

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 A NON-STANDARD
SPACING AND PRORATION UNIT AND COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.

CASE NO. 15098

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 has been provided under the notice letters and proof of receipt attached hereto.

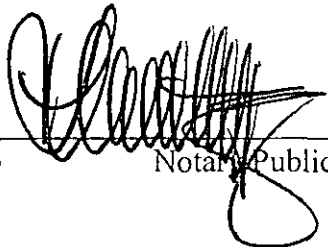


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 5th day of March 2014 by Michael H.
Feldewert.

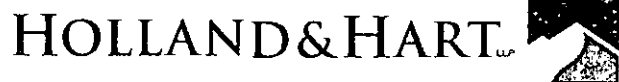


OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 04/14/15



Notary Public

BEFORE THE OIL
CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: COG OPERATING INC.
Hearing Date: March 6, 2014



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

February 14, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC For A Non-Standard Spacing And Proration
Unit, And Compulsory Pooling, Eddy County, New Mexico.
Case No. 15098: Sherman 4 Fee 10H 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 March 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 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.

If you have any questions about this matter please contact Joseph Scott, at (432) 688-6601.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael H. Feldewert", written over a horizontal line.

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

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

February 14, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

**Re: Application of COG Operating LLC For A Non-Standard Spacing And Proration
Unit, And Compulsory Pooling, Eddy County, New Mexico.
Case No. 15098: Sherman 4 Fee 10H Well.**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on March 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 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 Joseph Scott at (432) 688-6601.

Sincerely,

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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

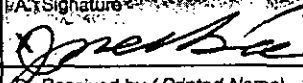
110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

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

7006 0100 0005 5771 4469

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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	310
Return Receipt Fee (Endorsement Required)	255
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69
Oxy Y-1 Company P.O. Box 4294 Houston, TX 77210-42954	


PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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  B. Received by (Printed Name) SA BARN C. Date of Delivery FEB 14 2004 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
1. Article Addressed to: Oxy Y-1 Company P.O. Box 4294 Houston, TX 77210-42954		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 Number (Transfer from service label)		7006 0100 0005 5771 4469	
PS Form 3811 February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5771 4490

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OFFICIAL USE	
Postage \$	
Certified Fee	310
Return Receipt Fee (Endorsement Required)	255
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69
Charles E. Nearburg dba Nearburg Exploration Company 3300 North "A" Street Building 2, Suite 120 Midland, Texas 79705	

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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  B. Received by (Printed Name) C. Date of Delivery FEB 14 2004 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: Charles E. Nearburg dba Nearburg Exploration Company 3300 North "A" Street Building 2, Suite 120 Midland, Texas 79705		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 Number (Transfer from service label)		7006 0100 0005 5771 4490	
PS Form 3811 February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5771 4483

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Postage	\$	
Certified Fee		3.10
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.69

Postmark Here

New Mexico State Highway
 and Transportation Department
 PO Box 1149
 Santa Fe NM 87504

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:

New Mexico State Highway
 and Transportation Department
 PO Box 1149
 Santa Fe NM 87504

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 4483

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

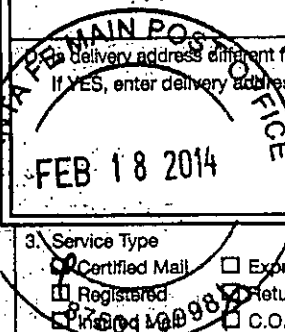
COMPLETE THIS SECTION ON DELIVERY

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

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

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 5771 4476

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Postage	\$	
Certified Fee		3.10
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.69

Postmark Here

Yates Petroleum Corporation
 105 South 4th Street
 Artesia, NM 88210

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:

Yates Petroleum Corporation
 105 South 4th Street
 Artesia, NM 88210

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 4476

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

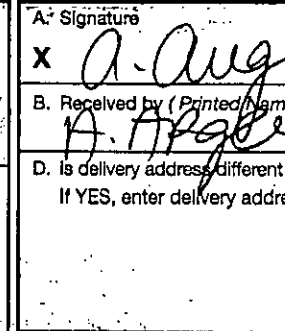
COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) 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 5771 4902

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Postage	\$	FEB 14 2004 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$6.69	

Oxy Y-1 Company
 P.O. Box 4294
 Houston, TX 77210-42954

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 Y-1 Company
 P.O. Box 4294
 Houston, TX 77210-42954

2. Article Number
 (Transfer from service label)

7006 0100 0005 5771 4902

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) *Jordan* C. Date of Delivery *FEB 19 2004*
 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:

Abo Petroleum Corporation
 105 South 4th Street
 Artesia, NM 88210

2. Article Number
 (Transfer from service label)

7006 0100 0005 5771 4452

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) *A. Arago* C. Date of Delivery *2/19/04*
 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

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Postage	\$	FEB 19 2004 Postmark Here
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$6.69	

Abo Petroleum Corporation
 105 South 4th Street
 Artesia, NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

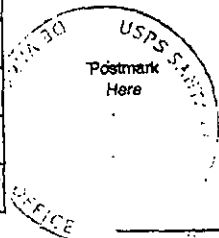
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Certified Fee		310
Return Receipt Fee (Endorsement Required)		255
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.69



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

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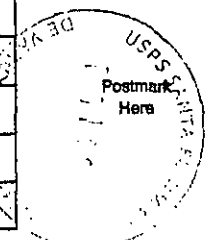
7006 0100 0005 5771 4438

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Postage	\$	
Certified Fee		310
Return Receipt Fee (Endorsement Required)		255
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.69



DHA, LLC
 500 W Wall Street, Suite 300
 Midland, TX 79701

PS Form 3800, June 2002 For Instructions

SENDER: COMPLETE THIS SECTION		RECIPIENT: COMPLETE THIS SECTION	
<p>1. 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</p> <p><i>Katie McDuffy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Addressed to:</p> <p>DHA, LLC 500 W Wall Street, Suite 300 Midland, TX 79701</p>		<p>B. Received by (Printed Name)</p> <p><i>Katie McDuffy</i></p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>C. Date of Delivery</p> <p><i>2/18/14</i></p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>5. Article Number</p> <p>(Transfer from service label)</p>		<p>7006 0100 0005 5771 4438</p>	
<p>PS Form 3811 February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	