



**EXHIBIT A  
COG OPERATING LLC  
OUIMET STATE COM #2H WELL**

Paul Slayton et ux Patricia  
Slayton  
704 E. College Boulevard  
Roswell, New Mexico 88201

Peggy Runyan  
6290 Olohena Road, Apt. C.  
Kapaa, Hawaii 96746-8705

Vicky Moser  
3555 Comal Springs  
Canyon Lake, Texas 78133

Black Stone Natural Resources  
1001 Fannin  
Suite 2020  
Houston, Texas 77002

Murchison Oil & Gas, Inc.  
1100 Mira Vista Blvd.  
Plano, Texas 75093  
Attn: Bret Austin

ConocoPhillips Company  
600 North Dairy Ashford  
3WL-14066  
Houston, Texas 77079

Herman J. Ledbetter, Trustee of the  
Hearman J. Ledbetter Family Trust  
10988 US Highway 277 South  
Abilene, Texas 79606

Synergy Resources  
2106 West Centre Avenue  
Artesia, New Mexico 88210

Cogent Energy, Inc.  
Defined Benefit Plan  
c/o Randy Cate  
6824 Island Circle  
Midland, Texas 79707

Devon Energy Production Company,  
LP, successor to Cambridge Related  
Assets  
1500 Mid America Tower  
20 North Broadway  
Oklahoma City, OK 73102-8260

Louis Fulton, dba  
CFM Oil Company  
Post Office Box 1176  
Artesia, New Mexico 88210

May 2, 2012

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO AFFECTED INTEREST OWNERS**

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Ouimet State Com #2H**

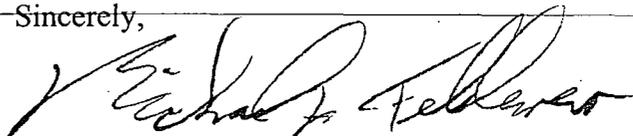
This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on May 24, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. 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.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address 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.

Questions concerning this application should be directed to Brandon K. Gaynor at (432) 221-0308.

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Sincerely,



Michael H. Feldewert  
ATTORNEY FOR COG OPERATING LLC

5448 9290 0000 0100 7006

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **MHF/COG**  
**OFFIC OUIMET 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: MAY 2 2004 DE VARGAS HOLT CENTER

Sent To: Paul Slayton et ux Patricia Slayton  
 Street or PO B: 704 E. College Boulevard  
 City: Roswell, New Mexico 88201

PS Form 3800, June 2002 See Reverse for Instructions

**Returned**

9448 9290 0000 0100 7006

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **MHF/COG**  
**OFFIC OUIMET 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: MAY 2 2004 DE VARGAS HOLT CENTER

Sent To: Peggy Runyan  
 Street, or PO B: 6290 Olohena Road, Apt. C.  
 City, St: Kapaa, Hawaii 96746-8705

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER'S SECTION ON DELIVERY**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:  
 Peggy Runyan  
 6290 Olohena Road, Apt. C.  
 Kapaa, Hawaii 96746-8705

2. Article Number: 7006 0100 0005 0626 5448  
*(Transfer from Service Label)*

**RECIPIENT'S SECTION ON DELIVERY**

A. Signature: *Peggy Runyan*  
 Agent  
 Addressee

B. Received by (Printed Name): *Peggy Runyan*  
 C. Date of Delivery: *5/9/04*

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

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit **OFFIC**  
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 OUIMET 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here MAY 2 2006

Sent 1  
 Street or PO 3555 Comal Springs  
 City, TX Canyon Lake, Texas 78133

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 5431

**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:  
 Vicky Moser  
 3555 Comal Springs  
 Canyon Lake, Texas 78133

2. Article Number (Transfer from service) 7006 0100 0005 0626 5431

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 x Charles E. Moser

B. Received by (Printed Name) Charles E. Moser C. Date of Delivery 5-5-12

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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 OUIMET 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here MAY 2 2006

Sent 1  
 Street or PO 1001 Fannin  
 City, TX Suite 2020  
 Houston, Texas 77002

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 5424

**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:  
 Black Stone Natural Resources  
 1001 Fannin  
 Suite 2020  
 Houston, Texas 77002

2. Article Number (Transfer from service) 7006 0100 0005 0626 5424

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 x [Signature]

B. Received by (Printed Name) [Signature] C. Date of Delivery 5-7-12

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0000 9290 0626 5417

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For delivery information: **MHF/COG OUIMET 2H**

**OFF**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: MAY 2 2002

Sent To: Murchison Oil & Gas, Inc.  
 1100 Mira Vista Blvd.  
 Plano, Texas 75093  
 Attn: Bret Austin

PS Form 3800, June 2002

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Murchison Oil & Gas, Inc.  
 1100 Mira Vista Blvd.  
 Plano, Texas 75093  
 Attn: Bret Austin

2. Article Number: 7006 0100 0005 0626 5417

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Karen Keller*  Agent  Addressee

B. Received by (Printed Name): *Karen Keller* C. Date of Delivery: *5/14*

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

3. Service Type:  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0000 9290 0626 5405

**U.S. Postal Service™**  
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For delivery information: **MHF/COG OUIMET 2H**

**OFF**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: MAY 2 2002

Sent To: ConocoPhillips Company  
 600 North Dairy Ashford  
 3WL-14066  
 Houston, Texas 77079

PS Form 3800, June 2002

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 ConocoPhillips Company  
 600 North Dairy Ashford  
 3WL-14066  
 Houston, Texas 77079

2. Article Number: 7006 0100 0005 0626 5400

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *5/12*

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

3. Service Type:  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 5387

**U.S. Postal Service™**  
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For delivery information visit **OFFICIAL MAIL SERVICE**  
**MHF/COG**  
**OUIMET 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 MAY 6 - 2012

Sent 1  
 Street or PO  
 City, State, ZIP+4®  
 Herman J. Ledbetter, Trustee of the  
 Hearman J. Ledbetter Family Trust  
 10988 US Highway 277 South  
 Abilene, Texas 79606

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 5387

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL MAIL SERVICE**  
**MHF/COG**  
**OUIMET 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 MAY 6 - 2012

Sent 1  
 Street or PO  
 City, State, ZIP+4®  
 Synergy Resources  
 2106 West Centre Avenue  
 Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Synergy Resources            2106 West Centre Avenue            Artesia, New Mexico 88210</p> <p>2. Article Number:            (Transfer from service label)            7006 0100 0005 0626 5387</p>	<p>A. Signature: <i>Dennis Harper</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Dennis Harper</i> C. Date of Delivery: <i>5/7/12</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>3. Service Type:  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**  
 MHF/COG  
 OUMIMET 2H

Postage \$ .65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95

Postmark Here MAY 2 2012  
 USPS SANTA FE, NM 87508

Sent Cogent Energy, Inc.  
 Defined Benefit Plan  
 c/o Randy Cate  
 6824 Island Circle  
 Midland, Texas 79707

PS Form 3811, February 2004 See Reverse for Instructions

**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:  
 Cogent Energy, Inc.  
 Defined Benefit Plan  
 c/o Randy Cate  
 6824 Island Circle  
 Midland, Texas 79707

2. Article Number (Transfer from service) 7006 0100 0005 0626 5370

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X *Randy Cate*  Agent  Addressee

B. Received by (Printed Name) Randy Cate C. Date of Delivery 5/4/12

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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For delivery information visit **OFFIC**  
 MHF/COG  
 OUMIMET 2H

Postage \$ .65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95

Postmark Here MAY 2 2012  
 USPS SANTA FE, NM 87508

Sent LP, successor to Cambridge Related Assets  
 1500 Mid America Tower  
 20 North Broadway  
 Oklahoma City, OK 73102-8260

PS Form 3811, February 2004 See Reverse for Instructions

**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:  
 Devon Energy Production Company,  
 LP, successor to Cambridge Related Assets  
 1500 Mid America Tower  
 20 North Broadway  
 Oklahoma City, OK 73102-8260

2. Article Number (Transfer from service) 7006 0100 0005 0626 5363

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X *R. Welch*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery 5-7-12

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 5639

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For delivery information visit [www.usps.com](http://www.usps.com)

**OFFICE** MHF/COG  
 OUMET 2H

Postage	\$ 1.65	Postmark Here
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>	

Sent To: Louis Fulton, dba  
 CFM Oil Company  
 Post Office Box 1176  
 Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

**SE** COMPLETE THIS SECTION ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Louis Fulton, dba  
 CFM Oil Company  
 Post Office Box 1176  
 Artesia, New Mexico 88210

2. Article Number: 7006 0100 0005 0626 5639  
 (Transfer from service label)

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Print Name): *[Signature]* C. Date of Delivery: MAY - 7 2012

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540