

# NORMAN MAPLES

Member of the  
*Pro Bono*  
College of the  
State Bar

ATTORNEY AND COUNSELOR AT LAW

Member of  
the College of  
the State Bar  
of Texas

April 27, 2009

**Ms. Sally A. Shipley**  
2101 N. Lincoln Blvd  
Oklahoma City, OK 73152-2000

**Newfield Exploration Mid-Continent Inc**  
110 West 7th, Suite. 1300  
Tulsa, OK 74119-1106

**Mr. Ron M. Barnes**  
Newfield Exploration Mid-Continent Inc  
110 West 7th, Suite. 1300  
Tulsa, OK 74119-1106

**Judge Kathleen M. McKeown**  
Administrative Law Judge  
P.O. Box 52000  
Oklahoma City, OK 73152-2000

**Oklahoma Corporation Commission**  
P.O. Box 52000  
Oklahoma City, OK 73152-2000

**FILED**  
JUN 08 2009

COURT CLERK'S OFFICE - OKC  
CORPORATION COMMISSION  
OF OKLAHOMA

**RE:** *CD* **Newfield Exploration Mid-Continent, Inc.**  
**Cause No.: 200805386-T**  
**A.L. Flatt, Exhibit A, No. 96**

To Whom It May Concern:

Please be advised that Mr. A. L. Flatt, or Mr. Lee Allison Flatt, passed away on August 13, 2005.  
Mr. Flatt owned rights in the above-mentioned matter.

Principal Office - 103 West Henderson, Cleburne, Texas 76033-4905  
Phone: (817) 774-3803 • Fax: (817) 774-3903  
Branch Office - 5144 E. Belknap, Suite B, Haltom City, Texas 76117  
Phone: (682) 647-1916 • Fax: (682) 647-1930  
Email: [normanmaples@sbcglobal.net](mailto:normanmaples@sbcglobal.net)

Please be advised that Mr. Maples represents Ms. Nancy Flatt, the spouse of the deceased, in this matter.

I have enclosed a copy of document entitled Affidavit of Heirship & Death and the Certificate of Death.

Thank you for your kind and professional attention to this matter. If you have any questions or require further assistance, do not hesitate to contact our office at your convenience.

Sincerely,



Elesha Carbaugh  
Legal Secretary for  
Norman Maples  
Attorney at Law

NM/ec

Cc: File/Client  
Enclosures

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STATE OF TEXAS

COUNTY OF JOHNSON

AFFIDAVIT OF HEIRSHIP AND DEATH

BEFORE ME, the undersigned authority, on this day personally appeared NANCY FLATT, who deposes and states as follows:

1. My name is Nancy Flatt and I am fully competent to make this Affidavit. I have personal knowledge of the facts stated in this affidavit, and they are all true and correct.
2. Decedent, Lee Allison Flatt, was born on June 3, 1927 in Cleburne, Texas and died August 13, 2005.
3. At the time of the decedent's death decedent resided at Farm Market 100 3136, Alvarado, Texas.
4. Decedent's Social Security No. is xxx-xxx-1671.
5. Decedent was married and did have children born unto him.
6. Decedent's is survived by his children, David Flatt and Caroline Kingston, his wife, Nancy Flatt and their children of the marriage, Donnie William Flatt, Terry Lee Flatt and Dana Flatt, whose information is as follows:

**Nancy Flatt**  
*Address:*  
P.O. Box 155  
Alvarado, Texas 76009

**Caroline Kingston**  
*Age:* 50's  
*Last Known Address:*  
905 E. 2<sup>nd</sup>  
Cleburne, Texas 76031

**David Flatt**  
*Age:* 60's  
*Address:* Unknown

**Donnie William Flatt**  
*Age:* 43  
*Address:*  
P.O. Box 155

Alvarado, Texas 76009

**Terry Lee Flatt**

*Age: 37*

*Address:*

P.O. Box 155

Alvarado, Texas 76009

**Dana Flatt**

*Age: 32*

*Address: Unknown*

**Travis Flatt**

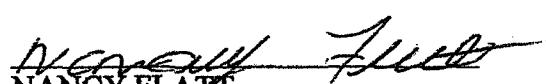
*Date of death: June/1983*

7. Since decedent died without a will, the following property passed outright to his heirs pursuant to the Texas laws of intestacy:

Underlying the W/2 Section 16 and the W/2 Section 21, Township 2 North, Range 9 East, and the E/2 Section 16 and the E/2 Section 21, Township 2 North, Range 9 East, all in Atoka County, Oklahoma.

8. There are no estate or inheritance taxes due by the Estate of Decedent for decedent's property.
9. Based on the information that I have and my own personal knowledge, all of the allegations in the foregoing Application are true in substance and in fact and that no material fact or circumstance has, within my knowledge, been omitted from the Application.

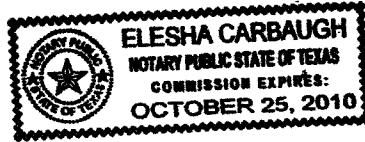
10. See Exhibit "A".



NANCY FLATT  
P.O. Box 155  
Alvarado, Texas 76009

2009.

SUBSCRIBED AND SWORN TO BEFORE ME, on this the 13<sup>rd</sup> day of March



*✓✓m*  
\_\_\_\_\_  
Notary Public in and for  
The State of Texas

Elesha Carbaugh  
\_\_\_\_\_  
Notary's Printed Name

My commission expires October 25, 2010.

**CITY OF FORT WORTH, TEXAS**  
**VITAL STATISTICS DIVISION**

**STATE OF TEXAS****CERTIFICATE OF DEATH**      **STATE FILE NUMBER**

**Texas Department of Health — Bureau of Vital Statistics**

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1969)	
1. NAME OF DECEASED	
1. Name: <b>Lamandy Platt</b> 2. Middle: <b>August</b> 3. Sex: <b>Male</b> 4. Date of Death: <b>August 13, 2005</b>	
4. Date of Birth: <b>June 3, 1927</b> 5. Age: <b>78</b> 6. Gender: <b>Female</b> 7. Ethnicity: <b>White</b> 8. Race: <b>White</b>	
9. Was the decedent of Hispanic origin? <b>No</b> 10. If yes, specify (Personal, Cuban, Puerto Rican, etc.): <b>Chinese</b> , <b>Chinese</b>	
11. Birthplace (City & State or Foreign Country): <b>Clarendon, Texas</b> 12. Place of Death (City & State): <b>Clarendon, Texas</b>	
13. Was decedent ever in U.S. Armed Forces? <b>No</b> 14. Education level: <b>Completed High School, Secondary</b> <small>15. Did decedent attend college? <b>No</b>      16. Did decedent have usual occupation? <b>Owner of business or industry</b></small>	
17. Marital Status: <b>Married</b> 18. Spouse's Name: <b>Henry Sell</b> 19. Occupation: <b>Automotive</b> <small>20. City of residence: <b>Alvarado</b>      21. Does city limits: <b>Yes</b>      22. Zip Code: <b>76009</b></small>	
23. County: <b>Johnson</b> 24. State: <b>Texas</b> 25. Place of birth (City & State): <b>Johnson, Texas</b> <small>26. Father's Name: <b>Lamandy Platt</b>      27. Mother's Maiden Name: <b>Lamandy Platt</b></small>	
28. Hospital: <b>Inpatient</b> 29. Discharge: <b>Home</b> 30. Other: <b>Residence</b> 31. Nursing home: <b>No</b> <small>32. County of death: <b>Johnson</b>      33. Location (City, State): <b>Johnson, Texas</b>      34. Name of hospital or institution (name, address, phone, etc.): <b>Johns Hopkins Hospital, Houston, TX</b></small>	
35. Relationship: <b>Daughter</b> 36. Signature of funeral director or person acting as such: <b>John H. Wallace</b> <small>37. Signature of physician or medical examiner: <b>John H. Wallace</b>      38. Date of disposition: <b>August 16, 2005</b></small>	
39. Method of disposition: <b>Cremation</b> <small>40. Name of funeral home: <b>Clayton Day Vaughan Funeral Home-Alvarado</b>      41. Address: <b>P.O. Box 806, Alvarado, Texas 76009</b></small>	
42. Certificate: <small>43. Certifying physician: <b>John H. Wallace</b>      44. Date issued: <b>Aug 27 2005</b>      45. Time of death: <b>13:29</b></small>	
<small>46. Medical examiner's name &amp; address of certifier: <b>John H. Wallace, 1500 S. Main St., Fort Worth, TX 76107</b></small>	
47. Justice of the peace: <b>John H. Wallace</b> <small>48. Enter the deceased's name(s) or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.</small>	
<small>49. MANNER OF DEATH: <b>Final disposition</b>      50. Cause of death: <b>Heart attack</b>      51. Underlying cause: <b>Heart attack</b>  <small>52. Contributing causes: <b>None</b>      53. Other contributing causes: <b>None</b></small> </small>	
<small>54. Signature of certifier: <b>John H. Wallace</b>      55. Date of death: <b>Aug 16, 2005</b></small>	
<small>56. Signature of physician or medical examiner: <b>John H. Wallace</b>      57. Date of death: <b>Aug 16, 2005</b></small>	
<small>58. Signature of funeral director: <b>John H. Wallace</b>      59. Date of disposition: <b>Aug 16, 2005</b></small>	
<small>60. Signature of local registrar: <b>John H. Wallace</b>      61. Date received by local registrar: <b>Sep 09 2005</b></small>	
<small>62. Signature of local registrar: <b>John H. Wallace</b></small>	

LF 459597

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Sec. 191 (051). Health and Safety Code.

ISSUED



John H. Wallace

LOCAL REGISTRAR

VS-112 REV. 9/95

02 4306

SEP 09 2005

**WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.**