

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

Case No. 14325

EXHIBIT

8

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance X Disposal _____ Storage
Application qualifies for administrative approval? _____ Yes _____ No
- II. OPERATOR: Chesapeake Operating, Inc. (OGRID No. -147179)
ADDRESS: P.O. Box 18496 Oklahoma City, OK 73154-0496
CONTACT PARTY: Christian Combs PHONE: (405)935-4703
- III. WELL DATA: Complete the data required on the reverse side of this form for each well processed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? _____ Yes X No
If yes, give the Division order number authorizing the project _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted.)
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the 'Proof of Notice' section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Christian Combs TITLE: Manager-Regulatory, Southern Division
SIGNATURE: [Signature] DATE: 01/05/2009
E-MAIL ADDRESS: christian.combs@chk.com
- * If the information required under Sections VI, VII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstance of the earlier submittal: _____

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate Dist

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No.14325 Exhibit No. 8
Submitted by:
CHESAPEAKE OPERATING INC.
Hearing Date: June 2, 2009

III. WELL DATA

- A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

- B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

Side 1

INJECTION WELL DATA SHEET

OPERATOR: Chesapeake Operating Inc

WELL NAME & NUMBER: 2,100' FSL & 2,310' FWL

WELL LOCATION: FOOTAGE LOCATION

UNIT LETTER K SECTION 14 TOWNSHIP 19S RANGE 33E

WELLBORE SCHEMATIC

WELL CONSTRUCTION DATA Surface Casing

Hole Size: 12 1/4" Casing Size: 8 5/8"

Cemented with: 1,200 sx. or ft

Top of Cement: Surface Method Determined: Circulated

Intermediate Casing

Hole Size: Casing Size:

Cemented with: sx. or ft

Top of Cement: Method Determined:

Production Casing

Hole Size: 7 7/8" Casing Size: 5 1/2"

Cemented with: 1,050 sx. or ft

Top of Cement: Surface Method Determined: Circulated

Total Depth: 4,450'

Injection Interval

Perforated from 3,615 feet To 3,694 feet

INJECTION WELL DATA SHEET

Tubing Size: 2 3/8" Lining Material: Plastic Coated
 Type of Packer: Baker Hughes Lock-Set
 Packer Setting Depth: 3,500 feet
 Other Type of Tubing/Casing Seal (if applicable): None

Additional Data

1. Is this a new well drilled for injection? Yes X No
 If no, for what purpose was the well originally drilled? Oil Producer
2. Name of the Injection Formation: Seven Rivers
3. Name of Field or Pool (if applicable): Tonto
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. 4,284-4,330' CIBP @ 4,250' with 35' cement on top; 4,098-4,112' CIBP @ 4,050' with 35' cement on top.
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: No productive oil or gas zones overlying
Underlying at approximately 4,100' is the Queen formation that is productive in the general area but not within the Federal USA 'L' lease boundary.

APPLICATION FOR AUTHORIZATION TO INJECT

Chesapeake Operating, Inc.
Lea County, New Mexico

ITEM I

The purpose of this application is disposal.

ITEM II

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496

ITEM III

See attached data sheets.

ITEM IV

This is not an expansion of an existing project.

ITEM V

See attached map.

ITEM VI

See attached tabulation of wells of public record within the area of review which penetrates the proposed disposal zone. Schematics are also attached for all plugged wells illustrating all plugging detail.

ITEM VII

1. Daily average disposal rate is expected to be 250 BWPD. Maximum daily disposal rate would be approximately 1,000 BWPD.
2. The system will be closed.
3. The proposed average disposal pressure is expected to be 500 psig and the maximum pressure is expected to be 1,000 psig.
4. The source of the water to be disposed is produced salt water from the surrounding producing wells, which produce from the Seven Rivers.
5. Disposal will be in the Seven Rivers formation which is productive in the area.

ITEM VIII.

The Tonto Seven Rivers Field, covering approximately 1800 acres, is situated locally in western central Lea County, New Mexico and regionally near the shelf margin of the Northwest Shelf of the Delaware Basin. The field produces from the Seven Rivers Formation and consists of several northwest to southeast trending sandstones that pinch out. The Seven Rivers Formation is Upper Middle Guadalupian (Permian) in age directly overlain by the Yates and underlain by the Queen, both of which produce on the Northwest Shelf.

In general the overall Seven Rivers Formation is composed of interfingering siliciclastics, carbonates, and evaporates (sandstone, dolomite, sandy and anhydritic dolomite, and minor amounts of shale). The Seven Rivers pay is described as a fine-grained, subrounded, well sorted friable and loosely consolidated sandstone with a trace of anhydrite cement and clay. Seven Rivers pay can get up to 10 feet thick with porosities ranging from 14-25%.

The top and bottom of the Seven Rivers is indicated below:

Well Name	Top of Seven Rivers	Bottom of Seven Rivers
Federal USA L-4	3472'	4282'

There are no known underground sources of drinking water overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.

ITEM IX

The only stimulation planned is a small volume of acid to clean up the perforated intervals.

ITEM X

The logs were sent to the New Mexico Oil Conservation Division when the well was completed.

ITEM XI

There are no fresh water wells within one mile of this proposed disposal well location.

ITEM XII

The available geologic and engineering have been examined and there is no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.

ITEM XIV Proof of Notice

A copy of the application has been furnished, by certified mail to the following:

Owner of Surface of the land on which the well(s) is located:

United States Department of the Interior
Bureau of Land Management
Roswell Field Office
2909 West Second Street
Roswell, New Mexico 88201

Leasehold operator(s) within one-half mile of the well location:

All wells within 1/2 mile are operated by Chesapeake.

Chesapeake Operating, Inc.,
P O box 18496
Oklahoma City, OK 73154-0496

19.15.9701 B (2) In the absence of an operator, the following lessees within 1/2 mile have been furnished a copy of the application by certified mail:

Lessees in All of Section 14

Chesapeake Exploration, LLC
P O Box 18496
Oklahoma City, OK 73154-0496

William James Ball Jr., & Nikki Ball
4300 Copper Rock Drive
Edmond, OK 73025
Nearburg Exploration Co., LLC
3300 North A Street
Building 2, Suite 120
Midland, TX 79705

David J. Sorenson
2709 Coronado Drive
Roswell, NM 88201

Daniel W. Varel
%Bright & Bright LLP
5944 Luther Lane, Suite 600
Dallas, TX 75225

S H Cavin
504 N. Wyoming
Roswell, NM 88201

Thomas Alden Ritch, MD
2715 N. Kentucky
Roswell, NM 88201

Hutchings Oil Company
%Stratton & Cavin PA
40 First Plaza Centre NW #610
Albuquerque, NM 87102

Sealy Hutchings Cavin, Inc
504 N. Wyoming
Roswell, NM 88201

Susan Scott Murphy
706 Brazos Street
Roswell, NM 88201

Winn Investments, Inc.
706 Brazos Street
Roswell, NM 88201

Williamson Enterprises
200 W. DeVargas Street #1
Santa Fe, NM 87501

Frank S & Robin L Morgan
135 West Cottonwood Road
Artesia, NM 88210
Nuevo Seis LP
Barbara E Hannifin President
300 W. 2nd Street
Roswell, NM 88201

Marcia Joy Varel
%Bright & Bright. LLP
5944 Luther Lane, Ste 600
Dallas, TX 75225

Sealy H Cavin Jr
3235 Calle De Deborah NW
Albuquerque, NM 87104

Permian Basin Investment Corp
215 W. Third Street
Roswell, NM 88201

Lessees in E/2 of Section 15

Fasken Oil & Ranch Ltd
FBO Fasken Land & Minerals Ltd
303 W. Wall Ave. Ste. 1800
Midland, TX 79701-5116

J Brad & Debbi Jeffers
607 Tierra Berrenda
Roswell, NM 88201

Patrick R. Bridgeman
354 Calle Chueca
San Clemente, CA 92672

Lessees in N/2 NW & NW NE of Section 23

Explorers Petroleum Corp (no street address found)
P O Box 1933
Roswell, NM 88202-1933

Harvey E Yates Co.
1007 Marquette NW
Albuquerque, NM 87102

Laurelind Corp
500 N. Main Street #827
Roswell, NM 88202-12143

Nadel & Gusman Capitan, LLC
15 E 5th Street #3200
Tulsa, OK 74103

SABA Energy of Texas, Inc.
3201 Airpark Drive #201
Santa Mariz, CA 93455

Spiral, Inc.
P O Box 1933
Roswell, NM 88202-1933

(no street address found)

Yates Energy Corp
500 N. Main Street, #1010
Roswell, NM 88202-2323

Proposed Disposal Well

[illegible]

FEDERAL USA 'L' #4 , FORM C-108 AREA OF REVIEW WELL LISTING

CHESAPEAKE OPERATING, INC.
6100 N. WESTERN AVE
OKLAHOMA CITY, OKLAHOMA 73118
405-767-4398

15 wells are within the AOR

FEDERAL USA 'L' #4 PROPOSED SWD

3 wells within the AOR
have been p&a'd
or were dry holes.

<u>Well Name</u>	<u>Type</u>	<u>Date Drld</u>	<u>Location</u>	<u>Depth</u>
Britz Federal #1 API # 30-025-29704	Oil	1/12/1987	Sec. 14 T19S, R 33E I, 1980' FSL & 660 FEL	4,950'
Texaco Federal #3 API # 30-025-31398	Oil	12/15/1991	Sec. 14 T19S, R 33E N, 660 FSL & 1980 FWL	7,980'
Texaco Federal #2 API # 30-025-30943	SWD	9/12/1991	Sec. 14 T19S, R 33E G, 1980 FNL & 2310 FEL	13,680'
Texaco Federal #1 API # 30-025-30763	Oil	12/22/1989	Sec. 14 T19S, R 33E K, 2060 FSL & 1980 FWL	13,650'
Federal USA 'L' #9Y API # 30-025-34347	P&A	3/20/1998	Sec. 14 T19S, R 33E M, 383 FSL & 652 FWL	3,864'
Federal USA 'L' #7 API # 30-025-33903	Oil	7/31/1997	Sec. 14 T19S, R 33E E, 2310 FNL & 990 FWL	3,900'
Federal USA 'L' #6 API # 30-025-33902	Oil	7/23/1997	Sec. 14 T19S, R 33E L, 1650 FSL & 330 FWL	3,900'
Texaco Federal #4 API # 30-025-32092	Oil	7/5/1993	Sec. 14 T19S, R 33E O, 660 FSL & 2100 FEL	7,955'
Federal USA 'L' #11 API # 30-025-35913	Oil	7/22/2002	Sec. 14 T19S, R 33E C, 990 FNL & 1650 FWL	3,900'
Federal USA 'L' # 9 API # 30-025-01666	Dry	12/20/1997	Sec. 14 T19S, R 33E M, 330 FSL & 660 FWL	5,075'
Federal USA 'L' #2 API # 30-025-30641	Oil	7/19/1989	Sec. 14 T19S, R 33E F, 2310 FNL & 2210 FWL	3,867'
Federal USA 'L' #5 API # 30-025-30953	Dry	8/6/1990	Sec. 14 T19S, R 33E O, 990 FSL & 1650 FEL	3,950'

FEDERAL USA 'L' #4 , FORM C-108 AREA OF REVIEW WELL LISTING

CHESAPEAKE OPERATING, INC.
6100 N. WESTERN AVE
OKLAHOMA CITY, OKLAHOMA 73118
405-767-4398

FEDERAL USA 'L' #4 PROPOSED SWD

<u>Well Name</u>	<u>Type</u>	<u>Date Drld</u>	<u>Location</u>	<u>Depth</u>
Federal USA 'L' #3 API # 30-025-30685	Oil	10/26/1989	Sec. 14 T 19S, R 33E G, 1980 FNL & 1675 FEL	4,450'
Federal USA 'L' #1 API # 30-025-30361	Oil	4/19/1989	Sec. 14 T 19S, R 33E J, 2310 FSL & 1650 FEL	3,913'
Federal USA 'L' #10 API # 30-025-35912	Oil	7/7/2002	Sec. 14 T 19S, R 33E D, 990 FNL & 530 FWL	3,875'

Please find the following:

- **Current well-bore schematic of Federal USA "L" #4 well w/geological formations tops noted.**
- **Proposed work-over of Federal USA "L" #4 well well-bore schematic actual & proposed diagrams.**
- **Plugged & abandoned wells within AOR**
- **Affidavit of publication from Hobbs News Sun newspaper.**
- **Site location map.**
- **Procedure to convert well to SWD.**
- **Certified/registered mail receipts.**

Chesapeake

Current Wellbore Schematic

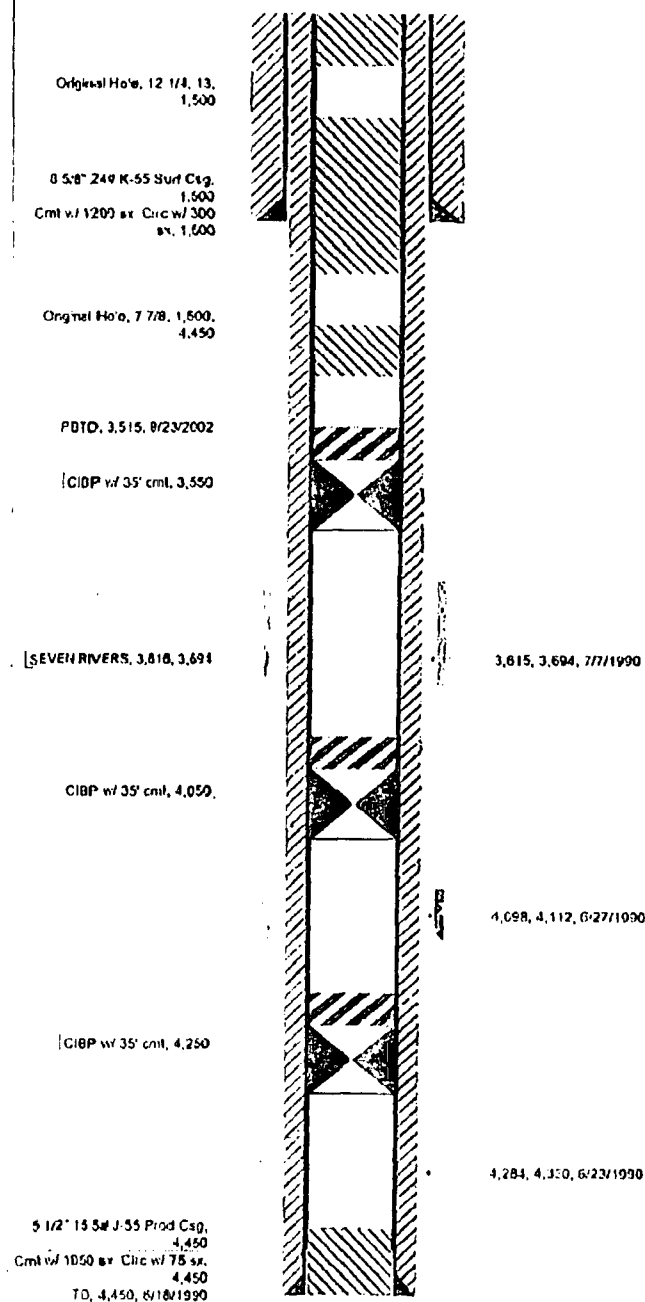
FEDERAL USA L 4

Field: TONTO SEVEN RIVERS
County: LEA
State: NEW MEXICO
Elevation: GL 3,677.00 KB 3,690.00
KB Height: 13.00

Location: SEC 14, 19S-33E, 2100 FSL & 2310 FWL

Spud Date: 6/6/1990
Initial Compl. Date:
API #: 3002530692
CHK Property #: 890907
1st Prod Date: 7/7/1990
PBTD: Original Hole - 3515.0
TD: 4,450.0

Well Config - Original Hole: 12/22/2006 2:15:43 PM
Schematic - Actual



Well History

6/23/1990 PERF Queen Sand @ 4284-4110, 4318-20, 4328-30 w/ 2 jsp, 68 ho'es. ACDZ w/ 3000 gal 7.5% H₂O.

6/27/1990 CIBP @ 4250' w/ 35' cml. PERF @ 1098-4104, 4110-12 w/ 2 jsp, 16 ho'es. ACDZ w/ 1500 gal 7.5% H₂O.

7/7/1990 CIBP @ 4050' w/ 35' cml. PERF @ 3815-18, 3848-63, 3868-84 w/ 2 jsp, 32 ho'es. ACDZ w/ 3500 gal 7.5% H₂O. FRAC w/ 30000 gal XLO w/ 52500# 20/40 sd & 12500# 12/70 RC sd.

9/23/2002 CIBP @ 3550' w/ 35' cml. Well TA'd.

6/16/2006 Spot 25 ex plug @ 2883-3413 - leg. Spot 25 ex plug @ 1445-1700 - leg. Spot 60' surf plug. Well PAA'd.

Geological Formation Tops

Rustler 1480'
Yates 3302'
Seven Rivers 3472'
Queen 4282'

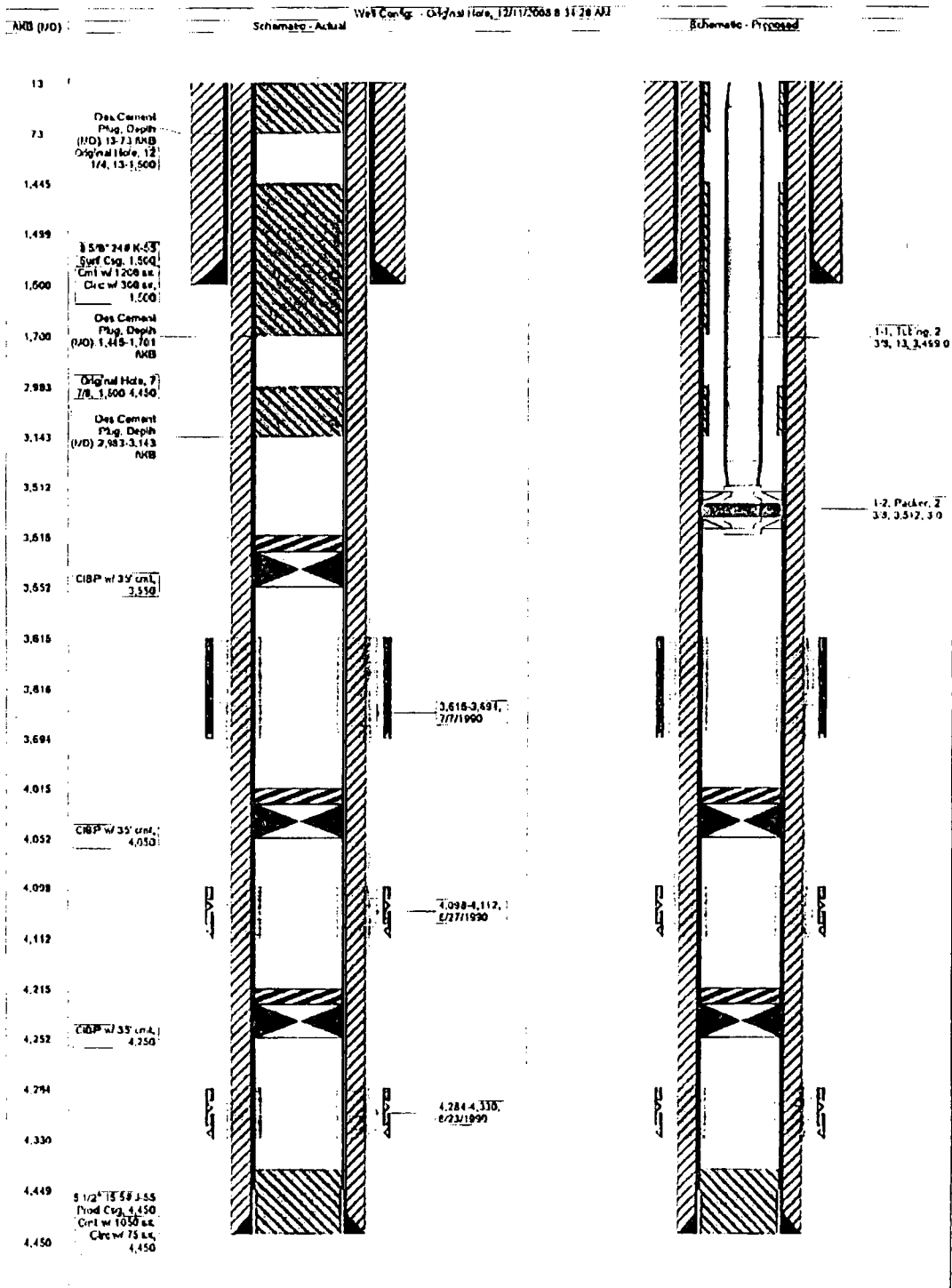


Proposal for Workover

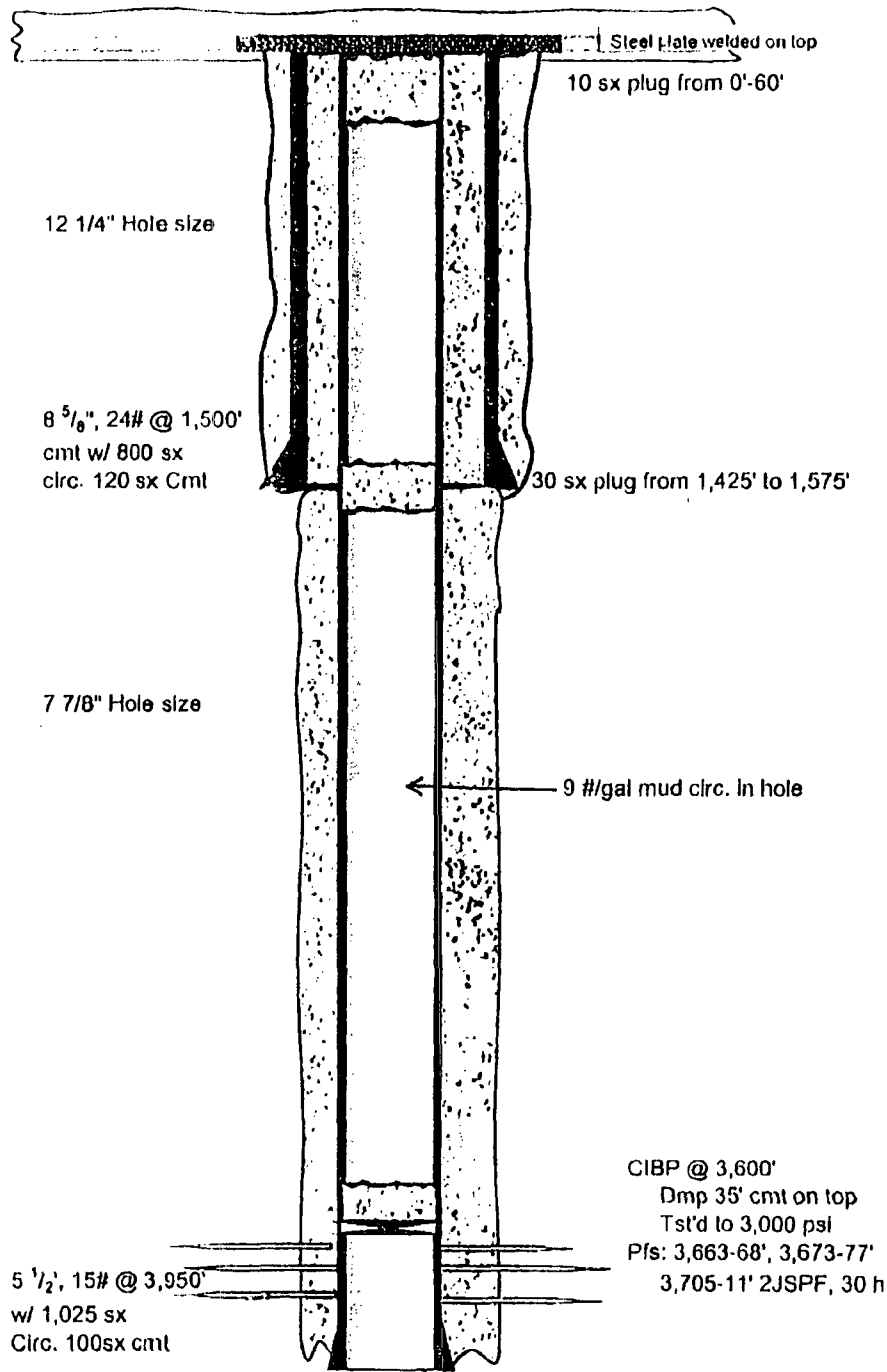
FEDERAL USA L 4

Field: TONTO SEVEN RIVERS
County: LEA
State: NEW MEXICO
Location: SEC 14, 19S-33E, 2100 FSL & 2310 FWL
Elevation: GL 3,677.00 KB 3,690.00
KB Height: 13.00

Spud Date: 6/6/1990
Initial Compl. Date:
API #: 3002530692
CHK Property #: 890907
1st Prod Date: 7/7/1990
PBTD: Original Hole - 3515.0
TD: 4,450.0

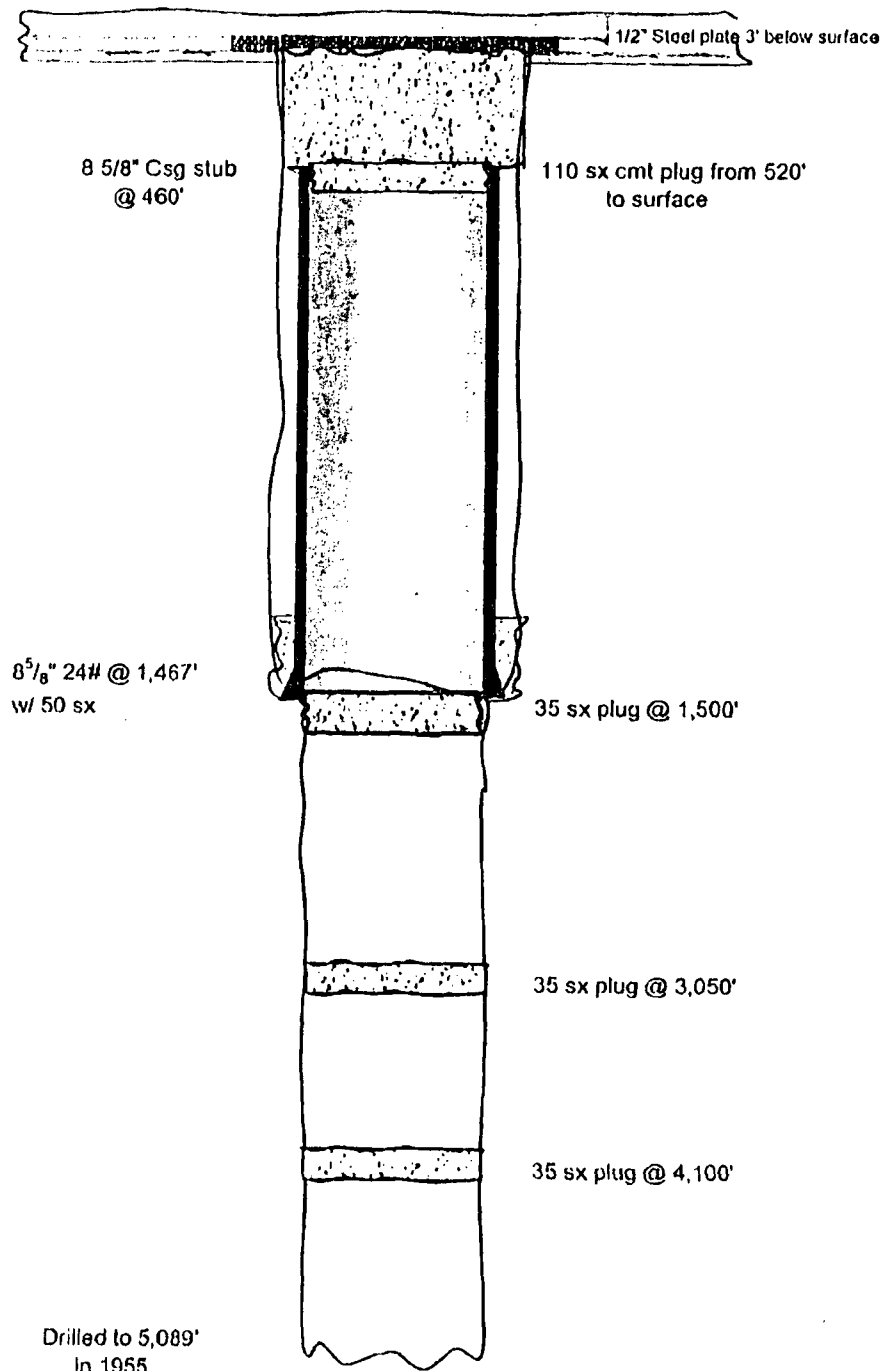


Federal USA 'L' #5 Sec 14 T19S-R33E Plugging Schematic



P&A, C108 Fed USA L #4, USX
 Fed USA L #5

Federal USA 'L' #9
Originally drilled as the R J Jones #1
Sec 14 T19S-R33E
Plugging Schematic



PSA_C108_Fed USA L #9.dwg
 Fed USA L #9 A-CARJ Jones #1

Chesapeake

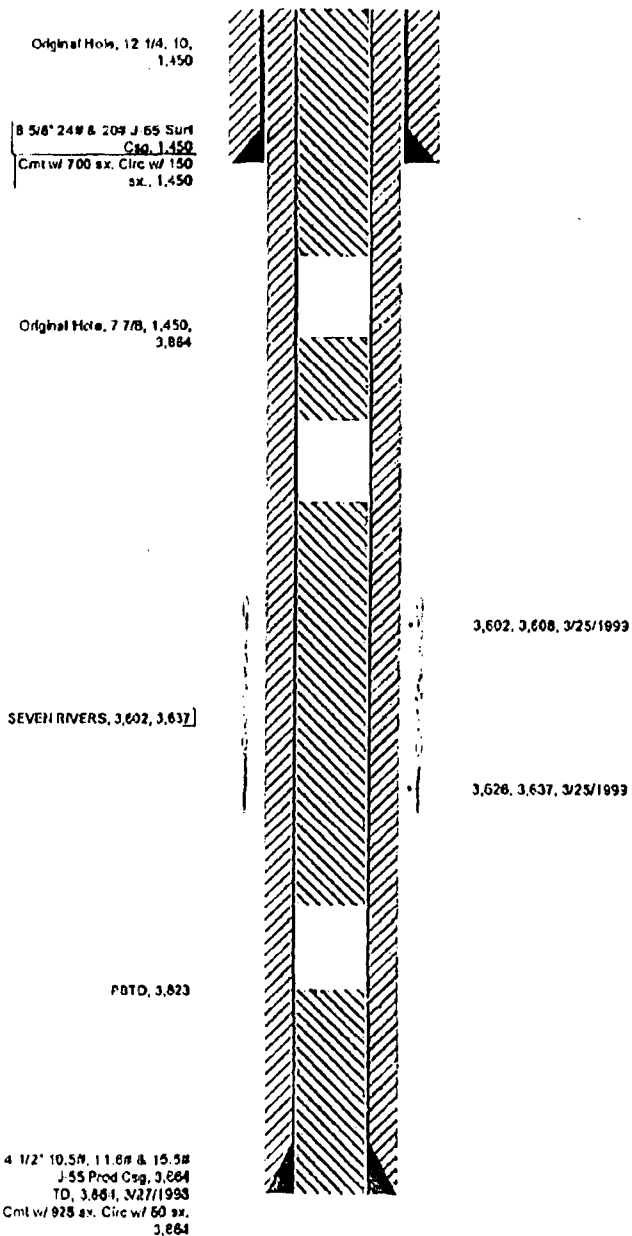
Permian North - Current Wellbore Schematic

FEDERAL USA L 9Y

Spud Date: 3/20/1998
Initial Compl. Date:
API #: 3002534347
CHK Property #: 690911
1st Prod Date: 2/1/2004
PBTD: Original Hole - 3823.0
TD: 3,864.0

Well History

3/25/1999 PERFORM 3802'-08" w/ 9 holes &
3626'-37" w/ 11 holes. ACDZ w/ 1500
gal 15% NeFe. FRAC w/ 18000 gal &
31600# 16/30 sd.
3/28/1999 Tubing - Production set at 3,857.0NKB
on 3/28/1999 00.00
9/11/2008 Spot 30 sz plug @ 3292-3640. Tag
Spot 25 sz plug @ 2733-3128. Tag PU
to 1500' and cml to surl w/ 150 sz.



Affidavit of Publication

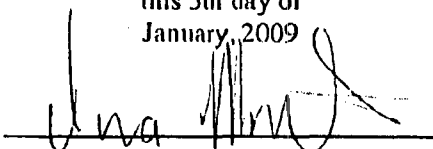
State of New Mexico,
County of Lea.

I, KATHI BEARDEN
PUBLISHER
of the Hobbs News-Sun, a
newspaper published at Hobbs, New
Mexico, do solemnly swear that the
clipping attached hereto was
published in the regular and entire
issue of said newspaper, and not a
supplement thereof for a period

of 1 issue(s).
Beginning with the issue dated
January 03, 2009
and ending with the issue dated
January 03, 2009


PUBLISHER

Sworn and subscribed to before me
this 5th day of
January, 2009



Notary Public

My commission expires
February 07, 2009
(Seal)



OFFICIAL SEAL
DORA MONTAÑA
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires

This newspaper is duly qualified to
publish legal notices or
advertisements within the meaning of
Section 3, Chapter 167, Laws of
1937 and payment of fees for said
publication has been made.

LEGAL
JANUARY 3, 2009

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA L #4 which is located 2100' FSL & 2310' FWL of Section 14 Township 19 South Range 33 East, Lea County, New Mexico. The formation to be injected is for disposal purposes into the Seven Rivers formation from 3815'-3894'. The daily average disposal rate is expected to be 250 BWPC and a maximum disposal rate of 1000 BWPD. The proposed average disposal pressure is expected to be 500 psig and the maximum pressure is expected to be 1000 psig. Questions or Objections can be addressed to Chesapeake Operating, Inc. 6100 N. Western Ave., Oklahoma City, OK 73118 or call Terry Frohnepfel at: 405-935-2727. Any interested parties that have objections or request a hearing must be filed within 15 days of this notice to the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505.
#24631

02108820 00023561
BRYANT ARRAÑT
CHESAPEAKE-LEGAL NOTICE
P.O. BOX 18496
OKLAHOMA CITY, OK 73154

**PROCEDURE TO CONVERT PLUGGED WELL TO SWD
TONTTO FIELD
LEA COUNTY, NEW MEXICO**


1. MIRU workover rig. Cut off welded plate and install BOP.
2. RIH with bit and scraper.
3. Drill out cement plugs @ surface, 1,450' and 3,000'.
4. Drill out cement and CIBP @ approximately 3,550'.
5. Tag PBTD @ approximately 4,015' & POH with bit & scraper.
6. RIH with tbg & pkr and acidize perms @ 3,615-3,694' with 3,000 gals acid.
7. POH with tbg & pkr and RIH with injection pkr and plastic coated tbg. Place pkr within 100' of the top perf.
8. Load backside with pkr fluid and set pkr.
9. Pressure test backside to 500 psi.
10. ND BOP, NU wellhead, RD workover rig. Prepare for disposal by installing flow meter and pressure gauges to monitor both tubing and annulus pressures.



Firm Delivery Receipt

Bill Number	Page Number	Mail For
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Returned CODs <input checked="" type="checkbox"/> Return Receipt for Merchandise		Bryan G. Arrant Chesapeake Operating, Inc. P.O. Box 18496 Oklahoma City, OK 73154-0496

Article Number		Article Number	
1	7005 3110 0003 8077 9016	2	7008 1830 0003 8736 1306
3	7005 3110 0003 8077 9023	4	7008 1830 0003 8736 1313
5	7005 3110 0003 8077 9030	6	7008 1830 0003 8736 1320
7	7005 3110 0003 8077 9047	8	7008 1830 0003 8736 1337
9	7005 3110 0003 8077 9054	10	7008 1830 0003 8736 1344
11	7005 3110 0003 8077 9061	12	7008 1830 0003 8736 1351
13	7005 3110 0003 8077 9078	14	7008 1830 0003 8736 1368
15	7005 3110 0003 8077 9085	16	7008 1830 0003 8736 1375
17	7005 3110 0003 8077 9092	18	7008 1830 0003 8736 1382
19	7005 3110 0003 8077 9108	20	7008 1830 0003 8736 1399
21	7008 1830 0003 8736 1276	22	7008 1830 0003 8736 1405
23	7008 1830 0003 8736 1283	24	7008 1830 0003 8736 1412
25	7008 1830 0003 8736 1290	26	7008 1830 0003 8736 1429
27		28	
29		30	

A total of _____ articles described above were received.	 Received By (Print Name) Signature of Addressee or Agent X	Postmark Delivery Office
Date of Delivery	NOTE: List the appropriate code after each Article Number. * CODE: R = Return Receipt Requested. OS = Officially Sealed. RE = Re-enveloped. SD = Special Delivery. RW = Returned to Writer. DC = Received in Damaged Condition.	
Delivered By (Clerk or Carrier)		

PS Form 3883-A, December 1994

01/16/2009 CONTENTS: Federal USA "L" #4 SWD AP Notice



Regulatory Department

Certified Mail 7005 3110 0003 8077 9016

January 16, 2008

RE: Application to convert to Salt Water Disposal
 Federal USA "L" # 4
 Sec. 14, Township 19 South, Range 33 East
 2100' FSL & 2310' FWL
 Lea County, New Mexico
 API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

The formation for disposal is to be the Seven Rivers formation.

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Questions or objections can be addressed to Chesapeake Operating, Inc. 6100 N. Western Ave., Oklahoma City, OK 73118 or call Terry Frohnepfel at 405-935-2727.

Objections or requests for a hearing must be filed within 15 days of this notice to the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505.

Yours Truly,

A handwritten signature in cursive script, appearing to read 'Bryan G. Arrant'.

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908



Chesapeake ENERGY

Chesapeake Energy Corporation
18128 • Oklahoma City, OK 73154-0128

7005 3110 0003 8077 901b
7005 3110 0003 8077 901b

PS Form 3800, June 2002 (See Reverse for Instructions)

Sent To	
William James Ball Jr. & Nikki Ball	
4300 Copper Rock Drive	
Edmond, OK 73025	
City, State, Zip	
or P.O. Box No.	
Street, Apt. No.	
Postmark Here	
Postage \$	
Certified Fee \$	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

For delivery information visit our website at www.usps.com

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

Ball

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:

William James Ball Jr. & Nikki Ball
4300 Copper Rock Drive
Edmond, OK 73025

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 ☐ No
If YES, enter delivery address below:

3. Service Type
- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 3110 0003 8077 901b

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Regulatory Department

Certified Mail 7005 3110 0003 8077 9023

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
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Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7005 3110 0003 8077 9023

7005 3110 0003 8077 9023

128

Domestic Return Receipt

RECEIVED MAIL RECEIPT

Return Receipt for Registered Mail, Certified Mail, Insured Mail, or Restricted Delivery Mail

1. Article Addressed to:

Nearburg Exploration Co., LLC
3300 North A Street
Building 2, Suite 120
Midland, TX 79705

2. Article Number
(Transfer from service label)

3. Service Type

4. Restricted Delivery? (Extra Fee)

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:

Nearburg Exploration Co., LLC
3300 North A Street
Building 2, Suite 120
Midland, TX 79705

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ 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

7005 3110 0003 8077 9023

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-10



Regulatory Department

Certified Mail 7005 3110 0003 8077 9047

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.348.8000 • fax 405.379.7908

7005 3110 0003 8077 9047

7005 3110 0003 8077 9047

154-0128

U.S. Postal ServiceSM	
CERTIFIED MAILSM RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (if no return required)	
Restricted Delivery Fee (if no return required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	
S.H. Cavin	
Street, Apt. No.	
or PO Box No. 04 N. Wyoming	
City, State, ZIP+4 [®] Roswell, NM 88201	

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:

S H Cavin
504 N. Wyoming
Roswell, NM 88201

2. Article Number
(Transfer from service label)

7005 3110 0003 8077 9047

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
☐ 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



Regulatory Department

Certified Mail 7005 3110 0003 8077 9030

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7005 3110 0003 8077 9030

7005 3110 0003 8077 9030

0128

D
2
R

PS Form 3811, June 2004
See Back for Instructions

Sent To: **David J. Sorenson**
 Street: **2709 Coronado Drive**
 City: **Roswell, NM 88201**

Postage \$

Certified Fee

Return Receipt Fee
(Environment Required)

Restricted Delivery Fee
(Restriction Required)

Total Postage & Fees \$

Postmark
Here

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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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:

David J. Sorenson
 2709 Coronado Drive
 Roswell, NM 88201

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

7005 3110 0003 8077 9030

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Regulatory Department

Certified Mail 7005 3110 0003 8077 9054

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

CERTIFIED MAIL

7005 3110 0003 8077 9054

7005 3110 0003 8077 9054

4-0128

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	
Thomas Alden Ritch, MD	
Street Apt. No. 2715 N. Kentucky	
or P.O. Box No. 2715 N. Kentucky	
City, State, ZIP+4 Roswell, NM 88201	
PS Form 3811, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Thomas Alden Ritch, MD 2715 N. Kentucky Roswell, NM 88201</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>7005 3110 0003 8077 9054</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



Regulatory Department

Certified Mail 7005 3110 0003 8077 9061

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7005 3110 0003 8077 9061

7005 3110 0003 8077 9061

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Section 10 Recipient: Hutchings Oil Company Street, Apt. No., PO Box No.: %Stratton & Cavin PA City, State, ZIP+4: 40 First Plaza Centre NW #610 Albuquerque, NM 87102	

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:

Hutchings Oil Company
 %Stratton & Cavin PA
 40 First Plaza Centre NW #610
 Albuquerque, NM 87102

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ 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.

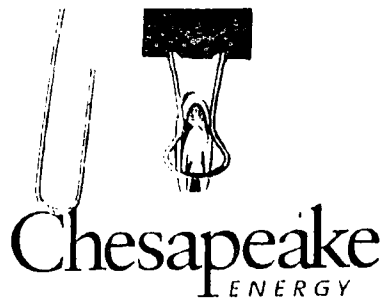
4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 3110 0003 8077 9061

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Regulatory Department

Certified Mail 7005 3110 0003 8077 9078

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7005 3110 0003 8077 9078

7005 3110 0003 8077 9078

U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Postage \$	Certified Fee Return Receipt Fee Restricted Delivery Fee Endorsement Fee Total Postage & Fees \$
Endorsed Fee	
Return Receipt Fee	
Restricted Delivery Fee	
Endorsement Fee	
Sent to: Sealy Hutchings Cavin, Inc. Street, Apt. No.: 504 N. Wyoming or PO Box No.: City, State, Zip+4: Roswell, NM 88201	
PS Form 3811, June 2002	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee
1. Article Addressed to: Sealy Hutchings Cavin, Inc 504 N. Wyoming Roswell, NM 88201	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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
7005 3110 0003 8077 9078	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Regulatory Department

Certified Mail 7005 3110 0003 8077 9085

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Senior Regulatory Compliance Specialist
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P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7005 3110 0003 8077 9085
7005 3110 0003 8077 9085

0128

U.S. Postal Service	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com .	
Postage	\$
Certified Fee	
Return Receipt Fee (Return Receipt Required)	
Restricted Delivery Fee (Restriction: Prohibited)	
Total Postage & Fees	\$
Postmark HCR	
Send to Street, Apt. No.: Susan Scott Murphy or PO Box No. 706 Brazos Street City, State, ZIP+4 Roswell, NM 88201	
PS Form 3811, June 2002 See Reverse for Instructions	

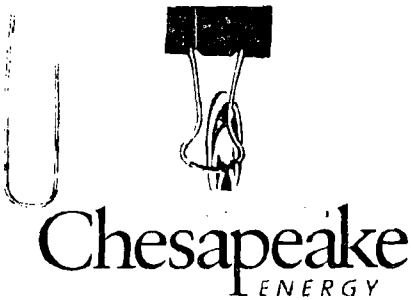
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Susan Scott Murphy 706 Brazos Street Roswell, NM 88201		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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	

7005 3110 0003 8077 9085

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-10



Regulatory Department

Certified Mail 7005 3110 0003 8077 9092

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

The formation for disposal is to be the Seven Rivers formation.

The daily average disposal rate is expected to be 250 BWPD and a maximum rate of 1000 BWPD. The proposed average disposal pressure is expected to be 500 psig and the maximum pressures expected to be 1000 psig. The perforated interval is to be 3615'-3694'. Please find the attached: NMOCD's C-108 application.

Questions or objections can be addressed to Chesapeake Operating, Inc. 6100 N. Western Ave., Oklahoma City, OK 73118 or call Terry Frohnepfel at 405-935-2727.

Objections or requests for a hearing must be filed within 15 days of this notice to the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505.

Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.348.8000 • fax 405.879.7203

7005 3110 0003 8077 9092

7005 3110 0003 8077 9092

U.S. Postal Service	
CERTIFIED MAILTM RECEIPT	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Street Apt. No. Winn Investments, Inc.	
or PO Box No. 706 Brazos Street	
City, State, ZIP+4 Roswell, NM 88201	
PS Form 3811, June 2002-41 See Reverse for Instructions	

28

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>1. Article Addressed to:</p> <p>Winn Investments, Inc. 706 Brazos Street Roswell, NM 88201</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 3110 0003 8077 9092</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

41.



Regulatory Department

Certified Mail 7005 3110 0003 8077 9108

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

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The daily average disposal rate is expected to be 250 BWPD and a maximum rate of 1000 BWPD. The proposed average disposal pressure is expected to be 500 psig and the maximum pressures expected to be 1000 psig. The perforated interval is to be 3615'-3694'. Please find the attached: NMOC's C-108 application.

Questions or objections can be addressed to Chesapeake Operating, Inc. 6100 N. Western Ave., Oklahoma City, OK 73118 or call Terry Frohnappfel at 405-935-2727.

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.379.7908

7005 3110 0003 8077 9100

7005 3110 0003 8077 9108

28

U.S. Postal Service[®] CERTIFIED MAIL[™] RECEIPT <i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees \$	
Postmark Here	
Sent to Recipient Address Street Apt. No. Williamson Enterprises or PO Box No. 200 W. DeVargas Street #1 City, State, ZIP+4 Santa Fe, NM 87501	
PS Form 3800, June 2002	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Williamson Enterprises 200 W. DeVargas Street #1 Santa Fe, NM 87501	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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
7005 3110 0003 8077 9108	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Regulatory Department

Certified Mail 7008 1830 0003 8736 1276

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7008 1830 0003 8736 1276
7008 1830 0003 8736 1276

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com .	
Postage	\$
Certified Fee	
Return Receipt Fee (endorsement required)	
Restricted Delivery Fee (endorsement required)	
Total Postage & Fees	\$
Postmark 1490	
Sent to	
Street, Apt. No. or PO Box No. 135 West Cottonwood Road	
City, State, ZIP+4 [®] Artesia, NM 88210	
PS Form 3811, August 2004 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:

Frank S & Robin L Morgan
135 West Cottonwood Road
Artesia, NM 88210

2. Article Number
(transfer from service label)

7008 1830 0003 8736 1276

PS Form 3811, February 2004

Domestic Return Receipt

02595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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



Regulatory Department

Certified Mail 7008 1830 0003 8736 1283

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Objections or requests for a hearing must be filed within 15 days of this notice to the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505.

Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7008 1830 0003 8736 1283

7008 1830 0003 8736 1283

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

For delivery information visit our website at www.usps.com

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

Postmark
 Here

Sent to: **Nuevo Seis LP**
 Street, Apt. No.: **Barbara E Hannifin President**
 or PO Box No: **300 W. 2nd Street**
 City, State, ZIP+4: **Roswell, NM 88201**

PS Form 3811, February 2004 (www.usps.com) 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:

Nuevo Seis LP
Barbara E Hannifin President
300 W. 2nd Street
Roswell, NM 88201

2. Article Number
 (Transfer from service label)

7008 1830 0003 8736 1283

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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



Regulatory Department

Certified Mail 7008 1830 0003 8736 1290

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

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Objections or requests for a hearing must be filed within 15 days of this notice to the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505.

Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.3000 • fax 405.879.7908

7008 1830 0003 8736 1290

7008 1830 0003 8736 1290

28

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee	
(Endorsement Required)	
Restricted Delivery Fee	
(Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sender's Name	Marcia Joy Varel
Street, Apt. No., P.O. Box No., or PO Box No.	%Bright & Bright, LLP
City, State, Zip+4	5944 Luther Lane, Ste 600
	Dallas, TX 75225

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: Marcia Joy Varel %Bright & Bright, LLP 5944 Luther Lane, Ste 600 Dallas, TX 75225		B. Received by (Printed Name) C. Date of Delivery 	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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	
7008 1830 0003 8736 1290			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Regulatory Department

Certified Mail 7008 1830 0003 8736 1306

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7008 1830 0003 8736 1306

7008 1830 0003 8736 1306

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$
Confirmed Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Send To: Street, Apt. No. or P.O. Box No. Sealy H. Cavin Jr. 3235 Calle De Deborah NW City, State, Zip+4 Albuquerque, NM 87104	
PS Form 3811, August 2004	

128

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Sealy H Cavin Jr 3235 Calle De Deborah NW Albuquerque, NM 87104		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number <i>(Transfer from service label)</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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	
7008 1830 0003 8736 1306			

PS Form 3811, February 2004

Domestic Return Receipt

102395-02-M-1510

51.



Regulatory Department

Certified Mail 7008 1830 0003 8736 1313

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

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Yours Truly,

Bryan G. Arrant
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Chesapeake Operating, Inc.
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Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7008 1830 0003 8736 1313
7008 1830 0003 8736 1313

0128

U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

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

Postmark Here

Sent to
Street Apt. No. 215 W. Third Street
or PO Box No.
City, State ZIP+4 Roswell, NM 88201

PS Form 3800, August 2003

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:

Permian Basin Investment Corp
215 W. Third Street
Roswell, NM 88201

2. Article Number
(Transfer from service label)

7008 1830 0003 8736 1313

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)

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



Regulatory Department

Certified Mail 7008 1830 0003 8736 1320

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7008 1830 0003 8736 1320

7008 1830 0003 8736 1320

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Sent to Recipient's Name or PO Box No. 607 Tierra Berrenda City, State, Zip+4 Roswell, NM 8820	Return Receipt Fee Endorsement (Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Postmark Here	Postage \$ Certified Fee Return Receipt Fee Endorsement (Required) Restricted Delivery Fee (Endorsement Required)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS 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 X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: J Brad & Debbi Jeffers 507 Tierra Berrenda Roswell, NM 8820		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7008 1830 0003 8736 1320		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-40



Regulatory Department

Certified Mail 7008 1830 0003 8736 1337

January 16, 2008

RE: Application to convert to Salt Water Disposal
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2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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The formation for disposal is to be the Seven Rivers formation.

The daily average disposal rate is expected to be 250 BWPD and a maximum rate of 1000 BWPD. The proposed average disposal pressure is expected to be 500 psig and the maximum pressures expected to be 1000 psig. The perforated interval is to be 3615'-3694'. Please find the attached: NMOCD's C-108 application.

Questions or objections can be addressed to Chesapeake Operating, Inc. 6100 N. Western Ave., Oklahoma City, OK 73118 or call Terry Frohnapfel at 405-935-2727.

Objections or requests for a hearing must be filed within 15 days of this notice to the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505.

Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.348.8000 • fax 405.379.7908

56.

7008 1830 0003 8736 1337

7008 1830 0003 8736 1337

PS Form 3811, February 2004

Street Address: Explorers Petroleum Corp
P O Box 1933
City, State, ZIP+4: Roswell, NM 88202-1933

Postage	\$
Certified Fee	
Return Receipt Fee (if applicable)	
Restricted Delivery Fee (if applicable)	
Total Postage & Fees	\$

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

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:

Explorers Petroleum Corp
P O Box 1933
Roswell, NM 88202-1933

2. Article Number
(Transfer from service label)

7008 1830 0003 8736 1337

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ 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



Regulatory Department

Certified Mail 7008 1830 0003 8736 1344

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

The formation for disposal is to be the Seven Rivers formation.

The daily average disposal rate is expected to be 250 BWPD and a maximum rate of 1000 BWPD. The proposed average disposal pressure is expected to be 500 psig and the maximum pressures expected to be 1000 psig. The perforated interval is to be 3615'-3694'. Please find the attached: NMOCD's C-108 application.

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Objections or requests for a hearing must be filed within 15 days of this notice to the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505.

Yours Truly,

Bryan G. Arrant
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Chesapeake Operating, Inc.
P.O. Box 18496
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Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7008 1830 0003 8736 1344
7008 1830 0003 8736 1344

28

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
To: Laurelind Corp. Street, Apt. No. 500 N. Main Street #827 or P.O. Box No. City, State, ZIP+4® Roswell, NM 88202-12143	
PS Form 3811, August 2004 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>1. Article Addressed to:</p> <p>Laurelind Corp 500 N. Main Street #827 Roswell, NM 88202-12143</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7008 1830 0003 8736 1344</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

59.



Regulatory Department

Certified Mail

7008 1830 0003 8736 1351

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

The formation for disposal is to be the Seven Rivers formation.

The daily average disposal rate is expected to be 250 BWPD and a maximum rate of 1000 BWPD. The proposed average disposal pressure is expected to be 500 psig and the maximum pressures expected to be 1000 psig. The perforated interval is to be 3615'-3694'. Please find the attached: NMOCD's C-108 application.

Questions or objections can be addressed to Chesapeake Operating, Inc. 6100 N.

Western Ave., Oklahoma City, OK 73118 or call Terry Frohnafel at 405-935-2727.

Objections or requests for a hearing must be filed within 15 days of this notice to the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505.

Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation

P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

CERTIFIED MAIL

7008 1830 0003 8736 1351
7008 1830 0003 8736 1351

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only: No Insurance Coverage Provided)</i> For delivery information visit our website at www.usps.com	
Section 10 Return Receipt Fee Restricted Delivery Fee Total Postage & Fees	Postage \$ Certified Fee Return Receipt Fee Restricted Delivery Fee Total Postage & Fees \$
Postmark Here	
PS Form 3800, August 2005 See Reverse for Instructions	

Spiral, Inc.
 P O Box 1933
 Roswell, NM 88202-1933

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:

Spiral, Inc.
P O Box 1933
Roswell, NM 88202-1933

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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		

7008 1830 0003 8736 1351

0128

61.



Regulatory Department

Certified Mail 7008 1830 0003 8736 1368

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation

P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7008 1830 0003 8736 1368

7008 1830 0003 8736 1368

PS Form 3811, August 2006. See Reverse for Instructions.

Send to: **Daniel W. Vare**
 Street, Apt. No.: **%Bright & Bright LLP**
 or PO Box No.: **5944 Luther Lane, Suite 600**
 City, State, ZIP+4: **Dallas, TX 75225**

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

Postmark
 Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

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:

**Daniel W. Vare
 %Bright & Bright LLP
 5944 Luther Lane, Suite 600
 Dallas, TX 75225**

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

7008 1830 0003 8736 1368



Regulatory Department

Certified Mail 7008 1830 0003 8736 1375

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

64.

7008 1830 0003 8736 1375

7008 1830 0003 8736 1375

-0128

PS Form 3800, Address Only, No Insurance Coverage Provided

Street, Apt. No.,
or PO Box No. FBO Fasken Land & Minerals Ltd
303 W. Wall Ave. Ste. 1800
City, State, ZIP+4 Midland, TX 79701-5116

Postage \$

Postmark

Postage & Fees \$

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

For delivery information visit our website at www.usps.com

Ltd

SENDER: COMPLETE THIS SECTION	COMPLETE THIS 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>1. Article Addressed to:</p> <p>Fasken Oil & Ranch Ltd FBO Fasken Land & Minerals Ltd 303 W. Wall Ave. Ste. 1800 Midland, TX 79701-5116</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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>

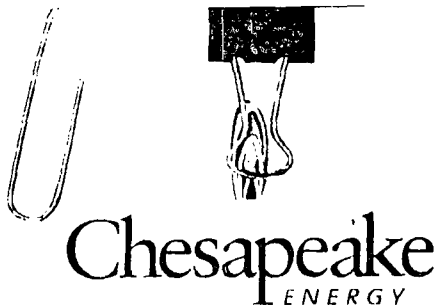
7008 1830 0003 8736 1375

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

65.



Regulatory Department

Certified Mail 7008 1830 0003 8736 1382

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Yours Truly,

Bryan G. Arrant
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Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7008 1830 0003 8736 1382

7008 1830 0003 8736 1382

1-0128

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Postage must be paid)	
Restricted Delivery Fee (Postage must be paid)	
Total Postage & Fees	\$
Postmark Here	
Send to: Patrick R. Bridgeman 354 Calle Chueca San Clemente, CA 92672	
PS Form 3800, August 2004 Edition See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>
1. Article Addressed to: Patrick R. Bridgeman 354 Calle Chueca San Clemente, CA 92672	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number <i>(Transfer from service label)</i>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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

7008 1830 0003 8736 1382

PS Form 3811, February 2004

Domestic Return Receipt

102595 02-M-1540



Regulatory Department

Certified Mail 7008 1830 0003 8736 1399

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.348.8000 • fax 405.379.7908

7008 1830 0003 8736 1399

7008 1830 0003 8736 1399

Send to
 Street, Apt. No. Harvey E. Yates Co.
 or PO Box No. 1007 Marquette NW
 City, State, ZIP+4® Albuquerque, NM 87102

Postage	\$
Continued Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
 Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

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:

Harvey E Yates Co.
 1007 Marquette NW
 Albuquerque, NM 87102

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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)

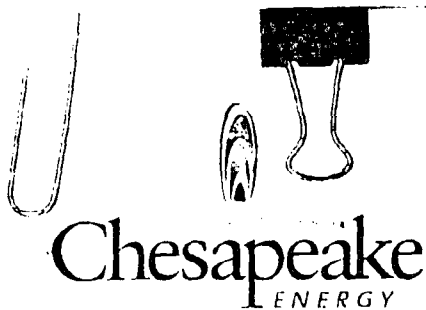
☐ Yes

7008 1830 0003 8736 1399

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Regulatory Department

Certified Mail 7008 1830 0003 8736 1405

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

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Yours Truly,

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Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.348.8000 • fax 405.879.7908

16.

7008 1830 0003 8736 1405

7008 1830 0003 8736 1405

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Certified Fee	
Postmark Here	
Send to: Street Apt. No. Nadel & Gusman Capitan, LLC or PO Box No. 15 E 5th Street #3200 City State ZIP+4 Tulsa, OK 74103	

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:

Nadel & Gusman Capitan, LLC
15 E 5th Street #3200
Tulsa, OK 74103

2. Article Number
(Transfer from service label)

7008 1830 0003 8736 1405

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

71.



Regulatory Department

Certified Mail 7008 1830 0003 8736 1412

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

The formation for disposal is to be the Seven Rivers formation.

The daily average disposal rate is expected to be 250 BWPD and a maximum rate of 1000 BWPD. The proposed average disposal pressure is expected to be 500 psig and the maximum pressures expected to be 1000 psig. The perforated interval is to be 3615'-3694'. Please find the attached: NMOCD's C-108 application.

Questions or objections can be addressed to Chesapeake Operating, Inc. 6100 N. Western Ave., Oklahoma City, OK 73118 or call Terry Frohnepfel at 405-935-2727.

Objections or requests for a hearing must be filed within 15 days of this notice to the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505.

Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496
Phone: 405-935-3782
Fax: 404-849-3782
E Mail: bryan.arrant@chk.com

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.848.8000 • fax 405.879.7908

7008 1830 0003 8736 1412
7008 1830 0003 8736 1412

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For delivery information, visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Hard	
Sent to	
Street Address	Yates Energy Corp.
City, State, ZIP+4	500 N. Main Street, #1010 Roswell, NM 88202-2323

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Yates Energy Corp 500 N. Main Street, #1010 Roswell, NM 88202-2323</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7008 1830 0003 8736 1412</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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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



Regulatory Department

Certified Mail 7008 1830 0003 8736 1429

January 16, 2008

RE: Application to convert to Salt Water Disposal
Federal USA "L" # 4
Sec. 14, Township 19 South, Range 33 East
2100' FSL & 2310' FWL
Lea County, New Mexico
API# 30-025-30692

Chesapeake Operating, Inc. intends to convert the following well to a salt water disposal well: Federal USA "L" # 4 located in Section 14 of Township 19 South Range 33 East, 2100' FSL & 2310' FWL, Lea County, New Mexico.

The formation for disposal is to be the Seven Rivers formation.

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Questions or objections can be addressed to Chesapeake Operating, Inc. 6100 N. Western Ave., Oklahoma City, OK 73118 or call Terry Frohnepfel at 405-935-2727.

Objections or requests for a hearing must be filed within 15 days of this notice to the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505.

Yours Truly,

Bryan G. Arrant
Senior Regulatory Compliance Specialist
Chesapeake Operating, Inc.
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405.848.8000 • fax 405.879.7908

94.

7008 1830 0003 8736 1429
7008 1830 0003 8736 1429

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For delivery information visit our website at www.usps.com	
Postage	\$
Carriage Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark

Sent To

Street and No. or PO Box No. **SABA Energy of Texas, Inc.
3201 Airpark Drive #201**

City, State, Zip+4 **Santa Mariz, CA 93455**

PS Form 3811, August 2004

28

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>SABA Energy of Texas, Inc. 3201 Airpark Drive #201 Santa Mariz, CA 93455</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7008 1830 0003 8736 1429</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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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

75.

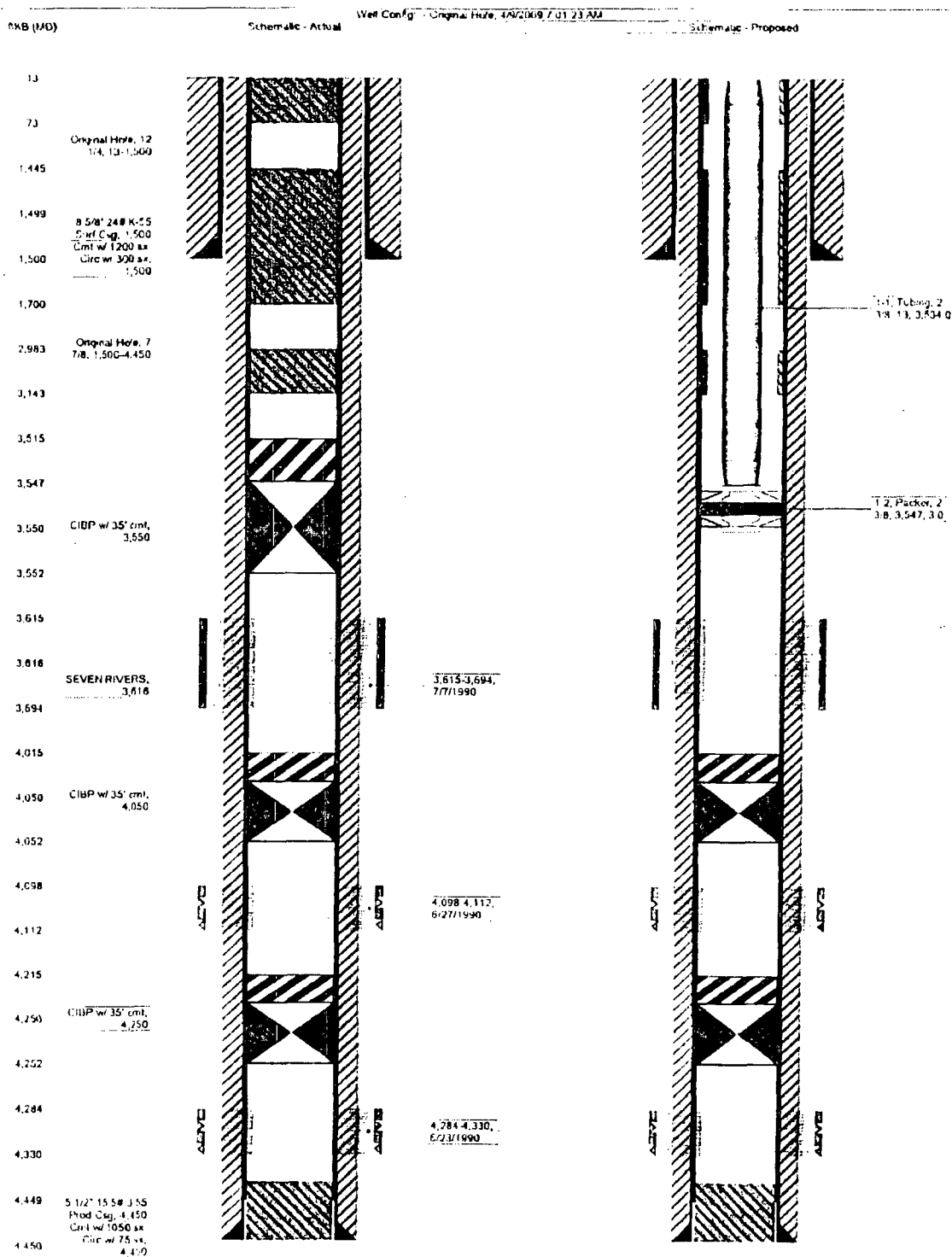


Workover Proposal

FEDERAL USA L 4

Field: TONTO SEVEN RIVERS
County: LEA
State: NEW MEXICO
Location: SEC 14, 19S-33E, 2100 FSL & 2310 FWL
Elevation: GL 3,677.00 KB 3,690.00
KB Height: 13.00

Spud Date: 6/6/1990
Initial Compl. Date:
API #: 3002530692
CHK Property #: 890907
1st Prod Date: 4/17/2005
PBD: Original Hole - 3515.0
TD: 4,450.0



76.



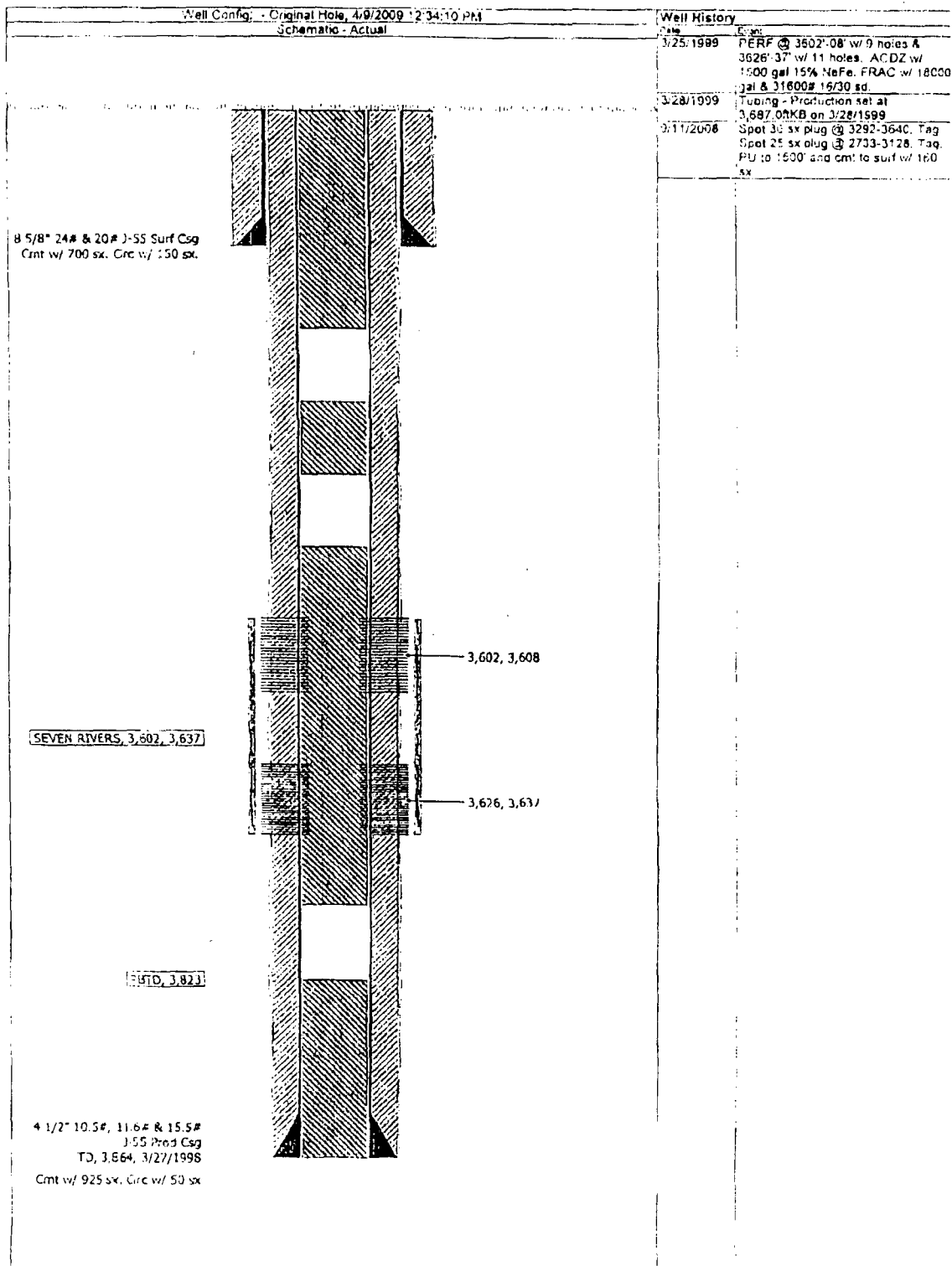
Current Wellbore Schematic

FEDERAL USA L 9Y

Field: TONTO SEVEN RIVERS
County: LEA
State: NEW MEXICO
Elevation: GL 3,658.00 KB 3,668.00
KB Height: 10.00

Location: SEC 14, 19S-33E, 383 FSL & 652 FWL

Spud Date: 3/20/1998
Initial Compl. Date:
API #: 3002534347
CHK Property #: 890911
1st Prod Date: 9/1/2002
PBTD: Original Hole - 3823.0
TD: 3,864.0



77.