

**HINKLE SHANOR LLP**

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

505-982-4554 (FAX) 505-982-8623

WRITER:

Gary W. Larson,  
Partner

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hinklelawfirm.com

September 22, 2015

VIA CERTIFIED MAIL

Pear Resources  
P.O. Box 11044  
Midland, TX 79702

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. The project area is to be dedicated to COG's Ragnar Fed Com #25H well, which will be horizontally drilled from a surface location in Unit B of Section 22, Township 17 South, Range 32 East to a bottom hole location in Unit B of Section 15, Township 17 South, Range 32 East. The location of the well's completed interval will be orthodox. Pear Resources' ("Pear's") interests are not being pooled, but as the owner of an interest in offsetting tract, it is entitled to receive notice of COG's application.

COG's application (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. Pear is not required to attend the hearing, but as the owner of an interest in an offsetting tract, it has the right to appear at the hearing and present testimony. If Pear does not appear at the hearing, then 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 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.

PO BOX 10  
ROSWELL, NEW MEXICO 88202  
575-822-6510  
(FAX) 575-823-9332

PO BOX 1720  
ARTESIA, NEW MEXICO 88210  
575-822-6510  
(FAX) 575-746-8316

PO BOX 2068  
SANTA FE, NEW MEXICO  
505-982-4554  
(FAX) 505-982-8623

OCD Case No. 15392  
COG OPERATING  
Exhibit #7

Pear Resources  
September 22, 2015  
Page 2

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Gary W. Larson". The signature is fluid and cursive, with the first name "Gary" and last name "Larson" clearly distinguishable.

Gary W. Larson

GWL:sm  
Enclosure

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <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.	A. Signature <i>John Jackson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>John Jackson</i> C. Date of Delivery <i>9-28-15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: <b>Pear Resources</b> <b>P.O. Box 11044</b> <b>Midland, TX 79702</b>  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <b>9590 9403 0764 5196 2885 99</b>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) <b>7013 3020 0000 4605 0876</b>	
PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

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1. Article Addressed to: <b>Fuel Products, Inc.</b> <b>P.O. Box 3098</b> <b>Midland, TX 79702</b>  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <b>9590 9403 0764 5196 3381 19</b>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) <b>7013 3020 0000 4605 0906</b>	
PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

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<b>Total Postage &amp; Fees</b>	<b>\$</b>

SEP 22 2015

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**MAIN POST OFFICE**

Sent To <i>Lynn Petroleum</i>	
Street, Apt. No., or PO Box No. <i>P.O. Box 1979</i>	
City, State, ZIP+4 <i>Hobbs, NM 88241</i>	

PS Form 3800, August 2006 See Reverse for Instructions

E990 5094 0000 0206 ETD

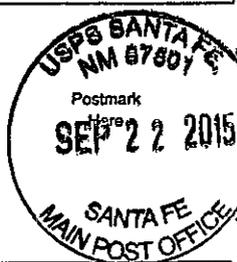
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Total Postage & Fees	\$



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 Street, Apt. No., or PO Box No. 110 N. Marienfeld #580  
 City, State, ZIP+4 Midland TX 79702

PS Form 3800, August 2005 See Reverse for Instructions

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1. Article Addressed to:  
ConocoPhillips Co.  
600 N. Dairy Ashford  
Houston, TX 77079

9590 9403 0764 5196 3381 40

2. Article Number (Transfer from service label)  
7013 3020 0000 4605 0920

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 9/22

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

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  Insured Mail  Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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1. Article Addressed to:  
Legacy Reserves Oper.  
303 W. Wall, Ste. 1400  
Midland, TX 79701

9590 9403 0764 5196 3381 26

2. Article Number (Transfer from service label)  
7013 3020 0000 4605 0890

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) Guelker C. Date of Delivery 9-25-15

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

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  Insured Mail  Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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1. Article Addressed to:

Devon Energy Prod.  
 20 N. Broadway Ave.  
 Oklahoma City, OK  
 73102



9590 9403 0764 5196 3381 33

2. Article Number (Transfer from service label)

7013 3020 0000 4605 0913

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

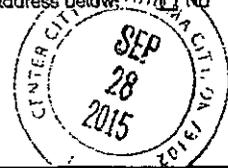
X *Daniel Canillo*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery