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HINKLE SHANOR LLP

ATTORNEYS AT LAW

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SANTA FE, NEW MEXICO 87504

505-982-4554 (FAX) 505-982-8623

WRITER:

Gary W. Larson,
Partner

glarson@hinklelawfirm.com

April 2, 2015

VIA CERTIFIED MAIL

Edwin H. ("Trey") Fowlkes III
Post Office Box 23416
Waco, Texas 76702

Re: COG Operating LLC Application

Dear Mr. Fowlkes:

Enclosed is a copy of an application for approval of a non-standard spacing and proration unit and compulsory pooling that COG Operating LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division"). The proposed non-standard spacing and proration unit is comprised of the W/2 NE/4 of Section 33, Township 26 South, Range 28 East and the W/2 E/2 of Section 28, Township 26 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter (Division Case No. 15291) is scheduled for hearing at 8:15 a.m. on Thursday, April 30, 2015 in Porter Hall at the Division's offices located at 1220 South St. 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 at the hearing and present testimony. If you do not appear at that time and become a party of record you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement no later than Thursday April 23, 2015. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the names of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

OCD Case No. 15291

**COG OPERATING
Exhibit # 5**

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

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Edwin H. ("Trey") Fowlkes III
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Page 2

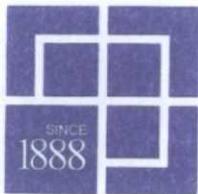
Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in blue ink that reads "Gary W. Larson". The signature is fluid and cursive, with the first name "Gary" and last name "Larson" clearly legible.

Gary W. Larson

GWL:rc
Enclosure



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WRITER

Gary W. Larson,
Partner

glarson@hinklelawfirm.com

April 2, 2015

VIA CERTIFIED MAIL

Janet Renee Fowlkes Murrey
P.O. Box 417
Eddy, Texas 76524

Re: COG Operating LLC Application

Dear Ms. Murrey:

Enclosed is a copy of an application for approval of a non-standard spacing and proration unit and compulsory pooling that COG Operating LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division"). The proposed non-standard spacing and proration unit is comprised of the W/2 NE/4 of Section 33, Township 26 South, Range 28 East and the W/2 E/2 of Section 28, Township 26 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

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Janet Renee Fowlkes Murrey
April 2, 2015
Page 2

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Very truly yours,

A handwritten signature in blue ink that reads "Gary W. Larson". The signature is fluid and cursive, with the first name "Gary" being more prominent and the last name "Larson" following in a similar style.

Gary W. Larson

GWL:rc
Enclosure

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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Trey Fowlkes</p>
<p>1. Article Addressed to:</p> <p>Edwin H. Fowlkes III Post Office Box 23416 Waco, TX 76702</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>TREY F</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>6H</p> <p>2. Article Number (Transfer from service label)</p>	<p>7012 0470 0001 5963 2557</p>

PS Form 3811, July 2013

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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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Renee Murrey</p>
<p>1. Article Addressed to:</p> <p>Janet Renee Fowlkes Murrey P.O. Box 417 Eddy, TX 76524</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>APR 10 2015</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>6H</p> <p>2. Article Number (Transfer from service label)</p>	<p>7010 3090 0000 2340 2683</p>

PS Form 3811, July 2013

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