

HOLLAND & HART LLP



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JKessler@hollandhart.com

April 24, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSET LESSEES AND OPERATORS IN THE SCHARB; BONE SPRING POOL

Re: Amended Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, and Compulsory Pooling, Lea County, New Mexico. Airstrip Fee Com No. 1H Well

Dear Sir or Madam:

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.* You are receiving notice of this application because you own an interest from the surface to a depth of 10,331' in the Scharb; Bone Spring Pool that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to that portion of the Scharb; Bone Spring pool between 10,560'-10,790' total vertical depth.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 14, 2015. 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 jlrierly@concho.com.

Sincerely,

Jordan L. Kessler
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, New Mexico 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

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

**COG OPERATING LLC
AIRSTRIP FEE COM 1H WELL (A)**

John H Hendrix Corp
110 N. Marienfeld, Suite 400
Midland, TX 79701

John H Hendrix Corp
P.O. Box 3040
Midland, TX 79702

Michael L. Klein
500 West Texas Avenue, Suite
1230
Midland, TX 79701

Ronnie H. Westbrook
115 N Avenue C
Hobbs, New Mexico 88240-
6236

Daniel L. Veirs
110 N. Marienfeld Street
Midland, Texas 79701

ABC Rental Tool Company
324 N Turner
Hobbs, NM 88240

ABC Rental Tool Company
2200 Ave O
Eunice, NM 88231

Dasco Energy Corporation
509 West Wall St
Midland, TX 79701

Lowell B. Deckert (deceased?)
c/o John Deckert
3405 Woody Creek
Evergreen, CO 30439

Fonay Oil & Gas, LLC
5333 Baggett
Hobbs, NM 88242

Fonay Oil & Gas, LLC
306 E. Jemez St
Hobbs, NM 88240

Watson Oil & Gas, LLC
P.O. Box 10
Hobbs, NM 88240

Sue Stockard Schaefer
2001 Kirby Drive, Suite 510
Houston, TX 77019

Jan Stockard Cato
2001 Kirby Drive, Suite 510
Houston, TX 77019

W.A. Stockard Jr.
2001 Kirby Drive, Suite 510
Houston, TX 77019

7006 2760 0001 6377 4482

US Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only)
MHF/COG
OFFICE AIRSTRIP 1H (A)

Postage	\$ 3.30
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.00

Sent To
John H Hendrix Corp
Street, Apt 110 N. Marientfeld, Suite 400
City, State Midland, TX 79701



US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No)

For delivery information visit **OFFICE AIRSTRIP 1H (A)**

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

Sent To
John H Hendrix Corp
Street, Apt, No P.O. Box 3040
or PO Box No. Midland, TX 79702
City, State, Zip



USPS MAILING SERVICE
PLACE STICKER TOP OF ENVELOPE TO THE LEFT OF THE RETURN ADDRESS FOLD TO THE RIGHT TO THE LINE
THIS SECTION ON DELIVERY

1. Article Addressed to:
John H. Hendrix Corp
110 N. Marientfeld, Suite 400
Midland, TX 79701

2. Article Number: 7006 2760 0001 6377 4482
(Transfer from service label)

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

4. Restricted Delivery? (Extra Fee)
 Yes
 No

5. Signature: *John Hendrix*
 Received by (Printed Name): *John Hendrix*
 Date of Delivery: *4/27/94*

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

7. Article Addressed to:
John H Hendrix Corp
P.O. Box 3040
Midland, TX 79702

8. Article Number: 7006 2760 0001 6377 4475
(Transfer from service label)

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

10. Restricted Delivery? (Extra Fee)
 Yes
 No

7006 2760 0001 6377 4475

Sent To
John H Hendrix Corp
Street, Apt, No P.O. Box 3040
or PO Box No. Midland, TX 79702
City, State, Zip

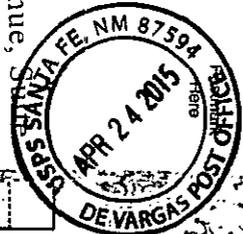
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 4451

U.S. Postal Service™ RECEIPT
(Domestic Mail Only)
MHF/COG
AIRSTRIP 1H (A)
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Sent To: Michael L. Klein
Street, Apt. or PO Box: 500 West Texas Avenue,
City, State: 1230 Midland, TX 79701



U.S. Postal Service™ RECEIPT
(Domestic Mail Only) No Insurance
MHF/COG
AIRSTRIP 1H (A)
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669



Sent To: Ronnie H. Westbrook
Street, Apt. or PO Box: 115 N Avenue C
City, State: Hobbs, New Mexico 88240-6236

PLACE STICKER TOP OF OR BOTTOM OF THE RETURN ADDRESS LABEL AT THE TOP OF THE RETURN ADDRESS LABEL

COMPLETE THIS SECTION 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.

1. Article Addressed to:

Ronnie H. Westbrook
115 N Avenue C
Hobbs, New Mexico 88240-6236

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes No

A. Signature B. Received by (Printed Name) C. Date of Delivery D. Agent Addressee

Michael Klein *Michael Klein* *4-27-04*

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D. Yes No

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number 7006 2760 0001 6377 4451 (Transfer from service label)

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

7006 2760 0001 6377 4550

7006 2760 0001 6377 4567

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Airstrip IH)

For delivery information visit **OFFICIAL AIRSTRIP IH (A)**

Postage \$ 69
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent to **Lowell B. Decker (deceased?)**
 Street, Apt. or PO Box **c/o John Decker**
 City, State **3405 Woody Creek Evergreen, CO 30439**

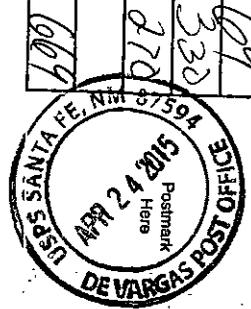


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Airstrip IH)

For delivery information visit **OFFICIAL AIRSTRIP IH (A)**

Postage \$ 69
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent to **Fonay Oil & Gas, LLC**
 Street, Apt. or PO Box No **5333 Baggett**
 City, State, Zi **Hobbs, NM 88242**



PLACE STICKER 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:
Lowell B. Decker (deceased?)
c/o John Decker
3405 Woody Creek
Evergreen, CO 30439

2. Article Number **1111**
 (Transfer from service label) **7006 2760 0001 6377 4567**

COMPLETE THIS SECTION ON DELIVERY

A. Signature X
 B. Received by (Printed Name) **EVERGREEN**
 C. Date of Delivery **05-01-15**
 D. Is delivery address different from item 1? YES
 If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered Mail
 Insured Mail
 Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)
 Yes
 No

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:
Fonay Oil & Gas, LLC
5333 Baggett
Hobbs, NM 88242

2. Article Number **1111**
 (Transfer from service label) **7006 2760 0001 6377 4550**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X
 B. Received by (Printed Name) **Carly Fonay**
 C. Date of Delivery **5-1**
 D. Is delivery address different from item 1? YES
 If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered Mail
 Insured Mail
 Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)
 Yes
 No

7006 2760 0001 6377 4536

U.S. Postal Service™ RECEIPT
 (Domestic Mail Only)™
OFFICIAL MAIL RECEIPT
 For delivery information visit www.usps.com

Return Receipt Fee (Endorsement Required) \$ 69
 Restricted Delivery Fee (Endorsement Required) \$ 530
 Total Postage & Fees \$

Postmark: **DE VARGAS POST OFFICE**
 APR 24 2004
 HOBBS, NM

Street, Apt. or PO Box: **Fonay Oil & Gas, LLC**
306 E. Jemez St
 City, State: **Hobbs, NM 88240**

PS Form 3811

7006 2760 0001 6377 4536

U.S. Postal Service™ RECEIPT
 (Domestic Mail Only)™
OFFICIAL MAIL RECEIPT
 For delivery information visit www.usps.com

Return Receipt Fee (Endorsement Required) \$ 69
 Restricted Delivery Fee (Endorsement Required) \$ 530
 Total Postage & Fees \$

Postmark: **DE VARGAS POST OFFICE**
 APR 24 2004
 HOBBS, NM

Street, Apt. or PO Box: **Watson Oil & Gas, LLC**
P.O. Box 10
 City, State: **Hobbs, NM 88240**

PS Form 3811

Return

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:
Watson Oil & Gas, LLC
P.O. Box 10
Hobbs, NM 88240

2. Article Number: **11111111111111111111**
 (Transfer from service label) **7006 2760 0001 6377 4536**

3. Service Type:
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

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

A. Signature: **E. Navar** Agent
 B. Received by (Printed Name): **EMANESS** Addressee
 C. Date of Delivery: **4/28**
 D. Is delivery address different from item 1? Yes No

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Ins)

For delivery information visit our
OFFICIAL AIRSTRIP™
 MHF/COG

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total Postage & Fees	\$ 1278

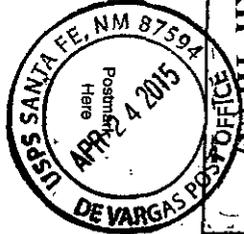


Sent To
 Street, Apt. or PO Box
 City, State, ZIP
 Sue Stockard Schaefer
 2001 Kirby Drive, Suite 510
 Houston, TX 77019

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Ins)

For delivery information visit
OFFICIAL AIRSTRIP™
 MHF/COG

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609
Total Postage & Fees	\$ 1278



Sent To
 Street, Apt. or PO Box
 City, State, ZIP
 Jan Stockard Cato
 2001 Kirby Drive, Suite 510
 Houston, TX 77019

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:
 Sue Stockard Schaefer
 2001 Kirby Drive, Suite 510
 Houston, TX 77019

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery Yes
- D. Is delivery address different from item 1? No

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

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

1. Article Addressed to:
 Jan Stockard Cato
 2001 Kirby Drive, Suite 510
 Houston, TX 77019

- 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:
 Jan Stockard Cato
 2001 Kirby Drive, Suite 510
 Houston, TX 77019

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery Yes
- D. Is delivery address different from item 1? No

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

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

1. Article Addressed to:
 Jan Stockard Cato
 2001 Kirby Drive, Suite 510
 Houston, TX 77019

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:
 Jan Stockard Cato
 2001 Kirby Drive, Suite 510
 Houston, TX 77019

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

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

1. Article Addressed to:
 Jan Stockard Cato
 2001 Kirby Drive, Suite 510
 Houston, TX 77019

7006 2760 0001 6377 4512

7006 2760 0001 6377 4529

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

B

April 24, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSET LESSEES AND OPERATORS IN THE SCHARB; BONE SPRING POOL

Re: Amended Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, and Compulsory Pooling, Lea County, New Mexico. Airstrip Fee Com No. 1H Well

Dear Sir or Madam:

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.* You are receiving notice of this application because you own an interest from the surface to a depth of 10,248' in the Scharb; Bone Spring Pool that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to that portion of the Scharb; Bone Spring pool between 10,560'-10,790' total vertical depth.

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

Sincerely,

Jordan L. Kessler
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, New Mexico 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

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

**COG OPERATING LLC
AIRSTRIP FEE COM 1H WELL (B)**

Read & Stevens, Inc.
P.O. Box 1518
Roswell, NM 88202

Neuhoff Oil & Gas, Inc
5949 Sherry Lane
Dallas, Texas 75225

Cactus Resources., Inc.
P.O. Box 71
San Angelo, TX 76901

Valko LLC
P.O. Box 1090
Roswell, NM 88202

Eako LLC
P.O. Box 1090
Roswell, NM 88202

Sunwest Bank of Albuquerque,
Agent for the Aston Partnership
303 Roma Avenue, N.W.
Albuquerque, NM 87103

CALCO LLC
P.O. Box 1090
Roswell, NM 88202

Tom P. Stephens Trust
c/o Plains Capital Bank
3707 Camp Blvd, Suite 220
Fort Worth, TX 76107

Tom P. Stephens Trust
c/o Plains Capital Bank
P.O. Box 1090
Roswell, NM 88202

Tom P. Stephens Trust
c/o Plains Capital Bank
3707 Camp Bowie Blvd, Suite 220
Fort Worth, TX 76107

Tom P. Stephens Trust
c/o Bank of America NA
P.O. Box 840738
Dallas, TX 75284

Canyon Exploration Company
600 S Tyler St, #12073
Amarillo, TX 79101

Baltic Properties LTD
540 E John Carpenter Freeway,
Suite 1530
Irving, TX 75062

S.D.H. Production Company
(SDH 2009 Investments, LP)
2906 University
Dallas, TX 75205

Gaynell P. Riffe
P.O. Box 316
Stratford, TX 79084

Duane and Yvonne Pittman
1214 NW 2nd Street
Stratford, Texas 79084

Marion J. Filippone
2401 W. Alabama Street
Houston, TX 77098

U.S. Postal Service™ RECEIPT
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information
OFFICIAL AIRSTRIP 1H (B)
 MHR/COG

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)

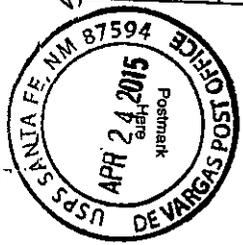


Sent to
 Street, Apt. or PO Box
 City, State
 Roswell, NM 88202

U.S. Postal Service™ RECEIPT
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information
OFFICIAL AIRSTRIP 1H (B)
 MHR/COG

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)



Sent to
 Street, Apt. or PO Box
 City, State
 Neuhoff Oil & Gas, Inc
 5949 Sherry Lane
 Dallas, Texas 75225

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:
 Read & Stevens, Inc.
 P.O. Box 1518
 Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent
 B. Received by (Printed Name) [Name] Addressee
 C. Date of Delivery APR 24 2005
 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 7006 2760 0001 6377 4123
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:
 Neuhoff Oil & Gas, Inc
 5949 Sherry Lane
 Dallas, Texas 75225

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent
 B. Received by (Printed Name) [Name] Addressee
 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

2. Article Number 7006 2760 0001 6377 4123
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 4130

U.S. Postal Service™ RECEIPT
(Domestic Mail Only; No. 3811)
OFFICE AIRSTRIP 1H (B)

Postage	\$ 3.30
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.00



San Antonio, TX 78201
Cactus Resources, Inc.
P.O. Box 71
San Angelo, TX 76901

7006 2760 0001 6377 4147

U.S. Postal Service™ RECEIPT
(Domestic Mail Only; No. 3811)
OFFICE AIRSTRIP 1H (B)

Postage	\$ 3.30
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.00



San Antonio, TX 78201
Valko LLC
P.O. Box 1090
Roswell, NM 88202

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:
Cactus Resources, Inc.
P.O. Box 71
San Angelo, TX 76901

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *[Signature]* Agent Addressee
- B. Received by (Printed Name): *ANDREW M FAN* Date of Delivery: *4 28*
- 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 No

2. Article Number: *7006 2760 0001 6377 4130*
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION 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.

1. Article Addressed to:
Valko LLC
P.O. Box 1090
Roswell, NM 88202

- A. Signature: *[Signature]* Agent Addressee
- B. Received by (Printed Name): *D. Valaskis* Date of Delivery: *2 28 2004*
- 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 No

2. Article Number: *7006 2760 0001 6377 4147*
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 4192

U.S. Postal Service™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

OFFICE AIRSTRIP™
 MHF/COG

For delivery information visit www.usps.com

Postage \$ 6.99
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) *WPA*

Total Postage \$ *13.99*

Sent to: Tom P. Stephens Trust
 c/o Plains Capital Bank
 P.O. Box 1090
 Roswell, NM 88202

Street, Apt. or PO Box
 City, State

PS Form 3811, February 2004

Postmark: DE VARGAS, NM 87594
 5102 4 2 2004
 Here

7006 2760 0001 6377 4208

U.S. Postal Service™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

OFFICE AIRSTRIP™
 MHF/COG

For delivery information visit www.usps.com

Postage \$ 6.99
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) *WPA*

Total Postage & Fees \$ *13.99*

Sent to: Tom P. Stephens Trust
 c/o Plains Capital Bank
 3707 Camp Bowie Blvd, Suite 220
 Fort Worth, TX 76107

Street, Apt. or PO Box
 City, State

PS Form 3811, February 2004

Postmark: DE VARGAS, NM 87594
 5102 4 2 2004
 Here

PLACE STICKER AT THE TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AND ATTACH TO ENVELOPE.

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:

Tom P. Stephens Trust
 c/o Plains Capital Bank
 3707 Camp Bowie Blvd, Suite 220
 Fort Worth, TX 76107

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Tom Stephens* Agent Addressee

B. Received by (Printed Name) 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 Mail Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes

2. Article Number: *1111* 7006 2760 0001 6377 4208
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102935-02-M-1540

7006 2760 0001 6377 4215

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International Mail)
OFFICE AIRSTRIP 1H (B)

For delivery information visit www.usps.com

Postage \$ 3.30

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees \$ 3.30

Sent by Tom P. Stephens Trust

Street or P.O. Box c/o Bank of America NA

City, State, ZIP+4® Dallas, TX 75284

PS Form 3811, February 2004



7006 2760 0001 6377 4222

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International Mail)
OFFICE AIRSTRIP 1H (B)

For delivery information visit www.usps.com

Postage \$ 3.30

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees \$ 3.30

Sent by Canyon Exploration Company

Street or P.O. Box 600 S Tyler St, #12073

City, State, ZIP+4® Amarillo, TX 79101

PS Form 3811, February 2004



SENDER TO COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to: Canyon Exploration Company
600 S Tyler St, #12073
Amarillo, TX 79101

2. Article Number (Transfer from service label) - 7006 2760 0001 6377 4222
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes No

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

A. Signature [Signature]
 B. Received by (Printed Name) _____
 C. Date of Delivery 4/27/05
 Agent Addressee

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

(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **OFFICE AIRSTRIP IH (B)**

Postage	\$ 330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 600



Sent to: Baltic Properties LTD
540 E John Carpenter Freeway,
Suite 1530
Irving, TX 75062

PS Form 3811, February 2004

7006 2760 0001 6377 3973

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

(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **OFFICE AIRSTRIP IH (B)**

Postage	\$ 330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 600



Sent to: S.D.H. Production Company
(SDH 2009 Investments, LP)
2906 University
Dallas, TX 75205

PS Form 3811, February 2004

7006 2760 0001 6377 3980

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD TO UNLID THE FLAP.

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:

Baltic Properties LTD
540 E John Carpenter Freeway,
Suite 1530
Irving, TX 75062

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Stellio* Agent Addressee
- B. Received by: *ST. ELLIS* Yes No
- C. Date of Delivery: *4-28*
- D. Is delivery address different from item 1? Yes No

545

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number

(Transfer from service label) 7006 2760 0001 6377 3973

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 3997

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT

Domestic Mail Only: No Insurance Coverage
MHR/COG

OFFICIAL AIRSTRIP IH (B)

For delivery information visit our

Postage	\$ 330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 600

Sent to
Gaynell P. Riffe
P.O. Box 316
Stratford, TX 79084



PS Form 3811

7006 2760 0001 6377 4000

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT

Domestic Mail Only: No Insurance Coverage
MHR/COG

OFFICIAL AIRSTRIP IH (B)

For delivery information visit our

Postage	\$ 330
Certified Fee	270
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 600

Sent to
Duane and Yvonne Pittman
1214 NW 2nd Street
Stratford, Texas 79084



PS Form 3811

PLACE STICKER AT TOP OF FOLD, SEPARATE FROM ADDRESS OF THE RETURN ADDRESS

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:

Gaynell P. Riffe
P.O. Box 316
Stratford, TX 79084

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Gaynell Riffe Addressee

B. Received by (Printed Name) C. Date of Delivery
4/27/04

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 7006 2760 0001 6377 3997
(Transfer from service label)

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

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:

Duane and Yvonne Pittman
1214 NW 2nd Street
Stratford, Texas 79084

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Duane Pittman Addressee

B. Received by (Printed Name) C. Date of Delivery
DUANE PITTMAN 4/28/04

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 7006 2760 0001 6377 4000
(Transfer from service label)

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

7006 2760 0001 6377 4017

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No First-Class Mail™)

For delivery information visit **OFFIC**
AIRSTRIP IH (B)

Postage	\$	3.00
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.70



Sent to
 Street A Marion J. Filippone
 or PO Box 2401 W. Alabama Street
 City State ZIP+4® Houston, TX 77098

PS Form 3800, October 2002

HOLLAND & HART^{LLP}



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

April 24, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: OFFSET LESSEES AND OPERATORS IN THE SCHARB; BONE SPRING POOL

Re: Amended Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit, and Compulsory Pooling, Lea County, New Mexico. Airstrip Fee Com No. 1H Well

Dear Sir or Madam:

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.* You are receiving notice of this application because you own an interest between 10,228' and below in the Scharb; Bone Spring Pool that is not being pooled for the proposed well. The pooled interval for the proposed well is limited to that portion of the Scharb; Bone Spring pool between 10,560-10,790 total vertical depth.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 14, 2015. 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,

Jordan L. Kessler
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, New Mexico 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

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

EXHIBIT

C

**COG OPERATING LLC
AIRSTRIP FEE COM 1H WELL (C)**

ExxonMobil Exploration &
Producing
Attn: Keith Sawyer
810 Houston Street
Fort Worth, TX 76102

7006 2760 0001 6377 4758

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only - Air Postage & International Postage Not Permitted)

For delivery information
OFF AIRSTRIP 1H (C)

MHF/COG



Postage	\$ 6.9
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.9

Sent by: ExxonMobil Exploration & Producing
 Street: Attn: Keith Sawyer
 City/State: 810 Houston Street
 Fort Worth, TX 76102

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:

ExxonMobil Exploration & Producing
Attn: Keith Sawyer
810 Houston Street
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Keith Sawyer* Agent Addressee

B. Received by (Printed Name) Agent Addressee

C. Date of Delivery
APR 27 2015

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

2. Article Number 7006 2760 0001 6377 4758
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1340