

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

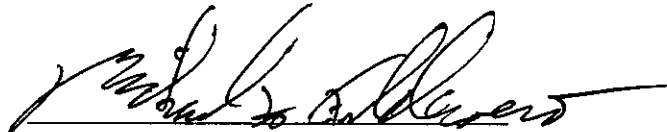
**AMENDED APPLICATION OF COG
OPERATING LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT, COMPULSORY
POOLING, AND AN UNORTHODOX WELL
LOCATION, LEA COUNTY, NEW MEXICO.**

CASE NO. 15162

AFFIDAVIT

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

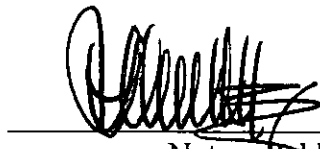
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application has been provided under the notice letter and proof of receipts attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 3rd day of August 2014 by Michael H. Feldewert.

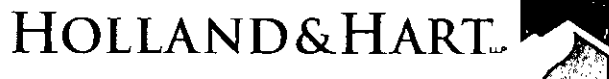


**OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO**
My commission expires 01/14/15



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION**
Santa Fe, New Mexico
Exhibit No. 2
Submitted by: COG OPERATING LLC
Hearing Date: September 4, 2014



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

August 1, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

**RE: Amended Application of COG Operating, LLC for a non-standard spacing and proration unit, compulsory pooling, and unorthodox well location, Lea County, New Mexico.
Super Cobra State Com #1H Well**

This letter is to advise you that COG Operating, LLC has filed the enclosed amended application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application.* You are receiving notice of this application because of the request for the proposed non-standard spacing and proration unit and due to the proposed unorthodox well location.

This application has been set for hearing before a Division Examiner at 8:15 AM on August 21, 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.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 Greg Geist at (432) 221-0452 or GGeist@concho.com.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Feldewert", with a stylized flourish at the end.

Michael H. Feldewert
ATTORNEY FOR COG OPERATING, LLC

1 H.

7006 2760 0001 6377 4062

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

For delivery information visit **usps.com**

OFFICIAL MAIL MHF/COG
 SUPER COBRA 1H

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark: AUG 1 2014
 DEVARGAS POST OFFICE

Sent To: ZPZ Delaware LLC
 Street, Apt or PO Box: 2000 Post Oak Blvd., Suite 100
 City, State: Houston, TX 77056

PS Form 3811, February 2004

CERTIFIED MAIL

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:
 ZPZ Delaware LLC
 2000 Post Oak Blvd., Suite 100
 Houston, TX 77056

2. Article Number: 7006 2760 0001 6377 4062
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Reg. Collins*

C. Date of Delivery: *8-4-14*

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 ☐ No

1 H.

7006 2760 0001 6377 4079

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

For delivery information visit **usps.com**

OFFICIAL MAIL MHF/COG
 SUPER COBRA 1H

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark: AUG 1 2014
 DEVARGAS POST OFFICE

Sent To: Mobil Producing Texas & NM
 Street, Apt or PO Box: 12450 Greenspoint Drive
 City, State: Houston, TX 77060

PS Form 3811, February 2004

CERTIFIED MAIL

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:
 Mobil Producing Texas & NM
 12450 Greenspoint Drive
 Houston, TX 77060

2. Article Number: 7006 2760 0001 6377 4079
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Craig Blanton* ☐ Agent ☐ Addressee

B. Received by (Printed Name): **CRAIG BLANTON**

C. Date of Delivery: *8-5-14*

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 ☐ No

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at usps.com
OFFICIAL MAIL™ MHF/COG
SUPER COBRA 1H

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total P

Sent To Read & Stevens
 Street, / P.O. Box 2126
 City, St Roswell, NM 88201



PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Read & Stevens
 P.O. Box 2126
 Roswell, NM 88201

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4086

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
☒ Agent
☒ Addressee

B. Received by (Printed Name) *[Signature]*
 C. Date of Delivery *[Signature]*

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

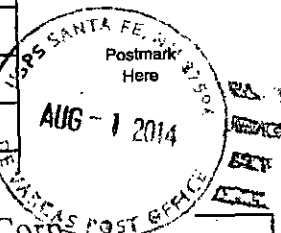
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at usps.com
OFFICIAL MAIL™ MHF/COG
SUPER COBRA 1H

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)
 Total

Sent To Geronimo Holding Corp.
 Street, / 1801 West Texas Avenue
 City, St Midland Texas 79701



PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Geronimo Holding Corp.
 1801 West Texas Avenue
 Midland Texas 79701

2. Article Number (Transfer from service label) 7006 2760 0001 6377 4093

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
☐ Agent
☐ Addressee

B. Received by (Printed Name) *[Signature]*
 C. Date of Delivery *[Signature]*

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

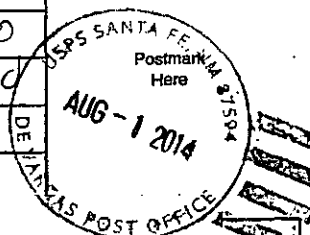
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Provided)

For delivery information visit usps.com

OFFICIAL

MHF/COG
 SUPER COBRA 1H

Postage \$
 Certified Fee 300
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$



Sent To
 Street or PO
 City, State

Fred G. Yates
 Sunwest Center, Suite 1010
 Roswell, NM 88201

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Fred G. Yates
 Sunwest Center, Suite 1010
 Roswell, NM 88201

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Tedi Hamilton* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Tedi Hamilton

C. Date of Delivery
 8/5/14

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

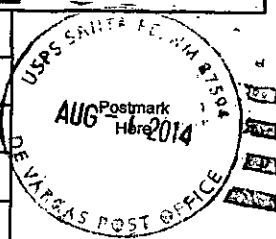
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Provided)

For delivery information visit usps.com

OFFICIAL

MHF/COG
 SUPER COBRA 1H

Postage \$
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$



Sent To
 Street or PO
 City, State

Chevron Texaco
 P.O. Box 1635
 Houston, TX 77251

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Chevron Texaco
 P.O. Box 1635
 Houston, TX 77251

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Chris Smith* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Chris Smith

C. Date of Delivery
 8/5/14

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