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WRITER:

Gary W. Larson,
Partner

glarson@hinklelawfirm.com

April 23, 2015

VIA CERTIFIED MAIL

Mitchell A. Cappadonna
PO Box 624
Ganado, TX 77962

Re: COG Operating LLC NMOCD Application

Dear Mr. Cappadonna:

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 5, Township 25 South, Range 35 East and the W/2 SE/4 of Section 32, Township 24 South, Range 35 East, N.M.P.M., Eddy County, New Mexico.

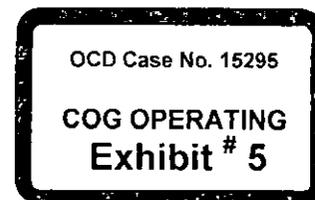
This matter (Division Case No. 15295) is scheduled for hearing at 8:15 a.m. on Thursday, May 14, 2015 in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected 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, which in this matter must be filed no later than Thursday May 7, 2015. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name 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.

Thank you for your attention to this matter.

Very truly yours,

Gary W. Larson



GWL:rc
Enclosure

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

PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

Skull Cap State Com #2H

Mineral Interests:

J & O (Sec. 32):

COG Operating

B G & J (Sec.5):

COG Operating

Jewell Hasford
P.O. Box 624
Ganado, TX 77962

Mitchell A. Cappadona
303 Bandera
Ganado, TX 79762

Beulah M. Baird Trust
Norma Baird Loving and Weldon Baird TTEs
C/O Norma Baird Loving
2009 Crockett Court
Irving, TX 75038

Jeanene Hall
P.O. Box 888
Socorro, NM 87801

Shirley Sue Mosley
P.O. Box 624
Ganado, TX 77962

Joe Bill Mosley
P.O. Box 624
Ganado, TX 77962

Energen
Attn: Austin Puckett
3300 North A St., STE 100
Midland, TX 79705

F	G	H
K	J	I
N Sec. 32	O	P
C	B	A
F	G	H
K	J	I
N Sec. 5	O	P

Skull Cap State Com #2H

Offset Interests:

F G H I K P & N (Sec. 32) &

A C H F I N O & P (Sec.5):

COG Operating

K (Sec. 5):

COG Operating

Jewell Hasford (notified as pooled party)

P.O. Box 624

Ganado, TX 77962

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Ganado, TX 77962

Joe Bill Mosley (notified as pooled party)

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Ganado, TX 77962

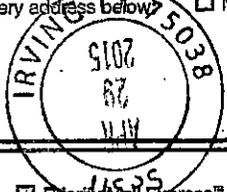
Energen (notified as pooled party)

Attn: Austin Puckett

3300 North A St., STE 100

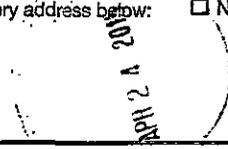
Midland, TX 79705

F	G	H
K	J	I
N Sec. 32	O	P
C	B	A
F	G	H
K	J	I
N Sec. 5	O	P

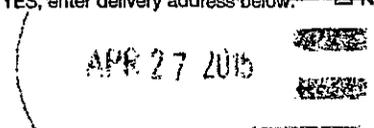
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> <i>Norma Lovig</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Beulah M. Baird Trust Norma Baird Lovig and Weldon Baird PTEs c/o Norma Baird Lovig 2009 Crockett Court Irving, TX 75038	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7013 3020 0000 4640 3054 PS Form 3811, July 2013 Domestic Return Receipt	

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<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> <i>Mitchell A. Cappadonna</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Mitchell A. Cappadonna 303 Bandera Ganado, TX 79762	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No MAY 4 2015 3. Service Type <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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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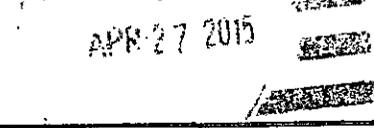
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<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> <i>Mitchell A. Cappadonna</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Mitchell A. Cappadonna P.O. Box 624 Ganado, TX 77962	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No APR 27 2015 3. Service Type <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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7013 3020 0000 4640 3030 PS Form 3811, July 2013 Domestic Return Receipt	

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1. Article Addressed to: <p style="text-align: center;">Jeanene Hall P.O. Box 888 Socorro, NM 87801</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	<p style="text-align: center;">7013 3020 0000 4640 3061</p>

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1. Article Addressed to: <p style="text-align: center;">Jewell Hasford P.O. Box 624 Ganado, TX 77962</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	<p style="text-align: center;">7013 3020 0000 4640 3023</p>

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1. Article Addressed to: <p style="text-align: center;">Shirley Sue Mosley P.O. Box 624 Ganado, TX 77962</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <u>USPS</u> <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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	<p style="text-align: center;">7013 3020 0000 4640 3078</p>

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<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Joe Bill Mosley P.O. Box 624 Ganado, TX 77962</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>APR 27 2015</p> <p>3. Service Type <u>USPS</u> <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>2. Article Number (Transfer from service label)</p>	<p>7013 3020 0000 4640 3085</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Susan A. Tanis, CPL Landman Energen Resources Corp. 605 Richard Arrington Jr. Blvd. N. Birmingham, Alabama 35203</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <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>2. Article Number (Transfer from service label)</p>	<p>7013 3020 0000 4640 3092</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	