

4/04/2016 DATE IN	SUSPENSE	ENGINEER	4/05/2016 LOGGED IN	DLm TYPE	PPM 1609651748 APP NO
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ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -
1220 South St. Francis Drive, Santa Fe, NM 87505



RECEIVED OOD

2016 APR -4 P 3:07

ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☒ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☒ Application is One Which Requires Published Legal Notice

[D] ☒ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Amanda Avery
Print or Type Name

Amanda Avery
Signature

Regulatory Tech
Title

3/29/16
Date

aavery@concho.com
e-mail Address



March 31, 2016

New Mexico Oil Conservation Division
1220 S St. Francis Drive
Santa Fe, NM 87505

To Whom It May Concern:

COG Operating LLC respectfully requests approval for Off-Lease Measurement of gas only on the following well:

Picasso Federal #2H
Lea County
API# 30-025-41905
SHL 190' FSL & 1330' FEL of Sec 9-T24S- R34E
BHL 352' FNL & 2255' FEL of Sec 9- T24S-R34E
Red Hills; Bone Spring, North

The Off-Lease Measurement meter will be located at the EOG Jolly Roger 16 State #1H NENE, Sec 16- T24S R34E.

COG Operating LLC will keep all production separate.

I have attached proof of notice to our working interest owners, a diagram of our battery facility and a map with lease boundaries showing all well and facility locations. There are four overriding royalty owners that our Land Department has been unable to locate. Notice of this application is scheduled to run in the Hobbs Daily News Sun on April 5, 2016. A Copy of the affidavit of publication will be sent to you as soon as it is received.

Sincerely,

A handwritten signature in cursive script that reads "Amanda Avery".

Amanda Avery
Regulatory Technician

CORPORATE ADDRESS

One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
PHONE 432.683.7443 | FAX 432.683.7441

LOCAL ADDRESS

Concho West | 2208 West Main Street | Artesia, New Mexico 88210
PHONE 575.748.6940 | FAX 575.748.6968

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0554252
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address 2208 W MAIN ST ARTESIA, NM 88210		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 575-748-6940		8. Well Name and No. PICASSO FEDERAL 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T24S R34E 190FSL 1330FEL		9. API Well No. 30-025-41905
		10. Field and Pool, or Exploratory RED HILLS; BONE SPRING N
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

COG Operating LLC respectfully requests permission for Off Lease Measurement for the Picasso Federal #2H.

All interest owners have been notified of this proposal.

No Federal or Indian royalties will be reduced by the approval of this application.

The meter is located on the EOG Jolly Roger 16 State #1H. The location of this well is NENE, Sec 16 T24S R34E.

The following documents are attached:

1) Map showing lease numbers and locations of leases and wells that will contribute production to

14. I hereby certify that the foregoing is true and correct. Electronic Submission #335320 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs	
Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 03/31/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Additional data for EC transaction #335320 that would not fit on the form

32. Additional remarks, continued

the off lease measurement.

2) Facility Diagram

3) Plat of the location.

4) Interest owners notification letters.

[illegible]

DISTRICT I
1425 N. FRENCH DR., HOHOBOK, NM 86210
Phone: (505) 325-6181 Fax: (505) 325-6720

DISTRICT II
1501 W. GRAND AVENUE, ARTEZIA, NM 86210
Phone: (505) 748-1293 Fax: (505) 748-9720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV
11885 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 478-3450 Fax: (505) 478-3452

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
11885 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-	Pool Code 96434	Pool Name RED HILLS, BOXIE SPRING, NORTH
Property Code 313737	Property Name PICASSO FEDERAL	Well Number 2H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3530.8

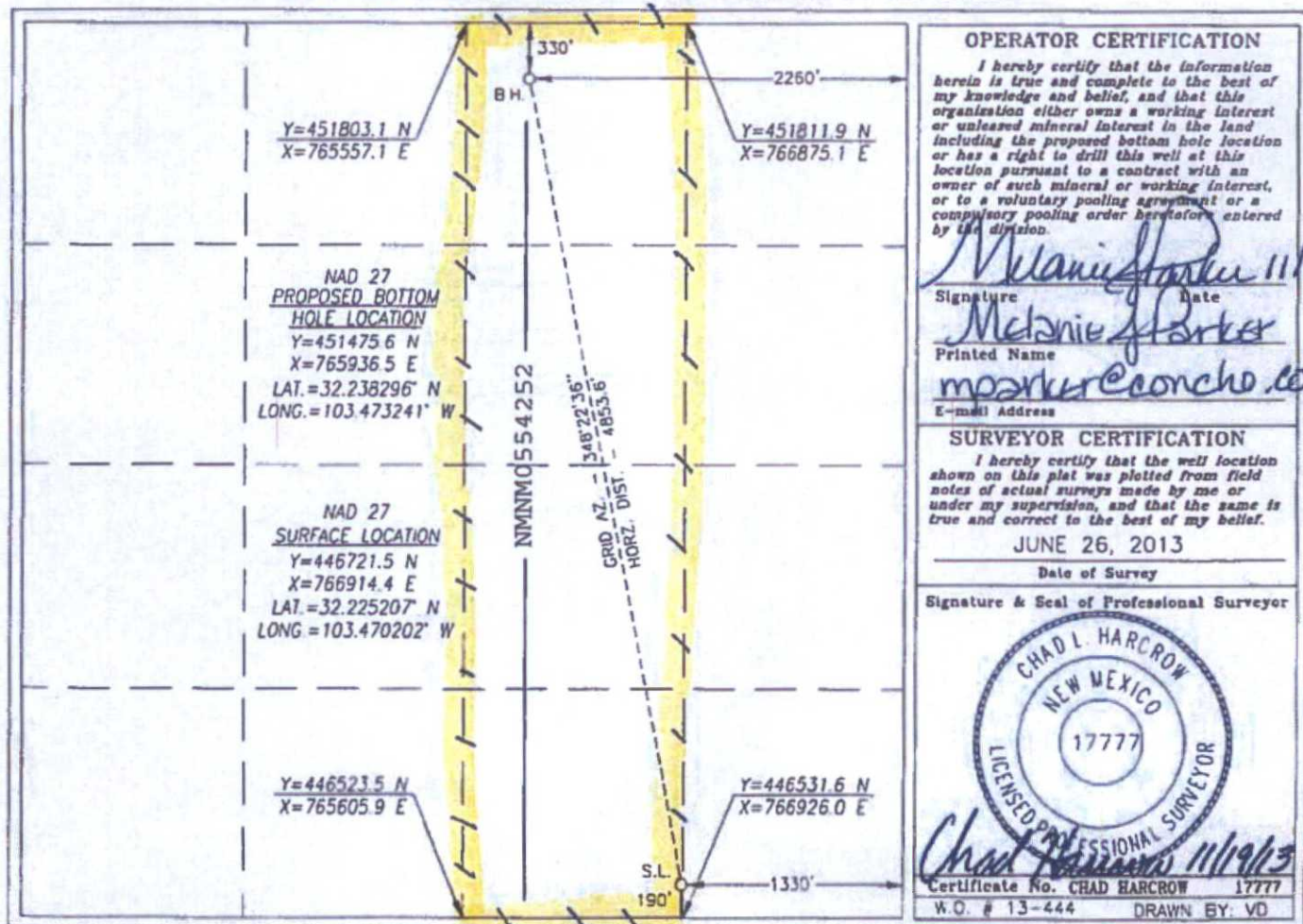
Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	9	24-S	34-E		190	SOUTH	1330	EAST	LEA

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	9	24-S	34-E		352'	NORTH	2255'	EAST	LEA
Dedicated Acres 160	Joint or Infill	Consolidation Code	Order No.						

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



OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature

Date

Printed Name

E-mail Address

SURVEYOR CERTIFICATION

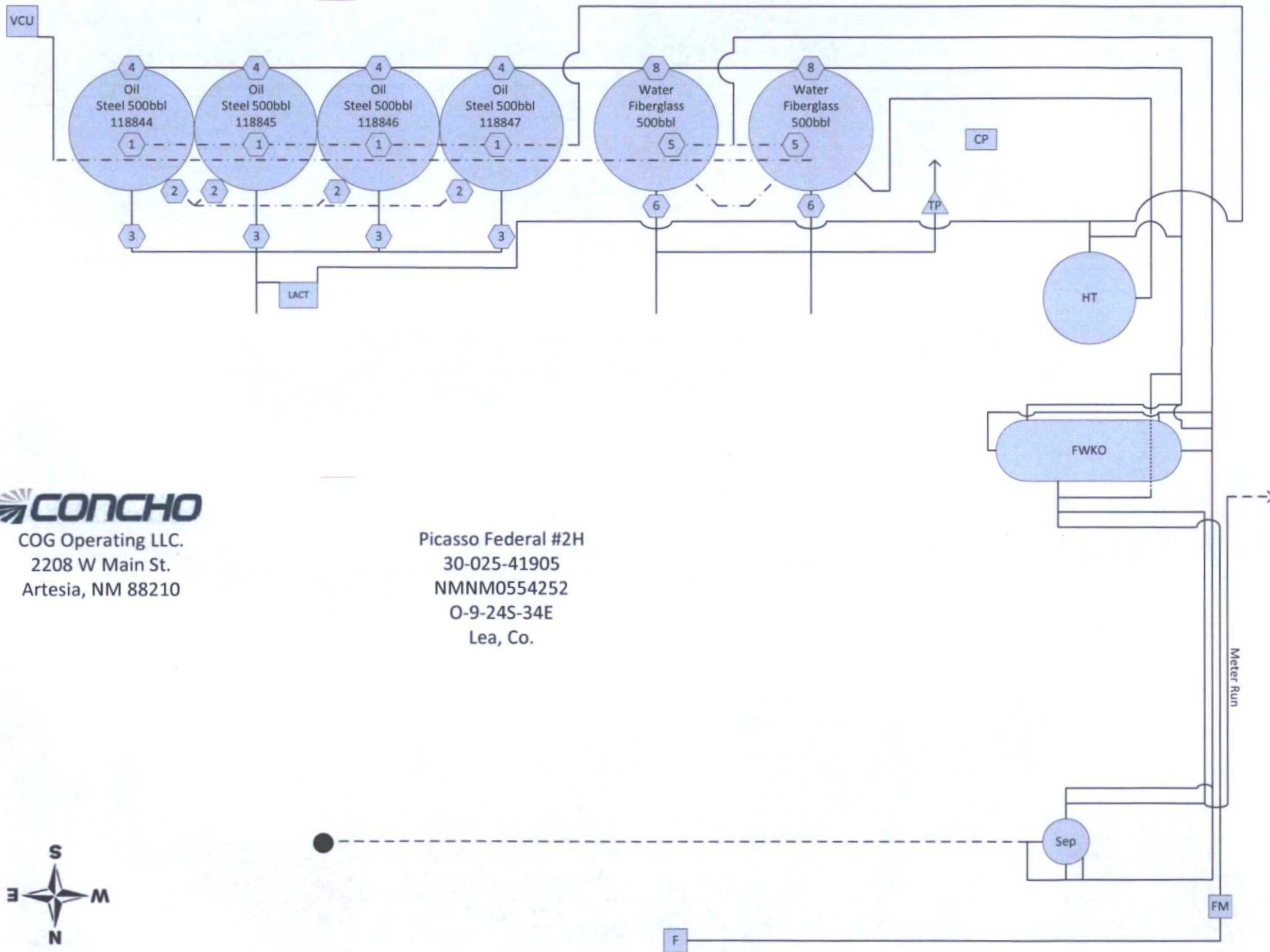
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

JUNE 26, 2013

Date of Survey

Signature & Seal of Professional Surveyor





COG Operating LLC.
2208 W Main St.
Artesia, NM 88210

Picasso Federal #2H
30-025-41905
NMNM0554252
O-9-24S-34E
Lea, Co.



Picasso Federal #2H
30-025-41905
NMNM0554252
O-9-24S-34E
Lea, Co.

Production Phase (OT#1)

- A. Valves #1,#2,#4,#5, and #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #2, and #3 Positioned:
 - 1. Valves #1, #3, & #4 Closed and sealed

Production Phase (OT #2)

- A. Valves #1, #2, #4, #5, and #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #1, and #3 Positioned:
 - 1. Valves #1, #3 & #4 Closed and Sealed

Production Phase (OT #3)

- A. Valves #1,#2,#4,#5, & #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #1, and #2, Positioned:
 - 1. Valves #1, #3 & #4 Closed and Sealed

Production Phase (OT #4)

- A. Valves #1,#2,#4,#5, & #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #1, #2, and #3 Positioned:
 - 1. Valves #1, #3 & #4 Closed and Sealed

II. Sales Phase (OT#1)

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #1 Open
- C. Valves on OT #2, and #3 Positioned:
 - 1. Valve #1, and #2, Open
 - 2. Valve #3 Closed and Sealed

Sales Phase (OT#2)

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #2 Open
- C. Valves on OT #1, and #3 Positioned:
 - 1. Valve #1, and #2 Open
 - 2. Valve #3 Closed and Sealed

Sales Phase (OT#3)

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #3 Open
- C. Valves on OT #1, and #2 Positioned:
 - 1 Valve #1, and #2 Open
 - 2. Valve #3 Closed and Sealed

Sales Phase (OT#4)

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #4 Open
- C. Valves on OT #1, #2, and #3 Positioned:
 - 1 Valve #1, and #2 Open
 - 2. Valve #3 Closed and Sealed



March 30, 2016

Dear Interest Owner,

This letter will serve as notice, under Rule 19.15.N.1207.a that COG Operating LLC has requested administrative approval from the Oil Conservation Division in Santa Fe, NM for Off-Lease Measurement for the following well:

Picasso Federal #2H
Lea County, NM
API #30-025-41905
SHL 190' FSL & 1330' FEL of Sec 9 T24S R34E
BHL 352' FNL & 2255' FEL of Sec 9 T24S R34E
Red Hills; Bone Spring, North

The Off-Lease Measurement facility will be located at the EOG Jolly Roger 16 State #1H.
NENE, Sec 16 T24S R34E

Should you or your company have an objection, it must be filed in writing within twenty (20) days from the date of this notice. The Division Director may approve the Off-Lease Measurement facility if no objection has been made within the twenty (20) days after the application has been received.

Sincerely,

A handwritten signature in cursive script that reads "Amanda Avery".

Amanda Avery
Regulatory Technician
COG Operating LLC

CORPORATE ADDRESS

One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
PHONE 432.683.7443 | FAX 432.683.7441

LOCAL ADDRESS

Concho West | 2208 West Main Street | Artesia, New Mexico 88210
PHONE 575.748.6940 | FAX 575.748.6968

Picasso Notification List -

Prize Energy Resources L.P. c/o Cimarex Energy Company Attention: Hillary Knight 600 North Marienfeld Midland, TX 79701
Hawley Investment Company 800 West 6th Street, Suite 920 Los Angeles, CA 90017
Ralph S. O'Connor 10000 Memorial Drive, Suite 510 Houston, TX 77024
Mrs. Annis Buell 4617 Crooked Lane Dallas, TX 75229
Jeanette R. Singleton Cloyd 6 Pinewood Circle Houston, TX 77024
Mary Lynn Richardson Holder P. O. Box 101014 Ft. Worth, TX 76185
Elise Richardson Wilkes 595 Trimble Lane Court, NE Atlanta GA 30342
ACRV5 LLC 9838 N. Cadbury Ridge Owasso, OK 74055
J-Brex Corporation 620 S. Taylor St. #300 Amarillo, TX 79710
Yates Petroleum Corporation 105 S. Fourth St. Artesia, NM 88210 Attention: Chuck Moran
OXY Y-1 Company P. O. Box 27570 Houston, TX 77227-7570
ABO Petroleum Corporation 105 S. Fourth St. Artesia, NM 88210 Attention: Chuck Moran
Myco Industries Inc. 105 S. Fourth St. Artesia, NM 88210 Attention: Chuck Moran

Record title Owners

L.N. Dunnavant c/o Ruth Ann Riek 3204 Tealwood Place Midland, TX 79705
J.S. Abercrombie Mineral Company Inc. c/o Anderson Robinson Inc. 5005 Riverway Dr. Suite 200 Houston, TX 77056 Attention: Cody Zahransky
Joe C. Richardson c/o Susan D. Richardson 7268 Carizzo Dr. La Jolla, CA 92037
Aviva, Inc./ White Tiger Ltd. Partnership PO Box 22066 Denver, CO 80222

Unable to Locate ORRI Owners

Pinecrest Partnership, L.P.
Wolf Energy, LLC
Oklahoma Oil Company/Inter American Corp
Henson-Crockett Equity Partnership

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, TOLD BY DOTTED LINE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Patti L. Davis
Aviva, Inc/ White Tiger Ltd Partnership
PO Box 22066
Denver, CO 80222

2. Article Number

(Transfer from service label)

7013 3020 0000 8749 9603

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☐ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- ☒ 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:

Hillary Knight
Prize Energy Resources L.P.
C/O Cimarex Energy Company
600 North Marienfeld
Midland, TX 79701

2. Article Number

(Transfer from service label)

7013 3020 0000 8749 7517

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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SENDER: COMPLETE THIS SECTION

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- ☒ 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:

Hawley Investment Company
800 W 6th Street Ste 920
Los Angeles, CA 90017

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 9450

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

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SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ 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:

Ralph S. O'Connor
10000 Memorial Drive, Suite 510
Houston, TX 77024

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 9467

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ 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

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS

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SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ 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:

Mrs. Annis Buell
4617 Crooked Lane
Dallas, TX 75229

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (*Extra Fee*)

☐ Yes

2. Article Number

(*Transfer from service label*)

7013 3020 0000 8749 9474

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OF THE RETURN ADDRESS, FOLD AND PASTE TO THE RIGHT

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SENDER: COMPLETE THIS SECTION

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- 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:

Jeannette R. Singleton Cloyd
6 Pinewood Circle
Houston, TX 77024

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 9481

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☐ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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SENDER: COMPLETE THIS SECTION

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- ☒ 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:

Mary Lynn Richardson Holder
PO Box 101014
Fort Worth, TX 76185

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 9498

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Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☐ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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2208 MAIN STREET | ARTESIA, NEW MEXICO 88210

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.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: Elise Richardson Wilkes 595 Trimble Lane Court, NE Atlanta, GA 30342		A. Signature X <div><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div>	
		B. Received by (<i>Printed Name</i>)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <div><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</div> <div><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</div> <div><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</div>	
2. Article Number (<i>Transfer from service label</i>)		4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
7013 3020 0000 8749 9504			

PS Form 3811, July 2013

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

ACRVS LLC
9838 N. Cadbury Ridge
Owasso, OK 74055

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ 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

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7013 3020 0000 8749 9511

PS Form 3811, July 2013

Domestic Return Receipt

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210

SENDER COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☐ 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:

J-Brex
620 S Taylor St #300
Amarillo, TX 79710

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 9528

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☐ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, SOLD AT POST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chuck Moran
Yates Petroleum Corporation
105 S Fourth Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☐ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7013 3020 0000 8749 9535

PS Form 3811, July 2013

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ 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:

OXY Y-1 Company
PO Box 27570
Houston, TX 77227-7570

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 9542

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☐ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chuck Moran
ABO Petroleum Corporation
105 S Fourth Street
Artesia, NM 88210

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 9559

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☐ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chuck Moran
Myco Industries Inc.
105 S Fourth Street
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7013 3020 0000 8749 9566

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☐ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☐ 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:

L.N. Dunnivant
C/O Susan Riek
3204 Tealwood Place
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ 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

- ☐ Certified Mail®
- ☐ Priority Mail Express™
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Insured Mail
- ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 9573

PS Form 3811, July 2013

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD ALONG DOTTED LINE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Cody Zabransky
J.S. Abercrombie Mineral Company Inc.
C/O Anderson Robinson Inc.
5005 Riverway Dr. Suite 200
Houston, TX 77056

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

☐ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7013 3020 0000 8749 9580

PS Form 3811, July 2013

Domestic Return Receipt

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☐ 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:

Joe C
Richardson
C/O Susan D Richardson
7268 Carizzo Dr.
La Jolla, CA 92037

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ 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

- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7013 3020 0000 8749 9597

PS Form 3811, July 2013

Domestic Return Receipt

Amanda Avery

From: Amity Hipp-Ter1 <ter1@hobbsnews.com>
Sent: Thursday, March 31, 2016 1:51 PM
To: Amanda Avery
Subject: [External] Re: Legal Notice

**** External email. Use caution. ****

Amanda,

We do not publish on Mondays. Would you like Sunday or Tuesday?

Amity

On Mar 31, 2016, at 1:22 PM, Amanda Avery <AAvery@concho.com> wrote:

Good Afternoon,

I need to run a legal notice for COG Operating LLC. This ad should run for one business day. If possible, please run this on Monday April 4th. If it cannot be run on April 4th, please run as soon as possible. Please direct invoice to the attention of Melanie Wilson. Please include two affidavits. Let me know if you need anything else from me.

Legal Notice

**COG Operating LLC is applying for off lease measurement of gas for the following well:
Picasso Federal #2H, Lea County, New Mexico, Sec 9 T24S R34E, Unit O, 190' FSL & 1330' FEL.**

Gas meter is located at the EOG Jolly Roger 16 State #1H well site, NENE, Sec 16 T24S R34E.

Interested parties must file objections or request for hearing with the New Mexico Oil Conservation Division, 1220 South Saint Frances Dr., Santa Fe, NM 87505 within 20 days. Additional information can be obtained by contacting Amanda Avery, COG Operating LLC, 2208 W Main Street, Artesia, NM 88210. Phone number is 575-748-6940.

Thank you,

Amanda L Avery (Amy)
Regulatory Technician
COG Operating LLC
2208 W Main Street
Artesia, NM 88210
575-748-6962
<image001.png>

CONFIDENTIALITY NOTICE: The information in this email may be confidential and/or privileged. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this email and its attachments, if any, or the information contained herein, is prohibited. If you have received this email in error, please immediately notify the sender by return email and delete this email from your system. Thank you.

*Amity Hipp
Classified/Legal Department
Hobbs News Sun
201 N. Thorp, Hobbs, New Mexico 88240
(P) 575.391.5417 (F) 575.397.0610
terl@hobbsnews.com*



Legal Deadlines:

Initial copy needs to be received by 2pm, 2 days prior to publication, preferred

Final approval on legals must be received by below time line

**To publish Tuesday - Friday*

Deadline is 2pm day before

**To publish Saturday & Sunday*

Deadline is 2pm on Friday

BILL STATEMENTS

Please note that if corrections or changes are made on a legal notice, this will change the cost of the legal notice. Customer will be responsible for additional charges.

LEGAL NOTICE
April 5, 2016

COG Operating LLC is applying for off lease measurement of gas for the following well:

Picasso Federal #2H, Lea County, New Mexico, Sec 9 T24S R34E, Unit O, 190' FSL & 1330' FEL.

Gas meter is located at the EOG Jolly Roger 16 State #1H well site, NENE, Sec 16 T24S R34E.

Interested parties must file objections or request for hearing with the New Mexico Oil Conservation Division, 1220 South Saint Frances Dr., Santa Fe, NM 87505 within 20 days. Additional information can be obtained by contacting Amanda Avery, COG Operating LLC, 2208 W Main Street, Artesia, NM 88210. Phone number is 575-748-6940.
#30811

Affidavit of Publication

STATE OF NEW MEXICO,
COUNTY OF LEA


I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
April 05, 2016
and ending with the issue dated
April 05, 2016.

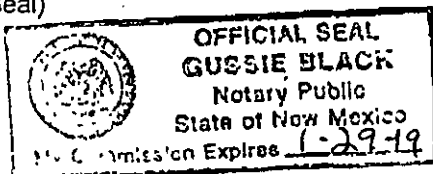
LEGAL NOTICE April 5, 2016 COG Operating LLC is applying for off lease measurement of gas for the following well: Picasso Federal #2H, Lea County, New Mexico, Sec 9 T24S R34E, Unit O, 180' FSL & 1330' FEL. Gas meter is located at the EOG Jolly Roger 16' State #1H well site, NENE, Sec 16 T24S R34E. Interested parties must file objections or request for hearing with the New Mexico Oil Conservation Division, 1220 South Saint Frances Dr., Santa Fe, NM 87505, within 20 days. Additional information can be obtained by contacting Amanda Avery, COG Operating LLC, 2208 W Main Street, Artesia, NM 88210. Phone number is 575-748-6940. #30811
--


Publisher

Sworn and subscribed to before me this
5th day of April 2016.


Business Manager

My commission expires
January 29, 2019.
(Seal)



67112034

00172750

BRIAN COLLINS
COG OPERATING LLC
2208 W. MAIN ST.
ARTESIA, NM 88210

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said