 616 Texas Street  
 Fort Worth, Texas 76102-4696  
 Attn. Randall Hudson

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0626 9613

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

*Quella* ☒ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

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

9606 9290 5000 0100 0626 7006

U.S. Postal Service™		<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Inland)		AGR/MEWBOURNE	
For delivery information visit <b>OFFICE</b>		TOMANO 10 FED 8H	
Postage	\$ .65	Postmark Here OCT 15 2012	OFFICE
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Zorro Partners c/o Hudson Oil Company of Texas 616 Texas Street Fort Worth, Texas 76102-4696 Attn. Randall Hudson			
PS Form 3811, February 2004		See Reverse for Instructions	

<b>SENDER</b>		<b>SECTION ON DELIVERY</b>	
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Olivia</i> C. Date of Delivery <b>OCT 15 2012</b> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:  Zorro Partners c/o Hudson Oil Company of Texas 616 Texas Street Fort Worth, Texas 76102-4696 Attn. Randall Hudson		3. Service Type <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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9606

0656 9290 5000 0100 0626 9590

U.S. Postal Service™		<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Inland)		AGR/MEWBOURNE	
For delivery information visit <b>OFFICE</b>		TOMANO 10 FED 8H	
Postage	\$ .65	Postmark Here OCT 15 2012	OFFICE
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Javelina Partners c/o Hudson Oil Company of Texas 616 Texas Street Fort Worth, Texas 76102-4696 Attn. Randall Hudson			
PS Form 3811, February 2004		for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLI SECTION ON DELIVERY</b>	
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Olivia</i> C. Date of Delivery <b>OCT 15 2012</b> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:  Javelina Partners c/o Hudson Oil Company of Texas 616 Texas Street Fort Worth, Texas 76102-4696 Attn. Randall Hudson		3. Service Type <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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9590

7006 0100 0005 0626 9583

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No International Coverages Provided)	
For delivery information visit	AGR/MEWBOURNE TOMANO 10 FED 8H
<b>OFFICIAL USE</b>	
Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Postmark OCT 12 2012 SANTA ANA, TEXAS	
Magnum Hunter Production, Inc. 600 N. Marienfeld, Suite 600 Midland, Texas 79701 Attn: Mark Compton	
PS Form 3811, February 2004 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
■ 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 <i>Mark Compton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Sadie Garcia</i> C. Date of Delivery <i>10-15-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:  Magnum Hunter Production, Inc. 600 N. Marienfeld, Suite 600 Midland, Texas 79701 Attn: Mark Compton		3. Service Type <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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9583

7006 0100 0005 0626 9576

U.S. Postal Service™	
<b>CERTIFIED MAIL™</b>	
(Domestic Mail Only; No International Coverages Provided)	
For delivery information visit	AGR/MEWBOURNE TOMANO 10 FED 8H
<b>OFFICIAL USE</b>	
Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Postmark OCT 12 2012 SANTA ANA, TEXAS	
Moore & Shelton Co., Ltd. Post Office Box 3070 Galveston, Texas 77552 Attn: Mrs. Ann Winklemann	
PS Form 3811, February 2004 See Reverse for Instructions	

<b>SENDER:</b>		<b>SECTION ON DELIVERY</b>	
■ 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 <i>Ann Winklemann</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>A. Winklemann</i> C. Date of Delivery <i>10-15-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:  Moore & Shelton Co., Ltd. Post Office Box 3070 Galveston, Texas 77552 Attn: Mrs. Ann Winklemann		3. Service Type <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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9576



7006 0100 0005 0626 9569

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No AGR/MEWBOURNE)  
 For delivery information visit **TOMANO 10 FED 8H**  
**OFFICE**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here  
 OCT 12 2012  
 NEW YORK POST OFFICE

Legacy Reserves Operating LP  
 Post Office Box 10848  
 Midland, Texas 79702  
 Attn: Mr. Matt Sears

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **SECTION ON DELIVERY**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Legacy Reserves Operating LP  
 Post Office Box 10848  
 Midland, Texas 79702  
 Attn: Mr. Matt Sears

2. Article Number (Transfer from service label) 7006 0100 0005 0626 9569  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 Enriselda Campos 10-23-12  
 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

7006 0100 0005 0626 9552

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No AGR/MEWBOURNE)  
 For delivery information visit **TOMANO 10 FED 8H**  
**OFFICE**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here  
 OCT 12 2012  
 NEW YORK POST OFFICE

Bright Hart/Burkard Venture  
 9525 Katy Freeway, Suite 230  
 Houston, Texas 77024  
 Attn: Mr. James Carroll

for Instructions

**SENDER: COMPLETE THIS SECTION** **SECTION ON DELIVERY**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Bright Hart/Burkard Venture  
 9525 Katy Freeway, Suite 230  
 Houston, Texas 77024  
 Attn: Mr. James Carroll

2. Article Number (Transfer from service label) 7006 0100 0005 0626 9552  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 J. CARROLL 10-15-2012  
 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.

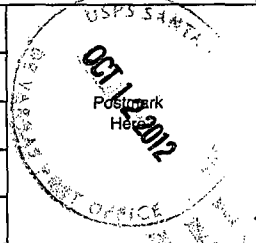
4. Restricted Delivery? (Extra Fee) ☐ Yes

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No AGR/MEWBORNE)  
For delivery information visit TOMANO 10 FED 8H

OFFICIAL

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Delmar Hudson Lewis Living Trust  
c/o U.S. Trust  
Post Office Box 2546  
Fort Worth, Texas 76113  
Attn: Mr. Larry Farris

or instructions

SENDER

IS SECTION ON DELIVERY

- 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 *[Signature]* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) *[Signature]* C. Date of Delivery OCT 16 2012

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

1. Article Addressed to:

near Hudson Lewis Living Trust  
Trust  
Post Office Box 2546  
Fort Worth, Texas 76113  
Attn: Mr. Larry Farris

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  
(Transfer from service label)

7006 0100 0005 0626 9545

PS Form 3811, February 2004

Domestic Return Receipt

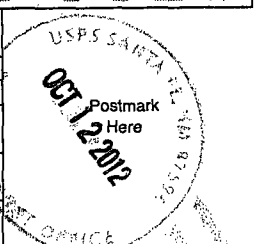
102595-02-M-1540

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No AGR/MEWBORNE)  
For delivery information visit TOMANO 10 FED 8H

OFFICIAL

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Ard Oil, Ltd.  
222 W. 4th Street, #313  
Fort Worth, Texas 76102  
Attn: Mrs. Mary Ard

See Reverse for Instructions

SENDER

CTION ON DELIVERY

- 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 *[Signature]* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) *[Signature]* C. Date of Delivery 10/16/2012

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

1. Article Addressed to:

Ard Oil, Ltd.  
222 W. 4th Street, #313  
Fort Worth, Texas 76102  
Attn: Mrs. Mary Ard

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  
(Transfer from service label)

7006 0100 0005 0626 9538

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 9637

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

For delivery information visit our website at [usps.com](http://usps.com)

**AGR/MEWBOURNE**  
**TOMANO 10 FEB 8H**

**OFFICIAL**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.95</b>

Postmark Here

Chesapeake Operating, Inc.  
 6100 N. Western Avenue  
 Oklahoma City, OK 73118

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER'S 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.  
 6100 N. Western Avenue  
 Oklahoma City, OK 73118

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0626 9637

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**RECEIVED**

**MAILROOM 17**

DEF 15 2012

A. Signature ☐ Agent ☐ Addressee

B. Received by ☐ Addressee

C. Date of Delivery

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