

EXHIBIT A

Branex Resources, Inc.
P.O. Box 2990
Ruidoso, NM 88355-2990

Halcon Resources Corporation
Meridian Tower, Suite 650
5100 East Skelly Drive
Tulsa, OK 74135

Charles R. Qualia
P.O. Box 10181
Midland, TX 79702

Kyla Taylor Thompson
1122 Green Valley Rd NW
Los Ranchos, NM 87107

Devon Energy Production Company, LP
333 W. Sheridan Avenue
Oklahoma City, OK 73102
Attn: Cari Allen

Chevron North American Exploration
and Production Company
1400 Smith Street, Room 43198
Houston, TX 77002
Attn: Kelly Bass

F. Andrew Grooms
P.O. Box 2990
Ruidoso, NM 88355-2990

Occidental Oil and Gas Corporation
5 Greenway Plaza, Suite 110
Houston, TX 77046
Attn: Tiffany Pollack

Mark Hawkins
P.O. Box 3192
Midland, TX 79702

Marathon Oil Company
P.O. Box 3487
Houston, TX 77253-3487

Alice Crouch
4508 Bannister Lane
Austin, TX 78745

Ray Devoe Taylor
P.O. Box 723
Tatum, NM 88267

Cecilia Aymond
9466 Arborhill Drive
Dallas, TX 75243

Druella Wilbanks
P.O. Box 84
Maljamar, NM 88264



**MONTGOMERY
& ANDREWS**
LAW FIRM

SETH C. MCMILLAN
Direct: 505-986-2519
Email: smcmillan@montand.com
Reply To: Santa Fe Office
www.montand.com

July 3, 2013

Branex Resources, Inc.
P.O. Box 2990
Ruidoso, NM 88355-2990

Via Certified Mail
Return Receipt Requested

Re: NMOCD Case No. 15028: Application of COG Operating LLC for Designation of a Non-Standard Oil Spacing and Proration Unit and for Compulsory Pooling, Lea County, New Mexico

Dear Sir or Madam:

This is to advise that COG Operating LLC has filed an application with the New Mexico Oil Conservation Division for an order consolidating the 40-acre spacing units within the S/2 N/2 of Section 9, Township 17 South, Range 32 East, NMPM, Lea County, New Mexico and designating the consolidated units as a 160-acre± non-standard oil spacing and proration unit for a well location in the Yeso formation, West Maljamar Yeso Pool (44500) for Applicant's horizontal drilling project area.

Applicant further seeks the compulsory pooling of all interests in the Yeso formation underlying the S/2 N/2 of Section 9 to be dedicated to its Sneed 9 Federal Com No. 3H Well to be drilled horizontally from a standard surface location in the SW/4 NW/4 (Unit E) of Section 9 to a standard bottom hole location in the SE/4 NE/4 (Unit H) of Section 9 to a depth sufficient to test the Yeso formation, West Maljamar Yeso Pool (44500). Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of COG Operating LLC as operator and a charge for risk involved in drilling the well.

A copy of the Application is enclosed.

You are being notified as an offsetting operator. If you do not object to COG's Application, we would appreciate your acknowledgement by signing the enclosed copy of this letter and returning the same to us at your earliest convenience.

REPLY TO:

325 Paseo de Peralta
Santa Fe, New Mexico 87501
Telephone (505) 982-3873 • Fax (505) 982-4289

Post Office Box 2307
Santa Fe, New Mexico 87504-2307

6301 Indian School Road NE, Suite 400
Albuquerque, New Mexico 87110
Telephone (505) 884-4200 • Fax (505) 888-8929

Post Office Box 36210
Albuquerque, New Mexico 87176-6210

Branex Resources, Inc.
July 3, 2013
Page 2

This Application will be set for hearing before a Division Examiner on July 25, 2013, at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 19.15.4.13.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.



Seth C. McMillan
J. Scott Hall
Attorneys for COG Operating LLC

Enclosures

Branex Resources, Inc.

By: _____

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:

Branex Resources, Inc.
P.O. Box 2990
Ruidoso, New Mexico 88355-2990

2. Article Number
(Transfer from service label) **7012 2920 0000 4584 7342**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Rue Leon Makahiki

B. Received by (Printed Name) Agent Addressee
Rue Leon Makahiki

C. Date of Delivery
JUL - 8 2013

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

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:

Marathon Oil Company
P.O. Box 3487
Houston, TX 77253-3487

2. Article Number
(Transfer from service label) **7012 0470 0000 2697 2755**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
James Felder

B. Received by (Printed Name) Agent Addressee
JAMES FELDER

C. Date of Delivery
JUL - 9 2013

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

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:

Ray Devoe Taylor
P.O. Box 723
Tatum, New Mexico 88267

2. Article Number
(Transfer from service label) **7012 2920 0000 4584 7410**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Dorothy Bees

B. Received by (Printed Name) Agent Addressee
Dorothy Bees

C. Date of Delivery
7/12

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

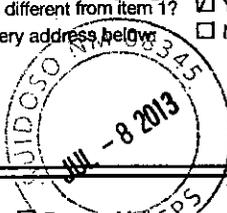
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M

102595-02-M-1540

102595-02-M-1540

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. 		A. Signature <input checked="" type="checkbox"/> <i>Rudelyn Marquez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <i>Rudelyn Marquez</i> 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: F. Andrew Grooms PO Box 2990 Ruidoso, New Mexico 88355		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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) 7012 2920 0000 4584 7380		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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. 		A. Signature <input checked="" type="checkbox"/> <i>Kyla Thompson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <i>Kyla Thompson</i> 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: Kyla Taylor Thompson 1122 Green Valley Rd NW Los Ranchos, NM 87107		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) 7012 2920 0000 4584 7397		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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. 		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <i>[Signature]</i> 7/8/13 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: Halcon Resources Corporation Meridian Tower, Suite 650 5100 East Skelly Drive Tulsa, Oklahoma 74135		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) 7012 2920 0000 4584 7335		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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:

Devon Energy Corporation
333 W. Sheridan
Oklahoma City, Oklahoma 73102-5010
Attn: Cari Allen

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 7-8-13

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

2. Article Number (Transfer from service label) 7013 0600 0002 2194 5965

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:

Alice Crouch
4508 Banister Lane
Austin, TX 78745

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) Alice Crouch C. Date of Delivery 7/10/13

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

2. Article Number (Transfer from service label) 7012 2920 0000 4584 7403

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:

Cecilia Aymond
9466 Arborhill Drive
Dallas, TX 75243

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) Cecilia Aymond C. Date of Delivery 7/8/13

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

2. Article Number (Transfer from service label) 7012 2920 0000 4584 7366

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:

Occidental Oil and Gas Corporation
5 Greenway Plaza, Suite 110
Houston, TX 77046

2. Article Number

(Transfer from service label)

7012 2920 0000 4584 7328

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)

S. B. BARR

C. Date of Delivery

7-10-15

D. Is delivery address different from item 1? YesIf 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**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:

Chevron North American Explorations
and Production Company
1400 Smith Street, Room 43198
Houston, TX 77002
Attn: Kelly Bass

2. Article Number

(Transfer from service label)

7012 2920 0000 4584 7458

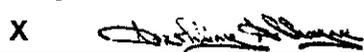
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-9-03

D. Is delivery address different from item 1? YesIf 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**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:

Druella Wilbanks
P.O. Box 84
Maljamar, NM 88264

2. Article Number

(Transfer from service label)

7012 2920 0000 4584 7359

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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