

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

January 17, 2013

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application To Amend Order R-13578 To Pool Additional Mineral Interests
In The Approved Spacing And Proration Unit, Eddy County, New Mexico.
*Falabella 31 Fee 7H Well***

Ladies & Gentlemen:

This letter is to advise you that COG Operating, LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on February 6, 2014. 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 19.15.4.13 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.

If you have any questions about this matter please contact Sean Johnson, at (432) 683-7443.

Sincerely,

Michael H. Feldewert

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. ♻️

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 DE WARGAS POST OFFICE

Thomas M. Beall
 P.O. Box 3098
 Midland, TX 79702

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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.
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A. Signature: *Thomas M. Beall* Agent Addressee
 B. Received by (Printed Name): *Thomas M. Beall*
 C. Date of Delivery: 1-22-14
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Heirs or Devises of Eleanor R. Mitchell and/or John R. & Eleanor R. Mitchell Foundation
 P.O. Box 923
 Mt. Vernon, IL 62864

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:
 Heirs or Devises of Eleanor R. Mitchell and/or John R. & Eleanor R. Mitchell Foundation
 P.O. Box 923
 Mt. Vernon, IL 62864

2. Article Number: 7006 2760 0001 6376 2090
 (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: *John R. Mitchell* Agent Addressee
 B. Received by (Printed Name): *John R. Mitchell*
 C. Date of Delivery: JAN 21 2014
 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

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Alan W. Menefee
 23457 N. El Frio Court
 Sun City, AZ 85373

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Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31



OXY USA Inc.
 P.O. Box 4294
 Houston, TX 77210

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>OXY USA Inc. P.O. Box 4294 Houston, TX 77210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0005 5770 4453</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

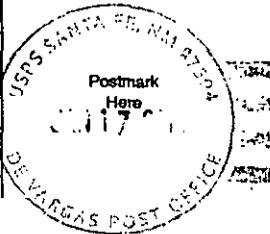
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Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	4.31



John B. Walker
 605 Lakeside Drive
 Carlsbad, NM 88220

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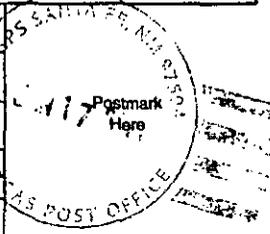
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OFFICE *Franco E H*

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Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31



EHW LLC
 101 South 4th Street
 Artesia, NM 88210

See reverse for instructions

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

SENDER: COMPLETE THIS SECTION	ACTION ON DELIVERY
<ul style="list-style-type: none"> 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X S Mathews</i>
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>S Mathews</i>
EHW LLC 101 South 4th Street Artesia, NM 88210	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
2. Article Number: <i>7006 2760 0001 6376 2106</i> <small>(Transfer from service label)</small>	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.
PS Form 3811, February 2004 Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

102595-02-M-1540