

BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

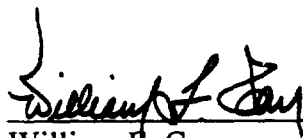
IN THE MATTER OF THE APPLICATION OF
DAVID H. ARRINGTON OIL & GAS, INC.
FOR AN UNORTHODOX WELL LOCATION,
LEA COUNTY, NEW MEXICO.

CASE NO. 12078

AFFIDAVIT


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

William F. Carr, attorney in fact and authorized representative of David H. Arrington Oil & Gas, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before me this 4th day of November, 1998.



Notary Public

My Commission Expires:

June 23, 2002

BEFORE THE
OIL CONSERVATION DIVISION
Santa Fe, New Mexico

Case Nos. 12078 Exhibit No. 3

Submitted by: David H. Arrington Oil & Gas, Inc.

Hearing Date: November 5, 1998

EXHIBIT A

Chesapeake Operating, Inc.
Post Office Box 18496
Oklahoma City, OK 73154

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702

Anson Gas Corporation
Post Office Box 24060
Oklahoma City, OK 73124

Tom R. Cone
Post Office Box 778
Jay, OK 74363

J.C. Mansker, aka James
Cilisto Mansker
425 Eastwood Avenue
Fort Worth, TX 76107

Kaye Mansker Cummings
4329 Winding Way
Fort Worth, TX 76126

Patsy Mansker Capps
9806 Highland Drive
Dallas, TX 75238

Mr. and Mrs. Jack Aduddell
Rt. 1, Box 52
Lovington, NM 88260

Packard Energy Group, Inc.
Post Office Box 10866
Midland, TX 79702

Douglas L. Cone
Post Office Box 93355
Lubbock, TX 79413

Clifford R. Cone
Post Office Box 1629
Lovington, NM 88260

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
ANTHONY F. MEDEIROS
PAUL R. OWEN
KATHERINE M. MOSS

JACK M. CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE (505) 988-4421
FACSIMILE (505) 983-6043
E-MAIL: ccbspa@ix.netcom.com

October 15, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

Re: *Application of David H. Arrington Oil & Gas, Inc. for an unorthodox well location, Lea County, New Mexico*

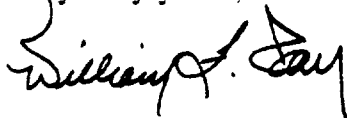
Gentlemen:

This letter is to advise you that David H. Arrington Oil & Gas, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking approval of an unorthodox gas well location for its Prince Nymph Well No. 1 to be drilled to test the Strawn and Wolfcamp formations at an unorthodox well location 2446 feet from the South line and 1006 feet from the East line of Section 29, Township 15 South, Range 36 East, NMPM, Lea County, New Mexico. The E/2 SE/4 of said Section 29 will be dedicated to the well.

This application has been set for hearing before a Division Examiner on November 5, 1998. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR
ATTORNEY FOR DAVID H. ARRINGTON OIL & GAS, INC.
WFC:mlh
Enc.

Z 559 541 775

US Postal Service

Receipt for Certified Mail

Chesapeake Operating, Inc.
Post Office Box 18496
Oklahoma City, OK 73154

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	OCT 15 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	SPS 2317
Postmark or Date	

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:

Chesapeake Operating, Inc.
Post Office Box 18496
Oklahoma City, OK 73154

4a. Article Number

Z 559 541 775

4b. Service Type

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

7. Date of Delivery OCT 15 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-8-0229

Domestic Return Receipt

Z 559 541 776

US Postal Service

Receipt for Certified Mail

Anson Gas Corporation
Post Office Box 24060
Oklahoma City, OK 73124

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	OCT 15 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	SPS 2317
Postmark or Date	

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

- 1 ☐ Addressee's Address
2 ☐ Restricted Delivery

Consult postmaster for fee.

3.

4005 NW Expressway
Ste
OK city OK
73166

4a. Article Number

Z 559 541 776

4b. Service Type

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

7. Date of Delivery

10-21

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-8-0229

Domestic Return Receipt

Thank you for using Return Receipt Service

Z 559 541 777

US Postal Service

Receipt for Certified Mail

J.C. Mansker, aka James
Cilisto Mansker
425 Eastwood Avenue
Fort Worth, TX 76107

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$3.77
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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.
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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:

J.C. Mansker, aka James
Cilisto Mansker
425 Eastwood Avenue
Fort Worth, TX 76107

4a. Article Number

Z 559 541 777

4b. Service type

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

7. Date of Delivery

10/21/98

5. Received By: (Print Name)

Kaye Cummings

6. Signature: (Addressee or Agent)

X Kaye Cummings

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 778

US Postal Service

Receipt for Certified Mail

Kaye Mansker Cummings
4329 Winding Way
Fort Worth, TX 76126

Postage	\$.3
Certified Fee	1.3
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	10-15-98
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$1.63
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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.
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- 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:

Kaye Mansker Cummings
4329 Winding Way
Fort Worth, TX 76126

4a. Article Number

Z 559 541 778

4b. Service type

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

7. Date of Delivery

10-26-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Kaye Cummings

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 779

US Postal Service

Receipt for Certified Mail

Patsy Mansker Capps
9806 Highland Drive
Dallas, TX 75238

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	2.77
Postmark or Date	

1ST NOTICE
2ND NOTICE
RETURN

Patsy Mansker Capps
9806 Highland Drive
Dallas, TX 75238

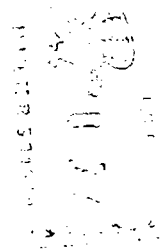
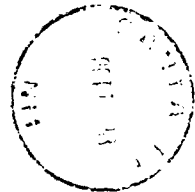
SANTA FE, NEW MEXICO 87504-2208
POST OFFICE BOX 2208
LAWYERS

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

CERTIFIED

Z 559 541 779

MAIL



Z 559 541 780

US Postal Service

Receipt for Certified Mail

Mr. and Mrs. Jack Aduddell
Rt. 1, Box 52
Lovington, NM 88260

Postage	32
Certified Fee	35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

OCT 15 1998
DE VARGAS CTR
SANTA FE NM

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.
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- 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. and Mrs. Jack Aduddell
Rt. 1, Box 52
Lovington, NM 88260

4a. Article Number

Z 559 541 780

4b. Service Type

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

7. Date of Delivery

Oct 10/17

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

102595-98-8-0229

Domestic Return Receipt

PS Form 3800 April 1995

Thank you for using Return Receipt Service.

Z 559 541 781

US Postal Service
Receipt for Certified Mail

Packard Energy Group, Inc.
Post Office Box 10866
Midland, TX 79702

Postage	\$ 32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	15 1998
TOTAL Postage & Fees	\$ 37.77
Postmark or Date	PS - 37594

PS Form 3800, April 1995

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Packard Energy Group, Inc. Post Office Box 10866 Midland, TX 79702	4a. Article Number Z 559 541 781	
	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	
5. Received By: (Print Name) Stephanie Collier	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X AS 10-19-98		

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

Z 559 541 782

US Postal Service
Receipt for Certified Mail

Douglas L. Cone
Post Office Box 93355
Lubbock, TX 79413

Postage	\$ 32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	15 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	10
TOTAL Postage & Fees	\$ 37.77
Postmark or Date	PS - 37594

PS Form 3800, April 1995

Z 559 541 783

US Postal Service

Receipt for Certified Mail

Clifford R. Cone
Post Office Box 1629
Lovington, NM 88260

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Clifford R. Cone
Post Office Box 1629
Lovington, NM 88260

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 541 783

4b. Service type

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

7. Date of Delivery

20

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

102595-98-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 784

US Postal Service

Receipt for Certified Mail

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 3, 4a, and 4b.
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- 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.

3. Article Addressed to:

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

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

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

Consult postmaster for fee.

4a. Article Number

Z 559 541 784

4b. Service type

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

7. Date of Delivery

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

102595-98-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 785

US Postal Service
Receipt for Certified Mail

Tom R. Cone
Post Office Box 778
Jay, OK 74363

PS Form 3800, April 1995

Postage	.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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:

Tom R. Cone
Post Office Box 778
Jay, OK 74363

4a. Article Number

Z 559 541 785

4b. Service Type

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

7. Date of Delivery

10/15/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

102595-98-8-0229

Domestic Return Receipt

Z 211 156 533

US Postal Service
Receipt for Certified Mail

Samuel Carlton Alexander, Jr.
Rt. 1, Box 293-A
Swoope, VA 24479

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

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

Consult postmaster for fee.

3. Article Addressed to:

Samuel Carlton Alexander, Jr.
Rt. 1, Box 293-A
Swoope, VA 24479

4a. Article Number

Z 211 156 533

4b. Service Type

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

7. Date of Delivery

10/21/98 [Signature]

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

102595-98-8-0229

Domestic Return Receipt

BEFORE THE
OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

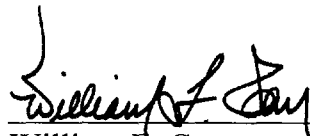
IN THE MATTER OF THE APPLICATION OF
DAVID H. ARRINGTON OIL & GAS, INC.
FOR AN UNORTHODOX WELL LOCATION,
LEA COUNTY, NEW MEXICO.

CASE NO. 12078

AFFIDAVIT


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

William F. Carr, attorney in fact and authorized representative of David H. Arrington Oil & Gas, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before me this 4th day of November, 1998.



Notary Public

My Commission Expires:

June 23, 2002

EXHIBIT A

Chesapeake Operating, Inc.
Post Office Box 18496
Oklahoma City, OK 73154

Anson Gas Corporation
Post Office Box 24060
Oklahoma City, OK 73124

J.C. Mansker, aka James
Cilisto Mansker
425 Eastwood Avenue
Fort Worth, TX 76107

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4329 Winding Way
Fort Worth, TX 76126

Patsy Mansker Capps
9806 Highland Drive
Dallas, TX 75238

Mr. and Mrs. Jack Aduddell
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Post Office Box 1629
Lovington, NM 88260

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702

Tom R. Cone
Post Office Box 778
Jay, OK 74363

BEFORE EXAMINER CATANACH	
OIL CONSERVATION DIVISION	
<u>APPROVED</u>	EXHIBIT NO. <u>3</u>
CASE NO. <u>12073</u>	

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
ANTHONY F. MEDEIROS
PAUL R. OWEN
KATHERINE M. MOSS

JACK M. CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: ccbspa@ix.netcom.com

October 15, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

Re: *Application of David H. Arrington Oil & Gas, Inc. for an unorthodox well location, Lea County, New Mexico*

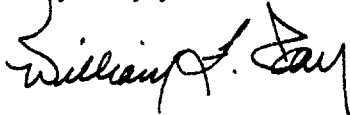
Gentlemen:

This letter is to advise you that David H. Arrington Oil & Gas, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking approval of an unorthodox gas well location for its Prince Nymph Well No. 1 to be drilled to test the Strawn and Wolfcamp formations at an unorthodox well location 2446 feet from the South line and 1006 feet from the East line of Section 29, Township 15 South, Range 36 East, NMPM, Lea County, New Mexico. The E/2 SE/4 of said Section 29 will be dedicated to the well.

This application has been set for hearing before a Division Examiner on November 5, 1998. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR
ATTORNEY FOR DAVID H. ARRINGTON OIL & GAS, INC.
WFC:mlh
Enc.

Z 559 541 775

US Postal Service
Receipt for Certified Mail

Chesapeake Operating, Inc.
Post Office Box 18496
Oklahoma City, OK 73154

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	OCT 15 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	USPS 23177
Postmark or Date	

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:

Chesapeake Operating, Inc.
Post Office Box 18496
Oklahoma City, OK 73154

4a. Article Number

Z 559 541 775

4b. Service Type

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

7. Date of Delivery OCT 10 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 776

US Postal Service
Receipt for Certified Mail

Anson Gas Corporation
Post Office Box 24060
Oklahoma City, OK 73124

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	OCT 15 1998
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	USPS 23177
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

Consult postmaster for fee.

3

4005 NW Expressway
Ste
Ok city Ok 73116

4a. Article Number

Z 559 541 776

4b. Service Type

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

7. Date of Delivery

10-21

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 777

US Postal Service

Receipt for Certified Mail

J.C. Mansker, aka James

Cilisto Mansker

425 Eastwood Avenue

Fort Worth, TX 76107

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$3.27
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- 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.

3. Article Addressed to:

J.C. Mansker, aka James
Cilisto Mansker
425 Eastwood Avenue
Fort Worth, TX 76107

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Kaye Cummings

PS Form 3811, December 1994

4a. Article Number

Z 559 541 777

4b. Service type

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

7. Date of Delivery

10/21/98

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

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

1. ☐ Addressee's Address2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

102595-98-B-0229

Domestic Return Receipt

Z 559 541 778

US Postal Service

Receipt for Certified Mail

Kaye Mansker Cummings

4329 Winding Way

Fort Worth, TX 76126

Postage	\$.3
Certified Fee	1.3
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$1.6
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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.

3. Article Addressed to:

Kaye Mansker Cummings
4329 Winding Way
Fort Worth, TX 76126

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Kaye Cummings

PS Form 3811, December 1994

4a. Article Number

Z 559 541 778

4b. Service type

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

7. Date of Delivery

10-26-98

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

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

1. ☐ Addressee's Address2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

102595-98-B-0229

Domestic Return Receipt

PS Form 3800, April 1995

Z 559 541 779

US Postal Service

Receipt for Certified Mail

Patsy Mansker Capps
9806 Highland Drive
Dallas, TX 75238

Postage	\$.32
Certified Fee	1.35
Special Delivery	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	2.77
Postmark or Date	

1ST NOTICE
2ND NOTICE
RETURN

Patsy Mansker Capps
9806 Highland Drive
Dallas, TX 75238

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 559 541 779

MAIL

Z 559 541 780

US Postal Service

Receipt for Certified Mail

Mr. and Mrs. Jack Aduddell
Rt. 1, Box 52
Lovington, NM 88260

Postage	32
Certified Fee	35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

OCT 15 1998
DE VARGAS CTR
SANTA FE NM

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- 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. and Mrs. Jack Aduddell
Rt. 1, Box 52
Lovington, NM 88260

4a. Article Number

Z 559 541 780

4b. Service Type

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

7. Date of Delivery

CA 10/17

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Z 559 541 781

US Postal Service
Receipt for Certified Mail

Packard Energy Group, Inc.
Post Office Box 10866
Midland, TX 79702

Postage	\$ 32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	1.10
TOTAL Postage & Fees	\$ 7.77
Postmark or Date	SEP 15 1998

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Packard Energy Group, Inc.
Post Office Box 10866
Midland, TX 79702

4a. Article Number

Z 559 541 781

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

5. Received By: (Print Name)

Stephanie Collins

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

6. Signature: (Addressee or Agent)

X HS 10-19-98

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 782

US Postal Service
Receipt for Certified Mail

Douglas L. Cone
Post Office Box 93355
Lubbock, TX 79413

Postage	\$ 32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	1.10
TOTAL Postage & Fees	\$ 7.77
Postmark or Date	SEP 15 1998

PS Form 3800, April 1995

Z 559 541 783

US Postal Service

Receipt for Certified Mail

Clifford R. Cone
Post Office Box 1629
Lovington, NM 88260

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

Stamp: VARGAS CTR STA, SANTA FE NM, OCT 15 1998, USPS - 87594

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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:

Clifford R. Cone
Post Office Box 1629
Lovington, NM 88260

4a. Article Number

Z 559 541 783

4b. Service type

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

7. Date of Delivery

Stamp: LOVINGTON NM, OCT 22 1998, USPS

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 784

US Postal Service

Receipt for Certified Mail

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

Stamp: VARGAS CTR STA, SANTA FE NM, OCT 15 1998, USPS - 87594

Is your RETURN ADDRESS completed on the reverse side?

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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:

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702

4a. Article Number

Z 559 541 784

4b. Service type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 785

US Postal Service

Receipt for Certified Mail

Tom R. Cone
Post Office Box 778
Jay, OK 74363

PS Form 3800, April 1995

Postage	.32
Certified Fee	.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Tom R. Cone
Post Office Box 778
Jay, OK 74363

4a. Article Number

Z 559 541 785

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

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Tom R. Cone*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 211 156 533

US Postal Service

Receipt for Certified Mail

Samuel Carlton Alexander, Jr.
Rt. 1, Box 293-A
Swoope, VA 24479

PS Form 3800, April 1995

Postage	\$.32
Certified Fee	.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Samuel Carlton Alexander, Jr.
Rt. 1, Box 293-A
Swoope, VA 24479

4a. Article Number

Z 211 156 533

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input 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

10/21/98 *OK*

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Samuel Carlton Alexander, Jr.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.