

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

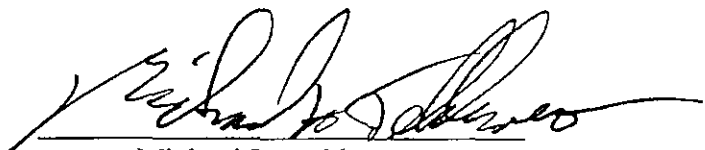
IN THE MATTER OF THE APPLICATION
OF COG OPERATING LLC FOR TWO NON-STANDARD
OIL SPACING AND PRORATION UNITS, AND APPROVAL
OF A NON-STANDARD LOCATIONS FOR TWO WELLS,
LEA COUNTY, NEW MEXICO

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.

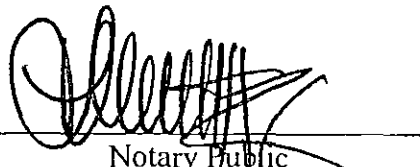


Michael H. Feldewert

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
COMMISSION
Santa Fe, New Mexico
Exhibit No. 10
Submitted by: COG OPERATING LLC
Hearing Date: June 19, 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

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

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

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
515 Houston Ave.
Houston, TX 77007-7706

Fay Bel Monsen
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

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

AUG 30 2013
Postmark Here

Sent To: Marc T Wray Trust 2008
 Street or PO: 520 Madison, Ave
 City, St: NY, NY 10022

PS Form 3811, February 2004

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

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

AUG 30 2013
Postmark Here

Sent To: EOG Resources, Inc.
 Street or PO: 5509 Champions Dr.
 City: Midland, TX 79706
 Attn: Patrick Tower

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *x Robert Force* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *R. Force*

C. Date of Delivery: *9-4-13*

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. 7006 0100 0005 5770 6891

7006 0100 0005 5770 6938

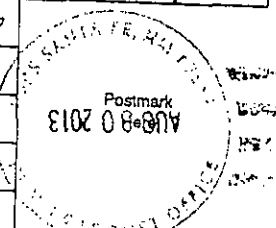
U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.31
Argent Properties Services, LLC 500 East Reynolds Dr. Ruston, LA 71270 Attn: Matt P. Barham	



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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>9/14/13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Argent Properties Services, LLC 500 East Reynolds Dr. Ruston, LA 71270 Attn: Matt P. Barham		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 (Transit) 7006 0100 0005 5770 6938			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5770 6914

U.S. Postal Service TM	
CERTIFIED MAILTM 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
Chesapeake Exploration, LLC P. O. Box 18496 Oklahoma City, OK 73154	



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 X RECEIVED <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>SEP 03 2013</i> C. Date of Delivery <i>SEP 03 2013</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Chesapeake Exploration, LLC P. O. Box 18496 Oklahoma City, OK 73154		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 (Transit) 7006 0100 0005 5770 6914			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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

OFFICIAL USE

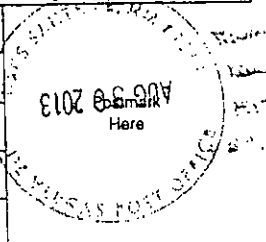
Postage \$ 66

Certified Fee 3.10

Return Receipt Fee (Endorsement Required) 2.55

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.31



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

PS Form 3811, February 2004

7006 0100 0005 5770 6969

U.S. Postal Service
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OFFICIAL USE

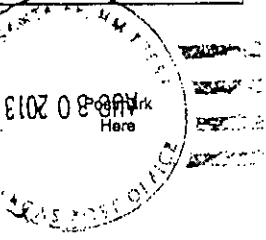
Postage \$ 66

Certified Fee 3.10

Return Receipt Fee (Endorsement Required) 2.55

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.31



Sent Fay Bel Monsen
 515 Houston Ave.
 Houston, TX 77007-7706

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:

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

Signature ☒ Agent ☐ Addressee

x Shannon Lerner

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

Shannon Lerner

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 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 by _____
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 ☒ 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: 7006 0100 0005 5770 6952
 (Transfer to _____)

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 by _____
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 ☒ 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
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 Chevron U.S.A. Inc.
 Via Attn: NOJV Group
 or P P. O. Box 3200
 City Houston, TX 77252

Postmark Here
 AUG 30 2013
 SANTA FE, NM 87501
 DENVER, CO POST OFFICE

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 7006 0100 0005 5770 6808
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Andy Aug C. Date of Delivery SEP 05 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

7006 0100 0005 5770 7058

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

Postmark Here
 AUG 30 2013
 SANTA FE, NM 87501
 DENVER, CO POST OFFICE

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 7006 0100 0005 5770 7058
 (Transfer from service)

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 ☒ 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 6822

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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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

Send
 Street or P.O.
 City

Peder Monsen
 515 Houston Ave.
 Houston, TX 77007-7706

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:

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
 X *Shannon Lerner* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 Shannon Lerner

C. Date of Delivery
 8/14/04

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

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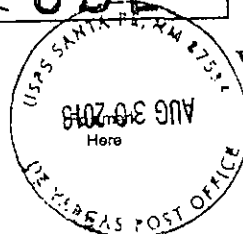
OFFICIAL USE

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

Send
 Street or P.O.
 City

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

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:

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
 X *Matt P. Barham* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Matt P. Barham

C. Date of Delivery
 8/14/04

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 ServiceTM
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$ 6.65
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
 AS POST OFFICE

Sent: Marc T. Wray
 4 Serpentine Court
 Savenoaka, Kent TN 113 XR
 United Kingdom

PS Instructions

7006 0100 0005 5770 7331

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 6.65
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
 AS POST OFFICE

Sent: Moose Production Co.
 801 Travis St., Suite 2020
 Houston, TX 77002

PS Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>Signature: <i>M. McLaughlin</i></p> <p>By (Received by) Printed Name: <i>M. McLaughlin</i></p> <p>C. Date of Delivery: _____</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>1. Article Addressed to:</p> <p>Moose Production Co. 801 Travis St., Suite 2020 Houston, TX 77002</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input 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>2. Article (Transit)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7006 0100 0005 5770 7829

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	

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

2. Article
(Trans)

7006 0100 0005 5770 7829

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* Ross Duncan

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Ross Duncan

C. Date of Delivery

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

Box 647

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 7843

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	

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

2. Article
(Trans)

7006 0100 0005 5770 7843

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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
 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 7812

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	Devon Energy Production Company LP
Street or P.O. Box	Devon Energy Center Tower, OKDEC30.314
City	333 W. Sheridan Avenue Oklahoma City, OK 73102-5015
PS Form	Attn: Carri Allen

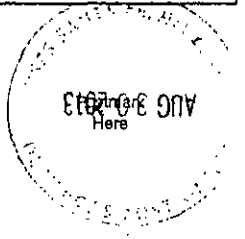


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X. Carri Allen</p> <p>B. Received by (Printed Name) J. C.</p> <p>C. Date of Delivery 3</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below.</p>
<p>1. Article Addressed to:</p> <p>Devon Energy Production Company LP Devon Energy Center Tower, OKDEC30.314 333 W. Sheridan Avenue Oklahoma City, OK 73102-5015 Attn: Carri Allen</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input 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>2. Article Number (Transfer to)</p> <p>7006 0100 0005 5770 7812</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

7006 0100 0005 5770 7836

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	\$ 6.31
Sent	Warren J. Bates Estate
Street or P.O. Box	P. O. Box 1357
City	Ada, OK 74821
PS Form	



Returned

7006 0100 0005 5720 6884

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



PS

To Warren J. Bates Estate
 Attn 1436 Lakehurst Dr.
 City Ada OK 74820

PS Instructions

Returned

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

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

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. ☐

**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 TM	
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: ABO Petroleum Corporation 105 South 4th Street 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:

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) C. Date of Delivery
Andrea Arga 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

7006 0100 0005 5770 7065

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5770 6853

U.S. Postal Service TM	
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: ConocoPhillips Company P.O. Box 7500 Bartlesville, OK 74005	
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:

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) C. Date of Delivery
Phillips 66
- 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)

☐ Yes2. 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 TM	
CERTIFIED MAIL[®] RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICE U/B E	
Postage	\$ 66
Certified Fee	31.70
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	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:

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
X *[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
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**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. BOARD

C. Date of Delivery
9/3/12

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)

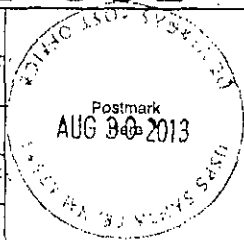
☐ Yes

7006 0100 0005 5770 6846

U.S. Postal Service TM	
CERTIFIED MAIL[®] RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICE LAUSTE	
Postage	\$ 66
Certified Fee	31.70
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	Instructions

7006 0100 0005 5770 6839

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)	0.00
Total Postage & Fees \$	6.31
<p>Sent To: Yates Petroleum Corporation</p> <p>Street, or P.O. 105 South 4th Street</p> <p>City, State, ZIP+4® Artesia, New Mexico 88210</p>	
PS Form 3811, February 2004	Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS 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 <u>Chadwick</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) <u>A. Argee</u> C. Date of Delivery <u>9-3-13</u></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>1. Article Addressed to:</p>	
<p>Yates Petroleum Corporation 105 South 4th Street Artesia, New Mexico 88210</p>		
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>2. Article Number (Transfer from) <u>7006 0100 0005 5770 6839</u></p>		