

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING:
CALLED BY THE OIL CONSERVATION
DIVISION FOR THE PURPOSE OF
CONSIDERING:

APPLICATION OF COG OPERATING LLC
FOR A NON-STANDARD SPACING AND
PRORATION UNIT, AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

CASE NO. 15150

AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

Adam G. Rankin, attorney in fact and authorized representative of COG OPERATING LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.




Adam G. Rankin

SUBSCRIBED AND SWORN to before this 28th day of May 2013 by Adam G.
Rankin.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 04/14/15



Notary Public

BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: COG OPERATING LLC
Hearing Date: May 29, 2014

BRAGG 2H

Parties Force Pooling

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

Heirs or Devisees of Hattie Merchant Publish Notice

Heirs or Devisees of Lon D. Merchant Publish Notice

Heirs or Devisees of Elsie Merchant Spencer Publish Notice

Heirs or Devisees of Wallace Merchant Publish Notice

Offset Owners

Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

Abo Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

Myco Industries, Inc.
105 South 4th Street
Artesia, NM 88210

Oxy Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

MRC Permian Company
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240



May 9, 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, Eddy County, New Mexico.
Bragg 10 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. *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 May 29, 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 Joseph Scott at (432) 688-6601 or JScott@concho.com.

Sincerely,

Michael H. Feldewert
ATTORNEY FOR COG OPERATING, LLC

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

May 9, 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, Eddy County, New Mexico.
Bragg 10 Fee 2H 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 29, 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 Joseph Scott at (432) 688-6601 or JScott@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

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

7006 2760 0001 6376 4759

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MHF/COG
BRAGG 2H

OFFICIAL

Postage	\$ 48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 6.48

Postmark Here
MAY -9 2014
SANTA FE, NM 87501
MAIN POST OFFICE

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

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.
- 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 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 4759

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

J. Bragg

C. Date of Delivery

- 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

7006 2760 0001 6376 4766

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)
 For delivery information visit usps.com

MHF/COG
BRAGG 2H

OFFICIAL

Postage	\$ 48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 6.48

Postmark Here
MAY -9 2014
SANTA FE, NM 87501
MAIN POST OFFICE

Yates Petroleum Corporation
 105 South 4th Street
 Artesia, NM 88210

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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Yates Petroleum Corporation
 105 South 4th Street
 Artesia, NM 88210

2. Article Number

(Transfer from service label)

7006 2760 0001 6376 4766

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *A. Arge*☐ Agent☐ Addressee

B. Received by (Printed Name)

A. Arge

C. Date of Delivery

5/12/14

- 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)

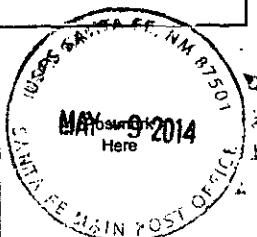
☐ Yes

7006 2760 0001 6376 4773

U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Provided)	
MHF/COG BRAGG 2H	
OFFICE	
Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.48

PS Form 3800, August 2006 See Reverse for Instructions

Abo Petroleum Corporation
105 South 4th Street
Artesia, NM 88210



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 X <i>A. Argue</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>A. Argue</i> C. Date of Delivery <i>5/12/14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Abo Petroleum Corporation 105 South 4th Street Artesia, NM 88210		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	
2. Article Number (Transfer from service label) 7006 2760 0001 6376 4773			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 4926

U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Provided)	
MHF/COG BRAGG 2H	
OFFICE	
Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.48

PS Form 3800, August 2006 See Reverse for Instructions

Myco Industries, Inc.
105 South 4th Street
Artesia, NM 88210



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 X <i>A. Argue</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>A. Argue</i> C. Date of Delivery <i>5/12/14</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Myco Industries, Inc. 105 South 4th Street Artesia, NM 88210		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	
2. Article Number (Transfer from service label) 7006 2760 0001 6376 4926			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 4933

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
 MHF/COG
 BRAGG 2H

Postage	\$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.48

SANTA FE, NM 87501
 MAY -9 2014
 MAIN POST OFFICE

Oxy Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

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 Oxy Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6376 4933

COMPLETE THIS SECTION ON DELIVERY

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 ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only)
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Postage	\$ 48
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☐ Insured Mail ☐ O.O.D.

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