

EXHIBIT A
COG OPERATING LLC
OUIMET STATE COM #4H

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

Rodney Well
2409 W. Cerro Road
Artesia, New Mexico 88210

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

ZPZ Delaware, LLC
303 Veterans Airpark Ln.
Suite 3000
Midland, Texas 79705
Attn: Lee Scarborough

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

Mewbourne Oil Company;
Mewbourne Development
Corporation; 3MG Corporation;
CWM 2000-B, Ltd.; Mewbourne
Energy Partners 07-A, LP

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

Attn: Steve Smith
500 West Texas, Suite 1020
Midland, Texas 79701

HOLLAND & HART ^{LLP}



Michael H. Feldewert
Recognized Specialist in the
Area of Natural Resources - oil
and gas law New Mexico Board
of Legal Specialization
mfeldewert@hollandhart.com

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 #4H

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.

Sincerely,

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☪

7006 0100 0005 0626 5462

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

For delivery information visit **OFFIC** **MHF/COG**
OUIMET 4H

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



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

7006 0100 0005 0626 5462

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

For delivery information visit **OFFIC** **MHF/COG**
OUIMET 4H

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



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

Returned

OUIMET 4H p.1

SENDER: COMPLETE THIS SECTION **POST OFFICE USE ONLY**

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

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

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5462

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
 Agent Addressee
Peggy Runyan

B. Received By (Printed Name) **C. Date of Delivery**
 Peggy Runyan 5/1/12

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

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

7900 0100 0005 0626 5479

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

For delivery information visit **OFFIC**

MHF/COG
OUIMET 4H

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 2012

Sent To: Vicky Moser
 Street or PO: 3555 Comal Springs
 City: Canyon Lake, Texas 78133

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™ SENDER: CO/ N ON DELIVERY

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

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.

A. Signature: *Charles E Moser* Agent Addressee

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:

1. Article Addressed to:
 Vicky Moser
 3555 Comal Springs
 Canyon Lake, Texas 78133

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5479

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

OUIMET 4H P.2

7900 0100 0005 0626 5486

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

For delivery information visit **OFFIC**

MHF/COG
OUIMET 4H

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

Sent To: Rodney Well
 Street or PO: 2409 W. Cerro Road
 City, St: Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™ SENDER: CO/ N ON DELIVERY

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

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.

A. Signature: *SARA ANEBB* Agent Addressee

B. Received by (Printed Name): *SARA ANEBB* C. Date of Delivery: *5-3-12*

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

1. Article Addressed to:
 Rodney Well
 2409 W. Cerro Road
 Artesia, New Mexico 88210

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5486

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

7006 0100 0005 0626 5526

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

For delivery information visit **OFFIC**

MHF/COG
 OUMIET 4H

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
 DE VARGAS POST OFFICE

Sr
 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

Oumiet 4Hp.3

7006 0100 0005 0626 5526

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

For delivery information visit **OFFIC**

MHF/COG
 OUMIET 4H

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
 DE VARGAS POST OFFICE

Sent To
 Synergy Resources
 2106 West Centre Avenue
 Artesia, New Mexico 88210

PS Form 3800, June 2002 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:
 Synergy Resources
 2106 West Centre Avenue
 Artesia, New Mexico 88210

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5523

RECIPIENT: COMPLETE THIS SECTION

A. Signature
 Dennis Mangin Agent Addressee

B. Received by (Printed Name)
 Dennis Mangin

C. Date of Delivery
 5/7/12

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
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit **MHF/COG**
OFFICE OUIMET 4H

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
 VARGAS POST OFFICE

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

PS Form 3800, June 2002

0655 9290 5000 0010 0070 9002

SENDER: COMPLETE THIS SECTION **PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE** **NO ON DELIVERY**

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 label) 7006 0100 0005 0626 5530

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

A. Signature
 X [Signature]
 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
 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

OUIMET 4H P.4

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

For delivery information, visit **MHF/COG**
OFFICE OUIMET 4H

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
 VARGAS POST OFFICE

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

PS Form 3800, June 2002

2455 9290 5000 0010 0070 7006

SENDER: COMPLE **PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE** **NO ON DELIVERY**

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 label) 7006 0100 0005 0626 5547

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

A. Signature
 X [Signature]
 Agent
 Addressee

B. Received by (Printed Name)
 R. Welch

C. Date of Delivery
 5-7-12

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

4555 9290 0005 0100 7006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **OFFIC**
MHF/COG
OUIMET 4H

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



Sent to
Street or PO
City, State, ZIP+4
Louis Fulton, dba
CFM Oil Company
Post Office Box 1176
Artesia, New Mexico 88210

PS Form 3811, February 2004 See reverse for instructions

SENDER: COMPLETE THIS SECTION **ON DELIVERY**

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

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 (Transfer from service label): 7006 0100 0005 0626 5554

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 (Printed Name): *[Signature]*
 C. Date of Delivery: *[Signature]*

D. 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

OUImet 4HP.5

1955 9290 0005 0100 7006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **OFFIC**
MHF/COG
OUIMET 4H

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



Sent to
Street or PO
City, State, ZIP+4
Mewbourne Oil Company
Mewbourne Development Corporation; 3MG Corporation; CWM 2000-B, Ltd. Energy Partners 07
Attn: Steve Smith
500 West Texas, Suite 1020
Midland, Texas 79701

PS Form 3811, February 2004 See reverse for instructions

SENDER: COMPLETE THIS SECTION **ON DELIVERY**

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

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:
Mewbourne Oil Company;
Mewbourne Development Corporation; 3MG Corporation; CWM 2000-B, Ltd.; Mewbourne Energy Partners 07-A, LP
Attn: Steve Smith
500 West Texas, Suite 1020
Midland, Texas 79701

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5561

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 (Printed Name): *[Signature]*
 C. Date of Delivery: *[Signature]*

D. 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

9255 9290 5000 0100 0100 0626 5578

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

For delivery information visit **MHF/COG**
OFFIC OUIMET 4H

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 DE VARGAS

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

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™ ON DELIVERY

SENDER: CC

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

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

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5578

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: X Karen Keller Agent Addressee
 B. Received by (Printed Name): Karen Keller
 C. Date of Delivery: 5-4

D. 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

OuiMET 4H 2.6

7006 0100 0005 0626 5585

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

For delivery information visit **MHF/COG**
OFFIC OUIMET 4H

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 DE VARGAS

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

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™ ON DELIVERY

SENDER: COM

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

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

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5585

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 (Printed Name): [Name]
 C. Date of Delivery: 5/17/12

D. 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