

June 19, 2012

Ms. Florene Davidson
New Mexico Oil Conservation Division
1220 South St. Francis
Santa Fe, NM 87505

Dear Ms. Davidson,

This letter is in reference to the Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling in Eddy County, New Mexico, Case # 14866, API Well #30-015-39587.

It is my understanding that this is set for hearing on June 25, 2012. A registered letter was sent to my father, Byron S. Griffith, who died on July 31, 2011, regarding this matter. I am the Executor of his Estate and just received this information. His estate has been probated but the Deeds have not been transferred. I am requesting additional time to review this information.

I am requesting the hearing be continued to some future date.

Thank you,



Ann G. Walton
Executor, Estate of Byron S. Griffith, Jr.

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LETTERS TESTAMENTARY

THE STATE OF ALABAMA
BUTLER COUNTY

The will of Byron Sloan Griffith, Jr., deceased, having been duly admitted to record in said County, Letters Testamentary are hereby granted to Ann G. Walton, the Personal Representative named in said Will, who has complied with the requisitions of the law, and she is authorized to take upon herself the execution of said will.

Witness my hand, and dated this 20th day of September 2011.

/s/ Steve Norman
Judge of Probate

THE STATE OF ALABAMA
BUTLER COUNTY

I, Steve Norman, Judge of Probate in and for said County and State, hereby certify that the within and foregoing is a true, correct, and complete copy of the Letters Testamentary issued to Ann G. Walton, the Personal Representative of the Will of Byron Sloan Griffith, Jr., deceased, as the same appears of record in my office, and are still in full force and effect.

Given under my hand and seal of office, this the 20th day of September 2011.


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Judge of Probate

ALABAMA

CERTIFICATE OF DEATH

County File Number 101 State File Number

1. DECEASED—NAME First Middle Last (Type last name all capitals) Byron Sloan GRIFFITH, JR.			2. DATE OF DEATH (Month, Day, Year) July 31, 2011		3. COUNTY OF DEATH Butler	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Greenville 36037				5. INSIDE CITY LIMITS (Specify Yes or No) Yes	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 203 Pineleaf Lane	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE—(Specify American Indian, Black, White, etc.) White	10. SEX Male
11. AGE 85 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) May 23, 1926		14. DECEASED'S SOCIAL SECURITY NUMBER 424-20-4819	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+) 4			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes
19. STATE OF BIRTH (If not in USA, name country) Colorado		20. RESIDENCE—STATE Alabama		21. COUNTY Butler	22. CITY, TOWN, OR LOCATION AND ZIP CODE Greenville 36037	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 203 Pineleaf Lane		25. INFORMANT—Name and Address Ann Walton 405 Chaps Drive Heath, TX 75032			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Self-Employed			27. KIND OF BUSINESS OR INDUSTRY Insurance / Real Estate			
28. FATHER—NAME First Middle Last Byron Sloan Griffith, Sr.		29. MAIDEN NAME OF MOTHER— First Middle Last Laura Winkler				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Aug. 4, 2011	32. CEMETERY OR CREMATORY—Name Magnolia Cemetery		33. LOCATION—(City or Town—State) Greenville, AL	
34. FUNERAL HOME—Name and Address Dunklin & Daniels F.H. 812 W. Commerce St. Greenville, AL 36037			35. FUNERAL DIRECTOR—Signature <i>Mandy Daniels</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 08/02/11	
37. Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." — Medical Examiner — Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature: <i>[Signature]</i>					38. DATE SIGNED (Month, Day, Year) 8-1-11	
39. TIME AND DATE OF DEATH 7-31-2011 14:20pm		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Dam T Hood MD		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 45 medicine arts court Greenville AL				43. CERTIFIER LICENSE NUMBER 7800		
44. REGISTRAR—Signature <i>Dianne B. Jones</i>			45. DATE FILED (Month, Day, Year) August 4, 2011			

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Acute myocardial infarction</i> DUE TO (OR AS A CONSEQUENCE OF):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days
b. DUE TO (OR AS A CONSEQUENCE OF):			
c. DUE TO (OR AS A CONSEQUENCE OF):			
d. DUE TO (OR AS A CONSEQUENCE OF):			
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <i>Shonda</i>			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <i>Natural</i>		50. AUTOPSY (Specify Yes or No) <i>no</i>	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)		53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY M
55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)		57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)

This is a legal record and must be filed within five (5) days after death.

ADPH-HS 2/Rev. 11-93

This is a true and exact copy of the record on file with the Butler County

Health Department.

Dianne B. Jones
Signature of Local Registrar

August 4, 2011
Date of Issue

NAME OF DECEASED **Griffith, Byron S Jr** SSN: **424-20-4819**

ANY ALTERATIONS VOID THIS DOCUMENT

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CAUSE