

**IN THE MATTER OF THE APPLICATION
OF COG OPERATING LLC FOR TWO NON-STANDARD
OIL SPACING AND PRORATION UNITS, AND APPROVAL
OF A NON-STANDARD LOCATIONS FOR TWO WELLS,
LEA COUNTY, NEW MEXICO**

AFFIDAVIT

Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15

Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 12
Submitted by: **COG OPERATING LLC**
Hearing Date: September 18, 2013

HOLLAND & HART LLP



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - oil and gas law - New
Mexico Board of Legal Specialization
mfeldewert@hollandhart.com

August 30, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: POOLED PARTIES

Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico: Gunner 5 Fee Com 1H Well

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on September 19, 2013. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. 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 are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: The names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Questions concerning this application should be directed to Michael Wallace, Landman at COG Operating LLC (432) 221-0465.

Sincerely,

Michael H. Feldewert

**EXHIBIT A
COG OPERATING LLC
GUNNER 5 FEE COM 1H**

POOLED PARTIES:

Moose Production Co.
801 Travis St., Suite 2020
Houston, TX 77002

Warren J. Bates Estate
P. O. Box 1357
Ada, OK 74821

Warren J. Bates Estate
1436 Lakehurst Dr.
Ada OK 74820

Personal Representative of the
Estate of Warren J. Bates
Duard B. Thomas
P.O. Box 369
Ada, OK 74821

Ross Duncan Properties, LLC
P.O. Box 647
Artesia, NM 88211 *Inland Title*

Devon Energy Production Company LP
Devon Energy Center Tower, OKDEC30.314
333 W. Sheridan Avenue
Oklahoma City, OK 73102-5015
Attn: Carri Allen

Inland Title Co.
C/O Germaine R. Chappelle
Gallagher & Kennedy, P.A.
1233 Paseo de Peralta
Santa Fe, NM 87501

Chevron U.S.A. Inc.
Attn: NOJV Group
P. O. Box 3200
Houston, TX 77252

Argent Properties Services, LLC
500 East Reynolds Dr.
Ruston, LA 71270
Attn: Matt P. Barham

Peder Monsen *Fig 9*
515 Houston Ave.
Houston, TX 77007-7706

Fay Bel Monsen *Argent*
515 Houston Ave.
Houston, TX 77007-7706

EOG Resources, Inc.
5509 Champions Dr.
Midland, TX 79706
Attn: Patrick Tower

Marc T. Wray
4 Serpentine Court
Savenoaka, Kent TN 113 XR
United Kingdom

Marc T Wray Trust 2008
520 Madison, Ave
NY, NY 10022

Yates Brothers
105 S. 4th St.
Artesia, NM 88210
Attn: Jim Ball

Andrew Wray
3406 Shadow Springs Ct.
Houston, TX 77082-8302

Sugarberry Oil & Gas Corp.
5950 Cedar Springs Rd.
Suite 230
Dallas, TX 75235-6803
Attn: Sue Raby

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

Argent Properties Services, LLC
500 East Reynolds Dr.
Ruston, LA 71270
Attn: Matt P. Barham

7006 0100 0005 5770 6945

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

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

OFFICIAL USE

Postage	\$.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

AUG 30 2013
 Postmark
 Here

Sent To: Marc T Wray Trust 2008
 Street, or PO: 520 Madison, Ave
 City, St: NY, NY 10022
 PS For: Instructions

7006 0100 0005 5770 6891

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

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

OFFICIAL USE

Postage	\$.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

AUG 30 2013
 Postmark
 Here

Sent To: EOG Resources, Inc.
 Street, or PO: 5509 Champions Dr.
 City: Midland, TX 79706
 PS For: Attn: Patrick Tower 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:

EOG Resources, Inc.
 5509 Champions Dr.
 Midland, TX 79706
 Attn: Patrick Tower

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *x Robert Force* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *R. Force* C. Date of Delivery: *9-4-13*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7006 0100 0005 5770 6891

7006 0100 0005 5770 6938

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

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

OFFICIAL USE

Postage	\$ 6.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark
AUG 30 2013

Sent to
 Street or PO
 City, State, ZIP+4®
 PS Instructions

Argent Properties Services, LLC
 500 East Reynolds Dr.
 Ruston, LA 71270
 Attn: Matt P. Barham

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:

Argent Properties Services, LLC
 500 East Reynolds Dr.
 Ruston, LA 71270
 Attn: Matt P. Barham

2. Article
(Transit)

7006 0100 0005 5770 6938

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *9/11/13*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

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

2. Article Number
(Transit)

7006 0100 0005 5770 6914

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *RECEIVED* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *SEP 03 2013* C. Date of Delivery *SEP 03 2013*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 5770 6914

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

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

OFFICIAL USE

Postage	\$ 6.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark
AUG 30 2013

Sent to
 Street or PO
 City, State, ZIP+4®
 PS Instructions

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

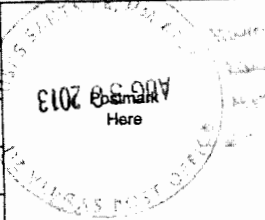
7006 0100 0005 5770 6921

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

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

OFFICIAL USE

Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31



Sent To
 Street,
 or PO B
 City, St
 PS Form

Sugarberry Oil & Gas Corp.
 5950 Cedar Springs Rd.
 Suite 230
 Dallas, TX 75235-6803
 Attn: Sue Raby

Instructions

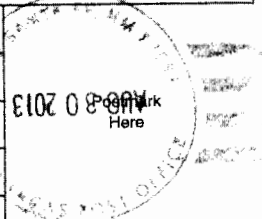
7006 0100 0005 5770 6969

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

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

OFFICIAL USE

Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31



Sent To
 Street,
 or P
 City,
 PS Form

Fay Bel Monsen
 515 Houston Ave.
 Houston, TX 77007-7706

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:

Fay Bel Monsen
 515 Houston Ave.
 Houston, TX 77007-7706

2. Article Number
 (Transfer from)

7006 0100 0005 5770 6969

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Shannon Berner

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Shannon Berner

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

7006 0100 0005 5770 6952

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

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

OFFICIAL USE

Postage \$ 66
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 631



Sent by
 Street
 or PO
 City,
 State
 ZIP+4®
 PS Form 3811

Andrew Wray
 3406 Shadow Springs Ct.
 Houston, TX 77082-8302

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:

Andrew Wray
 3406 Shadow Springs Ct.
 Houston, TX 77082-8302

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Andrew Wray ☐ Agent ☐ Addressee

B. Received by (Printed Name) Andrew Wray C. Date of Delivery 9/6/13

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) 7006 0100 0005 5770 6952

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

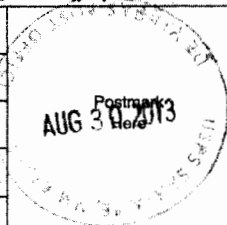
7006 0100 0005 5770 6907

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

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

OFFICIAL USE

Postage \$ 66
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 631



Sent by
 Street
 or PO
 City,
 State
 ZIP+4®
 PS Form 3811

Yates Brothers
 105 S. 4th St.
 Artesia, NM 88210
 Attn: Jim Ball

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:

Yates Brothers
 105 S. 4th St.
 Artesia, NM 88210
 Attn: Jim Ball

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Andrea Argee ☐ Agent ☐ Addressee

B. Received by (Printed Name) Andrea Argee C. Date of Delivery 9/3/13

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) 7006 0100 0005 5770 6907

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5770 6808

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

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

OFFICIAL USE

Postage \$ 66
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.31



Sent
 Street or P.O. Box
 City
 State
 ZIP+4

Chevron U.S.A. Inc.
 Attn: NOJV Group
 P. O. Box 3200
 Houston, TX 77252

PS Form

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:

Chevron U.S.A. Inc.
 Attn: NOJV Group
 P. O. Box 3200
 Houston, TX 77252

2. Article Number 7006 0100 0005 5770 6808
 (Transfer from service)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Andy Aug C. Date of Delivery SEP 05 2013
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below: SEP 05 2013

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Inland Title Co.
 C/O Germaine R. Chappelle
 Gallagher & Kennedy, P.A.
 1233 Paseo de Peralta
 Santa Fe, NM 87501

2. Article Number 7006 0100 0005 5770 7058
 (Transfer from service)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 5770 7058

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

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

OFFICIAL USE

Postage \$ 66
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.31



Sent
 Street or P.O. Box
 City
 State
 ZIP+4

Inland Title Co.
 C/O Germaine R. Chappelle
 Gallagher & Kennedy, P.A.
 1233 Paseo de Peralta
 Santa Fe, NM 87501

PS Form

Instructions

7006 0100 0005 5770 6822

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

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

OFFICIAL USE

Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Sent _____
 Street or P.O. _____
 City _____

PS Instructions

Postmark Here
 AUG 30 9 01 AM '04
 DENVER POST OFFICE

Peder Monsen
 515 Houston Ave.
 Houston, TX 77007-7706

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:

Peder Monsen
 515 Houston Ave.
 Houston, TX 77007-7706

2. Article
(Transfer from)

7006 0100 0005 5770 6822

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Shannon Lerner ☒ Agent ☐ Addressee

B. Received by (Printed Name) Shannon Lerner C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 5770 6815

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

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

OFFICIAL USE

Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Sent _____
 Street or P.O. _____
 City _____

PS Instructions

Postmark Here
 AUG 30 9 01 AM '04
 DENVER POST OFFICE

Argent Properties Services, LLC
 500 East Reynolds Dr.
 Ruston, LA 71270
 Attn: Matt P. Barham

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:

Argent Properties Services, LLC
 500 East Reynolds Dr.
 Ruston, LA 71270
 Attn: Matt P. Barham

2. Article Number
(Transfer from)

7006 0100 0005 5770 6815

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Tonya Sims ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tonya Sims C. Date of Delivery 9/4/13

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 5770 7805

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

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

OFFICIAL USE

Postage	\$ 6.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark Here: AUG 30 2013

Semi
 Street or P
 City, United Kingdom

PS Form

Instructions

7006 0100 0005 5770 7331

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

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

OFFICIAL USE

Postage	\$ 6.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark Here: AUG 30 2013

Moose Production Co.
 801 Travis St., Suite 2020
 Houston, TX 77002

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:

Moose Production Co.
 801 Travis St., Suite 2020
 Houston, TX 77002

2. Article 1
 (Transfere)

7006 0100 0005 5770 7331

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 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

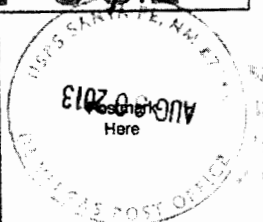
7006 0100 0005 5770 7829

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

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

OFFICIAL USE

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31



Ross Duncan Properties, LLC
 P.O. Box 647
 Artesia, NM 88211

or 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:

Ross Duncan Properties, LLC
 P.O. Box 647
 Artesia, NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Kandice Duncan* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Kandice Duncan

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

Box 647

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
 (Trans)

7006 0100 0005 5770 7829

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

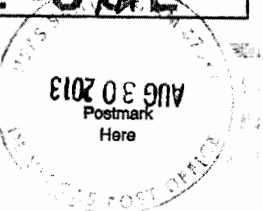
7006 0100 0005 5770 7843

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

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

OFFICIAL USE

Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31



Personal Representative of the
 Estate of Warren J. Bates
 Duard B. Thomas
 P.O. Box 369
 Ada, OK 74821

or 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:

Personal Representative of the
 Estate of Warren J. Bates
 Duard B. Thomas
 P.O. Box 369
 Ada, OK 74821

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Duard Thomas* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Duard Thomas

C. Date of Delivery

9-5-13

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
 (Trans)

7006 0100 0005 5770 7843

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

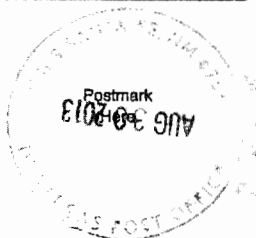
7006 0100 0005 5770 7812

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

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

OFFICIAL USE

Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31



Sent Devon Energy Production Company LP
 Devon Energy Center Tower, OKDEC30.314
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102-5015
 Attn: Carri Allen

PS F

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:

Devon Energy Production Company LP
 Devon Energy Center Tower, OKDEC30.314
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102-5015
 Attn: Carri Allen

2. Article Number
 (Transfer fee)

7006 0100 0005 5770 7812

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. *Carri Allen* Agent

B. Received by (Printed Name)

Address

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

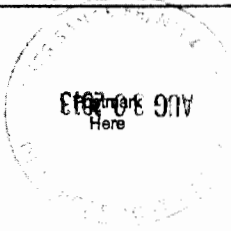
7006 0100 0005 5770 7836

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

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

OFFICIAL USE

Postage	\$ -66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31



Sent Warren J. Bates Estate
 P. O. Box 1357
 Ada, OK 74821

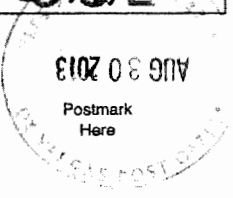
PS F

Instructions

Returned

7006 0100 0005 5720 6884

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ - 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
To Attn City State Zip	
Warren J. Bates Estate 1436 Lakehurst Dr. Ada OK 74820	
PS	Instructions



Returned

HOLLAND & HART^{L.P.}



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - oil and gas law -
New Mexico Board of Legal Specialization
mfeldewert@hollandhart.com

August 30, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET OWNERS

Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico: Gunner 5 Fee Com 1H Well

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation. As a mineral lessee or operator in the offsetting properties, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on September 19, 2013. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. 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 are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Questions concerning this application should be directed to Michael Wallace, Landman at COG Operating LLC (432) 221-0465.

Sincerely,

Michael H. Feldewert

Holland & Hart^{L.P.}

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C.

**EXHIBIT A
COG OPERATING LLC
GUNNER 5 FEE COM 1H**

OFFSET PARTIES:

Myco Industries, Inc.
105 South 4th Street
Artesia, New Mexico 88210

ConocoPhillips Company
P.O. Box 7500
Bartlesville, OK 74005

Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210

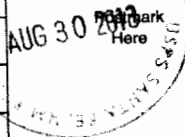
OXY Y-1 Company
P.O. Box 27570
Houston, Texas 77227

ABO Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210

7065 7065 5770 0005 0100 0006

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

Postage	\$ -66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31


 Sent To
 Street, Apt. or P.O. Box
 City, State, ZIP+4®
 ABO Petroleum Corporation
 105 South 4th Street
 Artesia, New Mexico 88210

PS Form

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:

 ABO Petroleum Corporation
 105 South 4th Street
 Artesia, New Mexico 88210
COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Andrea Arge</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Andrea Arge</i>	C. Date of Delivery <i>9/3/13</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 checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input checked="" 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	

7065 7065 5770 0005 0100 0006

PS Form 3811, February 2004

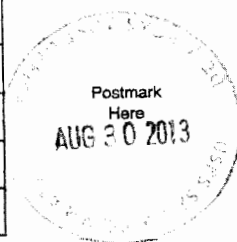
Domestic Return Receipt

102595-02-M-1540

6853 6853 5770 0005 0100 0006

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

Postage	\$ -66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31


 Sent To
 Street, Apt. or P.O. Box
 City, State, ZIP+4®
 ConocoPhillips Company
 P.O. Box 7500
 Bartlesville, OK 74005

PS Form

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:

 ConocoPhillips Company
 P.O. Box 7500
 Bartlesville, OK 74005
COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Phillips 66</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Phillips 66</i>	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 checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input checked="" 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	

2. Article N
(Transfer)

7065 7065 5770 0005 0100 0006

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

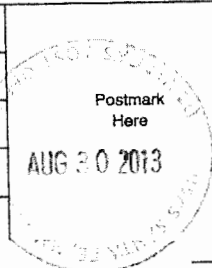
7006 0100 0005 5770 6860

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

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

OFFICIAL USE

Postage \$ 66
 Certified Fee 31.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.31



Sent To: Myco Industries, Inc.
 Street, or P.O.: 105 South 4th Street
 City, State: Artesia, New Mexico 88210

PS Form

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:

Myco Industries, Inc.
 105 South 4th Street
 Artesia, New Mexico 88210

2. Article Number
 (Transfer from)

7006 0100 0005 5770 6860

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

☒ Agent☐ Addressee

B. Received by (Printed Name)

Andrea Argee

C. Date of Delivery

9/3/13

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

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 Y-1 Company
 P.O. Box 27570
 Houston, Texas 77227

2. Article Number
 (Transfer from)

7006 0100 0005 5770 6846

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

J BORDO

C. Date of Delivery

9-9-12

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

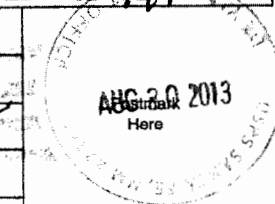
7006 0100 0005 5770 6846

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

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

OFFICIAL USE

Postage \$ 66
 Certified Fee 31.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.31



Sent To: OXY Y-1 Company
 Street, or P.O.: P.O. Box 27570
 City, State: Houston, Texas 77227

PS Form

Instructions

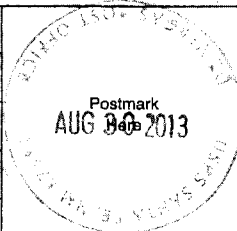
7006 0100 0005 5770 6839

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

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

OFFICIAL USE

Postage \$ 66
 Certified Fee 3.10
 Return Receipt Fee
 (Endorsement Required) 2.55
 Restricted Delivery Fee
 (Endorsement Required) 0.00
 Total Postage & Fees \$ 6.31



Sent To
 Street, or PO Box
 City, State
 Yates Petroleum Corporation
 105 South 4th Street
 Artesia, New Mexico 88210

PS Form

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:

Yates Petroleum Corporation
 105 South 4th Street
 Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee
 B. Received by (Printed Name) A. Argee C. Date of Delivery 9-3-13
 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) 7006 0100 0005 5770 6839

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540