

HINKLE SHANOR LLP

ATTORNEYS AT LAW

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April 6, 2015

WRITER:

Gary W. Larson,
Partner
glarson@hinklelawfirm.com

VIA CERTIFIED MAIL

Yates Petroleum Corp.
Myco Industries
ABO Petroleum
105 S. 4th St.
Artesia, NM 88210

Re: COG Operating LLC NMOCD Application

Dear Sir or Madam:

Enclosed is a copy of an application for approval of a non-standard spacing and proration unit and compulsory pooling that COG Operating LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division").

The proposed non-standard spacing and proration unit ("project area") is comprised of the W/2 W/2 of Section 21, Township 25 South, Range 35 East, N.M.P.M., Lea County, New Mexico. The location of the proposed project area is orthodox. Yates', Myco's, and ABO's (collectively "Yates'") interests are not being pooled, but as the owner of an interest in an offsetting tract, Yates is entitled to receive notice of COG's application.

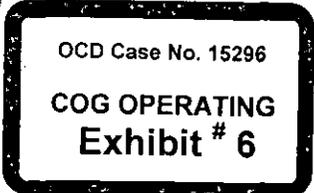
COG's application (Division Case No. 15296) is scheduled for hearing at 8:15 a.m. on Thursday, May 14, 2015, in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Yates is not required to attend the hearing, but as the owner of an interest in an offset tract, Yates has the right to appear at the hearing and present testimony. If Yates does not appear at the hearing it will be precluded from contesting this matter at a later date.

A party appearing in the case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday May 7, 2015. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,

Gary W. Larson



GWL:rc
Enclosure

Coachman Fee Com #4H

Offset Interests:

Yates Petroleum Corp.
Myco Industries
ABO Petroleum
105 S. 4th St.
Artesia, NM 88210

OXY Y-1
Oxy Permian Ltd.
5 Greenway Plaza, Suite 110
Houston, TX 77046-0506

Devon Energy Co.
Devon Energy Corporation
Devon Energy Center Tower – OKDEC30.314
333 W. Sheridan Avenue
Oklahoma City, OK 73102-5015

Endurance Properties, Inc.
15455 Dallas Parkway, Suite 600
Addison, TX 75002

Chevron USA, Inc.
1400 Smith St.
Houston, TX 77002

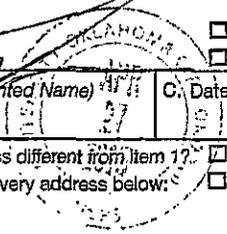
Beulah M. Baird Trust
c/o Norma Baird Loving
2009 Crockett Court
Irving, TX 75038

Jeanene Hollis Hall
P.O. Box 888
Socorro, NM 87801

Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220-6292

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Norma Baird</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Beulah M. Baird Trust % Norma Baird Loving 2009 Crockett Court Irving, TX 75038</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>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>
<p>2. Article Number (Transfer from service label) 7012 0470 0001 5963 5459</p>	
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<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Chevron USA, Inc. 1400 Smith St. Houston, TX 77002</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>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>
<p>2. Article Number (Transfer from service label) 7012 0470 0001 5963 5473</p>	
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>

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<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Devon Energy Co. Attn. Kathy Black 333 W. Sheridan Ave. Oklahoma City, OK 73102-5015</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>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>
<p>2. Article Number (Transfer from service label) 7012 0470 0001 5963 5497</p>	
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1. Article Addressed to: <i>Endurance Properties 15455 Dallas Pkwy Suite 600 Addison, TX 75002</i>	B. Received by (Printed Name) <i>Teresa Walscheid</i> C. Date of Delivery <i>4-29-15</i> D. Is delivery address different from item 4? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> 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
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	
7012 0470 0001 5963 5503	

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1. Article Addressed to: <i>Ed Fernandez Bureau of Land Management 620 E. Greene St. Carlsbad, NM 88220</i>	B. Received by (Printed Name) <i>S. Soules</i> C. Date of Delivery <i>5-7-15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> 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
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	
7013 3020 0000 4641 2032	

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1. Article Addressed to: <i>Jeanene Hollis Hall P.O. Box 888 Socorro, NM 87801</i>	B. Received by (Printed Name) <i>David Hill</i> C. Date of Delivery <i>4/27/15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> 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
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	
7008 0500 0001 4690 2318	

