



August 30, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: POOLED PARTIES

Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico: Bragg 10 Fee 1H Well.

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on September 19, 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 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 Joseph Scott, Landman at COG Operating LLC (432) 683-7433.

Sincerely,

Michael H. Feldewert



August 30, 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: Bragg 1- Fee #1H Well

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. 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 September 19, 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 Joseph Scott, Landman at COG Operating LLC (432) 683-7433.

Sincerely,

Michael H. Feldewert

**EXHIBIT A
COG OPERATING LLC
BRAGG 1FEE 1H WELL**

POOLED PARTIES

Yates Petroleum Corporation
MYCO Industries, Inc.
Abo Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

Oxy Y-1 Company
P.O. Box 4294
Houston, TX 77210

William J. McCaw
P.O. Box 376
Artesia, NM 88211

Black Stone Minerals
Company, L. P.
1001 Fannin, Suite 2020
Houston, TX 77002

Lanita C. Williamson Family
Living Trust,
9325 Highedge Circle
Dallas, TX 75238

Betsy Peralta
P.O. Box 777
Capitan, NM 88316

Grady and Morjorie Eldridge
Trust
P.O. Box 963
Capitan, NM 88316

OFFSETS:

Tierra Exploration Inc.
P.O. Box 56
Midland, TX 79702

7006 0100 0005 5770 7010

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| Postage | \$.66 |
| Certified Fee | 3.60 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |

Postmark Here
 AUG 30 2013

Sent to
 or by
 City
 William J. McCaw
 P.O. Box 376
 Artesia, NM 88211

PS Instructions

SEND (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS; FOLD AT DOTTED LINE)

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 William J. McCaw
 P.O. Box 376
 Artesia, NM 88211

2. Article Number (Transfer from serv): 7006 0100 0005 5770 7010

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Heidi Godden*
 Agent
 Addressee

B. Received by (Printed Name):
 C. Date of Delivery: SEP - 4 2013

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 5770 7041

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| Postage | \$.66 |
| Certified Fee | 3.60 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 6.31 |

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Sent to
 or by
 City
 Betsy Peralta
 P.O. Box 777
 Capitan, NM 88316

PS Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Betsy Peralta
 P.O. Box 777
 Capitan, NM 88316

2. Article Number (Transfer from serv): 7006 0100 0005 5770 7041

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Betsy E. Peralta*
 Agent
 Addressee

B. Received by (Printed Name): Betsy E. Peralta
 C. Date of Delivery: 9/6/13

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

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| | |
|--|-----------------|
| Postage | \$ 6.66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | 6.31 |
| Total Postage & Fees | \$ 18.62 |

Postmark: AUG 30 2013

Sen: Black Stone Minerals Company, L. P.
 1001 Fannin, Suite 2020
 Houston, TX 77002

PS Form 3811, February 2004

7006 0100 0005 5770 6976

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 Minerals Company, L. P.
 1001 Fannin, Suite 2020
 Houston, TX 77002

2. Article Number (Transfer from service label): 7006 0100 0005 5770 6976

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Sylvia Ferrell* Agent Addressee

B. Received by (Printed Name): Sylvia Ferrell C. Date of Delivery: 9-3-13

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

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|--|-----------------|
| Postage | \$ 6.66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | 6.31 |
| Total Postage & Fees | \$ 18.62 |

Postmark: AUG 30 2013

Sen: Tierra Exploration Inc.
 P.O. Box 56
 Midland, TX 79702

PS Form 3811, February 2004

7006 2760 0001 6376 1673

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:
 Tierra Exploration Inc.
 P.O. Box 56
 Midland, TX 79702

2. Article Number (Transfer from service label): 7006 2760 0001 6376 1673

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Ruth Lea* Agent Addressee

B. Received by (Printed Name): Ruth Lea C. Date of Delivery: 9-3-13

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 5770 7027

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|--|--------|
| Postage | \$ -66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | 6.31 |

Postmark Here
 AUG 30 2013

Yates Petroleum Corporation
 MYCO Industries, Inc.
 Abo Petroleum Corporation
 105 South 4th Street
 Artesia, NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 6990

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| | |
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| Postage | \$ -66 |
| Certified Fee | 3.10 |
| Return Receipt Fee (Endorsement Required) | 2.55 |
| Restricted Delivery Fee (Endorsement Required) | 6.31 |
| Total Postage & Fees | \$ 6.31 |

Postmark Here
 AUG 30 2013

Oxy Y-1 Company
 P.O. Box 4294
 Houston, TX 77210

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:
 Oxy Y-1 Company
 P.O. Box 4294
 Houston, TX 77210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 J. B. Bean
 Date of Delivery: SEP 09 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

2. Article Number: 7006 0100 0005 5770 6990
 (Transfer from service)

7006 0100 0005 5770 7003

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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 |

Postmark Here
AUG 30 2013

Sent by
Lanita C. Willaimson Family
Living Trust
9325 Highedge Circle
Dallas, TX 75238

PS 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:
Lanita C. Willaimson Family
Living Trust
9325 Highedge Circle
Dallas, TX 75238

2. Article Number: 7006 0100 0005 5770 7003
(Transfer from service to)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lanita C. Willaimson* Agent Addressee

B. Received by (Printed Name): *L. Willaimson* C. Date of Delivery: *9/3/13*

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 5770 6989

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OFFICIAL RECEIPT

| | |
|--|---------|
| 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
AUG 30 2013

Sent by
Grady and Morjorie Eldridge
Trust
P.O. Box 963
Capitan, NM 88316

PS 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:
Grady and Morjorie Eldridge
Trust
P.O. Box 963
Capitan, NM 88316

2. Article Number: 7006 0100 0005 5770 6989
(Transfer from service to)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Morjorie Eldridge* Agent Addressee

B. Received by (Printed Name): *Morjorie Eldridge* C. Date of Delivery: *9/17/13*

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