

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

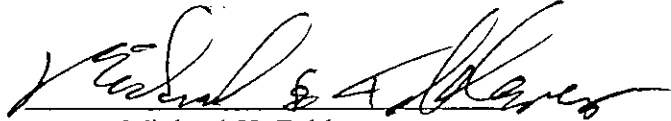
IN THE MATTER OF THE APPLICATION OF COG OPERATING LLC FOR A NON-STANDARD SPACING, AND PRORATION UNIT AND COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.

CASE NO. 15114

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 letter and proof of receipts attached hereto.

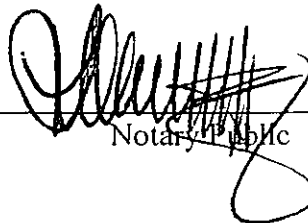


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 30th day of April 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. 5
Submitted by: COG OPERATING LLC
Hearing Date: April 30, 2014

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

April 11, 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, Lea County, New Mexico.
Cuatro Hijos Fee 4H 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 May 1, 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.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 Jeff Lierly, at (432) 221-0485 or JLierly@concho.com.

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

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

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Velta Jean Daigneault 6155 Mojave St. NW Albuquerque, NM 87120	

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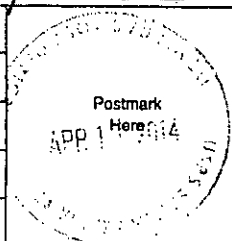
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Brady Lynn Raindl 4206 133rd Street Lubbock, TX 79423	

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■ 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 X B. Received by (Printed Name) Brady Lynn Raindl C. Date of Delivery 4-15-14	
1. Article Addressed to: Brady Lynn Raindl 4206 133rd Street Lubbock, TX 79423		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

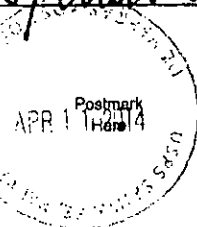
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Brandi Burns 1501 Ventura Ave. Midland, TX 79705	
PS Form 3800, August 2006 See Reverse for Instructions	



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Total Postage & Fees \$	
Debra K. Primera 13568 Anarosa Loop Austin, TX 78727	
PS Form 3800, August 2006 See Reverse for Instructions	



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1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Brandi Burns 1501 Ventura Ave. Midland, TX 79705		B. Burns	4-11-07
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
7006 2760 0001 6376 2380		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.	
PS Form 3811, February 2004 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

102595-02-M-1540

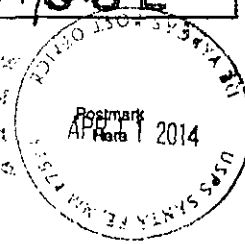
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Brent Mitchell Raindl	
3315 Lancelot Drive	
Dallas, TX 75229	

PS Form 3800, August 2000 PSN 7530-01-000-9001 See Reverse for Instructions

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

March 28, 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, Lea County, New Mexico.
Cuatro Hijos Fee 4H 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 April 17, 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.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 Jeff Lierly, at (432) 221-0485 or JLierly@concho.com.

Sincerely,

for 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

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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

March 28, 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, Lea County, New Mexico.
(Cuatro Hijos Fee 4H 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 April 17, 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.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 Jeff Lierly at (432) 221-0485 or JLierly@concho.com.

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

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South Fifth Energy, LLC (previously
Anderson Carter & Anderson Carter, II)
P.O. Box 130
Ruidoso, NM 88355

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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JUN 25 2014

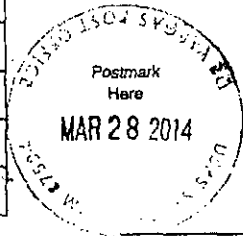
Powhatan Carter, III
Alamo Route North
Fort Sumner, NM 88119

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<p>1. Article Addressed to:</p> <p>Powhatan Carter, III Alamo Route North Fort Sumner, NM 88119</p>		<p>B. Received by (Printed Name) <i>Mitch Rand</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7006 0100 0005 5771 7330</p>			
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7323 5771 0005 0100 0006

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Return Receipt Fee (Endorsement Required)	
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Total Postage & Fees	\$
The Trustees of the Charles and Beverly Overton Revocable Trust P.O. Box 32 Yeso, NM 88136	
PS Form 3800, June 2002 For Instructions	



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1. Article Addressed to:

The Trustees of the Charles and Beverly
Overton Revocable Trust
P.O. Box 32
Yeso, NM 88136

2. Article Number

(Transfer from service label)

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- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Rodney Carter
- C. Date of Delivery 4-7-14
- 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

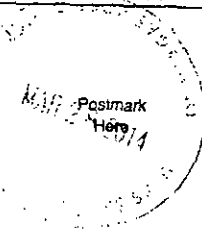
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Rodney Carter 5804 Westmont Drive Plano, TX 75093	
PS Form 3800, June 2002 For Instructions	



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1. Article Addressed to:

Rodney Carter
5804 Westmont Drive
Plano, TX 75093

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Debra Primer
- C. Date of Delivery 4-2-14
- 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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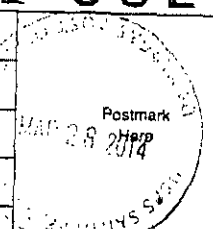
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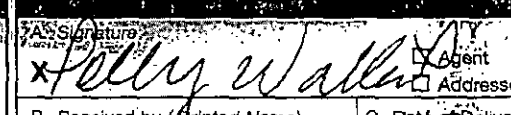
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Bobby Parks Trustee u/w/o Clara Parks and u/w/o Lester A. Parks 887 US Highway 259 N De Kalb, TX 75559	
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6621 1225 5000 0005 5771 7293

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Restricted Delivery Fee (Endorsement Required)	
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Velta Jean Daigneault 1104 Silver Ave SW Apt. #1 Albuquerque, NM 87102-2980	
PS Form 3800, June 2002 See Reverse for Instructions	

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1. Article Addressed to:		B. Received by (Printed Name) Polly Walker	
Velta Jean Daigneault 1104 Silver Ave SW Apt. #1 Albuquerque, NM 87102-2980		C. Date of Delivery 4-2-14	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: PO Box 496	
3. Service Type		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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	
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7286 5771 0005 0100 0100 7286

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Restricted Delivery Fee (Endorsement Required)	
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MAR 28 2014

Debra Kay Primera
 P.O. Box 28504
 Austin, TX 78755

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

1. Article Addressed to:
 Debra Kay Primera
 P.O. Box 28504
 Austin, TX 78755

2. Article Number (Transfer from service label)
 7286 5771 0005 0100 0100

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Debra Kay* ☐ 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

7279 5771 0005 0100 0100 7279

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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MAR 28 2014

Ricky D. Raindl
 P.O. Box 142454
 Irving, TX 75014

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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:
 Ricky D. Raindl
 P.O. Box 142454
 Irving, TX 75014

2. Article Number (Transfer from service label)
 7279 5771 0005 0100 0100

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ronald E. Merritt* ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

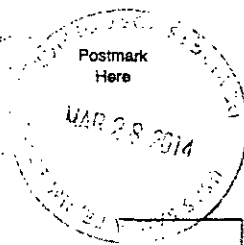
3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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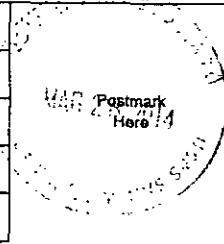
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Robert M. Raindl P.O. Box 853 Tahoka, TX 79373	
PS Form 3800, June 2002 See Reverse for Instructions	



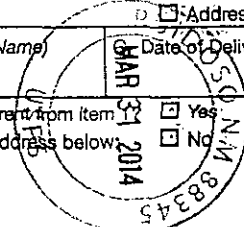
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>4-7-14</i> D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <i>PO Box 516 Fort Sumner NM 88119</i>
1. Article Addressed to: <i>Robert M. Raindl</i> <i>P.O. Box 853</i> <i>Tahoka, TX 79373</i>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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) <i>7006 0100 0005 5771 7262</i>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7255 5771 0005 0100 0006

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 \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
The First National Bank of Lubbock, Texas, Successor Trustee of the J.E. and Beulah H. Simmons Trusts f/b/o Jean S. Shipley and Mary Jane Felfe Hand 5701 82nd Street Lubbock, TX 79424	
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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Carter</i> C. Date of Delivery <i>MAR 31 2014</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:
1. Article Addressed to: The First National Bank of Lubbock, Texas, Successor Trustee of the J.E. and Beulah H. Simmons Trusts f/b/o Jean S. Shipley and Mary Jane Felfe Hand 5701 82nd Street Lubbock, TX 79424	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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) <i>7006 0100 0005 5771 7255</i>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	



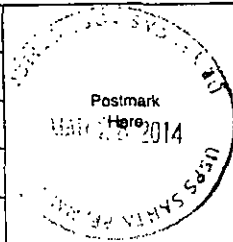
7006 0100 0005 5771 7248

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Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Featherstone Development Corp.
 P. O. Box 429
 Roswell, New Mexico 88209-0429

PS Form 3800, June 2002 PSN 7530-01-000-9000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Featherstone Development Corp. P. O. Box 429 Roswell, New Mexico 88209-0429</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Jennifer Andazola</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0005 5771 7248</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Jennifer Andazola</i> <i>APR 7 2014</i></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540