

hinktelawfirm.com

# HINKLE SHANOR LLP

ATTORNEYS AT LAW

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WRITER

Gary W. Larson,

Partner

glarson@hinktelawfirm.com

November 20, 2015

**VIA CERTIFIED MAIL**

Oxy USA, Inc.  
Attn: Joel Johnson  
5 Greenway Plaza  
Houston, TX 77046

Re: COG Operating LLC NMOCD Application

Dear Mr. Johnson:

Enclosed is a copy of an application for approval of a non-standard spacing and proration unit ("project area") and compulsory pooling that COG Operating LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division"). The proposed project area is comprised of the W/2SW/4 of Section 12 and the W/2W/2 of Section 13, Township 24 South, Range 34 East, N.M.P.M., Lea County, New Mexico.

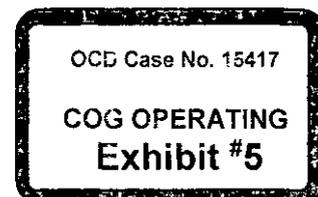
This matter (Division Case No. 15417) is scheduled for a public hearing at 8:15 a.m. on Thursday, December 17, 2015 in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Oxy USA, Inc. ("Oxy") is not required to attend this hearing, but as an owner of an interest that may be affected by this application, it may appear at the hearing and present testimony. If Oxy does not appear at that time and become a party of record, then it 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 has to be filed no later than Thursday, December 10, 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:sm  
Enclosure

PO BOX 10  
ROSWELL, NEW MEXICO 88202  
575-822-8510  
(FAX) 575-823-9332

PO BOX 1720  
ARTESIA, NEW MEXICO 88210  
575-822-6510  
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<p>1. Article Addressed to:  <i>The Allar Co.            Attn: Jack Graham            P.O. Box 1567            Graham TX 76450</i></p> <p>9590 9403 0356 5163 0497 91</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)  <i>7013 3020 0000 4611 0662</i></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

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