

**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. 14911**

**AFFIDAVIT**

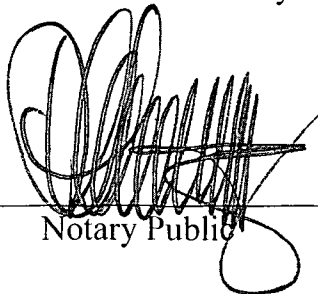
STATE OF NEW MEXICO       )  
  ) ss.  
COUNTY OF SANTA FE       )

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 and notice were provided under the proof of receipt attached hereto.



\_\_\_\_\_  
Adam G. Rankin

SUBSCRIBED AND SWORN to before me this 28th day of November 2012 by  
Adam G. Rankin.

  
\_\_\_\_\_  
Notary Public

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

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 11  
Submitted by:  
**COG OPERATING LLC**  
Hearing Date: November 29, 2012

**EXHIBIT A**  
**CLYDESDALE 1 FEE NO. 1H**  
**NOTICE SENT 11/09/12**

Jack Scott McDonald  
1110 College Avenue  
Snyder, TX 79549

Cydney McDonald Medford  
424 Brady Lane  
Austin, TX 78746

Jan Alice Herrstrom  
3333 Castle  
Waco, TX 76710

George Scott Cranford  
2009 Hubbard Court  
Villa Rica, GA 30180

Town Oaks Petroleum, LLC  
1201 Front Avenue, Unit 416  
Columbine GA 31901

Ocotillo Production LLC  
1705 W. Washington  
Artesia, NM 88210

Van Winkle Family LLC  
605 W. McCune  
Roswell, NM 88203

Eddie M. Mahfood & Valerie Ann  
Mahfood, as joint tenants with rights  
of survivorship  
133 Fulton Place  
Portland, TX 78374

7006 0100 0005 5769 6727

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Postage Needed)  
 For delivery information visit **OFFICE**  
**MHF/COG**  
**Clydesdale 1H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark  
NOV 9 2012

Jack Scott McDonald  
 1110 College Avenue  
 Snyder, TX 79549

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**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.

**1. Article Addressed to:**

Jack Scott McDonald  
 1110 College Avenue  
 Snyder, TX 79549

**2. Article Number**  
 (Transfer from service label) 7006 0100 0005 5769 6727

**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)** ☐ Yes

**ACTION ON DELIVERY**

**A. Signature**  
☒ Agent  
☐ Addressee  
*Katrina J. [Signature]*

**B. Received by (Printed Name)**  
**C. Date of Delivery**  
 11-13-12

**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 9897

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Postage Needed)  
 For delivery information visit **OFFICE**  
**MHF/COG**  
**Clydesdale 1H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark  
NOV 9 2012

Cydney McDonald Medford  
 424 Brady Lane  
 Austin, TX 78746

PS Form 3800, June 2002 See Reverse for Instructions

# Returned

7006 0100 0005 5769 5010

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No International)	
For delivery information visit <b>OFFICIAL</b> <b>MHF/COG</b> <b>Clydesdale 1H</b>	
Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Jan Alice Herrstrom 3333 Castle Waco, TX 76710	
PS Form 3800, June 2002 See Reverse for Instructions	

# Returned

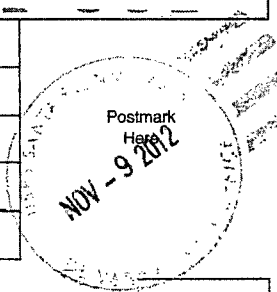
7006 0100 0005 5769 5027

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No International)	
For delivery information visit <b>OFFICIAL</b> <b>MHF/COG</b> <b>Clydesdale 1H</b>	
Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
George Scott Cranford 2009 Hubbard Court Villa Rica, GA 30180	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION 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.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Kay Cranford</i>	
1. Article Addressed to: George Scott Cranford 2009 Hubbard Court Villa Rica, GA 30180		B. Received by (Printed Name) <i>Kay Cranford</i> C. Date of Delivery <i>11-15-12</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
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	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

7006 0100 0005 5769 5034

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No	
For delivery information vis	MHF/COG Clydesdale 1H
OFFICIAL	
Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Town Oaks Petroleum, LLC 1201 Front Avenue, Unit 416 Columbine GA 31901	
PS Form 3800, June 2002 See Reverse for Instructions	

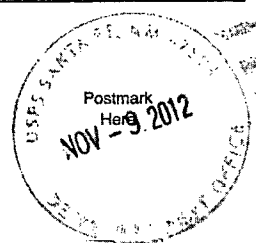


SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below.	
1. Article Addressed to:  Town Oaks Petroleum, LLC 1201 Front Avenue, Unit 416 Columbine GA 31901		A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below.	
2. Article Number (Transfer from service label)		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	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 5034

7006 0100 0005 5769 5041

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No	
For delivery information vis	MHF/COG Clydesdale 1H
OFFICIAL	
Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Ocotillo Production LLC 1705 W. Washington Artesia, NM 88210	
PS Form 3800, June 2002 See Reverse for Instructions	



7006 0100 0005 5769 5058

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Provided)	
For delivery information visit <b>OFFIC</b>	
Postage	\$ <u>65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>5.95</u>

MHF/COG  
Clydesdale 1H

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Postmark Here

Van Winkle Family LLC  
605 W. McCune  
Roswell, NM 88203

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 <u>Van Winkle</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>11-10-12</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p>Van Winkle Family LLC 605 W. McCune Roswell, NM 88203</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number _____ (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 5058

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Provided)	
For delivery information visit <b>OFFIC</b>	
Postage	\$ <u>65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>5.95</u>

MHF/COG  
Clydesdale 1H

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Postmark Here

Eddie M. Mahfood & Valerie Ann  
Mahfood, as joint tenants with rights  
of survivorship  
133 Fulton Place  
Portland, TX 78374

PS Form 3800, June 2002 See Reverse for Instructions