

Nearburg Exploration Company, L.L.C.

Exploration and Production
3300 North "A" Street
Building 2, Suite 120
Midland, Texas 79705
915/686-8235
Fax 915/686-7806

September 12, 1997

Mr. Mike Hazlip
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73154-0496

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Bill Chalfant
Chalfant Properties, Inc.
1502 North Big Spring
Midland, Texas 79701

Re: Operating Agreement dated July 23, 1997
E/2NE/4 Section 19, T-16-S, R-36-E,
Lea County, New Mexico
Hogan Prospect

Gentlemen:

Pursuant to my conversation of this date with Mike Hazlip of Chesapeake Operating, Inc., enclosed herewith please find a revised Operating Agreement which now covers the E/2 NE/4 of Section 19, T-19-S, R-36-E, Lea County, New Mexico. Nearburg Producing Company is designated the operator of an 11,800' Strawn test well to be located 810' FNL and 660' FEL of said Section 19. This Operating Agreement has been amended to provide for the new Contract Area and a commencement date of January 1, 1998.

If this agreement meets with your approval, please execute same and return the extra set of signature pages to my attention. If we are not able to obtain a voluntary agreement, we will have a hearing to consider compulsory pooling on the October 9, 1997 docket.

Thank you for your cooperation.

Yours very truly,



Bob Shelton
Land Manager

BS:kg

Enclosure

BEFORE THE
OIL CONSERVATION DIVISION
Santa Fe, New Mexico

Case No. 11861 Exhibit No. 6

Submitted by: Nearburg Exploration Company, L.L.C.

Hearing Date: October 9, 1997

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Mr. Mike Hazlip
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73154-0496

4a. Article Number

Z 740 465 952

4b. Service Type

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

7. Date of Delivery

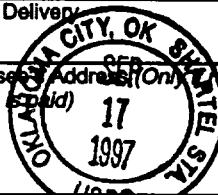
5. Received By: (Print Name)

HOGAN

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

6. Signature: (Addressee or Agent)

X [Signature]



PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 740 465 952



Receipt for Certified Mail

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

Sent to Chesapeake	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date Hogan Post. 9/12/97	

PS Form 3800, March 1993

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Mr. Bill Chalfant
Chalfant Properties, Inc.
1502 North Big Spring
Midland, Texas 79701

4a. Article Number

Z 740 465 951

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

9-15-97

5. Received By: (Print Name)

Judith Lambuck

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 740 465 951



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to Chalfant	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date Hogan 9/12/97	