

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

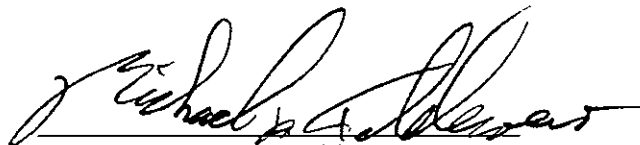
**IN THE MATTER OF THE APPLICATION OF COG OPERATING LLC TO AMEND  
ORDER R-13578 TO COMPULSORY POOL ADDITIONAL MINERAL INTERESTS IN  
THE APPROVED SPACING AND PRORATION UNIT, EDDY COUNTY, NEW  
MEXICO.**

**CASE NO.14831(RE-OPENED)**

**AFFIDAVIT**

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


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

  
\_\_\_\_\_  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 5th day of February 2014 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. 6  
Submitted by: COG OPERATING LLC  
Hearing Date: February 6, 2014

**HOLLAND & HART<sup>LLP</sup>**



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

January 17, 2013

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application To Amend Order R-13578 To Pool Additional Mineral Interests  
In The Approved Spacing And Proration Unit, Eddy County, New Mexico.  
*Falabella 31 Fee 7H Well***

Ladies & Gentlemen:

This letter is to advise you that COG Operating, LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on February 6, 2014. 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 19.15.4.13 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.

If you have any questions about this matter please contact Sean Johnson, at (432) 683-7443.

Sincerely,

Michael H. Feldewert

**Holland & Hart<sup>LLP</sup>**

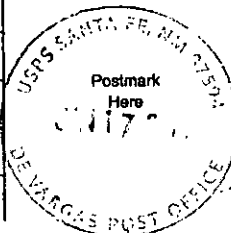
Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

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. ♻

7006 2760 0001 6376 2083

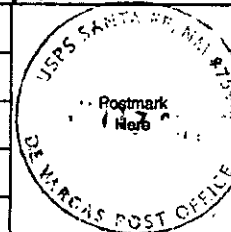
U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL RECEIPT</b>	
Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Thomas M. Beall P.O. Box 3098 Midland, TX 79702	
PS Form 3800, August 2006 See Reverse for Instructions	



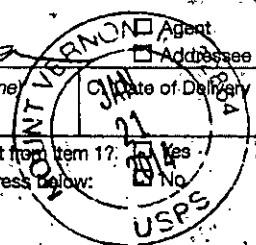
<b>SENDER: COMPLETE THIS SECTION</b>		<b>ON DELIVERY</b>	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature: <i>Ann Fox</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
B. Received by (Printed Name): <i>Ann Fox</i>		C. Date of Delivery: <i>1-22-14</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
1. Article Addressed to: Thomas M. Beall P.O. Box 3098 Midland, TX 79702		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.	
2. Article Number: <i>7006 2760 0001 6376 2083</i> (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6376 2090

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL RECEIPT</b>	
Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Heirs or Devises of Eleanor R. Mitchell and/or John R. & Eleanor R. Mitchell Foundation P.O. Box 923 Mt. Vernon, IL 62864	
PS Form 3800, August 2006 See Reverse for Instructions	



<b>SENDER: COMPLETE THIS SECTION</b>		<b>ON DELIVERY</b>	
■ 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.		A. Signature: <i>Yarb Jack</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
B. Received by (Printed Name): <i>Yarb Jack</i>		C. Date of Delivery: <i>JAN 21 2008</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
1. Article Addressed to: Heirs or Devises of Eleanor R. Mitchell and/or John R. & Eleanor R. Mitchell Foundation P.O. Box 923 Mt. Vernon, IL 62864		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.	
2. Article Number: <i>7006 2760 0001 6376 2090</i> (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			



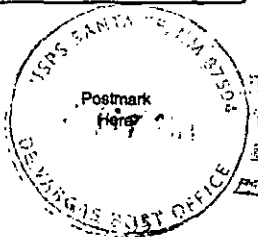
7006 2760 0001 6376 2113

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL RECEIPT**

Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.31</b>



Alan W. Menefee  
 23457 N. El Frio Court  
 Sun City, AZ 85373

PS Form 3800, August 2006 See Reverse for Instructions

7006 0100 0005 5770 4453

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL RECEIPT**

Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.31</b>



OXY USA Inc.  
 P.O. Box 4294  
 Houston, TX 77210

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:

OXY USA Inc.  
 P.O. Box 4294  
 Houston, TX 77210

2. Article Number

(Transfer from service label)

7006 0100 0005 5770 4453

**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  
 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

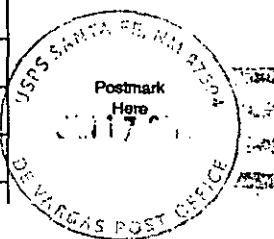
7006 2760 0001 6376 2144

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICE** *John B. Walker* **SE**

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



John B. Walker  
 605 Lakeside Drive  
 Carlsbad, NM 88220

PS Form 3800, August 2006

See reverse for instructions

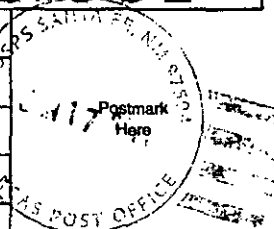
7006 2760 0001 6376 2106

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICE** *John B. Walker* **SE**

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



EHW LLC  
 101 South 4th Street  
 Artesia, NM 88210

See reverse for instructions

SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <i>X S Mathews</i>  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           EHW LLC            101 South 4th Street            Artesia, NM 88210         </div> </p>		<p>B. Received by (Printed Name)  <i>S Mathews</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number: 11-11-11 17006 2760 0001 6376 2106          (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</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>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540