

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22596

EXHIBIT INDEX

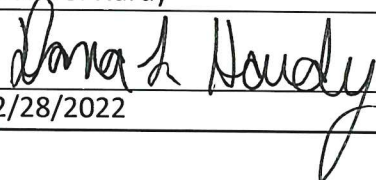
Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Ashley Roush
A-1	Application & Proposed Notice of Hearing
A-2	C-102(s)
A-3	Plat of Tracts, Ownership Interests, Pooled Parties, Unit Recapitulation
A-4	Sample Well Proposal Letter & AFE(s)
A-5	Summary of Communications
A-6	Hearing Notice Letter and Return Receipts
A-7	Affidavit of Publication
Exhibit B	Self-Affirmed Statement of Jason Hanzel
B-1	Location Map
B-2	Structure Map
B-3	Cross Section Map
B-4	Cross Section

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22596
Hearing Date:	3/3/2022
Applicant	COG Operating LLC
Designated Operator & OGRID	OGRID # 229137
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of COG Operating, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	MRC Permian Company; Matador Production Company
Well Family	Hambone
Formation/Pool	
Formation Name(s) or Vertical Extent	Bone Spring
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Bone Spring
Pool Name and Pool Code	Corral Canyon; Bone Spring, South Pool (13354)
Well Location Setback Rules	Statewide
Spacing Unit Size	320-acres
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acres
Building Blocks	quarter-quarter
Orientation	Standup
Description: TRS/County	W/2E/2 of Sections 5 and 8, Township 26 South, Range 29 East, Eddy County, New Mexico
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	N
Proximity Tracts: If yes, description	-
Proximity Defining Well: if yes, description	-
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Hambone #502H (API # pending) SHL – S8-T26S-R29E, 222 FSL, 938 FEL (Unit P) BHL – S5-T26S-R29E, 50 FNL, 1650 FEL (Unit B) Completion Target: Bone Spring formation TVD: Approx. 8500'
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	8000
Production Supervision/Month \$	800
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-6
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-7

Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A-3
Ownership Depth Severance	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	N/A
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-4
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-3
Cross Section (including Landing Zone)	Exhibit B-4
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	
Date:	2/28/2022

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

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

CASE NO. 22596

SELF-AFFIRMED STATEMENT
OF ASHLEY ROUSH

1. I am a land supervisor at COG Operating LLC ("COG") and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division ("Division") and my credentials as a petroleum land professional have been accepted and made a matter of record.

2. I am familiar with the land matters involved in the above-referenced case. Copies of COG's application and proposed hearing notice are attached as **Exhibit A-1**.

3. None of the parties proposed to be pooled in this case indicated opposition to this matter proceeding by affidavit, therefore I do not expect any opposition at hearing.

4. COG seeks an order pooling all uncommitted interests in the Corral Canyon; Bone Spring, South Pool (13354) within the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the W/2E/2 of Sections 5 and 8, Township 26 South, Range 29 East, Eddy County, New Mexico ("Unit").

5. The Unit will be dedicated to the **Hambone Federal Com #502H** well ("Well") to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 8 to a bottom hole location in the NW/4NE/4 (Unit B) of Section 5.

6. The completed interval of the Well will be orthodox.



7. **Exhibit A-2** contains the C-102 for the Well.

8. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests COG seeks to pool highlighted in yellow.

9. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Well. The estimated costs reflected on the AFE are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.

10. COG has conducted a diligent search of all county public records including phone directories and computer databases.

11. All interest owners COG seeks to pool are locatable.

12. In my opinion, COG made a good-faith effort to reach voluntary joinder of uncommitted interests in the Well as indicated by the chronology of contact described in **Exhibit A-5**.

13. COG requests overhead and administrative rates of \$8,000 per month while the Well is being drilled and \$800 per month while the Well is producing. These rates are fair and are comparable to the rates charged by COG and other operators in the vicinity.

14. Notice of this application and the Division hearing was timely provided to the uncommitted interests by certified mail more than 20 days prior to the hearing date. A sample of the notice letters and associated green cards are attached as **Exhibit A-6**.

15. Notice of this application and the Division hearing was published more than ten business days prior to the hearing date. The affidavit of publication is attached as **Exhibit A-7**.

16. The attached exhibits were either prepared by me or under my supervision or were compiled from company business records.

17. In my opinion, the granting of COG's application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

18. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 17 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Ashley Roush
Ashley Roush

2/22/22
Date

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

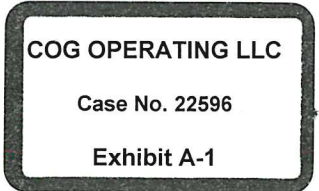
APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

CASE NO. 22596

APPLICATION

Pursuant to NMSA § 70-2-17, COG Operating LLC (“Applicant”) (OGRID No. 229137) applies for an order pooling all uncommitted interests within the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the W/2E/2 of Sections 5 and 8, Township 26 South, Range 29 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Hambone Federal Com #502H** well to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 8 to a bottom hole location in the NW/4NE/4 (Unit B) of Section 5.
3. The completed interval of the Well will be orthodox.
4. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Well but has been unable to obtain voluntary agreements from all of the interest owners.
5. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.



6. In order to allow Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted mineral interests in the Unit should be pooled and Applicant should be designated the operator of the Well and Unit.

WHEREFORE, Applicant requests this application be set for hearing on March 3, 2022, and that after notice and hearing, the Division enter an order:

- A. Pooling all uncommitted interests in the Unit;
- B. Approving the Well in the Unit;
- C. Designating Applicant as operator of the Unit and the Well to be drilled thereon;
- D. Authorizing Applicant to recover its costs of drilling, equipping and completing the Well;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- F. Imposing a 200% penalty for the risk assumed by Applicant in drilling and completing the Well against any working interest owner who does not voluntarily participate in the drilling of the Well.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy
 Dana S. Hardy
 Michael Rodriguez
 P.O. Box 2068
 Santa Fe, NM 87504-2068
 Phone: (505) 982-4554
 dhardy@hinklelawfirm.com
 mrodriguez@hinklelawfirm.com
 Counsel for COG Operating LLC

Application of COG Operating LLC for Compulsory Pooling, Eddy County, New Mexico.

Applicant applies for an order pooling all uncommitted interests within the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the W/2E/2 of Sections 5 and 8, Township 26 South, Range 29 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Hambone Federal Com #502H well to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 8 to a bottom hole location in the NW/4NE/4 (Unit B) of Section 5. Also, to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 10.4 miles south of Malaga, New Mexico.

COG OPERATING LLC
 Case No. 22596
 Exhibit A-2

DISTRICT I
 1625 N. FRENCH DR., HOBBS, NM 88240
 Phone: (575) 393-6181 Fax: (575) 393-0720

DISTRICT II
 811 S. FIRST ST., ARTESIA, NM 88210
 Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III
 1000 RIO BRAZOS RD., AZTEC, NM 87410
 Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
 1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
 Phone: (505) 478-3480 Fax: (505) 478-3482

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 SOUTH ST. FRANCIS DR.
 Santa Fe, New Mexico 87505

Form C-102
 Revised August 1, 2011
 Submit one copy to appropriate
 District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
Property Code	Property Name	Well Number
OGRID No.	Operator Name	Elevation
	HAMBONE FEDERAL COM	502H
	COG OPERATING, LLC	2916.8'

Surface Location

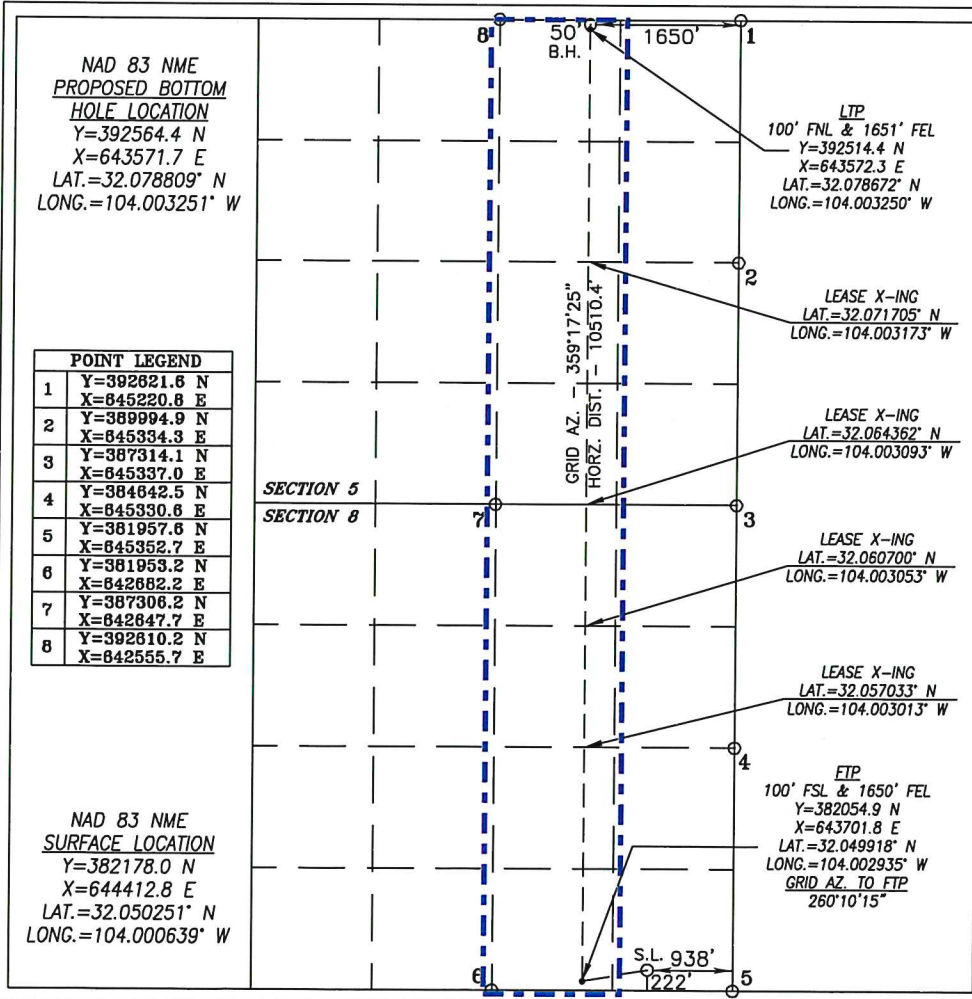
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	8	26-S	29-E		222	SOUTH	938	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	5	26-S	29-E		50	NORTH	1650	EAST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



5-265-29E		
5-265-29E	Tract 1 NM-115417 80 ac	
8-265-29E	Tract 2 NM-124655 80 ac	
	Tract 5 VB-2345 40 ac	
	Tract 4 MM-123925 40 ac	
	Tract 3 MM-123925 80 ac	

WORKING INTEREST OWNER	TRACT 1	TRACT 2	TRACT 3	TRACT 4	TRACT 5	UNIT RECAP
COG Operating LLC	0.239285715	0.240625000	0.250000000	0.118750000	0.000000000	0.84866072
Concho Oil & Gas LLC	0.01071428	0.009375000	0.000000000	0.006250000	0.000000000	0.02633928
MRC Permian Company	0.000000000	0.000000000	0.000000000	0.000000000	0.125000000	0.125000000
						1.000000000

	Well Proposal Sent	Yes
Communitization Agmts Sent	Yes	
Joint Operating Agmt Sent	Yes	

PARTIES TO POOL

INTEREST TYPE	INTEREST TYPE
Lynn S. & Grace Charuk OR Brigham Minerals LLC	ORRI
3921 Tanforan Ave, Midland, TX 79707	
Fortis Minerals II, LLC	ORRI
PO Box 470788, Ft Worth, TX 76147	
Pegasus Resources LLC	ORRI
PO Box 739980, Dallas, TX 76373	
TD Minerals LLC	ORRI
8111 Westchester Dr, Dallas, TX 75225	
Pony Oil Operating LLC	ORRI
3100 Monticello Ave, Dallas, TX 75205	
Mitchel E. & Elizabeth L. Cheney	ORRI
236 Merrie Way Lane, Houston, TX 77257	
James Guy	ORRI
PO Box 193, Hennessey, OK 73741	
PO Box 100, Artesia, NM 88211	ORRI
MRC Permian Company	
5400 I-35 Freeway Suite 1500, Dallas TX 75240	WI & RT (State)

COG OPERATING LLC
 Case No. 22596
 Exhibit A-3



January 4, 2022

Via Electronic Mail to djohns@matadorresources.com
MRC Permian Company
5400 LBJ Freeway Suite 1500
Dallas, TX 75240
Attn: Land Department

Re: HAMBONE FED COM 502H
W2E2 of Secs. 5 & 8, T26S-R29E
HAMBONE FED COM 505H
E2W2 of Sec. 5 and E2NW & NESW of Sec. 8, T26S-R29E
HAMBONE FED COM 506H
W2W2 of Sec. 5 and W2NW & NWSW of Sec. 8, T26S-R29E
Eddy County, New Mexico

Dear Sir or Madam:

COG Operating LLC ("COG"), as Operator, previously proposed the Hambone Fed Com 502H, 505H, & 506H wells located as described above. Please allow this *informational letter* to serve as a correction to the Unit Letter typos highlighted below. It is our intent that the Hambone Fed Com 501H and 502H wells will share a pad in Unit P of Section 8, and the Hambone Fed Com 505H and 506H wells will share a pad in Unit K of Section 8. A copy of each respective AFE is attached which has only been revised to reflect the changes below.

- **Hambone Fed Com 502H**, to be drilled to a depth sufficient to test the Second Bone Spring formation at an approximate total vertical depth of 8,500'. The surface location for this well is proposed at a legal location in **Unit P** of Section 8, T26S-R29E, and a bottom hole location at a legal location in **Unit A** of Section 5, T26S-R29E. The dedicated horizontal spacing unit will be the W2E2 of Sections 5 & 8, T26S-R29E, Eddy County, New Mexico. The total estimated cost to drill and complete said well is \$6,551,390.00, as shown on the attached Authority for Expenditure ("AFE").
- **Hambone Fed Com 505H**, to be drilled to a depth sufficient to test the Second Bone Spring formation at an approximate total vertical depth of 8,400'. The surface location for this well is proposed at a legal location in Unit K of Section 8, T26S-R29E, and a bottom hole location at a legal location in Unit C of Section 5, T26S-R29E. The dedicated horizontal spacing unit will be the E2W2 of Section 5 and E2NW4 & NE4SW4 of Section 8, T26S-R29E, Eddy County, New Mexico. The total estimated cost to drill and complete said well is \$6,126,190.00, as shown on the attached AFE.
- **Hambone Fed Com 506H**, to be drilled to a depth sufficient to test the Second Bone Spring formation at an approximate total vertical depth of 8,400'. The surface location for this well is proposed at a legal location in **Unit K** of Section 8, T26S-R29E, and a bottom hole location at a legal location in Unit D of Section 5, T26S-R29E. The dedicated horizontal spacing unit will be the W2W2 of Section 5 and W2NW4 & NW4SW4 of Section 8, T26S-R29E, Eddy County, New Mexico. The total estimated cost to drill and complete said well is \$6,126,190.00, as shown on the attached AFE.

Received by O CD: 3/1/2022 10:01:03 AM

Released to Imaging: 3/1/2022 10:30:25 AM

COG OPERATING LLC
Case No. 22596
Exhibit A-4

January 4, 2022 – Page 2

Should you have any questions, please do not hesitate to contact me at ashley.a.roush@conocophillips.com or 432.230.3388.

Sincerely,

COG Operating LLC

//Ashley Roush//

Ashley Roush
Land Supervisor

AR:bh
Enc

COG OPERATING LLC
 AUTHORITY FOR EXPENDITURE
 DRILLING

WELL NAME:	HAMBONE FED COM 502H	PROSPECT NAME:	Atlas 2629
SHL:	8-26S-29E, 222 FSL, 938 FEL OR UNIT P	STATE & COUNTY:	New Mexico, Eddy
BHL:	5-26S-29E, 50 FNL, 1650 FEL OR UNIT B	OBJECTIVE:	D&C
FORMATION:	2BSS	DEPTH:	18,700
LEGAL:	W2E2 of Secs 5 & 8, 26S-29E	TVD:	8,500

	Drig - Rig Release(D)	Completion(C)	Tank Btty Constctn(TB)	Pmpg Equipment(PEQ)	TOTAL
INTANGIBLE COSTS					
Title/Curative/Permit	201 20,000				20,000
Insurance	202 2,500	302 0			2,500
Damages/Right of Way	203 20,000	303 0			20,000
Survey/Stake Location	204 7,900	304 80,000			87,900
Location/Pits/Road Expense	205 165,000	305 5,000			170,000
Drilling / Completion Overhead	206 5,400	306 12,500			17,900
Turnkey Contract	207 0	307 762,000			762,000
Footage Contract	208 0	308 291,000			291,000
Daywork Contract	209 402,000	309 281,000			683,000
Directional Drilling Services	210 224,000	310 408,000			632,000
Fuel & Power	211 114,000	311 36,000			150,000
Water	212 63,000	312 421,000			484,000
Bits	213 59,000	313 0			59,000
Mud & Chemicals	214 90,000	314 0			90,000
Drill Stem Test	215 0	315 315,000			315,000
Coring & Analysis	216 0				0
Cement Surface	217 16,500				16,500
Cement Intermediate	218 28,600				28,600
Cement 2nd Intermediate/Production	219 132,990				132,990
Cement Squeeze & Other (Kickoff Plug)	220 0				0
Float Equipment & Centralizers	221 50,000				50,000
Casing Crews & Equipment	222 55,000				55,000
Fishing Tools & Service	223 0	323 0			0
Geologic/Engineering	224 0	324 0			0
Contract Labor	225 6,500	325 2,000			8,500
Company Supervision	226 32,400	326 15,000			47,400
Contract Supervision	227 73,000	327 128,000			201,000
Testing Casing/Tubing	228 40,000	328 0			40,000
Mud Logging Unit	229 20,000	329 40,000			60,000
Logging	230 0				0
Perforating/Wireline Services	231 0	331 218,000			218,000
Stimulation/Treating		332 0			0
Completion Unit		333 0			0
Swabbing Unit		334 0			0
Rentals-Surface	235 112,500	335 0			112,500
Rentals-Subsurface	236 135,000	336 0			135,000
Trucking/Forklift/Rig Mobilization	237 200,000	337 10,000			210,000
Welding Services	238 3,000	338 0			3,000
Water Disposal	239 0	339 20,000			20,000
Plug to Abandon	240 0	340 0			0
Seismic Analysis	241 0	341 0			0
Miscellaneous	242 342	342 3,000			3,000
Contingency	243 66,000	343 76,000			142,000
Closed Loop & Environmental	244 184,500	344 0			184,500
Fuel - Diesel	245 0	345 300,000			300,000
Coil Tubing		346 241,000			241,000
Flowback Crews & Equip		347 10,000			10,000
Offset Directional/Frac	248 0	348 0			0
TOTAL INTANGIBLES	2,327,890	3,674,500	0	0	6,002,390
TANGIBLE COSTS					
Surface Casing	401 15,000				15,000
Intermediate Casing	402 73,000				73,000
Production Casing/Liner	403 244,000				244,000
Tubing		504 52,000			52,000
Wellhead Equipment	405 65,000	505 20,000			85,000
Pumping Unit					0
Prime Mover					0
Rods					0
Pumps-Sub Surface (BH)		509 0			0
Tanks					0
Flowlines					0
Heater Treater/Separator					0
Electrical System					0
Packers/Anchors/Hangers	414 0	514 60,000			60,000
Couplings/Fittings/Valves	415 0				0
Gas Lift/Compression					0
Dehydration					0
Injection Plant/CO2 Equipment					0
Pumps-Surface					0
Instrumentation/SCADA/POC					0
Miscellaneous	419 0	519 0			0
Contingency	420 0	520 0			0
Meters/LACT					0
Flares/Combusters/Emission					0
Gas Lift/Compression		527 20,000			20,000
TOTAL TANGIBLES	397,000	152,000	0	0	549,000
TOTAL WELL COSTS	2,724,890	3,826,500	0	0	6,551,390

COG Operating LLC	% of Total Well Cost	42%	88%	0%	0%
-------------------	----------------------	-----	-----	----	----

Date Prepared: 9/13/21

COG Operating LLC

We approve: _____
 % Working Interest

RSL

Company: _____
 By: _____

Printed Name: _____
 Title: _____
 Date: _____

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.

Hambone Fed Com 502H-Chronology Efforts

- 9.20.21 Well proposals to MRC Permian (502H, 505H, 506H)

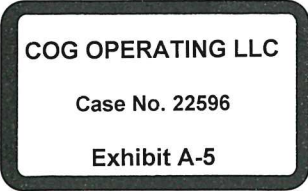
- 10.12.21 Federal Communitization Agreements (501H, 502H, 505H, 506H) to applicable parties
State Communitization Agreements (502H, 505H, 506H) to applicable parties
Ratifications of Federal Communitization Agreements (501H, 502H, 505H, 506H) sent to applicable parties

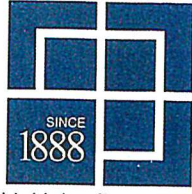
- 10.18.21 OA Mailed to potential WIOs

Additional Pooling Agreements (Pooling Agmt, CA, Ratification of DPU) sent to applicable parties - *see separate tab for tracking*

- 10.26.21 Revised Ex A (correcting "C" and "D" interest) sent to parties

- 11.17.2021- Present Negotiating OA with MRC Permian





HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554 (FAX) 505-982-8623

WRITER:
Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

February 4, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22596 - Application of COG Operating LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **March 3, 2022** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. 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.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) 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.

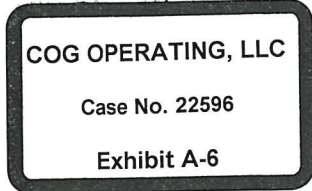
Please do not hesitate to contact me if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure



PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

7601 JEFFERSON ST NE • SUITE 180
ALBUQUERQUE, NEW MEXICO 87109
505-858-8320
(FAX) 505-858-8321

7021 0950 0002 0365 2271

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Mitchel E. & Elizabeth L. Cheney or Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust


Street and Apt 909 Bannock St. Apt. 1401

City, State, Zip+4 Denver, CO 80204

Postmark Here **FEB 4 2022**

USPS

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 2/7/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Mitchel E. & Elizabeth L. Cheney or Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust 909 Bannock St. Apt. 1401 Denver, CO 80204</p>  <p>9590 9402 6746 1074 2329 10</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 2271</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7021 0950 0002 0365 2295

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL RECEIPT

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$


Postage \$

Total Postage and Fees \$

Sent To
Street and Apt. Mitchel E. & Elizabeth L. Cheney or Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust
236 Merrie Way Lane
City, State, ZIP+4 Houston, TX 77024

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
FEB 4 2022
SANTA FE, NM 87502
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>2/10/21</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mitchel E. & Elizabeth L. Cheney or Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust 236 Merrie Way Lane Houston, TX 77024</p> <p> 9590 9402 6746 1074 2329 34</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 2295</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0365 2301

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To EG3, Inc.
Street and A P.O. Box 1567
Graham, TX 76450
City, State, & Zip _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Kenné Linkart</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Kenné Linkart</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>EG3, Inc. P.O. Box 1567 Graham, TX 76450</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2329 41</p> <p>7021 0950 0002 0365 2301</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>



U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7021 0950 0002 0365 2394

Certified Mail Fee \$

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

Postage \$

Total Postage and Fees \$

Sent To Fortis Minerals II, LLC
 P.O. Box 470788
 Ft. Worth, TX 76147

City, State, .

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here FEB 4 2022

SANTA FE, NM 87507

USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Thomas</i></p> <p>C. Date of Delivery <i>2/9/22</i></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>1. Article Addressed to:</p> <p>Fortis Minerals II, LLC P.O. Box 470788 Ft. Worth, TX 76147</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery;</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 2394</p>	<p>9590 9402 5760 0003 2742 08</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0365 2387

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as applicable)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

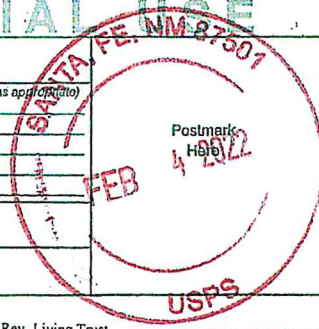
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. Mary Lee Harang Picou Rev. Living Trust
 605 Sarah Court
 Virginia Beach, VA 23464

City, State, ZIP _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>REINSON</i></p> <p>C. Date of Delivery <i>2/4/22</i></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>1. Article Addressed to:</p> <p>Mary Lee Harang Picou Rev. Living Trust 605 Sarah Court Virginia Beach, VA 23464</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 2387</p>	
<p>9590 9402 6746 1074 2329 65</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0365 2424

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy)
 Return Receipt (electronic)
 Certified Mail Restricted Delivery
 Adult Signature Required
 Adult Signature Restricted Delivery

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Pony Oil Operating LLC
 3100 Monticello Ave.
 Dallas, TX 75205

City, State, _____

Postmark Here
 SANTA, FE, NM 87501
 FEB 4 2022
 USPS

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>2/12/22</u></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>1. Article Addressed to:</p> <p>Pony Oil Operating LLC 3100 Monticello Ave. Dallas, TX 75205</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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"/> Insured Mail Restricted Delivery (over \$500)	
<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"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5760 0003 2745 36</p> <p>7021 0950 0002 0365 2424</p>																	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®

7021 0950 0002 0365 2417

OFFICIAL USE	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	
<input type="checkbox"/> Return Receipt (electronic)	
<input type="checkbox"/> Certified Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature Required	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To TD Minerals LLC Street address: 8111 Westchester Dr. City, State: Dallas, TX 75225	
PS Form 3800, April 2015 PSN 7590-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

TD Minerals LLC
8111 Westchester Dr.
Dallas, TX 75225



9590 9402 5760 0003 2742 22

2. Article Number (Transfer from service label)
7021 0950 0002 0365 2417

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature of Agent
 Signature of Addressee

B. Received by (Printed Name)
Jaw Sam

C. Date of Delivery
2/7/22

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

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"/> Insured Mail Restricted Delivery (over \$500) | |

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Lynn S. and Grace Charuk or Brigham Minerals
Street and Apt 3921 Tanforan Ave
Midland, TX 79707
City, State, Zip

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Mitchel E. & Elizabeth L. Cheney or Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust
Street and Apt P.O. Box 570883
Houston, TX 77257
City, State, Zip

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To McMullen Minerals LLC
Street and Apt P.O. Box 470857
Ft. Worth, TX 76147
City, State, Zip

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To MRC Permian Company
Street and Apt 5400 LBJ Freeway, Ste. 1500
Dallas, TX 75240
City, State, Zip

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Pegasus Resources LLC
Street and Apt P.O. Box 733980
Dallas, TX 76373
City, State, Zip

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Regeneration Energy Corp.
Street and Apt 324 W. Main St., Ste. 107
Artesia, NM 88210
City, State, Zip

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 2318

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Wing Resources IV, LLC
 Street and, 2100 McKinney Ave., Ste. 1540
 Dallas, TX 75201
 City, State, _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark: FEB 4 2022

USPS

Carlsbad Current Argus

Affidavit of Publication

Ad # 0005124224

This is not an invoice

HINKLE SHANOR LLP
218 MONTEZUMA

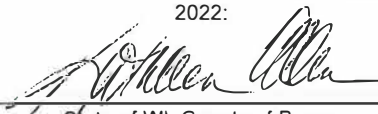
SANTA FE, NM 87501

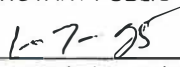
I, a legal clerk of the Carlsbad Current Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof in editions dated as follows:

02/10/2022


Legal Clerk

Subscribed and sworn before me this February 10, 2022:


State of WI, County of Brown
NOTARY PUBLIC


My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005124224
PO #: 22596
of Affidavits: 1

This is not an invoice

This is to notify all interested parties, including Lynn S. Charuk; Grace Charuk; Brigham Minerals LLC; Mitchel E. Cheney; Elizabeth L. Cheney; Mitchel E. Cheney Trust; Elizabeth L. Cheney Trust; EG3, Inc.; Wing Resources IV, LLC; Mary Lee Harang Picou Rev. Living Trust; Fortis Minerals II, LLC; Pegasus Resources LLC; TD Minerals LLC; Pony Oil Operating LLC; McMullen Minerals LLC; MRC Permian Company; Regeneration Energy Corp.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating LLC (Case No. 22596). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on March 3, 2022 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for that date: <https://www.emnrd.nm.gov/ocd/hearing-info/>. Applicant applies for an order pooling all uncommitted interests within the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the W/2E/2 of Sections 5 and 8, Township 26 South, Range 29 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Hambone Federal Com #502H well to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 8 to a bottom hole location in the NW/4NE/4 (Unit B) of Section 5. Also, to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 10.4 miles south of Malaga, New Mexico. #5124224, Current Argus, Feb. 10, 2022

COG OPERATING LLC
Case No. 22596
Exhibit A-7

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

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

CASE NO. 22596

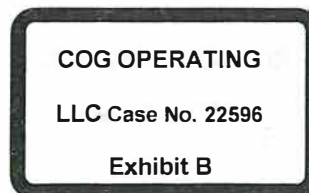
SELF-AFFIRMED STATEMENT
OF JASON HANZEL

1. I am a geologist at COG Operating LLC (“COG”) and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division (“Division”), and my credentials as an expert in petroleum geology matters were accepted and made a matter of record.

2. I am familiar with the geological matters that pertain to this matter.

3. **Exhibit B-1** is a location map for the proposed horizontal spacing unit (“Unit”) within the Bone Spring formation. The approximate wellbore path for the proposed **Hambone #502H** well (“Well”) is represented by a dashed line. Existing producing wells in the targeted interval are represented by solid lines.

4. **Exhibit B-2** is a subsea structure map for the top of the formation that is representative of the targeted interval within the formation. The data points are indicated by crosses. The approximate wellbore path for the Well is depicted by a dashed line. The map demonstrates the formation is gently dipping to the east in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.



5. Exhibit B-3 identifies three wells penetrating the targeted interval I used to construct a stratigraphic cross-section from A to A'. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area.

6. Exhibit B-4 is a stratigraphic cross-section using the representative wells identified on Exhibit B-3. It contains gamma ray, resistivity and porosity logs. The proposed landing zone for the Well is labeled on the exhibit. This cross-section demonstrates the target interval is continuous across the Unit.


7. In my opinion, a standup orientation for the Well is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and the lack of preferred fracture orientation in this portion of the trend.

8. Based on my geologic study of the area, the targeted interval underlying the Unit is suitable for development by horizontal wells and the tracts comprising the Unit will contribute more or less equally to the production of the Well.

9. In my opinion, the granting of COG's application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

10. The exhibits attached hereto were either prepared by me or under my supervision or were compiled from company business records.

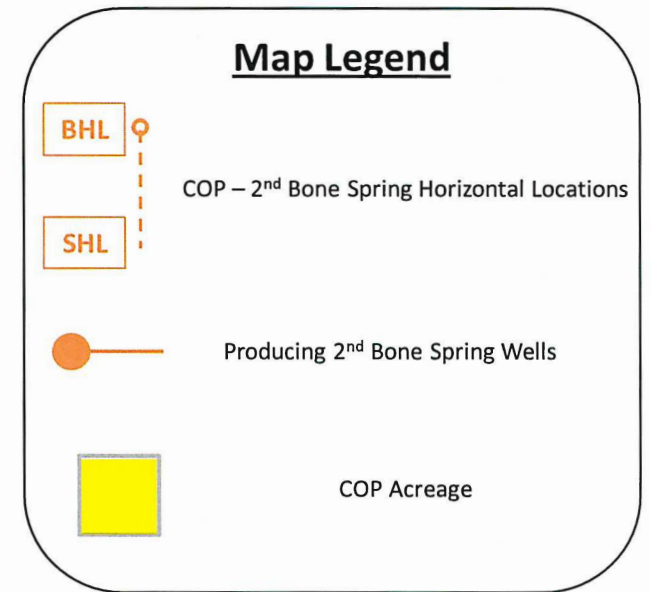
11. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 10 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.



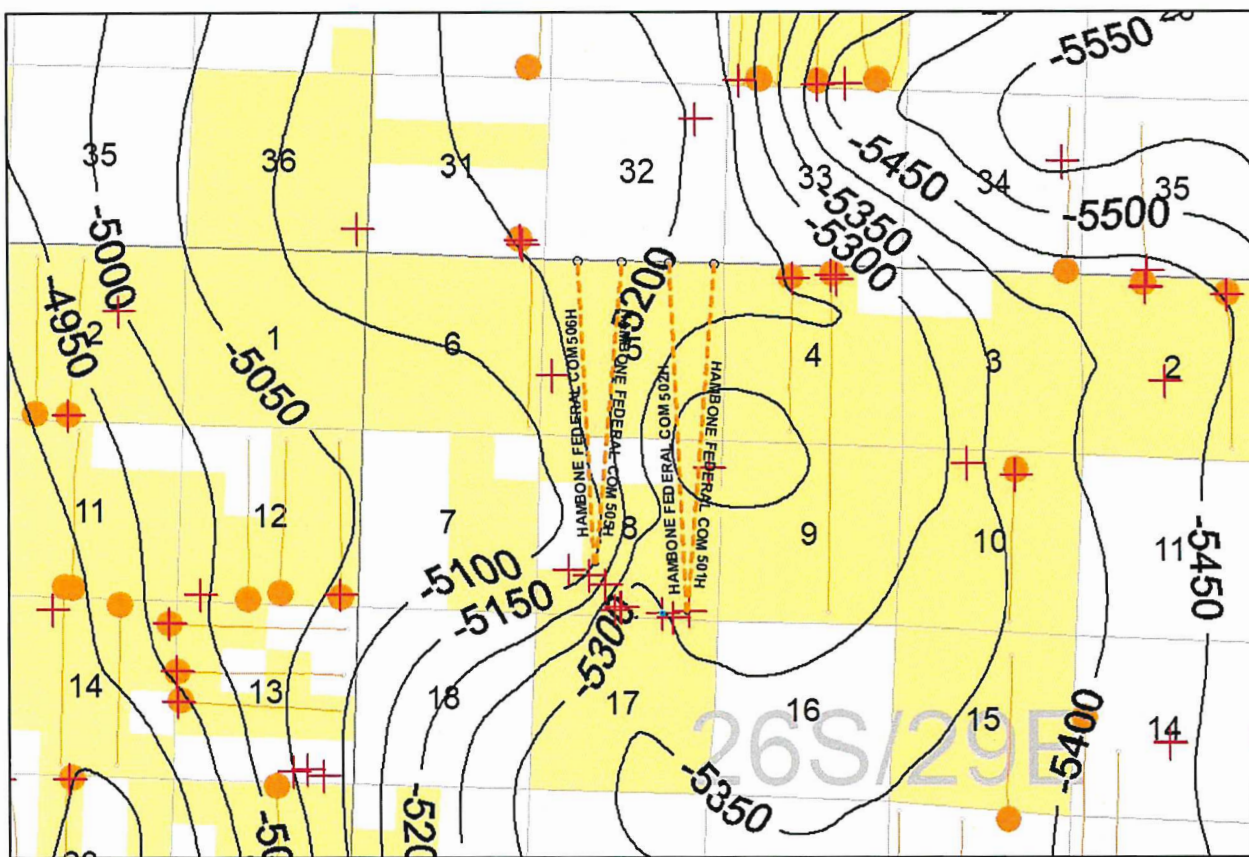
Jason Hanzel

2/17/22
Date

Hambone Federal Com



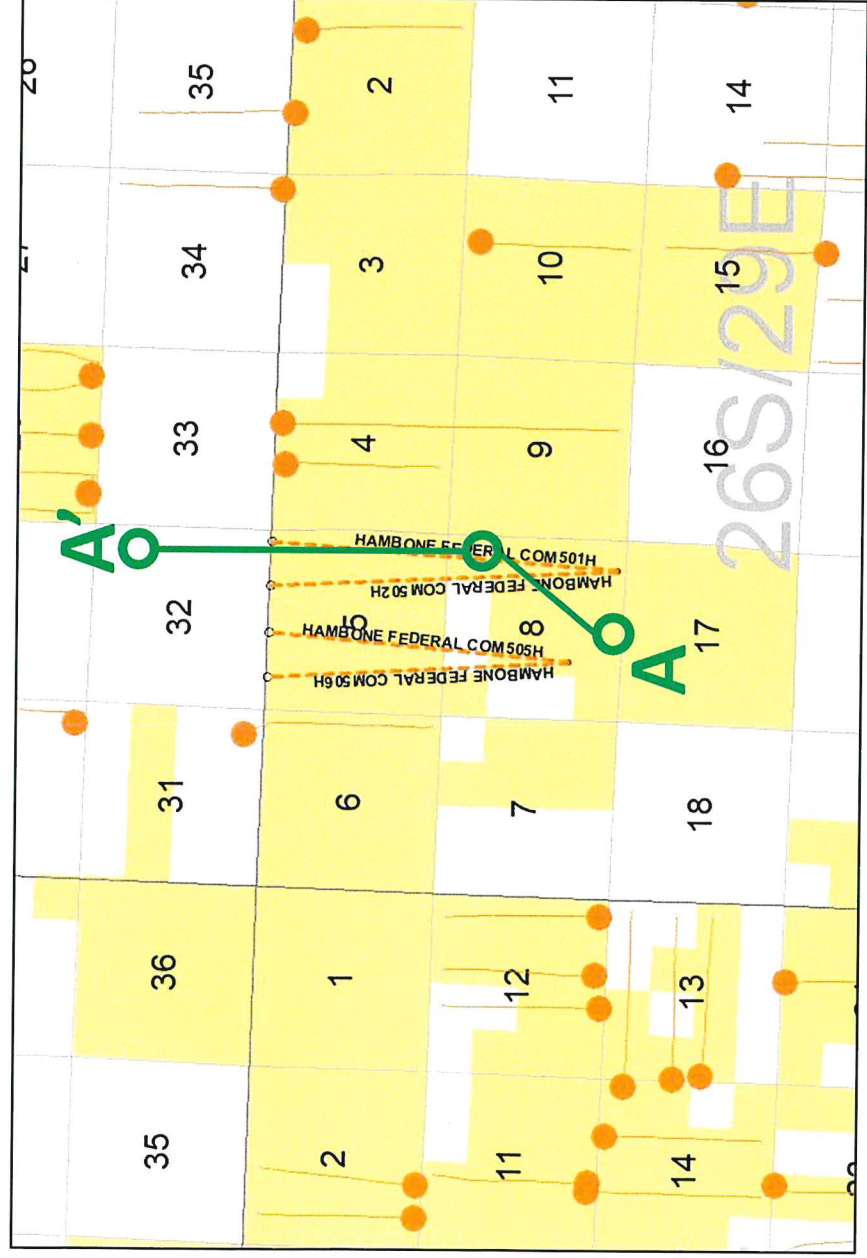
Top of BS2S Structure Map



Map Legend

- BHL COP – 2nd Bone Spring Horizontal Locations
- SHL COP – 2nd Bone Spring Horizontal Locations
- Producing 2nd Bone Spring Wells
- Data Point
- 2nd Bone Spring Structure
CI: 50'
- COP Acreage

Cross Section Map



Map Legend

- BHL (Borehole Location)
- SHL (Surface Hole Location)
- COP - 2nd Bone Spring Horizontal Locations
- Producing 2nd Bone Spring Wells
- Cross Section Line
- COP Acreage

COG OPERATING LLC
 Case No. 22596
 Exhibit B-3

Top of BS2S Structure Map

