

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


IN THE MATTER OF THE APPLICATION OF COG OPERATING LLC TO AMEND
ORDER R-13744 TO CHANGE THE INITIAL WELL DEDICATED TO THE
APPROVED SPACING AND PRORATION UNIT, LEA COUNTY, NEW MEXICO.

CASE NO. 15027 (re-opened)

AFFIDAVIT

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

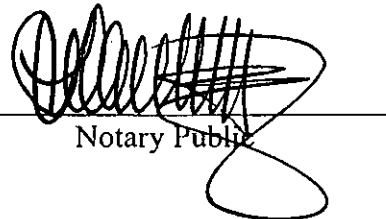
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application has been provided under the notice letter and proof of receipts attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 30th day of April 2014 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. 2
Submitted by: COG OPERATING LLC
Hearing Date: April 30, 2014

HOLLAND & HART^{LLP}



Michael H. Feldewert
Recognized Specialist in the Area of
Natural Resources - oil and gas law -
New Mexico Board of Legal
Specialization
mfeldewert@hollandhart.com

April 11, 2014

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating, LLC To Amend Order R-13744 To Change
The Initial Well Dedicated To The Approved Spacing And Proration Unit,
Lea County, New Mexico.
(Sneed 9 Federal Com. Well No. 2H)**

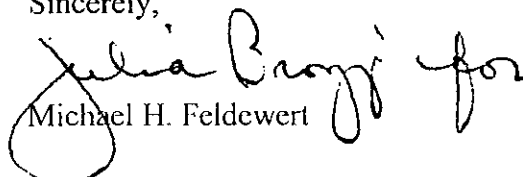
Ladies & Gentlemen:

This letter is to advise you that COG Operating, LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on May 1, 2014. 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 19.15.4.13 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.

If you have any questions about this matter please contact Sean Johnson, at SJohnson@concho.com or (432) 818-2230.

Sincerely,


Michael H. Feldewert

Holland & Hart LLP

Phone (505) 988-4421 Fax (505) 983-6043 www.hollandhart.com

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻

7006 0100 0005 5771 0836

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL RECEIPT

Postage	\$	3.30
Certified Fee		0.70
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark
 APR 11 2014
 PALO CEDRO, CA 96073

Edward Dressen, Jr.
 P.O. Box 830
 Palo Cedro, CA 96073-0830

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:

Edward Dressen, Jr.
 P.O. Box 830
 Palo Cedro, CA 96073-0830

2. Article Number (Transfer from service label): 7006 0100 0005 5771 0836

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *x Edward Dressen* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Edward Dressen* C. Date of Delivery: *APR 14 2014*

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

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

7006 0100 0005 5771 0843

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL RECEIPT

Postage	\$	3.30
Certified Fee		0.70
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark
 APR 11 2014
 PAULSBO, WA 98370

Cecile Marie Dressen
 P.O. Box 1696
 Poulsbo, Washington 98370

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:

Cecile Marie Dressen
 P.O. Box 1696
 Poulsbo, Washington 98370

2. Article Number (Transfer from service label): 7006 0100 0005 5771 0843

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *x Cecile Marie Dressen* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Cecile Marie Dressen* C. Date of Delivery: *APR 14 2014*

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

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

7006 0100 0005 5771 0973

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL <i>8/16/07</i>	
Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Betty M. Dressen(aka Betty Kyte Dressen), Trustee of the Betty M. Dressen Revocable Living Trust P.O. Box 817 LosAltos, CA 94023-0817	
See Reverse for Instructions	

