

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

**APPLICATION OF COG OPERATING LLC FOR CREATION OF A NON-STANDARD
SPACING AND PRORATION UNIT AND COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO.**

CASE NO. 15249

AFFIDAVIT

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

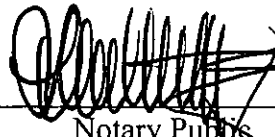
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application has been provided under the notice letters and proof of receipts attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 17th day of December 2014 by Michael
H. Feldewert.



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


Notary Public

BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: COG Operating LLC
Hearing Date: December 17, 2014

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

November 26, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

Guinn Family Properties, LTD
Attn: James R. Guinn
P.O. Box 1298
Graham, TX 76450

**Re: Application of COG Operating LLC for a Non-Standard Spacing and
Proration Unit, and Compulsory Pooling, Eddy County, New Mexico.
Mescal 22 Federal 1H Well**

Dear Mr. Guinn:

This letter is to advise you that COG Operating LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on December 18, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Aaron Myers, at (432) 688-6674 or amyers@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

Holland & Hart^{LLP}

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

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

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

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November 26, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

**Re: Application of COG Operating LLC for a Non-Standard Spacing and
Proration Unit, and Compulsory Pooling, Eddy County, New Mexico.
Mescal 22 Federal 1H Well**

Dear Sir or Madam:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because of the request for the proposed non-standard spacing and proration unit.

This application has been set for hearing before a Division Examiner at 8:15 AM on December 18, 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.

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If you have any questions about this matter please contact Aaron Myers, at (432) 688-6674 or amyers@concho.com.

Sincerely,

Jordan L. Kessler

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. ☎

**COG OPERATING LLC
MESCAL 22 FEDERAL 1H:**

Pooled:

Guinn Family Properties, LTD.
P.O. Box 1298
Graham, TX 7640
Attn: James R. Guinn

Offsets:

J. Richard Doty
803 University Ave.
Oxford, MS 38655

OXY USA Inc.
Attn: Jeremy Murphrey
5 Greenway Plaza, Suite 110
Houston, TX 77046

7006 2760 0001 6382 0110

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

For delivery information: MHF/COG
OFF MESCAL 22 FEDERAL 1H

Postage \$ 68
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

Postmark Here
 NOV 23 2013
 OFFICE

Guinn Family Properties, LTD.
 P.O. Box 1298
 Graham, TX 7640
 Attn: James R. Guinn

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Guinn Family Properties, LTD.
 P.O. Box 1298
 Graham, TX 7640
 Attn: James R. Guinn

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0110

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Mary Alice Guinn ☐ Agent ☒ Addressee

B. Received by (Printed Name) Mary Alice Guinn C. Date of Delivery 12/1/14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 0127

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

For delivery information: MHF/COG
OFF MESCAL 22 FEDERAL 1H

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

Postmark Here
 NOV 29 2014
 OFFICE

J. Richard Doty
 803 University Ave.
 Oxford, MS 38655

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 J. Richard Doty
 803 University Ave.
 Oxford, MS 38655

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0127

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Beth Doty ☐ Agent ☒ Addressee

B. Received by (Printed Name) Beth Doty C. Date of Delivery 11-29-14

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 0134

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

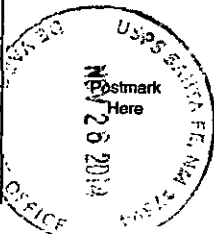
For delivery information

OFF

MHF/COG
 MESCAL 22 FEDERAL 1H

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

360
 330
 270
 060



OXY USA Inc.
 Attn: Jeremy Murphrey
 5 Greenway Plaza, Suite 110
 Houston, TX 77046

See Reverse for 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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>OXY USA Inc. Attn: Jeremy Murphrey 5 Greenway Plaza, Suite 110 Houston, TX 77046</p>		<p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery 1-22-14</p>	
<p>2. Article Number (Transfer from service label) 7006 2760 0001 6382 0134</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	