

**EXHIBIT A
COG OPERATING LLC
TARPAN 33 FEE 3H**

Oxy Y-1
Post Office Box 4294
Houston, Texas 77210-4294
Attn: Kat Almeida

Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

MYCO Industries, Inc.
105 South 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

ABO Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

Rolla R. Hinkle
Post Office Box 2292
Roswell, New Mexico 88202

OGX Resources LLC
400 North Marienfeld Street
Suite 200
Midland, Texas 79701

DDDF, Inc.
Post Office Box 465
Midland, Texas 79702

Ralf L. Way
Post Office Box 465
Midland, Texas 79702

Jack L. Russell and Frances R.
Russell
Post Office Box 1604
Midland, Texas 79702

Charles E. Nearburg dba Nearburg
Exploration Co.
5447 Glenlake Drive
Dallas, Texas 75231
Attn: Terry Grant

Nearburg Exploration Co.
Post Office Box 823085
Dallas, Texas 70382

Nearburg Exploration Co.
3300 N. A Street, Bldg. 2
Suite 120
Midland, Texas 79705

HOLLAND & HART LLP



Adam G. Rankin
Associate
Phone 505-988-4421
Fax 505-983-6043
agrarkin@hollandhart.com

May 1, 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.
Tarpan 33 Fee 3H Well**

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 Mike Wallace at (432) 221-0465.

Sincerely,

A handwritten signature in black ink, appearing to read 'Adam G. Rankin', written over a horizontal line.

Adam G. Rankin
ATTORNEY FOR COG OPERATING LLC

MHF
Enclosure

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 0625 8990

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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MHF/COG
Tarpan 33 Fee 3H
OFFICE

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



Oxy Y-1
Post Office Box 4294
Houston, Texas 77210-4294
Attn: Kat Almeida
for instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Oxy Y-1
Post Office Box 4294
Houston, Texas 77210-4294
Attn: Kat Almeida

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8990

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

4. Restricted Delivery? (Extra Fee) Yes

RECIPIENT INFORMATION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee
 B. Received by (Printed Name): *[Name]* C. Date of Delivery: MAY 07 2012
 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

7006 0100 0005 0626 5103

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MHF/COG
Tarpan 33 Fee 3H
OFFICE

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



Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5103

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

4. Restricted Delivery? (Extra Fee) Yes

RECIPIENT INFORMATION ON DELIVERY

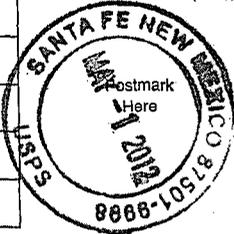
A. Signature: *[Signature]* Agent Addressee
 B. Received by (Printed Name): *[Name]* C. Date of Delivery: 5-7-12
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

7006 0100 0005 0626 5097

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No
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OFFIC

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



MYCO Industries, Inc.
105 South 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

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

SENDER: COMPLETE THIS SECTION **ACTION 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:
MYCO Industries, Inc.
105 South 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5097

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

4. Restricted Delivery? (Extra Fee) Yes

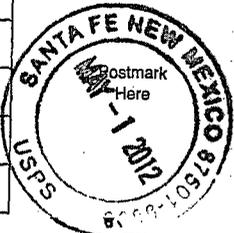
A. Signature: *J. Delgado* Agent Addressee
B. Received by (Printed Name): *J. Delgado* C. Date of Delivery: *5-2-12*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

7006 0100 0005 0626 5080

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit
OFFIC

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



ABO Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

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

SENDER: C **ACTION 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:
ABO Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5080

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: *J. Delgado* Agent Addressee
B. Received by (Printed Name): *J. Delgado* C. Date of Delivery: *5-13-12*
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

7002 9000 0100 0005 0626 5073

U.S. Postal Service™
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For delivery information visit **OFFIC**

MHF/COG
 Tarpan 33 Fee 3H

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

SANTA FE NEW MEXICO
 MAY 1 2012
 8988-1098-8988

Rolla R. Hinkle
 Post Office Box 2292
 Roswell, New Mexico 88202

PS Form 3800, June 2002 See reverse for instructions

CERTIFIED MAIL

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:
 Rolla R. Hinkle
 Post Office Box 2292
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5073

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

ACTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): Rolla R. Hinkle C. Date of Delivery: 5/3/12

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

7002 9000 0100 0005 0626 5073

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For delivery information visit **OFFIC**

MHF/COG
 Tarpan 33 Fee 3H

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

SANTA FE NEW MEXICO
 MAY 1 2012
 8988-1098-8988

OGX Resources LLC
 400 North Marienfeld Street
 Suite 200
 Midland, Texas 79701

PS Form 3800, June 2002 See reverse for instructions

CERTIFIED MAIL

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:
 OGX Resources LLC
 400 North Marienfeld Street
 Suite 200
 Midland, Texas 79701

2. Article Number (Transfer from service label): 7006 0100 0005 0626 5066

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

ACTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): Pamela Swierc C. Date of Delivery: 5-3-12

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 0625 9034

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MHF/COG
 Tarpan 33 Fee 3H

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
 NEW MEXICO
 8888-10918

Jack L. Russell and Frances R. Russell
 Post Office Box 1604
 Midland, Texas 79702

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:
 Jack L. Russell and Frances R. Russell
 Post Office Box 1604
 Midland, Texas 79702

2. Article Number (Transfer from service label): 7006 0100 0005 0625 9034

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): *Frances Russell* C. Date of Delivery: *5/9/12*

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 0625 9027

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MHF/COG
 Tarpan 33 Fee 3H

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
 SANTA FE NEW MEXICO
 8888-10918

Charles E. Nearburg dba Nearburg Exploration Co.
 5447 Glenlake Drive
 Dallas, Texas 75231
 Attn: Terry Grant

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:
 Charles E. Nearburg dba Nearburg Exploration Co.
 5447 Glenlake Drive
 Dallas, Texas 75231
 Attn: Terry Grant

2. Article Number (Transfer from service label): 7006 0100 0005 0625 9027

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): *GABRIEL ROBERT* 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

7006 0100 0005 0625 9010

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 For delivery information visit **OFFIC**
 MHF/COG Tarpan 33 Fee 3H

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

SANTA FE NEW MEXICO
 MAY 4 2012
 Postmark Here

Nearburg Exploration Co.
 Post Office Box 823085
 Dallas, Texas 70382

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

7006 0100 0005 0625 9003

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No International Services Provided)
 For delivery information visit **OFFIC**
 MHF/COG Tarpan 33 Fee 3H

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

SANTA FE NEW MEXICO
 MAY 4 2012
 Postmark Here

Nearburg Exploration Co.
 3300 N. A Street, Bldg. 2
 Suite 120
 Midland, Texas 79705

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

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Nearburg Exploration Co.
 Post Office Box 823085
 Dallas, Texas 70382

2. Article Number (Transfer from service label): 7006 0100 0005 0625 9010

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
 Agent
 Addressee

B. Received by (Printed Name): GABRIEL ROBERTS
 C. Date of Delivery: [Blank]

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

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Nearburg Exploration Co.
 3300 N. A Street, Bldg. 2
 Suite 120
 Midland, Texas 79705

2. Article Number (Transfer from service label): 7006 0100 0005 0625 9003

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
 Agent
 Addressee

B. Received by (Printed Name): Ken Dixon
 C. Date of Delivery: 5-3-12

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