

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

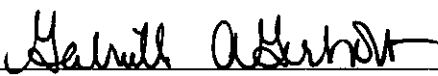
APPLICATION OF COG OPERATING LLC, TO MAKE PERMANENT THE SPECIAL RULES ADOPTED UNDER ORDER R-13523 FOR THE DODD GLORIETA UPPER YESO POOL AND THE BURCH KEELY GLORIETA UPPER YESO POOL, EDDY COUNTY, NEW MEXICO.

**CASE NOS. 14669, 14670, 14758,
and 14759 (Reopened)**

AFFIDAVIT

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

Gabrielle A. Gerholt, 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.

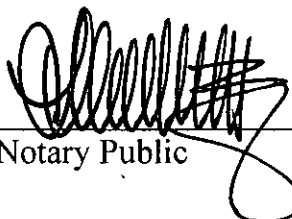


Gabrielle A. Gerholt

SUBSCRIBED AND SWORN to before this 1st day of October 2014 by Gabrielle A. Gerholt.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION**
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: **COG OPERATING LLC**
Hearing Date: October 2, 2014

COG OPERATING LLC

OFFSET OPERATORS IN THE DODD FEDERAL UNIT

Cimarex Energy Co. of Colorado
600 N. Marienfeld Street
Midland, TX 79701

Oxy USA WTP Limited Partnership
5 Greenway Plaza
Houston, TX 77046

Loco Hills GSF, Ltd.
1231 Old Anneta Road
Aledo, TX 76008

Apache Corporation
Attn: Land Department
303 Veterans Airpark Lane
Suite 300
Midland, TX 79705

OFFSET OPERATORS IN THE BURCH KEELY UNIT

Cimarex Energy Co. of Colorado
600 N. Marienfeld Street
Midland, TX 79701

Mack Energy Corporation
11344 Lovington Hwy
Artesia, NM 88210

Burnett Oil Co., Inc.
Burnett Plaza-Suite 1500
801 Cherry Street, Unit 9
Fort Worth, TX 76102

Loco Hills GSF, Ltd.
1231 Old Anneta Road
Aledo, TX 76008

Apache Corporation
Attn: Land Department
303 Veterans Airpark Lane
Suite 300
Midland, TX 79705

ConocoPhillips Company
P.O Box 2197
Houston, TX 77252-2197



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

September 12, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED PARTIES

**Re: Application of COG Operating LLC, to make permanent the
Special Rules adopted under Order R-13523 for the Dodd Glorieta
Upper Yeso Pool and the Burch Keely Glorieta Upper Yeso Pool,
Eddy County, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking to make permanent the Special Rules adopted under R-13523 for the Dodd Glorieta Upper Yeso Pool and the Burch Keely Glorieta Upper Yeso Pool, Eddy County, New Mexico.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on October 2, 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.

Sincerely,

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

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

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. ☏

7006 2760 0001 6376 7675

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information, visit MHF/COG	
OFFICIAL BURCH KEELY	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	600
Total Postage & Fees \$	
Sent To	
Cimarex Energy Co. of Colorado	
600 N. Marienfeld Street	
Midland, TX 79701	
PS Form 3811	

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. 		A. Signature X <i>Sadie Garcia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Sadie Garcia</i> C. Date of Delivery <i>9-15-14</i>	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Cimarex Energy Co. of Colorado 600 N. Marienfeld Street Midland, TX 79701		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6376 7675			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 7668

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
For delivery information, visit MHF/COG	
OFFICIAL BURCH KEELY	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	600
Total Postage & Fees \$	
Sent To	
Mack Energy Corporation	
11344 Lovington Hwy	
Artesia, NM 88210	
PS Form 3811	

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. 		A. Signature X <i>Kim Rodriguez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Kim Rodriguez</i> C. Date of Delivery 	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Mack Energy Corporation 11344 Lovington Hwy Artesia, NM 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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6376 7668			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; <i>International Coverage Provided</i>)	
For delivery information OFFICIAL	MHF/COG BURCH KEELY
Postage	\$ <u>89</u>
Certified Fee	<u>3.30</u>
Return Receipt Fee (Endorsement Required)	<u>2.70</u>
Restricted Delivery Fee (Endorsement Required)	<u>6.64</u>
Total Postage & Fees	\$ <u>13.50</u>

POSTMARK
 HERE
 JUN 12 2011
 U.S. POSTAL SERVICE

Sent To

Burnett Oil Co., Inc.

Burnett Plaza-Suite 1500

801 Cherry Street, Unit 9

Fort Worth, TX 76102

PS Form 3849, June 2010

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

For delivery information: **OFFICE**

MAILED
BURCH KEELY

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	\$

Postmark
 Here

Loco Hills GSF, Ltd.
1231 Old Anneta Road
Aledo, TX 76008

PS Form 3800, June 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
SENDER: COMPLETE THIS SECTION <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <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. </div> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Burnett Oil Co., Inc. Burnett Plaza-Suite 1500 801 Cherry Street, Unit 9 Fort Worth, TX 76102</p> </div>	COMPLETE THIS SECTION ON DELIVERY <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>A. Signature X <i>Steve McKnight</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>B. Received by (Printed Name)</p> </div> <div style="width: 45%;"> <p>C. Date of Delivery 9-15-14</p> </div> </div> <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>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div style="width: 45%;"> <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 10px;">11</div> <div style="font-family: monospace; font-size: 1.2em;"> 7006 12760 10001 6376 7653 </div> </div>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>Melissa Hall</i> </div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Loco Hills GSF, Ltd. 1231 Old Annetta Road Alledo, TX 76008</p> </div>		<p>B. Received by (Printed Name) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>M Hall</i> </div> </p> <p>C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>9-05-08</i> </div> </p>	
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>7006 2760 0001 6376 7644</p> </div>		<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>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit **MHF/COG**
OFFICIAL BURCH KEELY

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 669

Sent To
 Street, Apt. or PO Box
 City, State
 Apache Corporation
 Attn: Land Department
 303 Veterans Airpark Lane
 Suite 300
 Midland, TX 79705

Postmark Here
 SEP 12 2014

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:
 Apache Corporation
 Attn: Land Department
 303 Veterans Airpark Lane
 Suite 300
 Midland, TX 79705

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 7637

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Sheila Treat ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Sheila Treat C. Date of Delivery
9-15-14

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 ☐ S.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit **MHF/COG**
OFFICIAL BURCH KEELY

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 669

Sent To
 Street, Apt. or PO Box
 City, State
 ConocoPhillips Company
 P.O. Box 2197
 Houston, TX 77252-2197

Postmark Here
 SEP 12 2014

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 2197
 Houston, TX 77252-2197

2. Article Number (Transfer from service label)
 7006 2760 0001 6376 7620

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)
[Signature] C. Date of Delivery
SEP 16 2014

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/COG**
OFFIC DODD FEDERAL

Postage \$ 69.15
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 66.9
 Total Postage & Fees 82.05



Sent To
 Street, Apt. or PO Box
 City, State
 Cimarex Energy Co. of Colorado
 600 N. Marienfeld Street
 Midland, TX 79701

PS Form 3811, February 2004

U.S. Postal ServiceTM
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/COG**
OFFIC DODD FEDERAL

Postage \$ 69.15
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 66.9
 Total Postage & Fees 82.05



Sent To
 Street, Apt. or PO Box
 City, State
 Oxy USA WTP Limited Partnership
 5 Greenway Plaza
 Houston, TX 77046

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:

Cimarex Energy Co. of Colorado
 600 N. Marienfeld Street
 Midland, TX 79701

2. Article Number

(Transfer from service label)

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)

Sadil Garcia

C. Date of Delivery

9-15-14

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 USA WTP Limited Partnership
 5 Greenway Plaza
 Houston, TX 77046

2. Article Number

(Transfer from service label)

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)

Gengora

C. Date of Delivery

SEP 16 2014

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 2760 0001 6376 7705

U.S. Postal Service™

CERTIFIED MAIL

(Domestic Mail Only; No Insurance)

For delivery information visit

OFFICIAL USE

Postage \$ 6.95

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.95

Sent

Street

or P.O.

City

PS Form

Loco Hills GSF, Ltd.
1231 Old Anneta Road
Aledo, TX 76008

Postmark
Here

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance)

For delivery information visit

OFFICIAL USE

Postage \$ 6.95

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.95

Sent To

Street

or P.O.

City, St.

PS Form

Apache Corporation
Attn: Land Department
303 Veterans Airpark Lane
Suite 300
Midland, TX 79705

Postmark
Here

7006 2760 0001 6377 2280

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:

Loco Hills GSF, Ltd.
1231 Old Anneta Road
Aledo, TX 76008

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 7705

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Melissa Hall

☐ Agent☐ Addressee

B. Received by (Printed Name)

M/Hg II

C. Date of Delivery

9-15-14

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:

Apache Corporation
Attn: Land Department
303 Veterans Airpark Lane
Suite 300
Midland, TX 79705

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 2280

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Sheila Treat

☐ Agent☐ Addressee

B. Received by (Printed Name)

Sheila Treat

C. Date of Delivery

9-15-14

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