

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

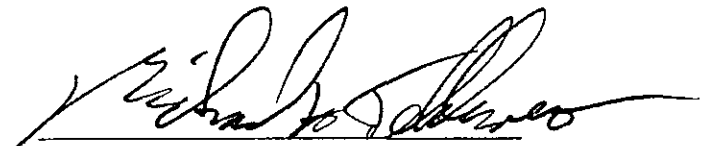
IN THE MATTER OF THE APPLICATION  
OF COG OPERATING LLC FOR TWO NON-STANDARD  
OIL SPACING AND PRORATION UNITS, AND APPROVAL  
OF A NON-STANDARD LOCATIONS FOR TWO WELLS,  
LEA COUNTY, NEW MEXICO

CASE NO. 15044

AFFIDAVIT

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

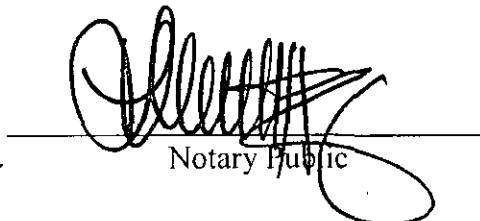
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

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

SUBSCRIBED AND SWORN to before me this 18th day of September 2013 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. 12  
Submitted by: COG OPERATING LLC  
Hearing Date: September 18, 2013

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

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

**Holland & Hart LLP**

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. ☐

**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 *filed*  
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](http://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 \$ 10.31

AUG 30 2013

Postmark  
Here

Sent To

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

PS Form

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](http://www.usps.com)

**OFFICIAL USE**

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 Certified Fee 3.10  
 Return Receipt Fee (Endorsement Required) 2.55  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 10.31

AUG 30 2013

Postmark  
Here

Sent To

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

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:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
*x Robert Foree*  
 B. Received by (Printed Name) *R. Foree* C. Date of Delivery *9-4-13*  
 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. 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](http://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:

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

PS Form 3811, February 2004

**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 (Transit): 7006 0100 0005 5770 6938

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 9/14/13

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15401

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](http://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:

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

PS Form 3811, February 2004

**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

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name): *[Signature]* 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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15401

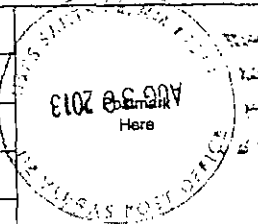
7006 0100 0005 5770 6969

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

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

**OFFICIAL USE**

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>



Sent To: Sugarberry Oil & Gas Corp.  
 Street, or POB: 5950 Cedar Springs Rd.  
 Suite 230  
 City, St: Dallas, TX 75235-6803  
 Attn: Sue Raby

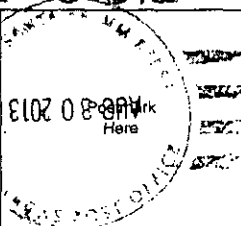
7006 0100 0005 5770 6969

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

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

**OFFICIAL USE**

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>



Sent To: Fay Bel Monsen  
 Street, or P: 515 Houston Ave.  
 City: 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:

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 Hemen* ☒ Agent ☐ Addressee
- B. Received by (Printed Name)  
*Shannon Hemen*
- C. Date of Delivery
- D. Is delivery address different from Item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type
- |  |  |
|--|--|
| <input type="checkbox"/> Certified Mail        | <input type="checkbox"/> Express Mail                              |
| <input checked="" 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) ☐ 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	\$ 6.31
Sent to: Street or PO: City:	
Andrew Wray 3406 Shadow Springs Ct. Houston, TX 77082-8302	
PS Form 3811, February 2004	

## 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

102585-02-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	\$ 6.31
Sent to: Street or PO: City:	
Yates Brothers 105 S. 4th St. Artesia, NM 88210 Attn: Jim Ball	
PS Form 3811, February 2004	

## 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.

7006 0100 0005 5770 6907

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

7006 0100 0005 5770 6808

U.S. Postal Service™	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<b>OFFICIAL USE</b>	
Postage \$	66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.31
Send	Chevron U.S.A. Inc.
Street or P.O. Box	Attn: NOJV Group
City	P. O. Box 3200
	Houston, TX 77252
PS	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

(Transfer from service)

7006 0100 0005 5770 6808

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

SEP 05 2004

D. Is delivery address different from item 1?

☐ Yes  
☐ No

If YES, enter delivery address below:

SEP 05 2004

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5770 7058

U.S. Postal Service™	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<b>OFFICIAL USE</b>	
Postage \$	66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.31
Send	Inland Title Co.
Street or P.O. Box	C/O Germaine R. Chappelle
City	Gallagher & Kennedy, P.A.
	1233 Paseo de Peralta
	Santa Fe, NM 87501
PS	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:

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

2. Article Number

(Transfer from service)

7006 0100 0005 5770 7058

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



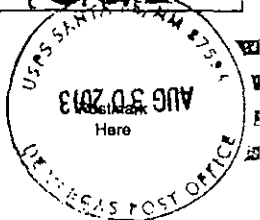
7006 0100 0005 5770 6822

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For delivery information visit our website at [www.usps.com](http://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, State, ZIP+4<sup>®</sup>  
 Peder Monsen  
 515 Houston Ave.  
 Houston, TX 77007-7706

PS Form 3811, February 2004

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:

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 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

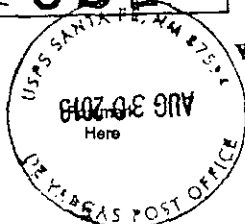
7006 0100 0005 5770 6815

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

For delivery information visit our website at [www.usps.com](http://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, State, ZIP+4<sup>®</sup>  
 Argent Properties Services, LLC  
 500 East Reynolds Dr.  
 Ruston, LA 71270  
 Attn: Matt P. Barham

PS Form 3811, February 2004

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:

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 Shannon Berner ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) Shannon Berner C. Date of Delivery 8/14/13

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

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	\$ 12.31
Marc T. Wray 4 Serpentine Court Savenoaka, Kent TN 113 XR United Kingdom	

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	\$ 12.31
Moose Production Co. 801 Travis St., Suite 2020 Houston, TX 77002	

## 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  
(Transit)

7006 0100 0005 5770 7331

## COMPLETE THIS SECTION ON DELIVERY

Signature ☐ Agent  
☒ Addressee

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

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

PS Form 3811, February 2004

**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: *Ross Duncan* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Ross Duncan* C. Date of Delivery: *Box 647*

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. Article (Trans): 7006 0100 0005 5770 7829

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

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

PS Form 3811, February 2004

**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 ☐ No  
 If YES, enter delivery address below:

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

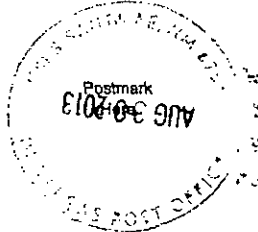
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 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	
<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 USE</b>	
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 Form 3811, February 2004	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 from)

7006 0100 0005 5770 7812

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Carri Allen* Agent  
 Addressee

## B. Received by (Printed Name)

IFC  
 C. Date of Delivery  
 SEP 3 2003

D. Is delivery address different from item 1?  
 If YES, enter delivery address below: ☐ Yes ☒ 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 5770 7812

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 USE</b>	
Postage	\$ -66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 6.31
Sent Warren J. Bates Estate P. O. Box 1357 Ada, OK 74821	
PS Form 3811, February 2004	Instructions



# Returned

7006 0100 0005 5770 6884

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$ -66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1.31
To Warren J. Bates Estate	
1436 Lakehurst Dr.	
Ada OK 74820	
PS	Instructions

AUG 30 2013  
Postmark  
Here

Returned



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

**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

7006 0100 0005 5770 7065

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
<div style="text-align: center;">  </div>	
Sent To: ABO Petroleum Corporation 105 South 4th Street Artesia, New Mexico 88210	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

## 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 ☒ Agent ☐ Addressee  
 X *Andrea Arga*  
 B. Received by (Printed Name) *Andrea Arga* C. Date of Delivery *9/3/13*  
 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 7065

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

5899 0100 0005 5770 6853

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
<div style="text-align: center;">  </div>	
Sent To: ConocoPhillips Company P.O. Box 7500 Bartlesville, OK 74005	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

## 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 ☐ Agent ☐ Addressee  
 X *Phillips 66*  
 B. Received by (Printed Name) *Phillips 66* 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

2. Article N  
(Transfer)

7006 0100 0005 5770 6853

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](http://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

Postmark Here  
 AUG 30 2013

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

PS Form 3811, February 2004

**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: *[Signature]* ☒ Agent ☐ Addressee

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

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 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](http://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

Postmark Here  
 AUG 30 2013

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

PS Form 3811, February 2004

**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

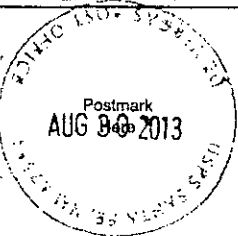
B. Received by (Printed Name): *J. B. B. B.* C. Date of Delivery: *9-3-13*

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 6839

<b>U.S. Postal Service</b>	
<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 USE</b>	
Postage \$	66
Certified Fee	3.70
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees \$	6.31
	
Sent To	Yates Petroleum Corporation
Street or PO	105 South 4th Street
City, S	Artesia, New Mexico 88210
PS Form	

**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

X

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