

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

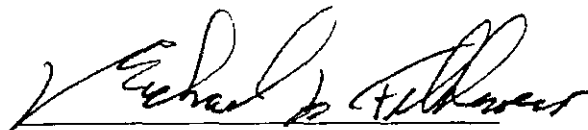
IN THE MATTER OF THE APPLICATION
OF COG OPERATING LLC FOR A
NON-STANDARD SPACING AND PRORATION
UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

CASE NO. 15002

AFFIDAVIT

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

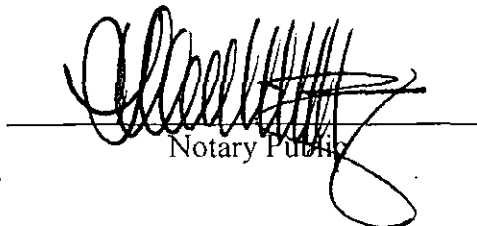
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 24th day of July 2013 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. 5
Submitted by: COG OPERATING, LLC
Hearing Date: July 25, 2013



May 24, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET OWNERS

**Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Eddy County, New Mexico
Fat Tire 12 Fed 1H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating a non-standard spacing unit comprised of the N/2 N/2 of Section 12, Township 17 South, Range 29 East, NMPM, Eddy County, New Mexico. As a mineral lessee or operator in the offsetting properties, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on June 13, 2013. 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 with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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 Brandon Gaynor at Concho Resources, Inc. (432) 221-0308.

Sincerely,

Michael H. Feldewert

7006 0100 0005 5770 3128

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICE	
Postage	\$.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.31

Postmark Here MAY 13 2013

EOG Resources Inc.
P O Box 2267
Midland, TX 79702

(for instructions)

SENDER: COMPLETE THIS SECTION		RECIPIENT: COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>EOG Resources Inc. P O Box 2267 Midland, TX 79702</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X J. Bell</p>	
<p>2. Article Number (Transfer from)</p> <p>7006 0100 0005 5770 3128</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>B. Bell 5/29/13</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>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			

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

7006 0100 0005 5770 3111

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Postage	\$.66
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.31

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Mewbourne Oil Company
500 W. Texas Avenue,
Suite 1020
Midland, Texas 79701-4279

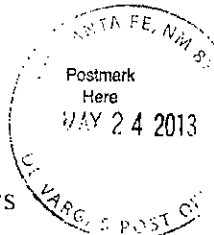
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		RECIPIENT: COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Mewbourne Oil Company 500 W. Texas Avenue, Suite 1020 Midland, Texas 79701-4279</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X T Mitchell</p>	
<p>2. Article Number (Transfer from service)</p> <p>7006 0100 0005 5770 3111</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>T Mitchell 5/28/13</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>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			

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

7006 0100 0005 5770 3104

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Postage \$.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.31
Mewbourne Energy Partners 09-A, L.P. 500 W. Texas Avenue, Suite 1020 Midland, Texas 79701-4279	
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:

Mewbourne Energy Partners
 09-A, L.P.
 500 W. Texas Avenue,
 Suite 1020
 Midland, Texas 79701-4279

2. Article Number

(Transfer from service)

7006 0100 0005 5770 3104

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

T Mitchell

☐ Agent
☐ Addressee

B. Received by (Printed Name)

T Mitchell

C. Date of Delivery

5/28/13

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

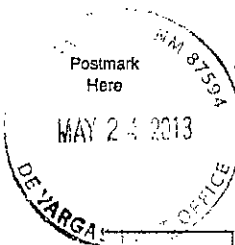
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5770 3098

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OFFICIAL FUTURE	
Postage \$.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.31
3MG Corporation 500 W. Texas Avenue, Suite 1020 Midland, Texas 79701-4279	
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:

3MG Corporation
 500 W. Texas Avenue,
 Suite 1020
 Midland, Texas 79701-4279

2. Article Number

(Transfer from service)

7006 0100 0005 5770 3098

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

T Mitchell

☐ Agent
☐ Addressee

B. Received by (Printed Name)

T Mitchell

C. Date of Delivery

5/28/13

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ 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 5770 3081

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OFFICE ATTORNEY	
Postage \$.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.31
CWM 2000-B, Ltd. 500 W. Texas Avenue, Suite 1020 Midland, Texas 79701-4279	
See Reverse for Instructions	

Postmark Here
MAY 24 2011
DEVARGAS POST OFFICE

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:

CWM 2000-B, Ltd.
500 W. Texas Avenue,
Suite 1020
Midland, Texas 79701-4279

2. Article Number

(Transfer from service label)

7006 0100 0005 5770 3081

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X T Mitchell

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

T Mitchell

C. Date of Delivery

5/28/11

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ 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 5770 2763

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OFFICE ATTORNEY	
Postage \$.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.31
Mewbourne Development Corporation 500 W. Texas Avenue, Suite 1020 Midland, Texas 79701-4279	
See Reverse for Instructions	

Postmark Here
MAY 24 2011
DEVARGAS POST OFFICE

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:

Mewbourne Development
Corporation
500 W. Texas Avenue,
Suite 1020
Midland, Texas 79701-4279

2. Article Number

(Transfer from service label)

7006 0100 0005 5770 2763

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X T Mitchell

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

T Mitchell

C. Date of Delivery

5/28/11

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ 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 5770 2879

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CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
CWM 2000-B II, Ltd. 500 W. Texas Avenue, Suite 1020 Midland, Texas 79701-4279	

Postmark Here
MAY 24 2013
DE VARGAS POST OFFICE

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:

CWM 2000-B II, Ltd.
500 W. Texas Avenue,
Suite 1020
Midland, Texas 79701-4279

2. Article Number

(Transfer from service tag)

7006 0100 0005 5770 2879

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

T Mitchell

☐ Agent☐ Addressee

B. Received by (Printed Name)

T Mitchell

C. Date of Delivery

5/28/13

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