

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:

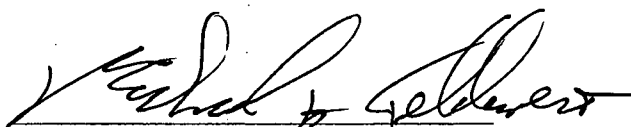
APPLICATION OF CHEVRON U.S.A. INC.  
FOR A NON-STANDARD SPACING AND  
PRORATION UNIT, UNORTHODOX WELL  
LOCATION, AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 14929

AFFIDAVIT

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

Michael H. Feldewert, attorney in fact and authorized representative of Chevron U.S.A. Inc., 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.

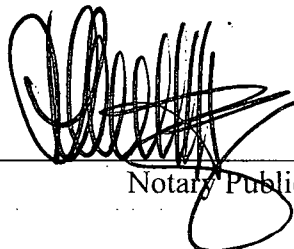


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 28th day of November 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. 5  
Submitted by:  
CHEVRON U.S.A. INC.  
Hearing Date: November 28, 2012

**EXHIBIT A**  
**CHEVRON U.S.A. INC.**  
**HERITAGE 2 15 NO. 2H WELL**

BNSF Railway Company  
c/o Farmers National Company  
Attn: Jennifer Kindred  
5110 S. Yale, Suite 400  
Tulsa, OK 74135

Pogo Producing Company, LLC;  
Plains Exploration & Production Co;  
Plains Resources, Inc.; Pogo  
Panhandle 2004 LP; Latigo

Investments, LLC; Latigo Gas  
Services LP; Latigo Petroleum, Inc.;  
Latigo Petroleum Texas  
700 Milam, Suite 3100  
Houston, Texas 77002

Oxy USA Inc.  
10889 Wilshire Boulevard  
Los Angeles, CA 90024

Occidental Oil & Gas Corp  
Post Office Box 27570  
Houston, Texas 77227-7570

David Petroleum Corporation  
116 W 1st Street  
Roswell, New Mexico 88203

Yates Petroleum Corporation  
105 S. 4th Street  
Artesia, New Mexico 88210

Exxon Corporation Exploration  
and Producing  
800 Bell Street  
Houston, Texas 77002

Bird Creek Resources, Inc.  
1437 South Boulder Ave  
Tulsa, OK 74119

BK Exploration  
10159 E. 11th Street  
Suite 401  
Tulsa, OK 74128-3028

Chesapeake Exploration  
6100 N. Western Avenue  
Oklahoma City, OK 73118

Broughton Petroleum  
1205 Silliman St.  
Sealy, Texas 77474

Stelaron, Inc.  
Post Office Box 7787  
Amarillo, Texas 79109

U.S. Bank as Trustee for the  
Wilbur Leutwyler Trust, under  
agreement dated 6/3/1996.

Post Office Box 3499  
Tulsa, Oklahoma 74101

Bird 2000 Limited Partnership  
PI Fort Worth Club Tower  
777 Taylor Street, 4th Floor  
Fort Worth, Texas 76102

Radler 2000 Limited  
Partnership  
3131 West 7th Street, 4th Floor  
Fort Worth, Texas 76107

Razorback Petroleum, LLC  
P.O. Box 8864  
Pine Bluff, AR 71611

Randall R. Fort  
9716 Admiral Emerson Ave.  
Albuquerque, NM 87111

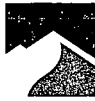
Tommy L. Fort  
P.O. Box 5356  
Midland, TX 79704-5356

Margie Fort Bruns  
10316 Country Manor P1 NM  
Albuquerque, NM 87114

Robert Mitchell Raindl  
P.O. Box 853  
Tahoka, TX 79373

Rash Energy, Inc.  
1412 South Boston  
Suite 500  
Tulsa, OK 74119

Karen Lynn Luke  
1206 E. College Blvd  
Roswell, NM 88201



November 9, 2012

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

**RE: Chevron U.S.A. Inc. for a Non-Standard Spacing and Proration Unit,  
Unorthodox Well Location, and Compulsory Pooling, Eddy County ,  
New Mexico**

This letter is to advise you that Chevron U.S.A., Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interests in a non-standard 160-acre spacing and proration unit comprised of the W/2 W/2 of Section 15, Township 23 South, Range 28 East, NMPM, Eddy County, New Mexico, Bone Spring formation, South Culebra Bluff-Bone Spring Pool. Chevron also seeks an order approving an unorthodox well location. As an owner of an offsetting interest, 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 29, 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 Kevin Stubbs, at (732) 372-1048.

Sincerely,

Adam G. Rankin



November 8, 2012

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

**RE: Chevron U.S.A. Inc. for a Non-Standard Spacing and Proration Unit,  
Unorthodox Well Location, and Compulsory Pooling, Eddy County ,  
New Mexico**

This letter is to advise you that Chevron U.S.A., Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interests in a non-standard 160-acre spacing and proration unit comprised of the W/2 W/2 of Section 15, Township 23 South, Range 28 East, NMPM, Eddy County, New Mexico, Bone Spring formation, South Culebra Bluff-Bone Spring Pool. Chevron also seeks an order approving an unorthodox well location. 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 29, 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.


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Questions concerning this application should be directed to Kevin Stubbs at (713) 372-1048.

Sincerely,

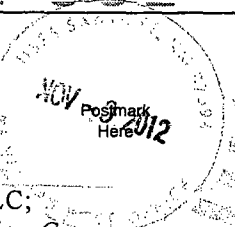
Adam G. Rankin

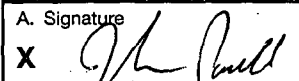
7006 0100 0005 0626 9880

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Ins)		AGR/CHEVRON HERITAGE	
For delivery information, visit us at <b>OFFICIAL</b>			
Postage	\$ .65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
BNSF Railway Company c/o Farmers National Company Attn: Jennifer Kindred 5110 S. Yale, Suite 400 Tulsa, OK 74135			
for Instructions			

<b>SENDER: COMPLETE THIS SECTION</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.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 11-13-12 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: BNSF Railway Company c/o Farmers National Company Attn: Jennifer Kindred 5110 S. Yale, Suite 400 Tulsa, OK 74135		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) 7006 0100 0005 0626 9880		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 9873

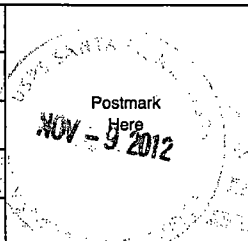
U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Ins)		AGR/CHEVRON HERITAGE	
For delivery information, visit us at <b>OFFICIAL</b>			
Postage	\$ .65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees			
Pogo Producing Company, LLC; Plains Exploration & Production Co; Plains Resources, Inc.; Pogo Panhandle 2004 LP; Latigo Investments, LLC; Latigo Gas Services LP; Latigo Petroleum, Inc.; Latigo Petroleum Texas 700 Milam, Suite 3100 Houston, Texas 77002			
for Instructions			

<b>SENDER: COMPLETE THIS SECTION</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.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery John Paccelli 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: Pogo Producing Company, LLC; Plains Exploration & Production Co; Plains Resources, Inc.; Pogo Panhandle 2004 LP; Latigo Investments, LLC; Latigo Gas Services LP; Latigo Petroleum, Inc.; Latigo Petroleum Texas 700 Milam, Suite 3100 Houston, Texas 77002		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) 7006 0100 0005 0626 9873		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 9866

**U.S. Postal Service™**  
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 For delivery information visit **OFFICIAL**

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



Oxy USA Inc.  
 10889 Wilshire Boulevard  
 Los Angeles, CA 90024

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:

Oxy USA Inc.  
 10889 Wilshire Boulevard  
 Los Angeles, CA 90024

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 9866

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
☒ Addressee  
 B. Received by (Printed Name) **GENE FUNARO**  
 C. Date of Delivery **11/19/12**  
 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:

Occidental Oil & Gas Corp  
 Post Office Box 27570  
 Houston, Texas 77227-7570

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 9859

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ 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

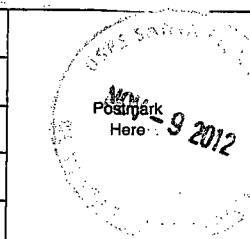
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0626 9859

**U.S. Postal Service™**  
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 For delivery information visit **OFFICIAL**

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



Occidental Oil & Gas Corp  
 Post Office Box 27570  
 Houston, Texas 77227-7570

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 9842

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No)		AGR/CHEVRON HERITAGE	
For delivery information visit <b>OFFICE</b>			
Postage	\$ .65	NOV - 9 2012 Postmark Here	
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
David Petroleum Corporation 116 W 1st Street Roswell, New Mexico 88203			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Bari Bellicini</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Bari Bellicini</i> C. Date of Delivery <i>11-13-12</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:		3. Service Type	
David Petroleum Corporation 116 W 1st Street Roswell, New Mexico 88203		<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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)		7006 0100 0005 0626 9842	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9835

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No)		AGR/CHEVRON HERITAGE	
For delivery information visit <b>OFFICE</b>			
Postage	\$ .65	NOV - 9 2012 Postmark Here	
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Yates Petroleum Corporation 105 S. 4th Street Artesia, New Mexico 88210			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>J. Delgado</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>J. Delgado</i> C. Date of Delivery <i>11-13-12</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:		3. Service Type	
Yates Petroleum Corporation 105 S. 4th Street Artesia, New Mexico 88210		<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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)		7006 0100 0005 0626 9835	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9828

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

**AGR/CHEVRON  
HERITAGE**

**OFFICE**

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

Postmark Here  
NOV - 9 2012

Exxon Corporation Exploration and Producing  
 800 Bell Street  
 Houston, Texas 77002

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:

Exxon Corporation Exploration and Producing  
 800 Bell Street  
 Houston, Texas 77002

2. Article Number (Transfer from service label) 7006 0100 0005 0626 9828

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X *James Elder*

B. Received by (Printed Name) C. Date of Delivery  
 JAMES ELDER NOV 16 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

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

7006 0100 0005 0626 9811

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit [usps.com](http://usps.com)

**AGR/CHEVRON  
HERITAGE**

**OFFICE**

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

Postmark Here  
NOV - 9 2012

Bird Creek Resources, Inc.  
 1437 South Boulder Ave  
 Tulsa, OK 74119

PS Form 3811, 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:

Bird Creek Resources, Inc.  
 1437 South Boulder Ave  
 Tulsa, OK 74119

2. Article Number (Transfer from service label) 7006 0100 0005 0626 9811

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
 X *Kim Abbott*

B. Received by (Printed Name) C. Date of Delivery  
 KIM ABBOTT 11/13/12

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

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



7006 0100 0005 0626 9804

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Return Receipt)	
For delivery information visit <b>OFFICIAL</b>	
Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
<b>AGR/CHEVRON HERITAGE</b> BK Exploration 10159 E. 11th Street Suite 401 Tulsa, OK 74128-3028	

Postmark: NOV 9 2012

PS Form 3811, February 2004

## 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:

BK Exploration  
10159 E. 11th Street  
Suite 401  
Tulsa, OK 74128-3028

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 9804

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Shawn Hall

C. Date of Delivery

11/6/12

D. Is delivery address different from item 1? ☐ YesIf 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 9798

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Return Receipt)	
For delivery information visit <b>OFFICIAL</b>	
Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
<b>AGR/CHEVRON HERITAGE</b> Chesapeake Exploration 6100 N. Western Avenue Oklahoma City, OK 73118	

Postmark: NOV -9 2012

PS Form 3800, June 2002

## 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  
6100 N. Western Avenue  
Oklahoma City, OK 73118

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 9798

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

RECEIVED

C. Date of Delivery

NOV 13 2012

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

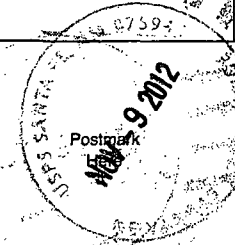
3. Service Type

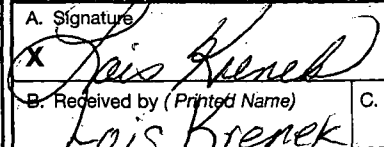
☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

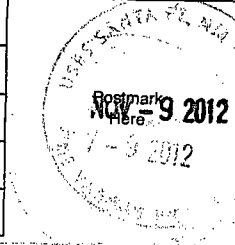
☐ Yes

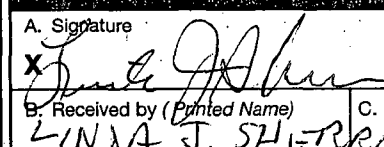
7006 0100 0005 0626 9781

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; N)		AGR/CHEVRON HERITAGE	
For delivery information v		OFFIC	
Postage	\$ .65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Broughton Petroleum 1205 Silliman St. Sealy, Texas 77474			
PS Form 3800, June 2002		See Reverse for Instructions	


<b>SENDER: COMPLETE THIS SECTION</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.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature  B. Received by (Printed Name) Lois Krennek	
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">           Broughton Petroleum            1205 Silliman St.            Sealy, Texas 77474         </div>		C. Date of Delivery NOV 13 2012 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below	
2. Article Number (Transfer from service label)		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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 0100 0005 0626 9774

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; N)		AGR/CHEVRON HERITAGE	
For delivery information v		OFFIC	
Postage	\$ .65		
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.95		
Stelaron, Inc. Post Office Box 7787 Amarillo, Texas 79109			
PS Form 3800, June 2002		See Reverse for Instructions	

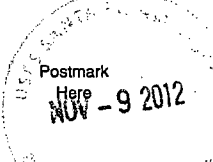
<b>SENDER: COMPLETE THIS SECTION</b> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature  B. Received by (Printed Name) LINDA J. SHERRIN	
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">           Stelaron, Inc.            Post Office Box 7787            Amarillo, Texas 79109         </div>		C. Date of Delivery NOV 13 2012 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below	
2. Article Number (Transfer from service label)		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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 0100 0005 0626 9767

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit <b>AGR/CHEVRON HERITAGE</b>	
OFFICE	
Postage	\$ <u>65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
<div style="text-align: center;">  </div>	
U.S. Bank as Trustee for the Wilbur Leutwyler Trust, under agreement dated 6/3/1996. Post Office Box 3499 Tulsa, Oklahoma 74101	
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.		COMPLETE THIS SECTION ON DELIVERY A. Signature <u>x [Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>D. MOORE</u> C. Date of Delivery <u>11-14-12</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
U.S. Bank as Trustee for the Wilbur Leutwyler Trust, under agreement dated 6/3/1996. Post Office Box 3499 Tulsa, Oklahoma 74101		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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 0100 0005 0626 9767	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9750

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit <b>AGR/CHEVRON HERITAGE</b>	
OFFICE	
Postage	\$ <u>65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>5.95</u>
<div style="text-align: center;">  </div>	
Bird 2000 Limited Partnership PI Fort Worth Club Tower 777 Taylor Street, 4th Floor 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.		COMPLETE THIS SECTION ON DELIVERY A. Signature <u>x [Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>11/13</u> 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: Bird 2000 Limited Partnership PI Fort Worth Club Tower 777 Taylor Street, 4th Floor Fort Worth, Texas 76102		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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 0100 0005 0626 9750	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9743

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Inland Return Receipts Permitted)	
For delivery information visit <a href="http://usps.com">usps.com</a>	
<b>OFFICE</b>	
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  
NOV 8 2012

Radler 2000 Limited  
Partnership  
3131 West 7th Street, 4th Floor  
Fort Worth, Texas 76107

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature * [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Radler 2000 Limited Partnership 3131 West 7th Street, 4th Floor Fort Worth, Texas 76107</p>		<p>B. Received by (Printed Name) LITA ANTHONY</p> <p>C. Date of Delivery</p>	
<p>2. Article Number: (Transfer from service label)</p> <p>7006 0100 0005 0626 9743</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

7006 0100 0005 0626 9743

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Inland Return Receipts Permitted)	
For delivery information visit <a href="http://usps.com">usps.com</a>	
<b>OFFICE</b>	
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  
NOV - 9 2012

Razorback Petroleum, LLC  
P.O. Box 8864  
Pine Bluff, AR 71611

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 9729

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

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

**AGR/CHEVRON  
HERITAGE**

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


 Randall R. Fort  
 9716 Admiral Emerson Ave.  
 Albuquerque, NM 87111

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:

 Randall R. Fort  
 9716 Admiral Emerson Ave.  
 Albuquerque, NM 87111

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 9729

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

R. Fort

C. Date of Delivery

11/13/12

 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:

 Tommy L. Fort  
 P.O. Box 5356  
 Midland, TX 79704-5356

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 9712

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

T. Fort

C. Date of Delivery

11/16/12

 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

7006 0100 0005 0626 9712

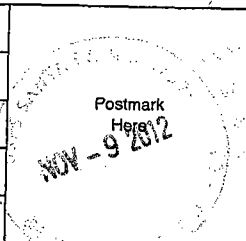
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

**AGR/CHEVRON  
HERITAGE**

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


 Tommy L. Fort  
 P.O. Box 5356  
 Midland, TX 79704-5356

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0005 0626 9705

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Mail)		<b>AGR/CHEVRON</b> <b>HERITAGE</b>
For delivery information visit <b>OFFIC</b>		
Postage	\$ 65	
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.95	
Margie Fort Bruns 10316 Country Manor P1 NM Albuquerque, NM 87114		
PS Form 3800, June 2002		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 <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  Margie Fort Bruns 10316 Country Manor P1 NM Albuquerque, NM 87114		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>11/10/12</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
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.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7006 0100 0005 0626 9705		7006 0100 0005 0626 9705	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9699

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Mail)		<b>AGR/CHEVRON</b> <b>HERITAGE</b>
For delivery information visit <b>OFFIC</b>		
Postage	\$ 65	
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.95	
Robert Mitchell Raindl P.O. Box 853 Tahoka, TX 79373		
PS Form 3800, June 2002		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 <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  Robert Mitchell Raindl P.O. Box 853 Tahoka, TX 79373		B. Received by (Printed Name) <i>Donna Raindl</i> C. Date of Delivery <i>11-14-12</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
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.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7006 0100 0005 0626 9699		7006 0100 0005 0626 9699	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 9682

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit <b>AGR/CHEVRON HERITAGE</b>	
<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
Rash Energy, Inc. 1412 South Boston Suite 500 Tulsa, OK 74119	
<small>PS Form 3800, June 2002</small> <span style="float: right;"><small>See Reverse for Instructions</small></span>	

Returned

7006 0100 0005 0626 9675

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<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
Karen Lynn Luke 1206 E. College Blvd Roswell, NM 88201	
<small>PS Form 3800, June 2002</small> <span style="float: right;"><small>See Reverse for Instructions</small></span>	

Returned