# Exhibit A

Received: <u>09/16/2019</u>

RECEIVED: 9/16/19	REVIEWER: DM	TYPE: CTB	APP NO:	pLEL1927736354
7/10/17	DIVI	CID		

ABOVE THIS TABLE FOR OCD DIVISION USE ONLY



NEW MEXICO OIL CONSERVATION	ON DIVISION ATTACK
- Geological & Engineering Bu	ureau –
1220 South St. Francis Drive, Santa Fe	e, NM 87505
ADMINISTRATIVE APPLICATION	CHECKLIST
THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATION REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVIS	
• • • • • • • • • • • • • • • • • • • •	
Applicant: COG Operating, LLC Well Name: Myox 8 State 3H & Myox 8 State 4H	OGRID Number: 229137 API: 30-015-41923/30-015-41924
Pool: Hay Hallow; Bone Springs, North	Pool Code: 30216
OI.	roor code. <u></u>
SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED INDICATED BELOW	TO PROCESS THE TYPE OF APPLICATION
1) TYPE OF APPLICATION: Check those which apply for [A]	
A. Location – Spacing Unit – Simultaneous Dedication	
■NSL NSP(PROJECT AREA) NSP(PRO	ORATION UNIT} SD
D. Ob a strange and (see [11] a (11)	
B. Check one only for [1] or [11] [1] Commingling – Storage – Measurement	
[ II ] Injection – Disposal – Pressure Increase – Enhance	
□ WFX □PMX □SWD □IPI □EOR	□ PPR
	FOR OCD ONLY
2) NOTIFICATION REQUIRED TO: Check those which apply.	Notice Complete
A. Offset operators or lease holders	
<ul> <li>B. Royalty, overriding royalty owners, revenue owner</li> <li>C. Application requires published notice</li> </ul>	Application
D. Notification and/or concurrent approval by SLO	Content Content
E. Notification and/or concurrent approval by BLM	Complete
F. Surface owner	
G. For all of the above, proof of notification or public	ation is attached, and/or,
H. No notice required	
2) CERTIFICATION: I haraby cartify that the information submi	ttad with this application for
<ol> <li>CERTIFICATION: I hereby certify that the information submit administrative approval is accurate and complete to the I</li> </ol>	• •
understand that <b>no action</b> will be taken on this application	· · · · · · · · · · · · · · · · · · ·
notifications are submitted to the Division.	
Note: Statement must be completed by an individual with man	nagerial and/or supervisory capacity.
	9/11/10
L w D	
Fearette Darrots	
Print or Type Name	575-746-6974
	Phone Number
Manthe Barran	
Mante Dana	jbarron@concho.com

e-mail Address



September 16, 2019

Attn: Michael McMillan NM Oil Conservation Division 1220 South Saint Francis Drive Santa Fe, New Mexico 87505

Re: Application for Administrative Approval of Lease Commingle and CTB

Dear Mr. McMillan,

COG Operating LLC respectfully requests approval for lease commingling for the following wells:

Myox 8 State 3H

API# 30-015-41923

Hay Hallow; Bone Springs, North

Ut. C, Sec. 17-T26S-R28E

Eddy County, NM

Myox 8 State 4H API# 30-015-41924 Hay Hallow; Bone Springs, North Ut. D, Sec. 17-T26S-R28E Eddy County, NM

## Oil Production:

The oil production from all wells will be measured separately on-lease by allocation meter prior to being commingled at the Central Tank Battery located off-lease in Ut. D, Sec. 17-T26S-R28E. In addition, the oil production from these wells may also be transported by truck to either the Red Hills Offload Station, located in Unit O, Section 4-T26S-R32E, or the Jal Offload Station, located in Unit D, Section 4-T26S-R37E, Lea County in the event the CTB on lease is over capacity or in the case of battery or pipeline repairs. In this case the oil will remain segregated and will be measured by lact meter when offloading at said stations.

### **Gas Production:**

The gas production from all wells will be measured separately on-lease by allocation meter prior to being commingled at the Central Tank Battery located off-lease in Ut. D, Sec. 17-T26S-R28E.

All owners of interest have been notified by certified mail that should they have an objection to this surface commingling, they must file a formal protest with the NMOCD within 20 days of the date of this application. Proof of owner notification and copy of Public Notice is enclosed.



Please see the enclosed Administrative Application Checklist, C-107B Application for Surface Commingling, plats for referenced wells, site facility diagram, maps with lease boundaries showing wells and facility locations and prior six month's production.

Thank you for your attention to this matter.

Sincerely,

Jeanette Barron Regulatory Analyst

Gearette Bassan

Enclosures xc: Artesia OCD

<u>District I</u> 1625 N. French Drive, Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210

District III

1000 Rio Brazos Road, Aztec, NM 87410

District IV 1220 S. St Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-107-B Revised August 1, 2011

# OIL CONSERVATION DIVISION

1220 S. St Francis Drive Santa Fe, New Mexico 87505

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICATION :	FOR SURFACE	COMMINGLING	G (DIVERSE	<b>OWNERSHIP</b> )	
OPERATOR NAME: COG Op	erating LLC	_			
OPERATOR ADDRESS: 2208 W	Main Street, Artesia, N	New Mexico 88210			
APPLICATION TYPE:					
☐ Pool Commingling ☐ Lease Commingling	ng Pool and Lease Co	mmingling Off-Lease	Storage and Measu	rement (Only if not Surfac	e Commingled)
LEASE TYPE:  Fee 🗵	State  Fede	eral			
Is this an Amendment to existing Order	? □Yes ⊠No If	"Yes", please include	the appropriate (	Order No.	
Have the Bureau of Land Management	(BLM) and State Land	d office (SLO) been no	tified in writing	of the proposed comm	ingling
⊠Yes ∐No		-	<del></del>		
□ Pool Commingling □ Lease Commingling □ Pool and Lease Commingling □ Off-Lease Storage and Measurement (Only if not Surface Commingled)  LEASE TYPE: □ Fee □ State □ Federal  Is this an Amendment to existing Order? □ Yes □ No If "Yes", please include the appropriate Order No. □  Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling □ Yes □ No  (A) POOL COMMINGLING  Please attach sheets with the following information  Gravities / BTU of □ Calculated Gravities / □ Calculated Value of □ Val					
(1) Pool Names and Codes					Volumes
	Production	Production	<u></u>	Production	
		_			
		_			
(3) Has all interest owners been notified b (4) Measurement type:	Other (Specify)		Yes No.	ing should be approved	
		SE COMMINGLINGS with the following in		<del></del>	
(1) Pool Name and Code. Hay Hallow; Bo		- Control Cont			
(2) Is all production from same source of s	supply? 🛮 Yes 🔲 N				
(3) Has all interest owners been notified by		oosed commingling?	⊠Yes □N	0	
(4) Measurement type: Metering	Other (Specify)		-		
	, ,	LEASE COMMIN			
	Please attach sheet	s with the following ir	nformation		
(1) Complete Sections A and E.					
(D	•	ORAGE and MEA			
(1) Is all production from same source of s		ts with the following	intormation	<del>.</del>	
(2) Include proof of notice to all interest or					
(E) AD		RMATION (for all swith the following in		pes)	
(1) A schematic diagram of facility, include		s with the tollowing II	HOI HIANIVII		
(2) A plat with lease boundaries showing a		ons. Include lease numbe	ers if Federal or Sta	te lands are involved.	
(3) Lease Names, Lease and Well Number					
The decided of the state of the					
I hereby certify that the information above is	true and complete to the	best of my knowledge an	d belief.	01.	
SIGNATURE: Jeant Ban		latory Analyst	D	ATE: 9/14/19	1
TYPE OR PRINT NAME Jeanette Barron	TELEPHONE NO.:	<u>575.748.6974</u>			

District I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax: (575) 393-0720
District III
811 S. Frist St., Artesia, NM 88210
Phone (575) 748-1283 Fax: (575) 748-9120
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

Phone: (505) 476-3460 Fax: (505) 476-3462

# State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

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

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

1	API Numb	pr		<sup>2</sup> Pool Cod	e		³ Pool	Name	
30-01	5-41923			30216		Hay	Hallow; Bone	Springs, North	
<sup>4</sup> Property 40313	Code		···		<sup>a</sup> Property MOX 8 State		<del>.</del>		* Well Number 3H
70GRID 22913					Operator				<sup>9</sup> Elevation 3102'
					* Surface	Location			-
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
С	17	268	28E		190	North	2170	West	Eddy
			" Bottom Hole Location If Different From Surface						l
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
С	8	26S	28E		341	North	1978	West	Eddy
<sup>12</sup> Dedicated Acre 160	es <sup>13</sup> Joint o	or Infill 14 C	consolidation	Code 15 O	rder No.	•	=	<del></del>	1

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.

		<del></del>		
1978'	341'			"OPERATOR CERTIFICATION
1370	<b></b>			I hereby certify that the information contained herein is true and complete to the
ĺ	BHL			best of my knowledge and belief, and that this organization either owns a
				working interest or unleased mineral interest in the land including the proposed
				bottom hole location or has a right to drill this well at this location pursuant to
			]	a contract with an owner of such a mineral or working interest, or to a
				voluntary pooling agreement or a compulsory pooling order heretoform entered
				bythe division
				Genette Bamon 9/14/19
				Signature Date
				Jeanette Barron
	1			Printed Name
				jbarron@concho.com
				E-mail Address
		Sec 8-T26S-R28E		
	190	Sec 17-T26S-R28E		"SURVEYOR CERTIFICATION
	1978' SHL		İ	I hereby certify that the well location shown on this plat was
				plotted from field notes of actual surveys made by me or under
				my supervision, and that the same is true and correct to the
				best of my belief.
				REFER TO ORIGINAL PLAT
				<u> </u>
				Date of Survey
				Signature and Seal of Professional Surveyor:
1				Certificate Number

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Phone: (575) 748-1283 Fax: (575) 748-9720
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1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

Phone: (505) 476-3460 Fax: (505) 476-3462

API Number

30-015-41924

# State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

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

☐ AMENDED REPORT

<sup>3</sup> Pool Name

Hay Hallow; Bone Springs, North

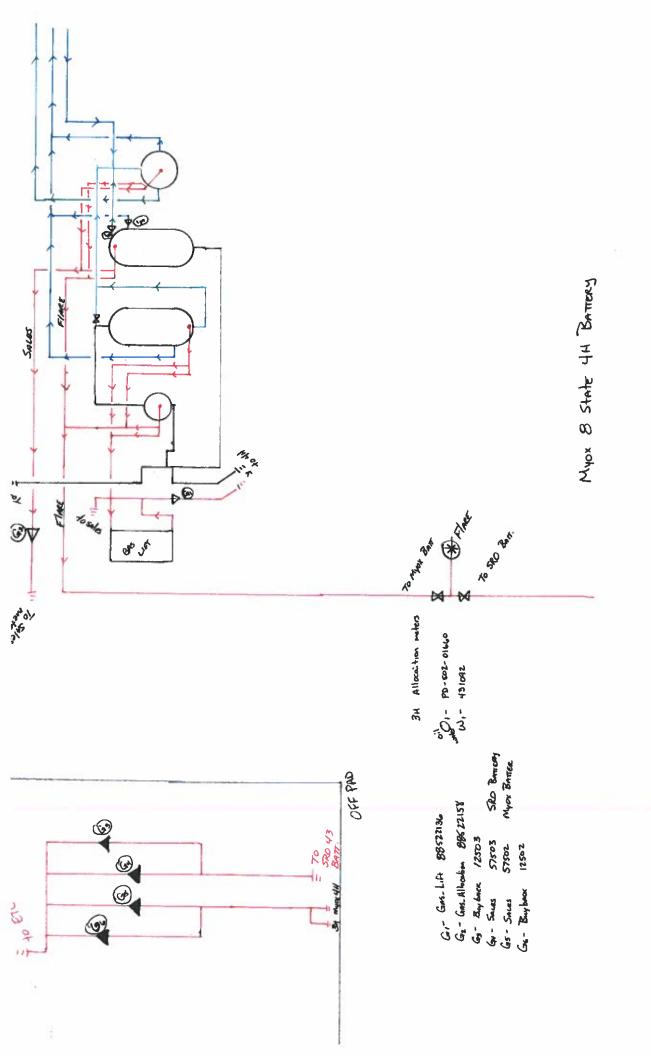
WELL	LOCATION	LAND	ACREAGE	DEDICATI	ON PL	AT

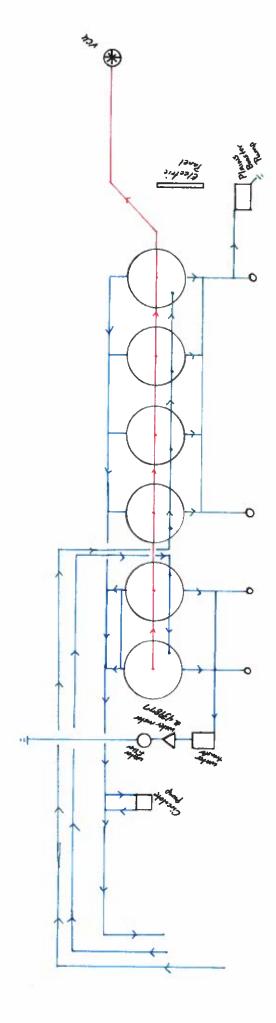
<sup>2</sup> Pool Code

30216

* Property 6 40313	Code				° Property MYOX 8 Sta				* Well Number 4H
<sup>7</sup> OGRID 229137	No.				<sup>4</sup> Operator COG Operat				* Elevation 3109'
					» Surface	Location			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West I	line County
D	17	268	28E		190	North	917	West	Eddy
			" Bo	ttom	Hole Location I	f Different Fro	om Surface		<u> </u>
UL or lot no. D	Section 8	Township 26S	Range 28E	Lot I dn	Feet from the 348	North/South line North	Feet from the 656	East/West I West	line County Eddy
12 Dedicated Acre 160 No allowable			onsolidation		order No.	e been consolidate	ed or a non-star	ndard unit h	as been approved by the
646' BHI	s	ec 8 T26S-R28E				I hereby certify that it best of my knowledge working interest or ut bottom hale location a contract with an ow valuntary pooling age by the division.  Synature  Jeanette Barron Printed Name  jbarron@poncho.oc E-mail Address		erein istrue and com organization either own the land including the well at this location p working interest, or to cooling order heretofor Date	plate to the nsa e proposed bursuant to a a re entered
917 <sup>7</sup> SH		ec 17 T26S-R28	E			I hereby certify to plotted from field my supervision, a best of my belief. REFER TO ORIG		shown on this pla eys made by me o true and correct t	at was or under

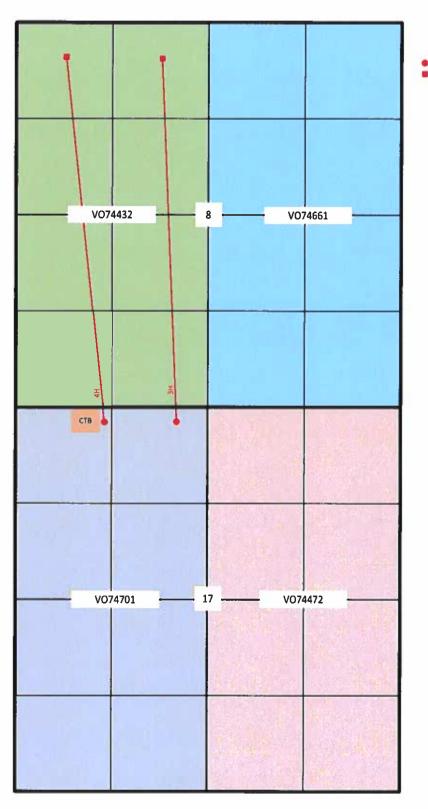
Certificate Number





Myox 8 STATE COM 4H BATTERY

Existing Hay Hollow; Bone Springs SHL Existing Hay Hollow; Bone Springs BHL



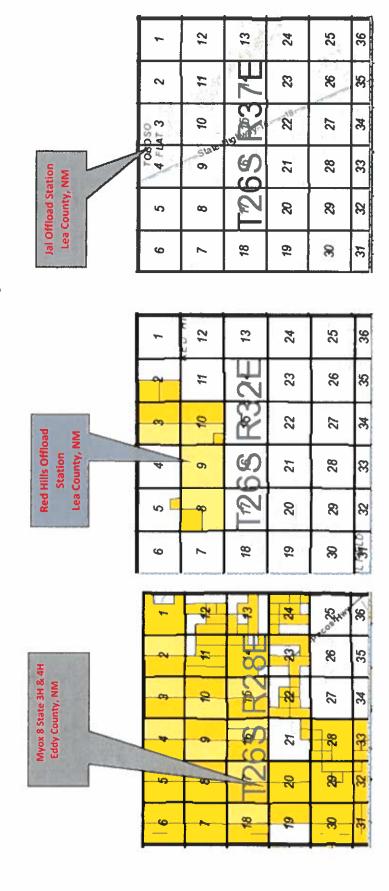
Sec 8, 17 T-26S R-28E Eddy County New Mexico



Myox 8 State 3H & 4H

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Red Hills and Jal Offload Station Map





August 9, 2019

**RE:** Commingling Certification

Myox 8 State 3H & 4H

To Whom It May Concern,

COG Operating LLC as Operator of the Myox State 3H and 4H do herein certify all Working Interest and Revenue Interest owners are identical as to the two wells.

"The revenue owners are identical. As defined in NMAC 19.15.12.7.B, identical ownership means leases or pools have the same working, royalty and overriding royalty owners in exactly the same percentages."

Thanks,

Travis Macha Landman

EDI Pool		Prod								Water		
Code	Number	Date	Field #	Field Name	Fease #	Lease Name	Well #	Property	pios iio	Prod	Gas Prod	Days Up
30216	3001541923	01/2019 30216	30216	Hay Hollow;Bone Spring, North	040313	MYOX 8 STATE 003H	HE00	13466202	1207	1598	5278	31
30216	3001541923	02/2019 30216	30216	Hay Hollow;Bone Spring, North	040313	MYOX 8 STATE	HE00	13466202	1162	1266	4600	28
30216	3001541923	03/2019 30216	30216	Hay Hollow; Bone Spring, North	040313	MYOX 8 STATE 003H	HE00	13466202	899	1565	5378	31
30216	3001541923	04/2019 30216	30216	Hay Hollow; Bone Spring, North	040313	MYOX 8 STATE	HE00	13466202	606	1482	4793	30
30216	3001541923	05/2019 30216		Hay Hollow;Bone Spring, North	040313	MYOX 8 STATE 003H	HE00	13466202	1002	1636	4957	31
30216	3001541923	06/2019 30216	30216	Hay Hollow;Bone Spring, North	040313	MYOX 8 STATE	HE00	13466202	1,018	2,227	2,432	9
30216	3001541924	01/2019 30216		Hay Hollow; Bone Spring, North	040313	MYOX 8 STATE 004H	004H	13466811	1254	3404	10587	31
30216	3001541924	02/2019 30216	30216	Hay Hollow;Bone Spring, North	040313	MYOX 8 STATE	004H	13466811	1123	2883	9414	28
30216	3001541924	03/2019 30216		Hay Hollow; Bone Spring, North	040313	MYOX 8 STATE 004H	004H	13466811	861	3103	10401	31
30216	3001541924	04/2019 30216	30216	Hay Hollow; Bone Spring, North	040313	MYOX 8 STATE	004H	13466811	863	2678	9291	90
30216	3001541924	05/2019 30216		Hay Hollow;Bone Spring, North	040313	MYOX 8 STATE 004H	004H	13466811	1268	3075	10337	31
30216	3001541924	06/2019 30216		Hay Hollow, Bone Spring, North	040313	MYOX 8 STATE 004H	004H	13466811	1,133	2,261	11,526	30

			MYOX 8 STATE 3H					
			MYOA 8 SIAIE 4H		State			
Date Sent	Date Sent Initials Name	Name	Address	City		ZipCode	ZipCode Certified Return Receipt No.	Delivered
	91	DEVON ENERGY PRODUCTION COLP	P O BOX 843559	DALLAS	ř	75284-3559	75284-3559 9414 8149 0246 9822 0310 90	
	8	EOG RESOURCES INC	P O BOX 840321	DALLAS	ř	75284-0321	TX 75284-0321 9414 8149 0246 9822 0311 06	
	JB.	COMMISSIONER OF PUBLIC LANDS	PO BOX 2308	SANTA FE NM 87501	Σ		9414 8149 0246 9822 0310 83	
	86	NESTEGG ENERGY CORP	2308 SIERRA VISTA RD	ARTESIA	ΣN	88210-9409	NM 88210-9409 9414 8149 0246 9822 0311 13	
	80	OXY Y-1 COMPANY	P O BOX 841803	HOUSTON TX 77227	ř		9414 8149 0246 9822 0311 20	