



April 11, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating, LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
Cuatro Hijos Fee 4H Well**

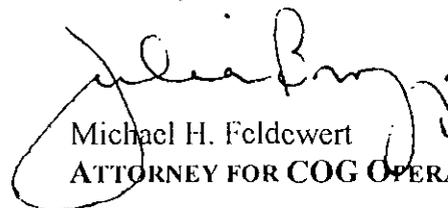
Ladies & Gentlemen:

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 May 1, 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.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.

If you have any questions about this matter please contact Jeff Lierly, at (432) 221-0485 or JLierly@concho.com.

Sincerely,



Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

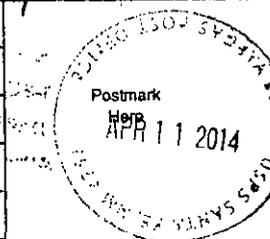
7006 2726 0001 6376 2403

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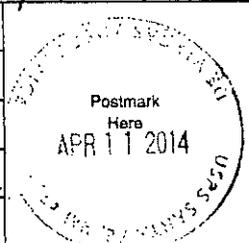
Velta Jean Daigneault
 6155 Mojave St. NW
 Albuquerque, NM 87120

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Brady Lynn Raindl
 4206 133rd Street
 Lubbock, TX 79423

7006 0100 0005 5771 7170

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION 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 	
1. Article Addressed to: Brady Lynn Raindl 4206 133rd Street Lubbock, TX 79423	B. Received by (Printed Name) Brady Lynn Raindl	C. Date of Delivery 4-5-14
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7006 0100 0005 5771 7170

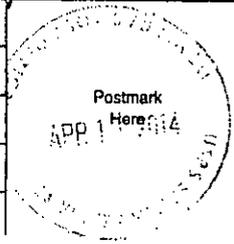
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Brandi Burns
1501 Ventura Ave.
Midland, TX 79705

PS Form 3800, August 2006 See Reverse for Instructions

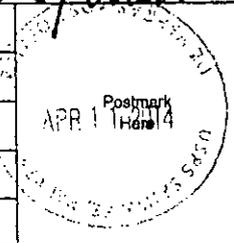
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Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Debra K. Primera
13568 Anarosa Loop
Austin, TX 78727

PS Form 3800, August 2006 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 THIS SECTION 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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee 	
1. Article Addressed to: Brandi Burns 1501 Ventura Ave. Midland, TX 79705	B. Received by (Printed Name) B. Burns	C. Date of Delivery 4-11-14
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (transfer from service label)	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6376 2380		
PS Form 3800, February 2004 Domestic Return Receipt 102595-02-M-1540		

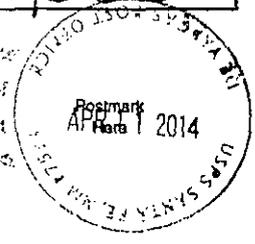
7006 2760 0001 6376 2397

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Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Brent Mitchell Raindl
 3315 Lancelot Drive
 Dallas, TX 75229

PS Form 3800, August 2009 See Reverse for Instructions

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

March 28, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating, LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
Cuatro Hijos Fee 4H 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 April 17, 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.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.

If you have any questions about this matter please contact Jeff Lierly, at (432) 221-0485 or JLierly@concho.com.

Sincerely,

for 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

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



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

March 28, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

**TO: OFFSETTING LESSEES AND
OPERATORS**

**RE: Application of COG Operating, LLC for a non-standard spacing and
proration unit and compulsory pooling, Lea County, New Mexico.
(Cuatro Hijos 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. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on April 17, 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.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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 Jeff Lierly at (432) 221-0485 or JLierly@concho.com.

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

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

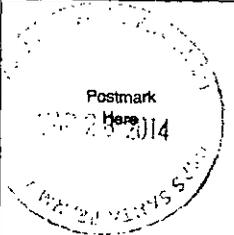
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South Fifth Energy, LLC (previously
 Anderson Carter & Anderson Carter, II)
 P.O. Box 130
 Ruidoso, NM 88355

PS Form 3800, June 2002 See Reverse for Instructions

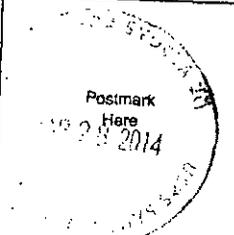
7006 0100 0005 5771 7330

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Powhatan Carter, III
 Alamo Route North
 Fort Sumner, NM 88119

PS Form 3800, June 2002 See Reverse for Instructions

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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
 X *Mitch Randall* Agent Addressee

B. Received by (Printed Name) *Mitch Randall* C. Date of Delivery

1. Article Addressed to:

 Powhatan Carter, III
 Alamo Route North
 Fort Sumner, NM 88119

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

2. Article Number (Transfer from service label) 7006 0100 0005 5771 7330

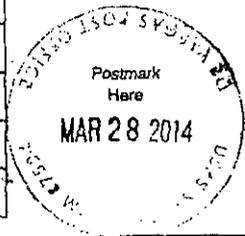
7006 0100 0005 5771 7323

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



The Trustees of the Charles and Beverly
 Overton Revocable Trust
 P.O. Box 32
 Yeso, NM 88136

PS Form 3800, June 2002 For Instructions

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1. Article Addressed to:

The Trustees of the Charles and Beverly
 Overton Revocable Trust
 P.O. Box 32
 Yeso, NM 88136

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Rocky D. Hall

C. Date of Delivery
 4-7-14

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 5771 7323

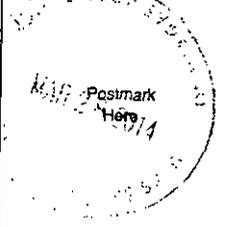
7006 0100 0005 5771 7316

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



Rodney Carter
 5804 Westmont Drive
 Plano, TX 75093

PS Form 3800, June 2002 For Instructions

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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:

Rodney Carter
 5804 Westmont Drive
 Plano, TX 75093

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Debra Premier

C. Date of Delivery
 4-2-14

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

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7006 0100 0005 5771 7286

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Debra Kay Primera
 P.O. Box 28504
 Austin, TX 78755

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Debra Kay Primera
 P.O. Box 28504
 Austin, TX 78755

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1. Article Addressed to:
 Debra Kay Primera
 P.O. Box 28504
 Austin, TX 78755

2. Article Number (Transfer from service label): 7006 0100 0005 5771 7286

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COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Debra Kay* Agent Addressee

B. Received by (Printed Name): *Debra Kay* C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5771 7279

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

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Ricky D. Raindl
 P.O. Box 142454
 Irving, TX 75014

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

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Ricky D. Raindl
 P.O. Box 142454
 Irving, TX 75014

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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.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Ricky D. Raindl
 P.O. Box 142454
 Irving, TX 75014

2. Article Number (Transfer from service label): 7006 0100 0005 5771 7279

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Ronald E Merritt* Agent Addressee

B. Received by (Printed Name): *Ronald E Merritt* C. Date of Delivery

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.

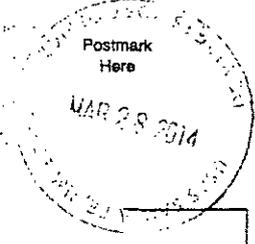
4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5771 7262

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

Robert M. Raindl
P.O. Box 853
Tahoka, TX 79373

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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:
Robert M. Raindl
P.O. Box 853
Tahoka, TX 79373

2. Article Number (Transfer from service label): **7006 0100 0005 5771 7262**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: 

B. Received by (Printed Name): Robert M. Raindl C. Date of Delivery: 4-7-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
PO Box 516
Fort Sumner NM 88119

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

4. Restricted Delivery? (Extra Fee) Yes

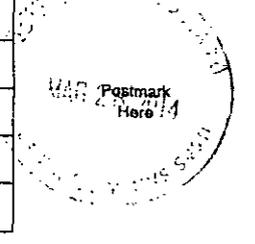
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

The First National Bank of Lubbock, Texas,
Successor Trustee of the J.E. and Beulah H. Simmons Trusts f/b/o Jean S. Shipley and Mary Jane Felfe Hand
5701 82nd Street
Lubbock, TX 79424

PS Form 3800, June 2002 See Reverse for Instructions

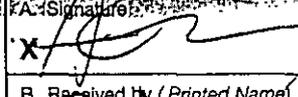
SENDER: COMPLETE THIS SECTION

- 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:
The First National Bank of Lubbock, Texas,
Successor Trustee of the J.E. and Beulah H. Simmons Trusts f/b/o Jean S. Shipley and Mary Jane Felfe Hand
5701 82nd Street
Lubbock, TX 79424

2. Article Number (Transfer from service label): **7006 0100 0005 5771 7255**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: 

B. Received by (Printed Name): Carter C. Date of Delivery: MAR 31 2014

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

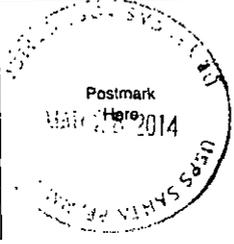
7006 0100 0005 5771 7248

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



Featherstone Development Corp.
 P. O. Box 429
 Roswell, New Mexico 88209-0429

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL

OF ENVELOPE TO THE RIGHT
 ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	THIS SECTION 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>J. Andazola</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Jennifer Andazola</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Featherstone Development Corp. P. O. Box 429 Roswell, New Mexico 88209-0429</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7006 0100 0005 5771 7248</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>