

HINKLE SHANOR LLP

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September 22, 2015

WRITER

Gary W. Larson, Partner glarson@hinklelawfirm.com

VIA CERTIFIED MAIL

Occidental Permian Limited Partnership Attn: Permian Land Manager – New Mexico P.O. Box 4294 Houston, TX 77210-4294

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 ("project area") and compulsory pooling that COG Operating LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division"). The proposed project area is comprised of the W/2 E/2 of Section 15, Township 17 South, Range 32 East, N.M.P.M., Lea County, New Mexico.

This matter (Division Case No. 15392) is scheduled for a public hearing at 8:15 a.m. on Thursday, October 15, 2015 in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Occidental Permian Limited Partnership ("Occidental Permian") is not required to attend this hearing, but as an owner of an interest that may be affected by this application, it may appear at the hearing and present testimony. If Occidental Permian does not appear at that time and become a party of record, then it will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter has to be filed no later than Thursday, October 8, 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

OCD Case No. 15392

Exhibit [#]6

GWL:sm Enclosure

> PO BOX 10 ROSWELL, NEW MEXICO 88202 575-622-8510 (FAX) 575-823-9332

PO BOX 1720 ARTESIA, NEW MEXICO 88210 575-622-6510 (FAX) 575-746-6315 PO BOX 2088 SANTA FE, NEW MEXICO 87504 505-882-4554 (FAX) 505-982-8823

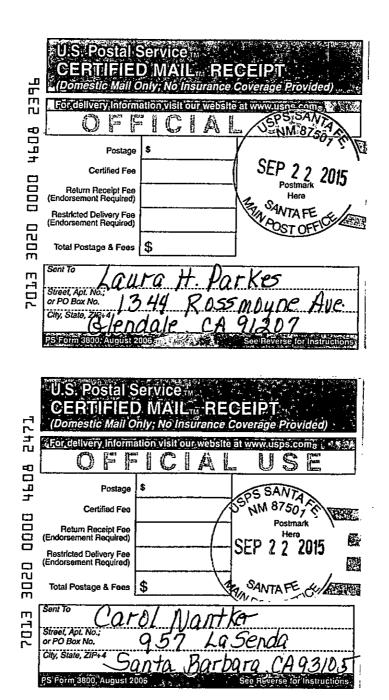
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Signature Complete items 1, 2, and 3. Also complete 🖸 Agent item 4 if Restricted Delivery is desired. Churille Addressee Print your name and address on the reverse C. Date of Delivery so that we can return the card to you. (Printed E Attach this card to the back of the mailpiece, or on the front if space permits. D Yes D. Is delivery address different from item 1? 1. Article Addressed to: D No If YES, enter delivery address below: Ard ryT. Hrd 2W. 4th St, PH-5 3. Service Type Certified Mail[®] Priority Mail Express Fort Worth, TX Registered Return Receipt for Merchandise 76102 🔲 Insured Maii Collect on Delivery 4. Restricted Delivery? (Extra Fee) 🗋 Yes 2. Article Number 11 11 7013 3020 000 4608 2464 PS Form 38,11; July 2013 | Domestic Return Receipt SENDER COMPLE A. Signature Complete items 1, 2, and 3. Agent Print your name and address on the reverse D Addressee so that we can return the card to you. C. Date of Delivery Received by (Printed Name Attach this card to the back of the mailpiece. SEP 2 5 2015 or on the front if space permits. (つけ D. Is delivery address different from Item 1? VYes 1. Article Addressed to: Edward + Ann Hudson If YES, enter delivery address below: D No 616 Texas St. Fort Worth, TX 76102 Service Type C Priority Mail Express@ C Adult Signature □ Registered Mall[™] Adult Signature Restricted Delivery
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COMPLETEITHIS SECTION ON DELIVERY SENDER COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 015 D Add Ð Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Nan 6) C. Date of D ø Attach this card to the back of the mailpiece, LVOISO rey or on the front if space permits. D. Is delivery address different from item 1? ∠ □ 1. Article Addressed to: If YES, enter delivery address below Sieqtried Iverson III P.O. BOX 4095 Midland, TX ng704 3. Service Type Certified Mall Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) C) Yes 2. Article Number (Transfer from service label) } 1 () ;) ;) ; ? (013) 3020 ; 0000 ; 4611 0495 ;) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVE SENDER COMPLETENTHIS SECTION / A Signature Complete items 1, 2; and 3. Also complete item 4 if Restricted Delivery is desired. Agent Х Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ES, enter delivery address below: Pattsy Page 1155 Muirlands Vista Way La Jolla, CA 92037 Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise 🖾 C.O.D. Insured Mail 4. Restricted Delivery? (Extra Fee) 🖸 Yes 2. Article Number || | 7013 | 3020 | 0000 | 4611 | 0\$87|||| (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 SENDER COMPLETENTISSECTION COMPLETE THIS SECTION ON DELIVERY D Complete items 1, 2, and 3, Also complete item 4 if Restricted Delivery is desired. - Agent Print your name and address on the reverse Addressee so that we can return the card to you. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. -2815 D. Is delivery address different from item 1 ΤΎΎé 1. Article Addressed to: If YES, enter delivery address below: D No Hudson + Hudson 616 Texas St. 3. Service Type Fort Worth, TX Certified Mail Express Mail C Registered Return Receipt for Merchandise 76102 Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 7013 3020 0000, 4611 0570 1111 (Transfer from service label) PS Form 3811, February 2004 Domestic F Domestic Return Receipt 102595-02-M-1540

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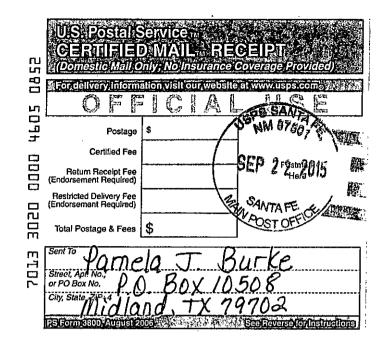
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