

EXHIBIT A
COG OPERATING LLC
STONEWALL 9 FEE 4H WELL

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

Myco Industries
105 South 4th Street
Artesia, New Mexico 88210

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

Oxy Y-1
5 Greenway Plaza, Suite 110
Houston, Texas 77046

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

P.J. Hannifin Family Trust
765 Santa Camela
Solona Beach, CA 92075

Wygocki Family Trust
721 Robins Road
Lansing, MI 78917

Elizabeth Ann Pitts, Trustee of the
McCormick Family Trusts, A&B
2705 Westwind Road
Las Cruces, New Mexico 88007

Nuevo Seis (96) Limited
Partnership
P.O. Box 2588
Roswell, New Mexico 88202



May 17, 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. Stonewall 9 Fee 4H 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 7, 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

7006 0100 0005 0625 9096

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **agr/cog**
OFFICE STONEWALL 9 FEE 4H

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here: MAY 18 2012 SANTA FE, NM 87501 SANTA FE MAIN POST OFFICE

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

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

2. Article Number: 7006 0100 0005 0625 9096
(Transfer from service label)

DELIVERY

A. Signature: *Chanderuwal* Agent Addressee
 B. Received by (Printed Name): *Chanderuwal* C. Date of Delivery: *5-21-12*
 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

7006 0100 0005 0625 9096

U.S. Postal Service™
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For delivery information visit **agr/cog**
OFFICE STONEWALL 9 FEE 4H

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here: MAY 18 2012 SANTA FE, NM 87501 SANTA FE MAIN POST OFFICE

Myco Industries
 105 South 4th Street
 Artesia, New Mexico 88210

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:
 Myco Industries
 105 South 4th Street
 Artesia, New Mexico 88210

2. Article Number: 7006 0100 0005 0625 9089
(Transfer from service label)

ON DELIVERY

A. Signature: *Chanderuwal* Agent Addressee
 B. Received by (Printed Name): *Chanderuwal* C. Date of Delivery: *5-21-12*
 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

7006 0100 0005 0625 9072

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OFFICE STONEWALL 9 FEE 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 18 2012
SANTA FE, NM 87501
MAIN POST OFFICE

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

PS Form 3800, June 2002 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

- 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

2. Article Number (Transfer from service label) 7006 0100 0005 0625 9072

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

A. Signature Agent Addressee
x Clunderwood

B. Received by (Printed Name) Clunderwood C. Date of Delivery 5-21-12

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 9065

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For delivery information visit **agr/cog**
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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 18 2012
SANTA FE, NM
SANTA FE MAIN POST OFFICE

Oxy Y-1
5 Greenway Plaza, Suite 110
Houston, Texas 77046

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

SENDER: COMPLETE THIS SECTION **ON DELIVERY**

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

- 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
5 Greenway Plaza, Suite 110
Houston, Texas 77046

2. Article Number (Transfer from service label) 7006 0100 0005 0625 9065

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

A. Signature Agent Addressee
X [Signature]

B. Received by (Printed Name) [Signature] C. Date of Delivery 5-21-12

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 9058

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OFFICE STONEWALL 9 FEE 4H

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

Postmark Here
 MAY 18 2012
 SANTA FE, NM 87501
 SANTA FE MAIN POST OFFICE

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

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE **RECIPIENT: 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.

Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *TRICK* C. Date of Delivery: *5-21-12*

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

1. Article Addressed to:
 OGX Resources LLC
 400 North Marienfeld Street
 Suite 200
 Midland, Texas 79701

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: 7006 0100 0005 0625 9058
 (Transfer from service label)

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

7006 0100 0005 0625 9041

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OFFICE STONEWALL 9 FEE 4H

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

Postmark Here
 MAY 18 2012
 SANTA FE, NM 87501
 SANTA FE MAIN POST OFFICE

P.J. Hannifin Family Trust
 765 Santa Camela
 Solona Beach, CA 92075

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE **RECIPIENT: 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.

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

1. Article Addressed to:
 P.J. Hannifin Family Trust
 765 Santa Camela
 Solona Beach, CA 92075

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: 7006 0100 0005 0625 9041
 (Transfer from service label)

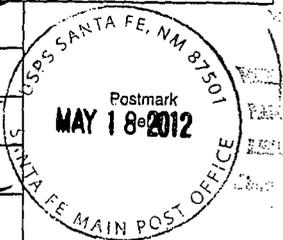
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 5622

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage)
For delivery information visit **agr/co.gov**
OFFICE STONEWALL 9 FEE 4H

Postage	\$ 4.5
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Wygocki Family Trust
721 Robins Road
Lansing, MI 78917

PS Form 3800, June 2002 See reverse for instructions

SENDER: COMPLETE THIS SECTION **ON DELIVERY**

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

- 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:

Wygocki Family Trust
721 Robins Road
Lansing, MI 78917

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5622

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
 X Bill Wygocki
 B. Received by (Printed Name) Bill Wygocki
 C. Date of Delivery 5-21-12
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

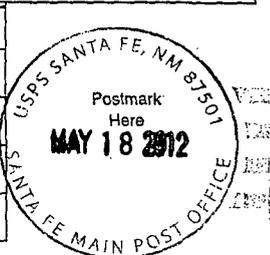
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 5615

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CERTIFIED MAIL™ RECEIPT**

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For delivery information visit **agr/co.gov**
OFFICE STONEWALL 9 FEE 4H

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



Elizabeth Ann Pitts, Trustee of the
McCormick Family Trusts, A&B
2705 Westwind Road
Las Cruces, New Mexico 88007

for instructions

SENDER: COMPLETE THIS SECTION **ON DELIVERY**

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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:

Elizabeth Ann Pitts, Trustee of the
McCormick Family Trusts, A&B
2705 Westwind Road
Las Cruces, New Mexico 88007

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5615

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
 X Elizabeth Ann Pitts
 B. Received by (Printed Name)
 C. Date of Delivery 5/9/12
 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

7006 0100 0005 0626 5608

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No

For delivery information, visit

AGR/COG
STONEWALL 9 FEE 4H

OFFICE

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



Nuevo Seis (96) Limited
Partnership
P.O. Box 2588
Roswell, New Mexico 88202

PS Form 3811, February 2004

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:

Nuevo Seis (96) Limited
Partnership
P.O. Box 2588
Roswell, New Mexico 88202

2. Article Number (Transfer from service label) **7006 0100 0005 0626 5608**

RECIPIENT: COMPLETE THIS SECTION

A. Signature *Patricia Stacy* Agent Addressee

B. Received by (Printed Name) *Patricia Stacy* C. Date of Delivery *5-22-12*

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