

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

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:

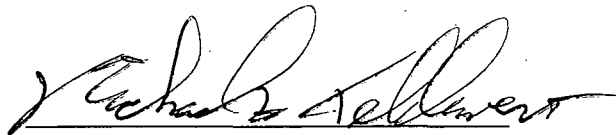
APPLICATION OF COG OPERATING LLC
FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.

CASE NO. 14851

AFFIDAVIT

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

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.

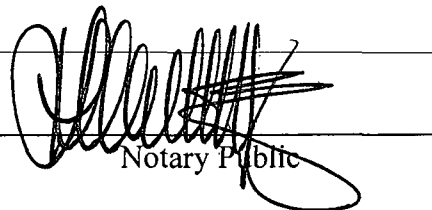


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 23rd day of May 2012 by Michael H.
Feldewert.



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. 3
Submitted by:
COG OPERATING LLC
Hearing Date: May 24, 2012

EXHIBIT A
COG OPERATING LLC
OUIMET STATE COM #2H WELL

Paul Slayton et ux Patricia
Slayton
704 E. College Boulevard
Roswell, New Mexico 88201

Peggy Runyan
6290 Olohena Road, Apt. C.
Kapaa, Hawaii 96746-8705

Vicky Moser
3555 Comal Springs
Canyon Lake, Texas 78133

Black Stone Natural Resources
1001 Fannin
Suite 2020
Houston, Texas 77002

Murchison Oil & Gas, Inc.
1100 Mira Vista Blvd.
Plano, Texas 75093
Attn: Bret Austin

ConocoPhillips Company
600 North Dairy Ashford
3WL-14066
Houston, Texas 77079

Herman J. Ledbetter, Trustee of the
Hearman J. Ledbetter Family Trust
10988 US Highway 277 South
Abilene, Texas 79606

Synergy Resources
2106 West Centre Avenue
Artesia, New Mexico 88210

Cogent Energy, Inc.
Defined Benefit Plan
c/o Randy Cate
6824 Island Circle
Midland, Texas 79707

Devon Energy Production Company,
LP, successor to Cambridge Related
Assets
1500 Mid America Tower
20 North Broadway
Oklahoma City, OK 73102-8260

Louis Fulton, dba
CFM Oil Company
Post Office Box 1176
Artesia, New Mexico 88210



May 2, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico.
Ouimet State Com #2H**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on May 24, 2012. 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 Brandon K. Gaynor at (432) 221-0308.

Sincerely,

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

7006 0100 0005 0626 5455

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

For delivery information visit **OFFIC**

MHF/COG
OUIMET 2H

Postage \$ **.65**

Certified Fee **2.95**

Return Receipt Fee (Endorsement Required) **2.35**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **5.95**

Sent **Paul Slayton et ux Patricia Slayton**

Street or P.O. Box **704 E. College Boulevard**

City **Roswell, New Mexico 88201**

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 5448

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

For delivery information visit **OFFIC**

MHF/COG
OUIMET 2H

Postage \$ **.65**

Certified Fee **2.95**

Return Receipt Fee (Endorsement Required) **2.35**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **5.95**

Sent **Peggy Runyan**

Street, P.O. Box **6290 Olohena Road, Apt. C.**

City, State **Kapaa, Hawaii 96746-8705**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER'S SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Peggy Runyan
6290 Olohena Road, Apt. C.
Kapaa, Hawaii 96746-8705

2. Article Number
 (Transfer from Service Label) **7006 0100 0005 0626 5448**

IS SECTION ON DELIVERY

A. Signature **Peggy Runyan**

B. Received by (Printed Name) **Peggy Runyan**

C. Date of Delivery **5/9/12**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 5431

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

For delivery information visit **OFFIC**

MHF/COG
OUIMET 2H

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here MAY 2 2004

Sent 1
 Street or PO
 City, State, ZIP+4®
 Vicky Moser
 3555 Comal Springs
 Canyon Lake, Texas 78133

PS Form 3800, June 2002 See Reverse for 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:
 Vicky Moser
 3555 Comal Springs
 Canyon Lake, Texas 78133

2. Article Number
 (Transfer from service) 7006 0100 0005 0626 5431

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Charles E. Moser ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 Charles E. Moser

C. Date of Delivery
 5-5-12

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 0626 5424

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

For delivery information visit **OFFIC**

MHF/COG
OUIMET 2H

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here MAY 2 2004

Sent 1
 Street or PO
 City, State, ZIP+4®
 Black Stone Natural Resources
 1001 Fannin
 Suite 200
 Houston, Texas 77002

PS Form 3800, June 2002 See Reverse for 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:
 Black Stone Natural Resources
 1001 Fannin
 Suite 200
 Houston, Texas 77002

2. Article Number
 (Transfer from service) 7006 0100 0005 0626 5424

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)
 [Signature]

C. Date of Delivery
 5-7-12

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 0626 5417

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

For delivery information: **OFF**

MHF/COG
OUIMET 2H

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: **Murchison Oil & Gas, Inc.**
 1100 Mira Vista Blvd.
 Plano, Texas 75093
 Attn: Bret Austin

Postmark Here: MAY 6 - MAY 8

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Murchison Oil & Gas, Inc.
1100 Mira Vista Blvd.
Plano, Texas 75093
Attn: Bret Austin

2. Article Number (Transfer from service label): **7006 0100 0005 0626 5417**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Karen Keller** ☐ Agent ☐ Addressee
 B. Received by (Printed Name): **Karen Keller**
 C. Date of Delivery: **5/4**
 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 0626 5400

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

For delivery information: **OFF**

MHF/COG
OUIMET 2H

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: **ConocoPhillips Company**
 600 North Dairy Ashford
 3WL-14066
 Houston, Texas 77079

Postmark Here: MAY 6 - MAY 8

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ConocoPhillips Company
600 North Dairy Ashford
3WL-14066
Houston, Texas 77079

2. Article Number (Transfer from): **7006 0100 0005 0626 5400**

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): **[Signature]**
 C. Date of Delivery: **5/5/12**
 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 0626 5387

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

For delivery information visit **OFFICIAL** **MHF/COG**
OUIMET 2H

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here

Sent 1
 Street or PO
 City, State, ZIP+4®

Herman J. Ledbetter, Trustee of the
 Hearman J. Ledbetter Family Trust
 10988 US Highway 277 South
 Abilene, Texas 79606

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 5387

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

For delivery information visit **OFFICIAL** **MHF/COG**
OUIMET 2H

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here

Sent 1
 Street or PO
 City, State, ZIP+4®

Synergy Resources
 2106 West Centre Avenue
 Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Synergy Resources 2106 West Centre Avenue Artesia, New Mexico 88210</p>		<p>A. Signature: <i>Dennis Harper</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Dennis Harper</i> C. Date of Delivery: <i>5/7/12</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number: 7006 0100 0005 0626 5387</p> <p>(Transfer from Service Label)</p>			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 5370

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

For delivery information visit **OFFIC**

MHF/COG
OUMET 2H

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here MAY - 2 2002

Sent _____
 Str _____
 or P _____
 City _____

Cogent Energy, Inc.
 Defined Benefit Plan
 c/o Randy Cate
 6824 Island Circle
 Midland, Texas 79707

PS Form 3800, June 2002 See Reverse for 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:
 Cogent Energy, Inc.
 Defined Benefit Plan
 c/o Randy Cate
 6824 Island Circle
 Midland, Texas 79707

2. Article Number (Transfer from service) 7006 0100 0005 0626 5370

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X *Randy Cate* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Randy Cate* C. Date of Delivery *5/4/12*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 5363

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

For delivery information visit **OFFIC**

MHF/COG
OUMET 2H

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here MAY - 2 2002

Sent _____
 Str _____
 or P _____
 City _____

Devon Energy Production Company
 LP, successor to Cambridge Related Assets
 1500 Mid America Tower
 20 North Broadway
 Oklahoma City, OK 73102-8260

PS Form 3800, June 2002 See Reverse for 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, successor to Cambridge Related Assets
 1500 Mid America Tower
 20 North Broadway
 Oklahoma City, OK 73102-8260

2. Article Number (Transfer from service) 7006 0100 0005 0626 5363

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X *R. Welch* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery *5-7-12*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 5639

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

For delivery information visit usps.com

OFFICE **MHF/COG**
OUMET 2H

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.95

Postmark Here

Sent To: **Louis Fulton, dba**
CFM Oil Company
Post Office Box 1176
Artesia, New Mexico 88210

Street, or PO
 City, S

PS Form 3800, June 2002 See Reverse for Instructions

SE **CERTIFIED MAIL**
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Louis Fulton, dba
CFM Oil Company
Post Office Box 1176
Artesia, New Mexico 88210

A. Signature: *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **MAY - 7 2012**

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: **7006 0100 0005 0626 5639**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540