

**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. 14849

AFFIDAVIT

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

Adam G. Rankin, 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.

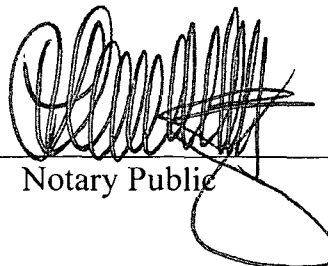


Adam G. Rankin

SUBSCRIBED AND SWORN to before me this 22nd day of June 2012 by Adam
G. Rankin.



**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. 5
Submitted by:
COG OPERATING LLC
Hearing Date: June 25, 2012

HOLLAND & HART^{LLP}



Adam G. Rankin
Associate
Phone 505-988-4421
Fax 505-983-6043
agrarkin@hollandhart.com

May 1, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico.
Hogan State Com 2H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on May 24, 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.

Questions concerning this application should be directed to Mike Wallace at (432) 221-0465.

Sincerely,

Adam G. Rankin
ATTORNEY FOR COG OPERATING LLC

MHF
Enclosure

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻

EXHIBIT A
COG OPERATING LLC
HOGAN STATE COM 2H WELL

Peggy Runyan
6290 Olohena Road, Apt. C
Kapaa, Hawaii 96746-8705

Vicky Moser
3555 Comal Springs
Canyon Lake, Texas 78133

Rodney Webb
2409 W. Cerro Road
Artesia, New Mexico 88210

Black Stone Natural Resources
1001 Fannin, Suite 2020
Houston, Texas 77002

ConocoPhillips Company
600 North Dairy Ashford
3WL-14066
Houston, Texas 77079

Murchison Oil & Gas, Inc.
1100 Mira Vista Blvd.
Plano, Texas 75093
Attn: Bret Austin

ZPZ Delaware LLC
303 Veterans Airpark Ln
Suite 3000
Midland, Texas 79705
Attn: Lee Scarborough

**Mewbourne Oil Company;
Mewbourne Development
Corporation; 3MG Corporation;
CWM 2000-B, Ltd; Mewbourne
Energy Partners 07-A, LP
500 West Texas
Suite 1020
Midland, Texas 79701
Attn. Brett Austin**

Maria de la Luz A. Corral-Espinoza
1865 Miner Creek Lane
Unit #3
Shula Vista, CA 91913

Morris Schertz
Post Office Box 2588
Roswell, New Mexico 88202

MEC Petroleum Corporation
414 West Texas, Suite 410
Midland, Texas 79702

9675 9220 5000 0100 0005 0626 5196

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**

MHF/COG
HOGAN 2H

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
MAY - 1 2012
DE VARGAS POST OFFICE

Sent To
Street, Apt. or PO Box
City, State,
Peggy Runyan
6290 Olohena Road, Apt. C
Kapaa, Hawaii 96746-8705

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:
Peggy Runyan
6290 Olohena Road, Apt. C
Kapaa, Hawaii 96746-8705

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5196

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

ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
B. Received by (Printed Name) Peggy Runyan C. Date of Delivery 5-4-12
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

9675 9220 5000 0100 0005 0626 5196

**U.S. Postal Service™
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HOGAN 2H

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
MAY - 1 2012
DE VARGAS POST OFFICE

Sent To
Street, Apt. or PO Box
City, State,
Vicky Moser
3555 Comal Springs
Canyon Lake, Texas 78133

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:
Vicky Moser
3555 Comal Springs
Canyon Lake, Texas 78133

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5189

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

ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
B. Received by (Printed Name) Charles E. Moser C. Date of Delivery 5-4-12
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

U.S. Postal Service™
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For delivery information
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MHF/COG
 HOGAN 2H

Postage \$.65
 Certified Fee 2.95
 Return Receipt Fee (Endorsement Required) 2.35
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.95

Sent To
 Rodney Webb
 2409 W. Cerro Road
 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:
 Rodney Webb
 2409 W. Cerro Road
 Artesia, New Mexico 88210

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5172

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X *Rodney Webb* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 SARAH WEBB

C. Date of Delivery
 5-3-12

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

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information
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MHF/COG
 HOGAN 2H

Postage \$.65
 Certified Fee 2.95
 Return Receipt Fee (Endorsement Required) 2.35
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.95

Sent To
 Black Stone Natural Resources
 1001 Fannin, Suite 2020
 Houston, Texas 77002

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:
 Black Stone Natural Resources
 1001 Fannin, Suite 2020
 Houston, Texas 77002

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5165

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
 X *Black Stone Natural Resources* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Black Stone Natural Resources

C. Date of Delivery
 5-3-12

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

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

7006 0100 0005 0626 5127

U.S. Postal Service™
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For delivery information visit **OFFICIAL**

MHF/COG
HOGAN 2H

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
MAY -1 2002
DE VARGAS POST OFFICE

Sent To
Street, or P.O.
City, St

Morris Schertz
Post Office Box 2588
Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 5127

SENDER'S COPY

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

ION 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:

Morris Schertz
Post Office Box 2588
Roswell, New Mexico 88202

2. Article Number (Transfer from service) 7006 0100 0005 0626 5127

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☒ Agent ☐ Addressee

X Tara Reynolds

B. Received by (Printed Name) C. Date of Delivery

Tara Reynolds

D. Is delivery address different from item 1? ☒ Yes ☐ No

If YES, enter delivery address below:

RECEIVED
MAY 2 2002
88201

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

7006 0100 0005 0626 5219

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

For delivery information visit **OFFICIAL**

MHF/COG
HOGAN 2H

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
MAY -1 2002
DE VARGAS POST OFFICE

Sent To
Street, or P.O.
City, St

Maria de la Luz A. Corral-Espinoza
1865 Miner Creek Lane
Unit #3
Shula Vista, CA 91913

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**

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
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4[®]

ConocoPhillips Company
 600 North Dairy Ashford
 3WL-14066
 Houston, Texas 77079

PS Form 3811, February 2004 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:
 ConocoPhillips Company
 600 North Dairy Ashford
 3WL-14066
 Houston, Texas 77079

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5158

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

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) CHAD B C. Date of Delivery 5/5/12
 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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**

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
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent To
 Street, Apt. or P.O. Box
 City, State, ZIP+4[®]

Murchison Oil & Gas, Inc.
 1100 Mira Vista Blvd.
 Plano, Texas 75093
 Attn: Bret Austin

PS Form 3811, February 2004 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:
 Murchison Oil & Gas, Inc.
 1100 Mira Vista Blvd.
 Plano, Texas 75093
 Attn: Bret Austin

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5141

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

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) BRANCA DRAVO C. Date of Delivery 5-3
 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

7006 0100 0005 0626 5202

U.S. Postal Service™
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For delivery information visit **OFFIC**

MHF/COG
HOGAN 2H

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.95

Postmark
 MAY - 1 2012
 MEXICO CITY, MEXICO

Sent 7
 Street or PO
 City, State

MEC Petroleum Corporation
 414 West Texas, Suite 410
 Midland, Texas 79702

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:

MEC Petroleum Corporation
 414 West Texas, Suite 410
 Midland, Texas 79702

2. Article Number
 (Transfer from serv) 7006 0100 0005 0626 5202

ON DELIVERY

A. Signature
 X *Wade E. Hogan* ☐ 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

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

4E75 9290 5000 0070 9002

1

0115 9290 5000 0010 9002

1.