



CHESAPEAKE OPERATING, INC.  
P O BOX 11050  
MIDLAND, TX 79702-8050

September 30, 2005

PROOF OF NOTICE  
ITEM XIII  
FORM C-108  
APPLICATION FOR AUTHORIZATION TO INJECT

I, Brenda Coffman, do hereby certify that a copy of the Form C-108, along with all attachments has been mailed by Certified Mail on this date to all of the following:

OFFSET OPERATORS:

Chaparral Energy LLC  
701 Cedar Lake Boulevard  
Oklahoma City, OK 73114

Energen Resources Corporation  
3300 North "A" Street  
Building 4, Suite 100  
Midland, TX 79705

Yates Petroleum Corporation  
105 South 4<sup>th</sup> Street  
Artesia, NM 88210

SURFACE OWNERS:

(Description of Ownership within application)

Jimmy P. Hodge  
P. O. Box 565  
Lovington, NM 88260

07 Ranch Land Mineral Limited Partnership  
P. O. Box 1090  
Plains, TX 79355

Brenda Coffman  
Brenda Coffman

Regulatory Analyst 9-30-05  
Title Date



Midland Field Office

September 30, 2005

Energen Resources Corporation
3300 North "A" Street
Building 4, Suite 100
Midland, TX 79705

RE: Application for Authorization to Inject
Lea County, New Mexico

Dear Sir:

Please, find within a copy of the Application for Authorization to Inject.

As offset leasehold operator to our project area and in compliance with the New Mexico Oil Conservation Commission, enclosed is a copy of our Application to Inject (Form C-108) along with all attachments.

If there are no objections to the application, please, acknowledge below and return to me at P. O. Box 11050, Midland, TX 79702-8050. Any objections must be filed with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, NM 87505 within 15 days form the date this application was mailed.

Yours truly,

[Handwritten signature of Brenda Coffman]

Brenda Coffman
Regulatory Analyst

\_\_\_\_\_ has no objections to Chesapeake Operating's
Application for Authorization to Inject into the following wells located in Sec. 22 T12S
R38E, Lea County NM: Burrus 2A; Burrus 11; Burrus 23 3; Burrus 23 5; State DZ 1;
State 22 1; Sec. 27: Burrus 7

Signature

Printed Name

Date

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

7001 1140 0002 9558 4188

7001 1140 0002 9558 4188

WFC Ches Phy.	Postage	\$ 2.21
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	<b>Total Postage &amp; Fees</b>	<b>\$ 6.26</b>



**Sent To** Energen Resources Corporation  
 3300 North "A" Street  
 Building 4, Suite 100  
 Midland, Texas 79705

Street, Apt. # or PO Box N  
 City, State, Z

PS Form 3811, July 1999

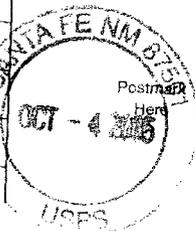
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>Roth Kelly</i> B. Date of Delivery <i>10/7/05</i></p> <p>C. Signature <i>Roth Kelly</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Energen Resources Corporation                      3300 North "A" Street                      Building 4, Suite 100                      Midland, Texas 79705</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from back of mailpiece)</p> <p>7001 1140 0002 9558 4188</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

7001 1140 0002 9558 4157

7001 1140 0002 9558 4157

Postage	\$ 2.21
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.26</b>



**Sent To**  
 Jimmy P. Hodge  
 P. O. Box 565  
 Lovington, NM 88260

PS Form 3800

**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:

Jimmy P. Hodge  
 P. O. Box 565  
 Lovington, NM 88260

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
J. Hodge	10/6/05
C. Signature	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1?	
If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Service Type

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

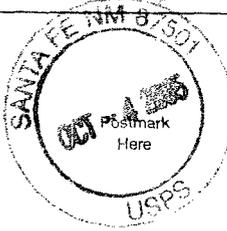
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from sender) 7001 1140 0002 9558 4157

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

7001 1140 0002 9558 4164

<b>WFC Ches Inj.</b>		
Postage	\$	2.21
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>6.26</b>



**Sent To** 07 Ranch Land Mineral Limited Partnership  
P. O. Box 1090  
Plains, TX 79355

PS Form 3800

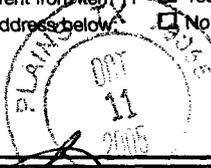
**SENDER: COMPLETE THIS SECTION**

- 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:

07 Ranch Land Mineral Limited Partnership  
P. O. Box 1090  
Plains, TX 79355

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
Sarah K Burrus	
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
* Sarah K Burrus	
D. Is delivery address different from item 1? If YES, enter delivery address below.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	
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? <i>(Extra Fee)</i>	
<input type="checkbox"/> Yes	

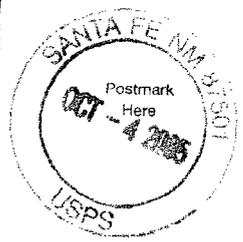
2. Article Number *(Copy from servi)* 7001 1140 0002 9558 4164

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

7001 1140 0002 9558 4171

WFC  
 Chcs  
 Inj.

Postage	\$ 2.21
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.26</b>



**Sent To**  
 Yates Petroleum Corporation  
 105 South Fourth Street  
 Artesia, NM 88210

Street, Apt. No.;  
 or PO Box No.  
 City, State, ZIP+

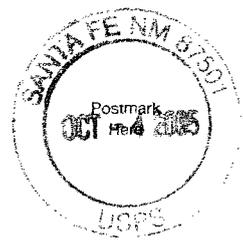
PS Form 3800

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>	<p>A. Received by (Please Print Clearly) <i>[Signature]</i> B. Date of Delivery <i>[Date]</i></p>
<p>1. Article Addressed to:</p> <p>Yates Petroleum Corporation              105 South Fourth Street              Artesia, NM 88210</p>	<p>C. Signature  <i>Kathy Donaghe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No              If YES, enter delivery address below  <b>KATHY DONAGHE</b></p>
<p>2. Article Number (C) <i>7881 1140 0002 9558 4171</i></p>	<p>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.</p> <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999</p>	<p>Domestic Return Receipt <i>[Stamp]</i> 102595-00-M-0952</p>

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

7001 1140 0002 9558 4195

Postage	\$ 2.21
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.86</b>



**Sent To** Chaparral Energy, LLC  
**Street, Apt. or PO Box #** 701 Cedar Lake Boulevard  
**City, State, ZIP+4** Oklahoma City, OK 73114

**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:

Chaparral Energy, LLC  
 701 Cedar Lake Boulevard  
 Oklahoma City, OK 73114

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* B. Date of Delivery  
 10-6-05

C. Signature  
 X *Janette Smith*  Agent  Addressee

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

2065 TH

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

4. Restricted Delivery? *(Extra Fee)*  Yes

2. Article Number *(Copy from)* 7001 1140 0002 9558 4195

**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:

Stanley J. Dimsha  
18965 Harnett Street  
Northridge, CA 91326

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date

Stanley J. Dimsha

C. Signature

X *Stanley J. Dimsha*  Agent  Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from

7001 1140 0002 9558 4911

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

# Affidavit of Publication

STATE OF NEW MEXICO )  
 ) ss.  
COUNTY OF LEA )

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertising Director of **THE LOVINGTON DAILY LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

Notice Of Publication

was published in a regular and entire issue of **THE LOVINGTON DAILY LEADER** and not in any supplement thereof, for one (1) day, beginning with the issue of October 1, 2005 and ending with the issue of October 1, 2005.

And that the cost of publishing said notice is the sum of \$ 67.56 which sum has been (Paid) as Court Costs.

Joyce Clemens

Subscribed and sworn to before me this 18th day of October 2005.

Debbie Schilling  
Debbie Schilling

Notary Public, Lea County, New Mexico  
My Commission Expires June 22, 2006

## LEGAL NOTICE NOTICE OF PUBLICATION

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on October 20, 2005, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other kind of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-478-3458 or through the New Mexico Relay Network, 1-800-690-1778 by October 10, 2005. Public documents including the agenda and minutes can be provided in various accessible forms. Please contact Florene Davidson if a summary of other type of accessible form is needed.

STATE OF NEW MEXICO TO:  
All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian, whether or not so stated.)

CASE 13583:  
Application of Chesapeake Operating, Inc. for approval of a waterflood project and qualification of the Project Area of the Trinity Burrus Unit for the Recovered Oil Tax rate pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico. Applicant in the above-styled cause, seeks approval of its Trinity Burrus Unit Waterflood Project by injection of water into the Wolfcamp formation through seven injection wells located in the following described area:

### TOWNSHIP 12 SOUTH, RANGE 38 EAST, INMEM

- Section 15 E/2 SW/4, SW/4 SE/4
- Section 22 E/2, E/2 W/2
- Section 23 W/2, W/2 E/2
- Section 26 W/2 W/2, NE/4 NW/4, SE/4 SW/4
- Section 27 E/2, E/2 W/2

The applicant requests that the Division establish procedures for the administrative approval of additional injection wells within the unit area without the necessity of further hearings and the adoption of any provisions necessary for such other matters that may be appropriate for said waterflood operations. Said area is located approximately 25 miles northeast of Lovington, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission Santa Fe, New Mexico on this 29th day of September 2005.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION

Mark E. Esquire, P.E., Director

Published in the Lovington Daily Leader October 1, 2005.