

**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:**

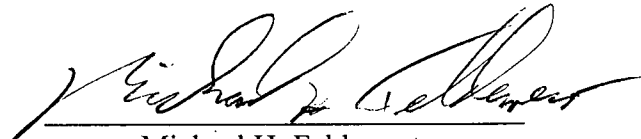
**APPLICATION OF COG OPERATING LLC
FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 14831

AFFIDAVIT

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

Michael H. Feldewert, 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.

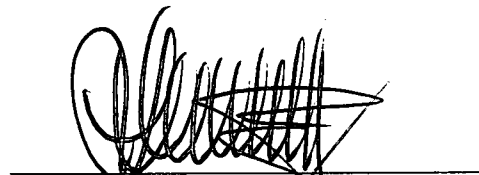


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 25th day of April 2012 by Michael H.
Feldewert.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15



Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by:
COG OPERATING LLC
Hearing Date: April 26, 2012

EXHIBIT A
COG OPERATING LLC
FALABELLA "31" FEE WELL NO. 7H

Yates Petroleum Corporation
105 4th Street
Artesia, New Mexico 88210

Myco Industries
105 4th Street
Artesia, New Mexico 88210

Abo Petroleum Corporation
105 4th Street
Artesia, New Mexico 88210

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

Eight Energy
3405 Stanolind Ave.
Midland, Texas 79707

John B. Walker
605 Lakeside Drive
Carlsbad, New Mexico 88220

B&G Royalties
Post Office Box 376
Artesia, New Mexico 88211

David L. and Tracy Menefee
Post Office Box 1092
Carlsbad, New Mexico 88220

John R. & Eleanor R. Mitchell
Post Office Box 923
Mt. Vernon, IL 62864

Sharbro Oil, Ltd.
Post Office Box 840
Artesia, New Mexico 88210

Ross Duncan Properties, LLC
Post Office Box 647
Artesia, New Mexico 88211

Cimarex Energy Co.
600 North Marienfeld,
Suite 600
Midland, Texas 79701

John A. Yates
105 South 4th Street
Artesia, New Mexico 88210



March 29+, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS

RE: Case No. 14831: Application of COG Operating LLC for a Non-Standard Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Falabella "31" Fee Well No. 7H

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 April 26, 2012. 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 1208.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 regarding this application, please contact Sean Johnson at Concho Resources at (432) 818-2230.

Sincerely,

Michael H. Feldewert

7006 0100 0005 0625 7931

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit COG/MHF	
OFFICE Falabella 7H	
Postage \$	65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Postmark Here MAR 29 2012	
Yates Petroleum Corporation 105 4th Street Artesia, New Mexico 88210	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		ACTION 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 <u>C. Underwood</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>C. Underwood</u> C. Date of Delivery <u>3-30-12</u> 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: Yates Petroleum Corporation 105 4th Street Artesia, New Mexico 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 0100 0005 0625 7931	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0625 7924

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit COG/MHF	
OFFICE Falabella 7H	
Postage \$	
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here MAR 29 2012	
Myco Industries 105 4th Street Artesia, New Mexico 88210	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		ACTION 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 <u>C. Underwood</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>C. Underwood</u> C. Date of Delivery <u>3-30-12</u> 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 105 4th Street Artesia, New Mexico 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 0100 0005 0625 7924	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0625 7917

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International)		COG/MHF Falabella 7H	
For delivery information visit OFFIC			
Postage \$		MAR 29 2012 Postmark Here	
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees \$			
Abo Petroleum Corporation 105 4th Street Artesia, New Mexico 88210			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		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>Alonso</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Alonso</i> C. Date of Delivery <i>3-30-12</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:		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0005 0625 7917			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

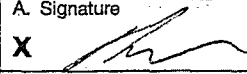
7006 0100 0005 0625 7900

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No International)		COG/MHF Falabella 7H	
For delivery information visit OFFIC			
Postage \$		MAR 29 2012 Postmark Here	
Certified Fee	2.95		
Return Receipt Fee (Endorsement Required)	2.35		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees \$			
Oxy Y-1 5 Greenway Plaza, Suite 110 Houston, Texas 77046			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		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>Alonso</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 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:		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0005 0625 7900			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

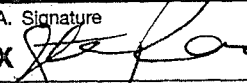
7006 0100 0005 0625 7894

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Ins)	
For delivery information visit us at OFFICIAL	COG/MHF Falabella 7H
Postage \$	
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Eight Energy 3405 Stanolind Ave. Midland, Texas 79707	
PS Form 3800, June 2002 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.		PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE ACTION ON DELIVERY	
1. Article Addressed to: Eight Energy 3405 Stanolind Ave. Midland, Texas 79707		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)		B. Received by (Printed Name) PEACE ENGINEER C. Date of Delivery 4/4/12	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		7006 0100 0005 0625 7894	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0625 7887

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Ins)	
For delivery information visit us at OFFICIAL	COG/MHF Falabella 7H
Postage \$	
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
John B. Walker 605 Lakeside Drive Carlsbad, New Mexico 88220	
PS Form 3800, June 2002 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.		PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE ACTION ON DELIVERY	
1. Article Addressed to: John B. Walker 605 Lakeside Drive Carlsbad, New Mexico 88220		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)		B. Received by (Printed Name) C. Date of Delivery 3-30-12	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		7006 0100 0005 0625 7887	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7870 0625 0005 0100 0006

U.S. Postal Service TM		CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Ins)		COG/MHF	
For delivery information visit usps.com		Falabella 7H	
OFFICIAL			
Postage	\$		
Certified Fee	2.95	MAR 29 2012	
Return Receipt Fee (Endorsement Required)	2.35	Postmark Here	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
B&G Royalties Post Office Box 376 Artesia, New Mexico 88211			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Andrea Watts</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ANDREA WATTS</i></p> <p>C. Date of Delivery <i>MAR 30 2012</i></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>1. Article Addressed to:</p> <p>B&G Royalties Post Office Box 376 Artesia, New Mexico 88211</p>		<p>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. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7870 0625 0005 0100 0006</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7863 0625 0005 0100 0006

U.S. Postal Service TM		CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Ins)		COG/MHF	
For delivery information visit usps.com		Falabella 7H	
OFFICIAL			
Postage	\$		
Certified Fee	2.95	MAR 29 2012	
Return Receipt Fee (Endorsement Required)	2.35	Postmark Here	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
David L. and Tracy Menefee Post Office Box 1092 Carlsbad, New Mexico 88220			
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>David L. Menefee</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>David Menefee</i></p> <p>C. Date of Delivery <i>MAR 30 2012</i></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>1. Article Addressed to:</p> <p>David L. and Tracy Menefee Post Office Box 1092 Carlsbad, New Mexico 88220</p>		<p>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. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7863 0625 0005 0100 0006</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7006 0100 0005 0625 7856

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

For delivery information visit usps.com

COG/MHF
Falabella 7H

OFFICIAL

Postage	\$
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MAR 29 2012
Postmark Here

John R. & Eleanor R. Mitchell
 Post Office Box 923
 Mt. Vernon, IL 62864

PS Form 3800, June 2002

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:

John R. & Eleanor R. Mitchell
 Post Office Box 923
 Mt. Vernon, IL 62864

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 7856

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Yvonne Jordan* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

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 0100 0005 0625 7849

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

For delivery information visit usps.com

COG/MHF
Falabella 7H

OFFICIAL

Postage	\$
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MAR 29 2012
Postmark Here

Sharbro Oil, Ltd.
 Post Office Box 840
 Artesia, New Mexico 88210

PS Form 3800, June 2002

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:

Sharbro Oil, Ltd.
 Post Office Box 840
 Artesia, New Mexico 88210

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 7849

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *Colby Hamilton* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

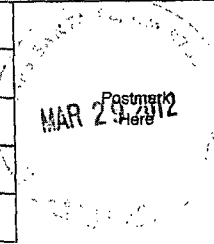
3. Service Type

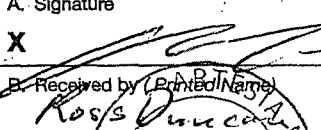
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)


☐ Yes

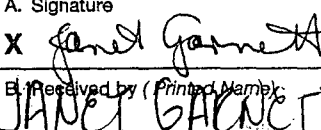
7832 0625 0005 0100 0006

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insu...) For delivery information visit our OFFICIAL		COG/MHF Falabella 7H
Postage	\$	
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Ross Duncan Properties, LLC Post Office Box 647 Artesia, New Mexico 88211		
PS Form 3800, June 2002		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.		COMPLETE THIS SECTION ON DELIVERY A. Signature X 	
1. Article Addressed to: Ross Duncan Properties, LLC Post Office Box 647 Artesia, New Mexico 88211		B. Received by (Printed Name) Ross Duncan	
2. Article Number (Transfer from service label)		C. Date of Delivery 4/2/2012	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7825 0625 0005 0100 0006

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No In...) For delivery information visit our OFFICIAL		COG/MHF Falabella 7H
Postage	\$	
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Cimarex Energy Co. 600 North Marienfeld, Suite 600 Midland, Texas 79701		
PS Form 3800, June 2002		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.		COMPLETE THIS SECTION ON DELIVERY A. Signature X 	
1. Article Addressed to: Cimarex Energy Co. 600 North Marienfeld, Suite 600 Midland, Texas 79701		B. Received by (Printed Name) JANET GARNETT	
2. Article Number (Transfer from service label)		C. Date of Delivery 4-2-12	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 0625 7818

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Irregularities)	
For delivery information visit OFFICIAL	COG/MHF Falabella 7H
Postage \$ Certified Fee 2.95 Return Receipt Fee (Endorsement Required) 2.35 Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	MAR 29 2012 Postmark Here
John A. Yates 105 South 4th Street Artesia, New Mexico 88210	
PS Form 3811, June 2002 See Reverse for Instructions	

SENDER: 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.		RECEIPT ON DELIVERY A. Signature x Underwood <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Underwood C. Date of Delivery 3-30-12 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: John A. Yates 105 South 4th Street Artesia, New Mexico 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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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