

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

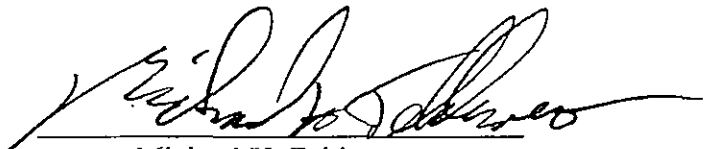
IN THE MATTER OF THE APPLICATION
OF COG OPERATING LLC FOR TWO NON-STANDARD
OIL SPACING AND PRORATION UNITS, AND APPROVAL
OF A NON-STANDARD LOCATIONS FOR TWO WELLS,
LEA COUNTY, NEW MEXICO

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.

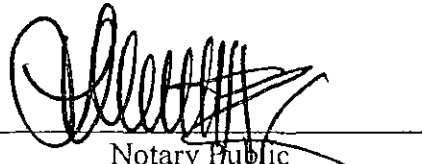


Michael H. Feldewert

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

*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
515 Houston Ave.
Houston, TX 77007-7706

Argent

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

Argent

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
Sent To: Marc T Wray Trust 2008 Street or P.O. #: 520 Madison, Ave City, State: 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	
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: EOG Resources, Inc. Street or P.O. #: 5509 Champions Dr. City, State: 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: *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

938 6970 0005 0100 0000

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

Postmark
AUG 30 2013

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

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 (Transit) 7006 0100 0005 5770 6938

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154d

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Argent Services ☐ Agent ☐ Addressee

B. Received by (Printed Name) Argent Services C. Date of Delivery 9/11/13

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

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

Postmark
AUG 30 2013

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

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:

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

2. Article Number (Transit) 7006 0100 0005 5770 6914

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154d

COMPLETE THIS SECTION ON DELIVERY

A. Signature X RECEIVED ☐ Agent ☐ Addressee

B. Received by (Printed Name) SEP 03 2013 C. Date of Delivery SEP 03 2013

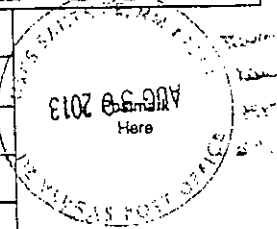
D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

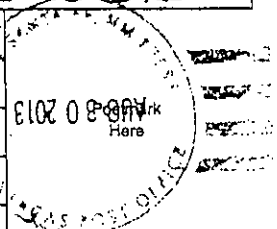
7006 0100 0005 5770 6961

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.
Street, or P.O. Box	5950 Cedar Springs Rd.
City, State	Suite 230 Dallas, TX 75235-6803
PS Form	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	
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	Fay Bel Monsen
Street, or P.O. Box	515 Houston Ave.
City, State	Houston, TX 77007-7706
PS Form	



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.		Signature x Shannon Berner <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Shannon Berner	
Fay Bel Monsen 515 Houston Ave. Houston, TX 77007-7706		C. Date of Delivery	
2. Article Number		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transfer from 7006 0100 0005 5770 6969		If YES, enter delivery address below:	
3. Service Type		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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	

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: Andrew Wray 3406 Shadow Springs Ct. Houston, TX 77082-8302	

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) C. Date of Delivery
 Andrew Wray 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

102595-02-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: Yates Brothers 105 S. 4th St. Artesia, NM 88210 Attn: Jim Ball	

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) C. Date of Delivery
 Andrea Arace 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

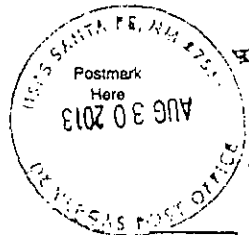
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-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.
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

7006 0100 0005 5770 6808

(Transfer from service)

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 2013

D. Is delivery address different from item 1? ☐ YesIf 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:

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? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

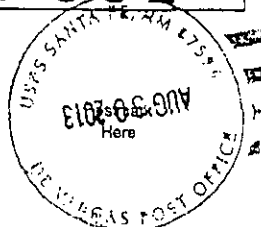
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5770 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.
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



7006 0100 0005 5770 6822

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

USPS SANITARY MAIL 375.4
 AUG 3 2004
 Here
 HOUSTON POST OFFICE

Sent
 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

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

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

USPS SANITARY MAIL 375.4
 AUG 3 2004
 Here
 HOUSTON POST OFFICE

Sent
 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 9/14/13

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 ServiceTM
CERTIFIED MAILTM 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

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

Postmark: AUG 30 2013
 Here: AS POST OFFICE

Instructions

7006 0100 0005 5770 7331

U.S. Postal ServiceTM
CERTIFIED MAILTM 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

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

Postmark: AUG 30 2013
 Here: AS POST OFFICE

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>Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>By (Received by) (Printed Name): <i>M. McLaughlin</i> C. Date of Delivery: _____</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>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 1 (Transit)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7006 0100 0005 5770 7331

7006 0100 0005 5770 7829

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	\$ 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

Postmark Here
AUG 3 2004
ARTEZIA 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:

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

x *Ross Duncan*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

x *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

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

x *Duard Thomas*
☒ Agent
☐ Addressee

B. Received by (Printed Name)

x *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 7843

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

Personal Representative of the
Estate of Warren J. Bates
Duard B. Thomas
P.O. Box 369
Ada, OK 74821

Postmark Here
AUG 3 2004
ARTEZIA POST OFFICE

Instructions

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 3811	Attn: Carri Allen

Postmark: AUG 30 2004 OKLAHOMA CITY

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) Carri Allen</p> <p>C. Date of Delivery 3</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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

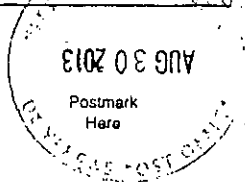
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ -66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 6.31
Sent	Warren J. Bates Estate
Street or P.O. Box	P. O. Box 1357
City	Ada, OK 74821
PS Form 3811	

Postmark: AUG 30 2004 OKLAHOMA CITY

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
To Sh or Clt	
Warren J. Bates Estate 1436 Lakehurst Dr. 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 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
<p>Sent to: ABO Petroleum Corporation 105 South 4th Street Artesia, New Mexico 88210</p>	

Postmark Here: AUG 30 2013

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: *Andrea Arga* ☐ Agent ☒ Addressee
- 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

7006 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
<p>Sent to: ConocoPhillips Company P.O. Box 7500 Bartlesville, OK 74005</p>	

Postmark Here: AUG 30 2013

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: *Phillips 66* ☐ Agent ☒ Addressee
- B. Received by (Printed Name): *Phillips 66* 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)

☐ 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 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 Myco Industries, Inc. 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Andrea Arce C. Date of Delivery 9/3/13 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: Myco Industries, Inc. 105 South 4th Street Artesia, New Mexico 88210	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) 7006 0100 0005 5770 6860	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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	
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 OXY Y-1 Company P.O. Box 27570 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) J. B. B. B. C. Date of Delivery 9/3/12 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: OXY Y-1 Company P.O. Box 27570 Houston, Texas 77227	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) 7006 0100 0005 5770 6846	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5770 6839

U.S. Postal Service TM	
CERTIFIED MAIL TM 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
	
Sent To	Yates Petroleum Corporation
Street, or PO	105 South 4th Street
City, S	Artesia, New Mexico 88210
PS Form	Instructions

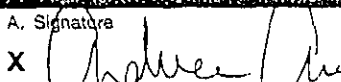
SENDER: COMPLETE THIS SECTION

- 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:

Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Andrew D. 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) ☐ Yes2. Article Number
(Transfer from)

7006 0100 0005 5770 6839

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540