



## EXHIBIT A

Pendragon Oil, LLC  
309 W. 7<sup>th</sup> Street Ste. 500  
Fort Worth, TX 76102

Kamimac, LLC  
309 W. 7<sup>th</sup> Street Ste. 500  
Fort Worth, TX 76102

Lazy S. Minerals, LLC  
2711 Centerville Road Suite 400  
Wilmington, DE 19808

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

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

RB Operating Company  
246 Oak Road  
Loving, NM 88256

Alice Crouch  
4508 Banister Lane  
Austin, TX 78745

Druella Wilbanks  
Post Office Box 84  
Maljamar, NM 88264

Cecilia Aymond  
9466 Arborhill Drive  
Dallas, TX 75243

Ray Devoe Taylor  
Post Office Box 723  
Tatum, NM 88267

Mark Hawkins  
Post Office Box 3192  
Midland, TX 79702

Charles R. Qualia  
Post Office Box 10181  
Midland, TX 79702

C.O. Curington  
Calvin O. Curington  
6765 NW County Road 00300  
Corsicana, TX 75110

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

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

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

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

The Leavenworth National Bank and Trust Co.  
as Trustee of the Dorothy Dell Graeber Trust  
(Agreement dated May 5, 1928)  
The Dorothy Dell Graeber Trust  
P.O. Box 350  
Leavenworth, KS 66048

Hawkins Exploration, Inc.  
Post Office Box 3192  
Midland, TX 79702

Marathon Oil Company  
Post Office Box 3487  
Houston, TX 77253-3487



**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

Pendragon Oil, LLC  
309 W. 7<sup>th</sup> Street Ste. 500  
Fort Worth, TX 76102

**CERTIFIED MAIL/  
RETURN RECEIPT REQUESTED**

**Re: NMOCD Case No. 15030: 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 W/2 of Section 11 and the NE/4 NW/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 W/2 of Section 11 and the NE/4 NW/4 of Section 14 to be dedicated to its Pan Head Fee No. 4-H Well to be drilled horizontally from a surface location in the NE/4 NW/4 of Section 11 to a standard bottom hole location NE/4 NW/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.

---

**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

Pendragon Oil, LLC  
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.

A handwritten signature in black ink, appearing to read "J. Scott Hall", written in a cursive style.

J. Scott Hall

Enclosure

cc: Sean Johnson, COG Operating, LLC

7012 2920 0000 4584 7267

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 Street, Apt. No., or PO Box No. 309 W. 7th St. #500  
 City, State, ZIP+4 Fort Worth, TX 76102

PS Form 3800, August 2006 See Reverse for Instructions

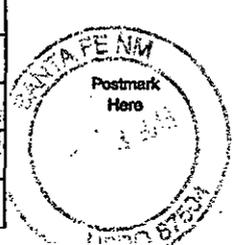
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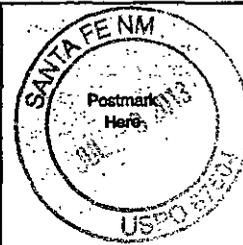
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 Street, Apt. No., or PO Box No. 2711 Centerville Rd #400  
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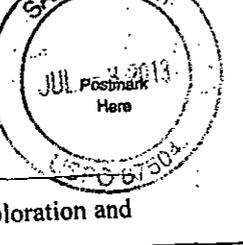
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1 Chevron North American Exploration and Production Company  
 1400 Smith Street, room 43198  
 Houston, TX 77002

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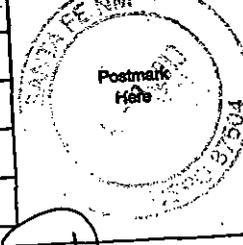
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 City, State, ZIP+4 Los Ranchos, NM 87107

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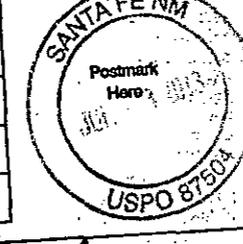
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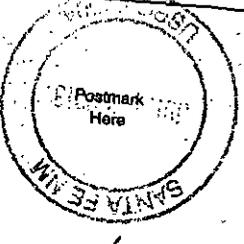
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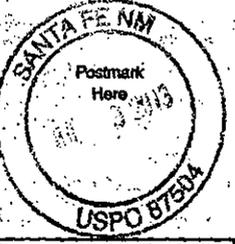
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 Street, Apt. No., or PO Box No. *333 W. Sheridan Avenue*  
 Oklahoma City, OK 73102  
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 Company of Leavenworth, Kansas  
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 Street, Apt. No., or PO Box No. *P.O. Box 3192*  
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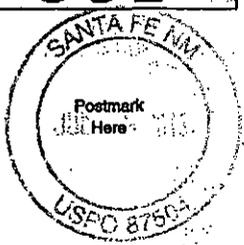
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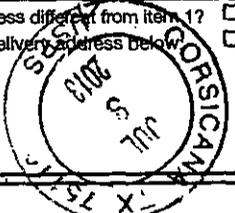
Sent To *Weather O:Co*  
 Street, Apt. No., or PO Box No. *P.O. Box 3487*  
 City, State, ZIP+4 *Houston, TX 77253*

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>[Signature]</i>	
	B. Received by (Printed Name) <i>[Blank]</i>	C. Date of Delivery <i>[Blank]</i>
1. Article Addressed to:  Lazy Minerals, LLC 2711 Centerville Road Suite 400 Wilmington, DE 19808	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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>x Calvin Curington</i>	
	B. Received by (Printed Name) <i>Calvin Curington</i>	C. Date of Delivery <i>[Blank]</i>
1. Article Addressed to:  C. O. Curington Calvin O. Curington 6765 NW County Road 00300 Corsicana, TX 75110	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.	
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PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540		



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	B. Received by (Printed Name) <i>Cecilia Aymond</i>	C. Date of Delivery <i>7/8/13</i>
1. Article Addressed to:  Cecilia Aymond 9466 Arborhill Drive Dallas, TX 75243	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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Archie Alley</i>	C. Date of Delivery <i>7-10-00</i>
1. Article Addressed to:  Chevron North American Exploration and Production Company 1400 Smith Street, room 43198 Houston, TX 77002	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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) <b>7012 3050 0002 1324 2112</b>		
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 <i>7-6-03</i>
1. Article Addressed to:  Druella Wilbanks Post Office Box 84 Maljamar, NM 88264	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input 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		
2. Article Number (Transfer from service label) <b>7012 2920 0000 4584 7304</b>		
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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery <i>7/8</i>
1. Article Addressed to:  Kamimac LLC 309 W. 7th Street Ste. 500 Fort Worth, TX 76102	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input 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		
2. Article Number (Transfer from service label) <b>7012 2920 0000 4584 7243</b>		

**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:

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

2. Article Number  
(Transfer from service label)

7012 2920 0000 4584 7298

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Kyla Thompson*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

Kyla Thompson

C. Date of Delivery

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  
Post Office Box 3487  
Houston, TX 77253-3487

2. Article Number  
(Transfer from service label)

7012 0470 0000 2697 2762

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *James Elder*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

JAMES ELDER

C. Date of Delivery

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:

Pendragon Oil, LLC  
309 W. 7<sup>th</sup> Street Ste. 500  
Fort Worth, TX 76102

2. Article Number  
(Transfer from service label)

7012 2920 0000 4584 7267

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *P. B. Dewood*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

P. B. Dewood

C. Date of Delivery

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  
 Post Office Box 723  
 Tatum, NM 88267

2. Article Number (Transfer from service label) **7012 2210 0001 2087 9800**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X Dorothy Bess*

B. Received by (Printed Name) *Dorothy Bess* C. Date of Delivery *7/12*

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

**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:

The Leavenworth National Bank and Trust  
 Company of Leavenworth, Kansas  
 THE DOROTHY DELL GRAEBER TRUST  
 PO BOX 350  
 Leavenworth, KS 66048

2. Article Number (Transfer from service label) **7012 3050 0002 1324 2068**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X Pam Ryser*

B. Received by (Printed Name) *Pam Ryser* C. Date of Delivery *7/09/13*

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

**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:

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

2. Article Number (Transfer from service label) **7013 0600 0002 2194 5828**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X M. Allen*

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Julie Cagle</i>	
1. Article Addressed to:  Patterson Petroleum, LLC Post Office Box 1416 Snyder, TX 79550	B. Received by (Printed Name) <i>Julie Cagle</i>	C. Date of Delivery <i>7/8/13</i>
2. Article Number (Transfer from service)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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
7012 2920 0000 4584 7144		Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Alice Crouch</i>	
1. Article Addressed to:  Alice Crouch 4508 Banister Lane Austin, TX 78745	B. Received by (Printed Name) <i>Alice Crouch</i>	C. Date of Delivery <i>7/10/13</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 type="checkbox"/> No	
PS Form 3811, February 2004	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
7013 0600 0002 2194 5651		Domestic Return Receipt 102595-02-M-1540