

EXHIBIT A

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

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

ConocoPhillips Company
15080 Two Westlake Park
600 North Dairy Ashford
Houston, TX 77079-1175

Devon Energy Production Company, L.P.
333 W. Sheridan
Oklahoma City, OK 73102-8260
ATTN: Cari Allen

Golden Triangle Royalty & Oil, Inc.
P.O. Box 1629
Cisco, TX 76437

Highland (Texas) Energy Company a Texas Corp.
7557 Rambler Road Suite 918
Dallas, TX 75231

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

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

Marshall & Winston, Inc.
6 Desta Dr. Ste. 3100
Midland, Texas 79705

Patterson Petroleum, LLC
P.O. Box 1416
Snyder, TX 79550

Ventana Exploration, Inc.
7903 Purdue Avenue
Dallas, TX 75225



**MONTGOMERY
& ANDREWS**
LAW FIRM

J. SCOTT HALL
Office: (505) 986-2646
Email: shall@montand.com
Reply To: Santa Fe Office
www.montand.com

July 3, 2013

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

**CERTIFIED MAIL/
RETURN RECEIPT REQUESTED**

**Re: NMOCD Case No. 15029: 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:

Please be advised 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 E/2 E/2 of Section 11 and the NE/4 NE/4 of Section 14, Township 17 South Range 32 East, NMPM and designating the consolidated units as a 200-acre± non-standard oil spacing and proration unit for a well location in the Yeso formation for Applicant's horizontal drilling project area. Applicant further seeks the compulsory pooling of all interests in the Yeso formation underlying the E/2 E/2 of Section 11 and the NE/4 NE/4 of Section 14 to be dedicated to its Flat Head Fed Com No. 8-H Well to be drilled horizontally from a surface location in the NE/4 NE/4 of Section 11 to a standard bottom hole location NE/4 NE/4 of Section 14 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 COG Operating LLC's 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

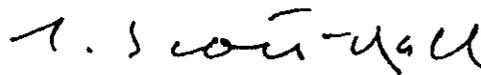
July 3, 2013

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.



J. Scott Hall

Enclosures

CHEVRON NORTH AMERICAN EXPLORATION
AND PRODUCTION COMPANY

BY: _____

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Sent To: *Charles R. Qualen*
 Street, Apt. No., or PO Box No. *P.O. Box 10181*
 City, State, ZIP+4 *Midland TX 79702*

PS Form 3800, August 2006 See Reverse for Instructions

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 1400 Smith Street, Room 43198
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 15080 Two Westlake Park
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 Houston, TX 77079-1175

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

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Sent To: *Golden Triangle Royalty*
 Street, Apt. No., or PO Box No. *P.O. Box 11629*
 City, State, ZIP+4 *Cisco, TX 76437*

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Sent To: *Wolfehard (Energy) Energy Corp*
 Street, Apt. No., or PO Box No. *7557 Rambler Rd #918*
 City, State, ZIP+4 *Dallas, TX 75231*

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Sent To
 Marathon Oil Co.
 Street, Apt. No., or PO Box No. P.O. Box 3487
 City, State, ZIP+4 Houston, TX 79702

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 Mark Hawkins
 Street, Apt. No., or PO Box No. P.O. Box 3192
 City, State, ZIP+4 Midland, TX 79702

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 Marshall + Winston, Inc.
 Street, Apt. No., or PO Box No. 6 Delta Dr. # 3100
 City, State, ZIP+4 Midland, TX 79705

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 Patterson Petroleum, LLC
 P.O. Drawer 1416
 Snyder, TX 79550

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To
 Ventana Exploration, Inc.
 7903 Purdue Avenue
 Dallas, TX 75225

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 Chevron N America
 Street, Apt. No., or PO Box No. 1400 Smith St., Room 4318A
 City, State, ZIP+4 Houston, TX 77002

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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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
	B. Received by (Printed Name) <i>Anthony Alvey</i>	C. Date of Delivery <i>7-11-13</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Chevron North American Exploration and Production Company 1400 Smith Street, Room 43198 Houston, TX 77002 Attn: Kelly Bass		
3. Service Type	<input 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.	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	
2. Article Number (Transfer from service)	7012 2920 0000 4584 7021	
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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
	B. Received by (Printed Name)	C. Date of Delivery <i>7-8-13</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Devon Energy Production Company, LP 333 W. Sheridan Avenue Oklahoma City, OK 73102 Attn: Cari Allen		
3. Service Type	<input 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.	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7012 2920 0000 4584 7038	
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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
	B. Received by (Printed Name) <i>Jetta Shuma</i>	C. Date of Delivery <i>7-8-13</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Golden Triangle Royalty & Oil, Inc. Post Office Box 1629 Cisco, TX 76437		
3. Service Type	<input 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.	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7012 2920 0000 4584 7120	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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<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 <i>Truitt Matthews</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Truitt Matthews</i>	C. Date of Delivery <i>7-8-03</i>
Highland (Texas) Energy Company 7557 Rambler Road Suite 918 Dallas, TX 75231	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input 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.	
	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 <i>James Felder</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) JAMES FELDER	C. Date of Delivery
Marathon Oil Company Post Office Box 3487 Houston, TX 77253-3487	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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		

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<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 <i>Melanie Aiguier</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Melanie Aiguier</i>	C. Date of Delivery <i>7/11/03</i>
Marshall & Winston, Inc. 6 Desta Dr. Ste. 3100 Midland, TX 79705	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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	
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	B. Received by (Printed Name) <i>Julie Cage</i>	C. Date of Delivery <i>7/8/13</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Patterson Petroleum, LLC P.O. Drawer 1416 Snyder, TX 79550	3. Service Type <input 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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7012 2920 0000 4584 7052	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Ventana Exploration, Inc. 7903 Purdue Avenue Dallas, TX 75225	3. Service Type <input 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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7012 2920 0000 4584 7069	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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Chevron North American Exploration & Production Company 1400 Smith St., Room 43198 Houston, TX 77002	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)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7012 2920 0000 4584 7274	