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June 21, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

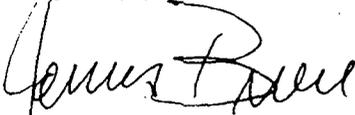
COG Operating LLC
Suite 100
550 West Texas
Midland, Texas 79701

Ladies and gentlemen:

Enclosed is a copy of an amended application for an unorthodox location, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W $\frac{1}{2}$ of Section 14, Township 26 South, Range 28 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, July 12, 2012, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset operator or lessee, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, July 5, 2012 if you intend to participate in the hearing.

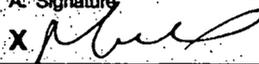
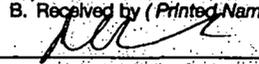
Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT 1

SENDER: COMPLETE THIS SECTION	COMPLETE THIS 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 6-25</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">COG Operating LLC Suite 100 550 West Texas Midland, Texas 79701</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"/> Express Mail <input type="checkbox"/> Registered <input 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>7010 3090 0000 2332 6668</p>