

HOLLAND & HART^{LLP}



Adam G. Rankin
Associate
Phone 505-954-7294
Fax 505-983-6043
AGRankin@hollandhart.com

June 5, 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.
Bradley 8 Fee 2H 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 June 25, 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 Sean Johnson at (432) 818-2230.

Sincerely,

Adam G. Rankin
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. ♻️

**EXHIBIT A
COG OPERATING LLC
BRADLEY 8 FEEL 2H WELL**

Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210

Sharbro Holdings LLC
Post Office Box 840
Artesia, New Mexico 88211

Legacy Royalty LLC
Post Office Box 1091
Artesia, New Mexico 88211

Carol Sue Sanford Garrett
1712 South Jackson
Amarillo, Texas 79102

Dominick Letizio
7535 Buckingham
Allen Park MI 48101

DMD LLC
Post Office Box 300
Artesia, New Mexico 88211

Mewbourne Oil Company
500 West Texas, Suite 1020
Midland, Texas 79701

Devon SFS Operating, Inc.
LP 20 N. Broadway
Suite 1500
Oklahoma City, OK 73102
Attn: Ken Gray

DHA, L.L.C.
500 West Wall Street
Suite 300
Midland, Texas 79701

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

Cimarex Energy Co.
600 North Marienfeld
Suite 600
Midland, Texas 79701
Attn: Hayden Tresner

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

Abo Petroleum
105 S. 4th Street
Artesia, New Mexico 88210
Attn: Chuck Moran

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BRADLEY 8 FEE 2H

Postage \$ 2.65

Certified Fee 2.95

Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.95

Postmark Here
 JUN - 5 2012
 DE VARGAS POST OFFICE

Yates Petroleum Corporation
 105 South 4th Street
 Artesia, New Mexico 88210

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label) 7006 0100 0005 0626 6735

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Anderson

B. Received by (Printed Name) Anderson C. Date of Delivery 6-6-12

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

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

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Postage \$ 2.65

Certified Fee 2.95

Return Receipt Fee (Endorsement Required) 2.35

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.95

Postmark Here
 JUN - 5 2012
 DE VARGAS POST OFFICE

Sharbro Holdings LLC
 Post Office Box 840
 Artesia, New Mexico 88211

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Sharbro Holdings LLC
 Post Office Box 840
 Artesia, New Mexico 88211

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Collyer

B. Received by (Printed Name) Collyer C. Date of Delivery JUN 6 2012

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

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

7006 0100 0005 0626 6711

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OFFICE

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: JUN - 5 2012 DE VARGAS POST OFFICE

Legacy Royalty LLC
 Post Office Box 1091
 Artesia, New Mexico 88211

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Legacy Royalty LLC
 Post Office Box 1091
 Artesia, New Mexico 88211

2. Article Number (Transfer from service label): 7006 0100 0005 0626 6711

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Christen Lilly* Agent Addressee

B. Received by (Printed Name): *Christen Lilly* C. Date of Delivery: *6-7-12*

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 6704

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OFFICE

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: JUN 5 2012 DE VARGAS POST OFFICE

Carol Sue Sanford Garrett
 1712 South Jackson
 Amarillo, Texas 79102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Carol Sue Sanford Garrett
 1712 South Jackson
 Amarillo, Texas 79102

2. Article Number (Transfer from service label): 7006 0100 0005 0626 6704

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Rich Barrett* Agent Addressee

B. Received by (Printed Name): *Rich Barrett* C. Date of Delivery: *6-7-12*

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 6698

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICE BRADLEY 8 FEE 2H

Postage	\$ 45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Dominick Letizio
7535 Buckingham
Allen Park, MI 48101

PS Form 3800, June 2002 See Reverse for Instructions

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

SECTION 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.

A. Signature: *Ericka Nunez* 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

1. Article Addressed to:
**Dominick Letizio
7535 Buckingham
Allen Park, MI 48101**

2. Article Number (Transfer from service label): **7006 0100 0005 0626 6698**

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

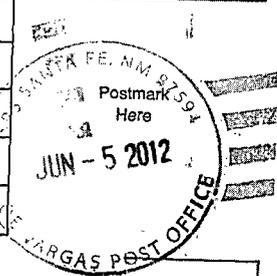
4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 0626 6681

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **AGR/COG**
OFFICE BRADLEY 8 FEE 2H

Postage	\$ 45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



DMD LLC
Post Office Box 300
Artesia, New Mexico 88211

PS Form 3800, June 2002 See Reverse for Instructions

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

SECTION 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.

A. Signature: *Ross Duncan* Agent Addressee

B. Received by (Printed Name): *Ross Duncan* C. Date of Delivery: _____

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

1. Article Addressed to:
**DMD LLC
Post Office Box 300
Artesia, New Mexico 88211**

2. Article Number (Transfer from service label): **7006 0100 0005 0626 6681**

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

7006 0100 0005 0626 6674

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BRADLEY 8 FEE 2H

OFFICE

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

Postmark: JUN - 5 2012
 SANTA FE, NM
 MORGAS POST OFFICE

Mewbourne Oil Company
 500 West Texas, Suite 1020
 Midland, Texas 79701

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:

Mewbourne Oil Company
 500 West Texas, Suite 1020
 Midland, Texas 79701

2. Article Number (Transfer from service label): 7006 0100 0005 0626 6674

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent Addressee
 X Barnett

B. Received by (Printed Name): G Barnett

C. Date of Delivery: 6-7

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 9133

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BRADLEY 8 FEE 2H

OFFICE

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

Postmark: JUN - 5 2012
 SANTA FE, NM
 MORGAS POST OFFICE

Devon SFS Operating, Inc.
 LP 20 N. Broadway
 Suite 1500
 Oklahoma City, OK 73102
 Attn: Ken Gray

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:

Devon SFS Operating, Inc.
 LP 20 N. Broadway
 Suite 1500
 Oklahoma City, OK 73102
 Attn: Ken Gray

2. Article Number (Transfer from service label): 7006 0100 0005 0625 9133

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent Addressee
 X R Welch

B. Received by (Printed Name):

C. Date of Delivery: 6-8

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 9140

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 AGR/COG
 BRADLEY 8 FEE 2H

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

DHA, L.L.C.
 500 West Wall Street
 Suite 300
 Midland, Texas 79701

for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 DHA, L.L.C.
 500 West Wall Street
 Suite 300
 Midland, Texas 79701

2. Article Number
 (Transfer from service label) 7006 0100 0005 0625 9140

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Lynndi Shack* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 _____ 6-5-12

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

7006 0100 0005 0625 9157

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For delivery information visit **OFFIC**
 AGR/COG
 BRADLEY 8 FEE 2H

Postage	\$ 65	Postmark Here
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

for Instructions

SENDER: COMPLETE THIS SECTION

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 0625 9157

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Chuck Moran* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 _____ 6-7-12

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

7006 0100 0005 0625 9164

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

For delivery information visit **OFFIC** **AGR/COG**
BRADLEY 8 FEE 2H

Postage	\$ <u>4.65</u>	Postmark Here
Certified Fee	<u>2.95</u>	
Return Receipt Fee (Endorsement Required)	<u>2.35</u>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <u>5.95</u>	

Cimarex Energy Co.
 600 North Marienfeld, Suite 600
 Midland, Texas 79701
 Attn: Hayden Tresner

See Reverse for Instructions

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

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:

Cimarex Energy Co.
 600 North Marienfeld, Suite 600
 Midland, Texas 79701
 Attn: Hayden Tresner

2. Article Number (Transfer from service label) 7006 0100 0005 0625 9164

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Janet Garnett*

B. Received by (Printed Name) **GARNETT** C. Date of Delivery **6-1-10**

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 9171

U.S. Postal Service™
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For delivery information visit **OFFIC** **AGR/COG**
BRADLEY 8 FEE 2H

Postage	\$ <u>4.65</u>	Postmark Here
Certified Fee	<u>2.95</u>	
Return Receipt Fee (Endorsement Required)	<u>2.35</u>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <u>5.95</u>	

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

for Instructions

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

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
 Post Office Box 4294
 Houston, Texas 77210-4294
 Attn: Katie Almeida

2. Article Number (Transfer from service label) 7006 0100 0005 0625 9171

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Katie Almeida*

B. Received by (Printed Name) **KUN** C. Date of Delivery **JUN 1 2010**

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 9188

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AGR/COG
BRADLEY 8 FEE 2H

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

Abo Petroleum
 105 S. 4th Street
 Artesia, New Mexico 88210
 Attn: Chuck Moran

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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:

Abo Petroleum
 105 S. 4th Street
 Artesia, New Mexico 88210
 Attn: Chuck Moran

2. Article Number:
 (Transfer from service label) 7006 0100 0005 0625 9188

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x *Underwood*

B. Received by (Printed Name) *Underwood* C. Date of Delivery *6-6-12*

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

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