

DATE IN 5.2.12	SUSPENSE	ENGINEER <i>RE</i>	LOGGED IN 5.2.12	TYPE CTB	APP NO. 1217350824
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NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -
1220 South St. Francis Drive, Santa Fe, NM 87505



RECEIVED OGD
2012 MAY -2 A 11:19
217955

ADMINISTRATIVE APPLICATION CHECKLIST 30-015-39734

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement
☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or ☐ Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☒ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] CERTIFICATION: I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Mayte Reyes
Print or Type Name

Mayte Reyes
Signature

Regulatory Analyst
Title 4/30/12
Date

mreyes1@concho.com
e-mail Address

District I
1625 N. French Drive, Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised August 1, 2011

OIL CONSERVATION DIVISION

1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Submit the original
application to the Santa Fe
office with one copy to the
appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: COG Production LLC
OPERATOR ADDRESS: 2208 W. Main Street, Artesia, NM 88210
APPLICATION TYPE:

☐ Pool Commingling ☒ Lease Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☒ Fee ☐ State ☒ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
☐ Yes ☐ No

(A) POOL COMMINGLING

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

- (2) Are any wells producing at top allowables? ☐ Yes ☐ No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.
(4) Measurement type: ☐ Metering ☐ Other (Specify)
(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING

Please attach sheets with the following information

- (1) Pool Name and Code.
(2) Is all production from same source of supply? ☒ Yes ☐ No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No
(4) Measurement type: ☒ Metering ☐ Other (Specify)

(C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

- (1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

- (1) Is all production from same source of supply? ☐ Yes ☐ No
(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

- (1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Mayte Reyes

TITLE: Regulatory Analyst

DATE: 4/30/12

TYPE OR PRINT NAME Mayte Reyes

TELEPHONE NO.: 575-748-6945

E-MAIL ADDRESS mreyes1@concho.com

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM12559
2. Name of Operator COG Production LLC		6. If Indian, Allottee, or Tribe Name
3a. Address 2208 W. Main Street Artesia, NM 88210	3b. Phone No. (include area code) 575-748-6945	7. If Unit or CA. Agreement Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 810' FSL & 2630' FWL, Unit N (SESW) Sec 13-T26S-R28E BHL: 330' FSL & 480' FWL, Unit N (SESW) Sec 24-T26S-R28E		8. Well Name and No. Cottonmouth 13 Federal Com #1H
		9. API Well No. 30-015-39734
		10. Field and Pool, or Exploratory Area Delaware River; Bone Spring
		11. County or Parish, State Eddy NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	Off-Lease Measurement
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will be performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

COG Production LLC respectfully requests administrative approval to Surface/Lease commingle gas only the following wells:

Cottonmouth 13 Federal Com #1H
Delaware River; Bone Spring
Sec 13-T26S-R28E
API# 30-015-39734
Federal Lease # NMNM12559
Eddy County, NM

Momba 24 Federal Com #1H
Delaware River; Bone Spring
Sec 24-T26S-R28E
API# 30-015-37049
SHL: Federal Lease #NMNM12559 BHL: Fee
Eddy County, NM

14. I hereby certify that the foregoing is true and correct.

Name (Printed/ Typed)

Mayte Reyes

Title: Regulatory Analyst

Signature:

Mayte Reyes

Date: 4/30/12

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:

Title:

Date:

Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office:

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**Continuation of the Cottonmouth 13 Federal Com #1H and Momba 24 Federal Com #1H Surface/Lease
Commingling gas only application sundry.**

All owners notifications are attached.

Identical pools.

Gas Measurement

The gas from the Momba 24 Federal Com #1H and the Cottonmouth 13 Federal Com #1H will be measured on lease and sold at the Southern Union meter# 57308 located in section 12-T26S-R28E. Each well shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales to the wells. The Cottonmouth 13 Federal Com #1H will have a gas lift meter and a check meter to measure any gas pulled off of the line.

Estimated daily gas production for the Cottonmouth 13 Federal #1H is from 0 - 2000 mcf and the estimated daily gas production for the Momba 24 Federal Com #1H is 0-1200 mcf.

The proposed commingling is necessary for economic operation of the above referenced leases.

The purpose of the Surface/Lease Commingling of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not result in reduced royalty or improper measurement of production. Without the approval for utilizing existing batteries on adjacent leases, it will become necessary to built separate facilities for this well. This will greatly increase costs and shorten the economic life of the well.

We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.

DISTRICT I
1625 N. French Dr., Suite, NM 87504

DISTRICT II
1501 W. Grand Avenue, Artesia, NM 87010

DISTRICT III
1000 Rio Grande Rd., Aztec, NM 87410

DISTRICT IV
1520 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised October 10, 2009

Submit one copy to appropriate
District Office

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-015-39734	Pool Code 16800	Pool Name DELAWARE RIVER-BONE SPRING
Property Code	Property Name COTTONMOUTH "13" FEDERAL COM	Well Number 1H
OGRIID No. 217955	Operator Name OGX RESOURCES, LLC	Elevation 2920'

Surface Location

UL or lot No.	Section	Township	Range	Lot Etn	Feet from the	North/South line	Feet from the	East/West line	County
N	13	26 S	28 E		810	SOUTH	2630	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Etn	Feet from the	North/South line	Feet from the	East/West line	County
N	24	26 S	28 E		330	SOUTH	2310	WEST	EDDY

Dedicated Acres 160	Joint or Infill	Consolidation Code	Order No.
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**NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION**

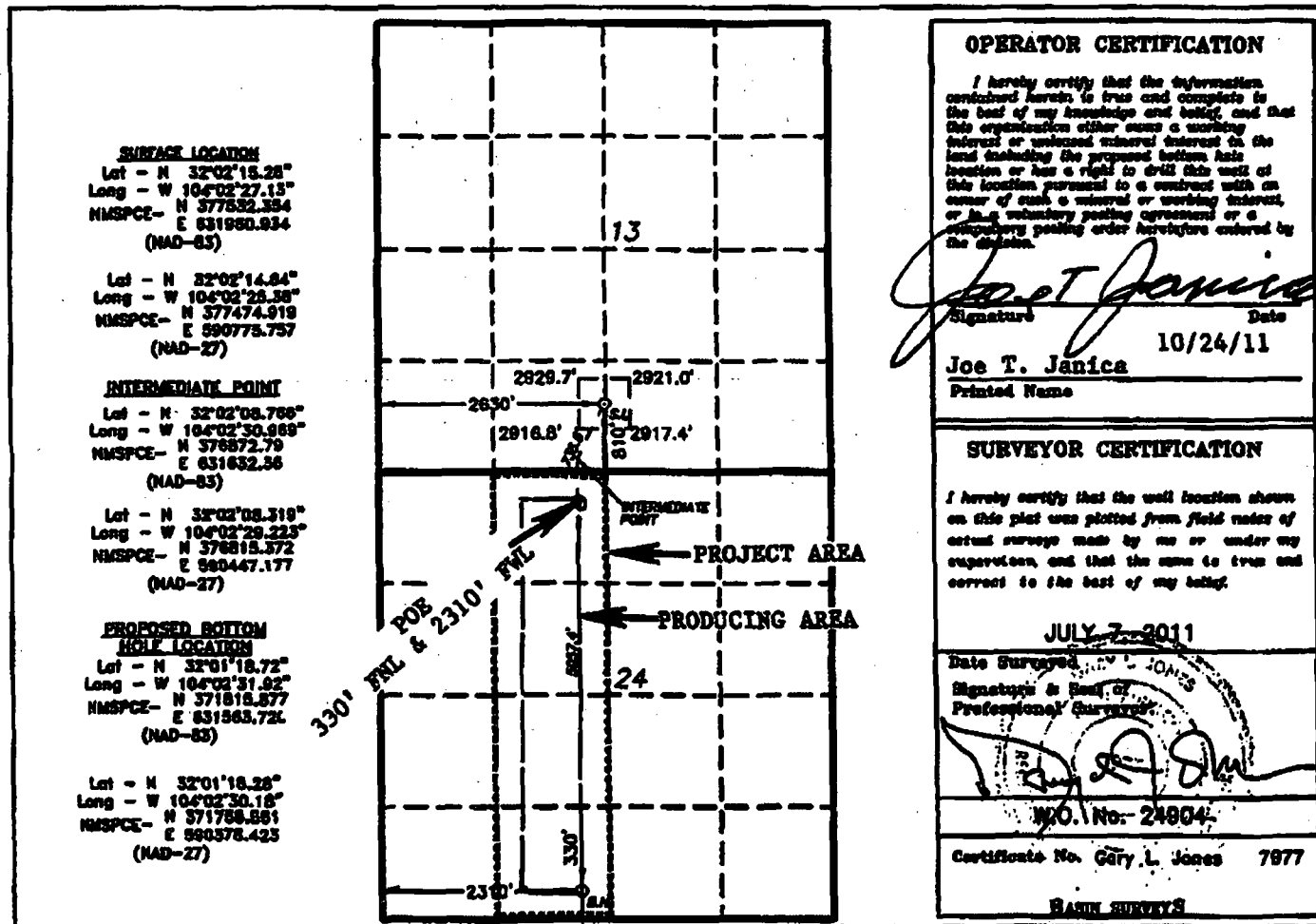


EXHIBIT "A"

DISTRICT I
1625 N. FRENCH DR., HOBBS, NM 88240

DISTRICT II
1301 W. GRAND AVENUE, ARTESIA, NM 88210

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410

DISTRICT IV
11885 S. ST. FRANCIS DR., SANTA FE, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

Form C-102
Revised July 16, 2010
Submit to Appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-37049	Pool Code 16800	Pool Name Delaware River; Bone Spring
Property Code 37675	Property Name MOMBA "24" FEDERAL	
OGRID No 217955	Operator Name OGX RESOURCES	Well Number 1H
		Elevation 2912'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	24	26-S	28-E		660	NORTH	990	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	24	26-S	28-E		412	SOUTH	981	EAST	EDDY

Dedicated Acres 160.00	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

RECEIVED
SEP 21 2011
NMOCD ARTESIA

OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: Shelley Bush Date: 9/21/11

Printed Name: Shelley Bush

E-mail Address: Shelley.ogxresources.com

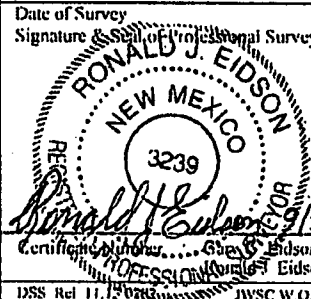
SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

OCTOBER 29, 2008

Date of Survey

Signature & Seal of Professional Surveyor:



Certified by: Ronald J. Eidson 12641

PROFESSIONAL SURVEYOR 3239

DSS Ref 11.13.2008 JWSC W.O.: 11.13.2007

GEODETIC COORDINATES
NAD 27 NME

Y=376015.6 N
X=592478.5 E

LAT.=32.033430° N
LONG.=104.034903° W

AS-DRILLED
BOTTOM HOLE LOCATION
Y=371844.1 N
X=592504.3 E

NOTE:
AS-DRILLED PATH PLOTTED
FROM DATA FURNISHED BY
SCHLUMBERGER & SCIENTIFIC
DRILLING, LLC.

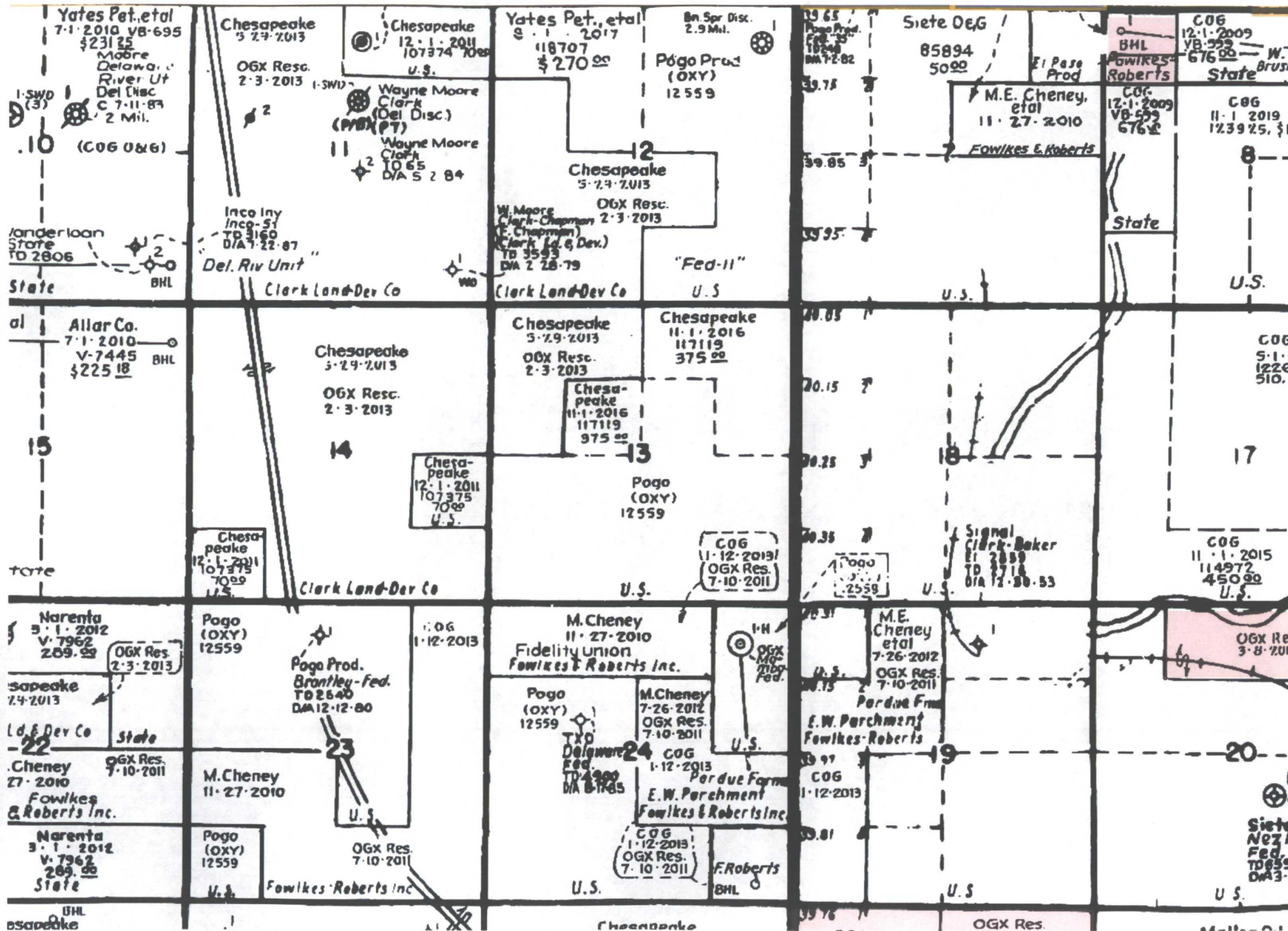
2913.3' 2912.4' 990' 600' 600' 2921.1' 2910.1'

S.L.

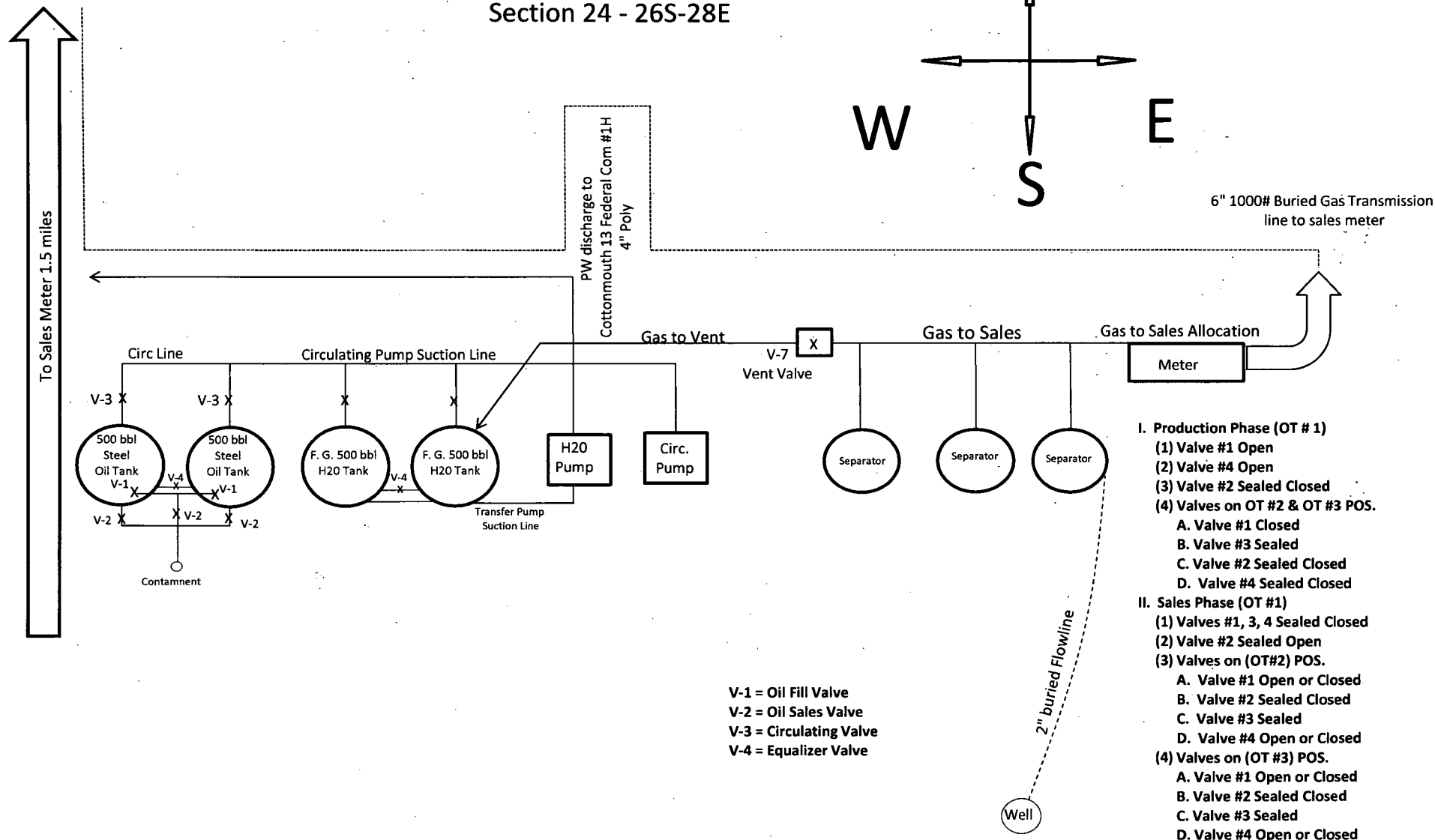
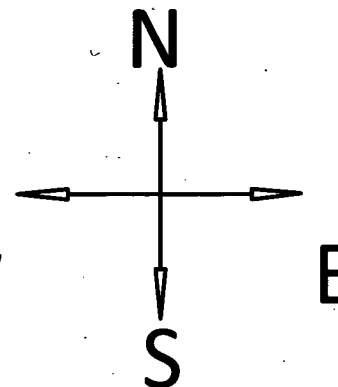
GRID. AZ. = 179°38'38" HORZ. DIST. = 4172.6'

AS-DRILLED PATH

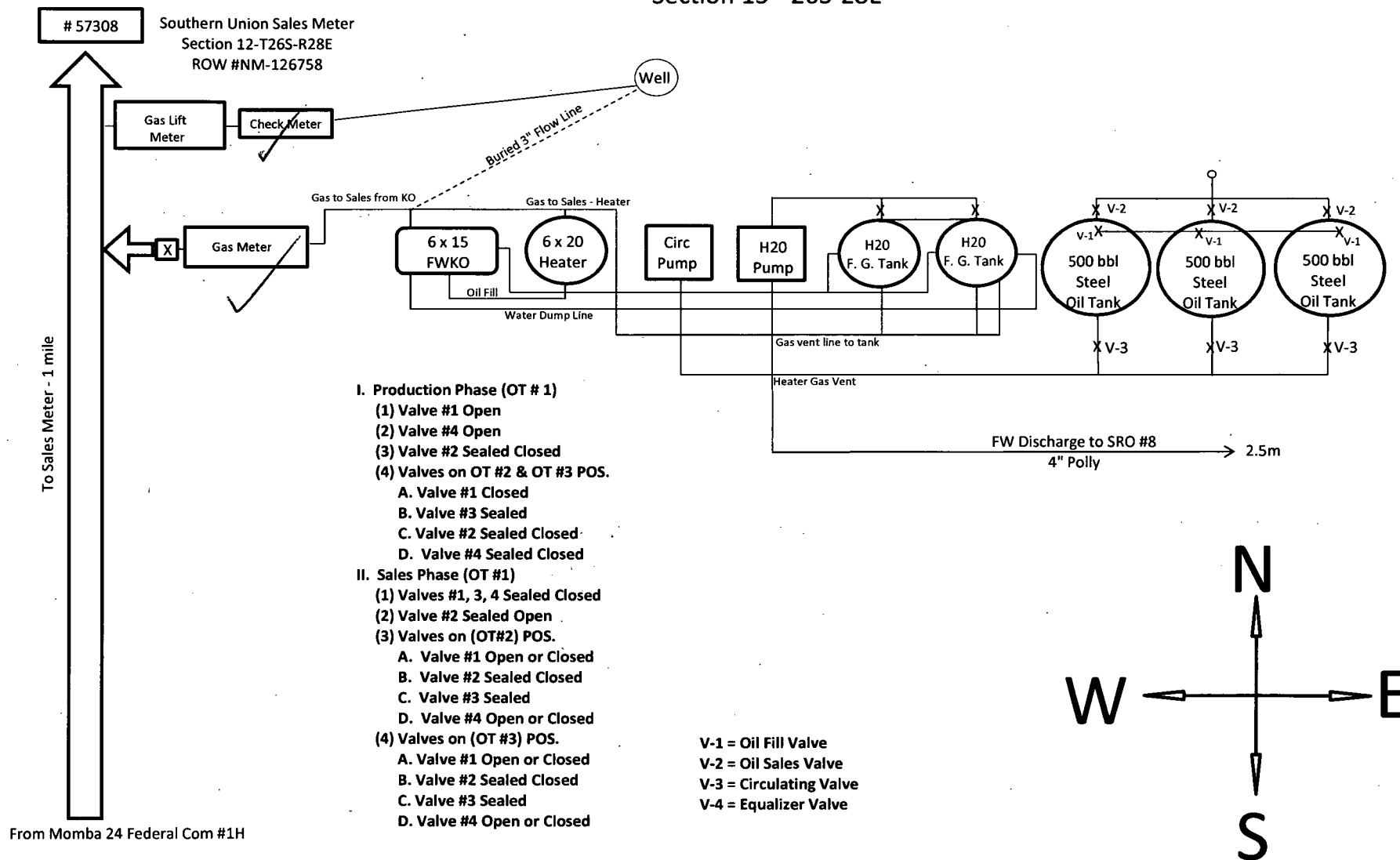
B.H. 981' 412'



Production Facility Layout
Momba 24 Federal Com #1H
API #30-015-37049
Section 24 - 26S-28E



Production Facility Layout
Cottonmouth 13 Federal Com #1H
API #30-015-39734
Section 13 - 26S-28E





April 30, 2012

Mayte Reyes
2208 W. Main Street
Artesia, NM 88210

Dear Interest Owner,

COG Production LLC is notifying you of a Surface/Lease Commingle gas only for the following wells:

Cottonmouth 13 Federal Com #1H
Delaware River; Bone Spring
Sec 13-T26S-R28E
API# 30-015-39734
Federal Lease # NMNM12559
Eddy County, NM

Momba 24 Federal Com #1H
Delaware River; Bone Spring
Sec 24-T26S-R28E
API# 30-015-37049
SHL: Federal Lease #NMNM12559 BHL: Fee
Eddy County, NM

Gas Measurement

The gas from the Momba 24 Federal Com #1H and the Cottonmouth 13 Federal Com #1H will be measured on lease and sold at the Southern Union meter# 57308 located in section 12-T26S-R28E. Each well shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales to the wells. The Cottonmouth 13 Federal Com #1H will have a gas lift meter and a check meter to measure any gas pulled off of the line.

Estimated daily gas production for the Cottonmouth 13 Federal #1H is from 0 - 2000 mcf and the estimated daily gas production for the Momba 24 Federal Com #1H is 0-1200 mcf.

The proposed commingling is necessary for economic operation of the above referenced leases.

The purpose of the Surface/Lease Commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not result in reduced royalty or improper measurement of production. Without the approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for this well. This will greatly increase costs and shorten the economic life of the well.

Any objection must be filed in writing with the Oil Conservation Division in Santa Fe, New Mexico within twenty (20) days from the date of this notice. Application will be sent in conjunction with notification to owners.

If you should have any questions, please contact me at (575) 748-6945.

Sincerely,

Mayte Reyes
Regulatory Analyst



April 30, 2012

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2208 W. Main Street
Artesia, NM 88210

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Sincerely,

A handwritten signature in cursive script that reads "Mayte Reyes".

Mayte Reyes
Regulatory Analyst



April 30, 2012

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Artesia, NM 88210

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April 30, 2012

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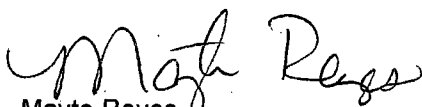
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If you should have any questions, please contact me at (575) 748-6945.

Sincerely,


Mayte Reyes
Regulatory Analyst



April 30, 2012

Mayte Reyes
2208 W. Main Street
Artesia, NM 88210

Dear Interest Owner,

COG Production LLC is notifying you of a Surface/Lease Commingle gas only for the following wells:

Cottonmouth 13 Federal Com #1H
Delaware River; Bone Spring
Sec 13-T26S-R28E
API# 30-015-39734
Federal Lease # NMNM12559
Eddy County, NM

Momba 24 Federal Com #1H
Delaware River; Bone Spring
Sec 24-T26S-R28E
API# 30-015-37049
SHL: Federal Lease #NMNM12559 BHL: Fee
Eddy County, NM

Gas Measurement

The gas from the Momba 24 Federal Com #1H and the Cottonmouth 13 Federal Com #1H will be measured on lease and sold at the Southern Union meter# 57308 located in section 12-T26S-R28E. Each well shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales to the wells. The Cottonmouth 13 Federal Com #1H will have a gas lift meter and a check meter to measure any gas pulled off of the line.

Estimated daily gas production for the Cottonmouth 13 Federal #1H is from 0 - 2000 mcf and the estimated daily gas production for the Momba 24 Federal Com #1H is 0-1200 mcf.

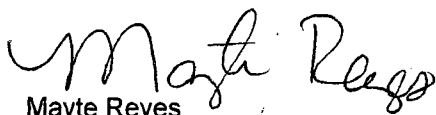
The proposed commingling is necessary for economic operation of the above referenced leases.

The purpose of the Surface/Lease Commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not result in reduced royalty or improper measurement of production. Without the approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for this well. This will greatly increase costs and shorten the economic life of the well.

Any objection must be filed in writing with the Oil Conservation Division in Santa Fe, New Mexico within twenty (20) days from the date of this notice. Application will be sent in conjunction with notification to owners.

If you should have any questions, please contact me at (575) 748-6945.

Sincerely,


Mayte Reyes
Regulatory Analyst

CONCHO

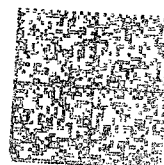
West

1 Main Street

M 88210

7011 1570 0000 7781 4117

COG Operating LLC
Attention: Eric Nelson
550 West Texas, Suite 100
Midland, TX



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 005.75
0003184434 APR 30 2012
MAILED FROM ZIP CODE 88210

CERTIFIED MAIL

CONCHO

West

1 Main Street

M 88210

7011 1570 0000 7781 4148

Concho Oil & Gas LLC
Attention: Eric Nelson
550 West Texas, Suite 100
Midland, TX 79701



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 005.75
0003184434 APR 30 2012
MAILED FROM ZIP CODE 88210

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

COG Operating LLC
Attention: Eric Nelson
550 West Texas, Suite 100
Midland, TX

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

2. Article Number
(Transfer from service label)

7011 1570 0000 7781 4117

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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.
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1. Article Addressed to:

Concho Oil & Gas LLC
Attention: Eric Nelson
550 West Texas, Suite 100
Midland, TX 79701

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

2. Article Number
(Transfer from service label)

7011 1570 0000 7781 4148

PS Form 3811, February 2004

Domestic Return Receipt

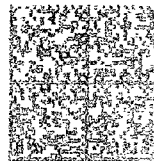
102595-02-M-1540

CERTIFIED MAIL

INCHO

t
in Street
3210

7011 1570 0000 7781 4155



UNITED STATES POSTAGE
02 1P \$ 005.750
0003184434 APR 30 2012
MAILED FROM ZIP CODE 13210

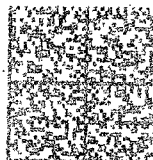
OXY USA, Inc.
5 Greenway Plaza
Houston, TX 77046

CERTIFIED MAIL

INCHO

test
Main Street
88210

7011 1570 0000 7781 4124



UNITED STATES POSTAGE
02 1P \$ 005.750
0003184434 APR 30 2012
MAILED FROM ZIP CODE 88210

Edwin H. Fowikes III, aka Trey
Fowikes
P.O. Box 23416
Waco, TX 76702

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

OXY USA, Inc.
5 Greenway Plaza
Houston, TX 77046

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

2. Article Number 7011 1570 0000 7781 4155
(Transfer from se.....)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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1. Article Addressed to:

Edwin H. Fowikes III, aka Trey
Fowikes
P.O. Box 23416
Waco, TX 76702

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number 7011 1570 0000 7781 4124
(Transfer from s.....)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CERTIFIED MAIL

UNITED STATES POSTAGE
02 1P
0003184434
\$ 005.750
PITNEY BOWES
APR 30 2012
MAILED FROM ZIP CODE 88210

7011 1570 0000 7781 4131

Janet Renee Fowikes Murray
P.O. Box 417
Eddy, TX 76524

CERTIFIED MAIL

UNITED STATES POSTAGE
02 1P
0003184434
\$ 005.750
PITNEY BOWES
APR 30 2012
MAILED FROM ZIP CODE 88210

7011 1570 0000 7781 4162

COG Acreage Fund LLC
Attention: Eric Nelson
550 West Texas, Suite 100
Midland, TX 79701

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Janet Renee Fowikes Murray
P.O. Box 417
Eddy, TX 76524

2. Article Number
(Transfer from service label)

7011 1570 0000 7781 4131

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

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COG Acreage Fund LLC
Attention: Eric Nelson
550 West Texas, Suite 100
Midland, TX 79701

2. Article Number
(Transfer from service)

7011 1570 0000 7781 4162

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

620 E. Greene
Carlsbad, NM 88220

3. Service type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from :)

7011 1570 0000 7781 4186

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



2208 West Main Street
Artesia, New Mexico 88210

Bureau of Land Management
620 E. Greene
Carlsbad, NM 88220

7011 1570 0000 7781 4186

Jones, William V., EMNRD

From: Shapard, Craig, EMNRD
Sent: Wednesday, June 20, 2012 1:40 PM
To: Jones, William V., EMNRD
Subject: RE: Bone Spring Oil in 24/26S/28E - correct Pool

Will,

Here ya go, "Hay Hollow; Bone Spring".

-----Original Message-----

From: Jones, William V., EMNRD
Sent: Wednesday, June 20, 2012 1:35 PM
To: Shapard, Craig, EMNRD
Subject: Bone Spring Oil in 24/26S/28E - correct Pool

Hey TC

I am processing a surface commingle of Bone Spring Oil wells in 24/26S/28E and can't seem to determine the correct Bone Spring Oil Pool.

Sorry to bother you,

Will Jones

OCRID 217955

SURFACE COMMINGLING APPLICATION CHECKLIST

5/27/2011

Company: COG OPERATING LLC Contact: Mayla Reyes

Date in: 5/2/12 Data Request? _____

Location: (Tsp/Rge) 24 of 26S/28E

Oil or Cond.	Commingling	Battery or "Store" Location	Sales Location	Offlease?
	<u>(OIL NOT COMMINGLED)</u>			
Gas	<input checked="" type="checkbox"/>		<u>12/26S/28E</u>	<input checked="" type="checkbox"/>

Ownership
Identical? ☒
Diverse? ☒

Included Notice List? ☒
Date of Last Notice: 4/30/12

Permit Type
CTB-644

Lease (y/n)
Federal/Tribal ☒
State ☒
Fee ☒

Allocation
Continuous Metering ☒
Well Tests _____
Subtraction _____
Other _____

Noticed? _____ What Parameter for future additions? _____

Future Addition _____

#	All Pool Names	Pool Num	Type
1	<u>Hay Hollow; BS</u> Polk River; BS	<u>30215</u>	<u>OIL</u>
2			
3			
4			

Collinsworth 1H
Mud Bay 1H

Offlease?	SurfLoc	API Numbers	Pool#(s)	Acres	Descr.	DHC Permit
<input checked="" type="checkbox"/>	<u>Sa 13</u>	<u>30-015-39734</u>		<u>160</u>	<u>CFKN</u>	<u>—</u>
<input checked="" type="checkbox"/>	<u>Sa 24</u>	<u>30-015-37049</u>		<u>160</u>	<u>AHIP</u>	<u>—</u>

02 S. 16th St; BS (5/10/10)

02 Hay Hollow; BS (30215)

Sent Email to T.C. 6/20/12 ✓