

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

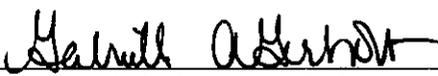
APPLICATION OF COG OPERATING LLC, TO MAKE PERMANENT THE SPECIAL RULES ADOPTED UNDER ORDER R-13523 FOR THE DODD GLORIETA UPPER YESO POOL AND THE BURCH KEELY GLORIETA UPPER YESO POOL, EDDY COUNTY, NEW MEXICO.

**CASE NOS. 14669, 14670, 14758,
and 14759 (Reopened)**

AFFIDAVIT

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

Gabrielle A. Gerholt, 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 was provided under the notice letter and proof of receipt attached hereto.

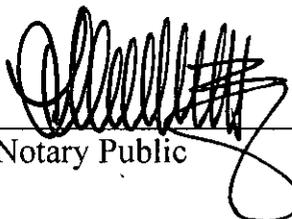


Gabrielle A. Gerholt

SUBSCRIBED AND SWORN to before this 1st day of October 2014 by Gabrielle A. Gerholt.



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. 4
Submitted by: COG OPERATING LLC
Hearing Date: October 2, 2014

COG OPERATING LLC

OFFSET OPERATORS IN THE DODD FEDERAL UNIT

Cimarex Energy Co. of Colorado
600 N. Marienfeld Street
Midland, TX 79701

Oxy USA WTP Limited Partnership
5 Greenway Plaza
Houston, TX 77046

Loco Hills GSF, Ltd.
1231 Old Anneta Road
Aledo, TX 76008

Apache Corporation
Attn: Land Department
303 Veterans Airpark Lane
Suite 300
Midland, TX 79705

OFFSET OPERATORS IN THE BURCH KEELY UNIT

Cimarex Energy Co. of Colorado
600 N. Marienfeld Street
Midland, TX 79701

Mack Energy Corporation
11344 Lovington Hwy
Artesia, NM 88210

Burnett Oil Co., Inc.
Burnett Plaza-Suite 1500
801 Cherry Street, Unit 9
Fort Worth, TX 76102

Loco Hills GSF, Ltd.
1231 Old Anneta Road
Aledo, TX 76008

Apache Corporation
Attn: Land Department
303 Veterans Airpark Lane
Suite 300
Midland, TX 79705

ConocoPhillips Company
P.O Box 2197
Houston, TX 77252-2197

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

September 12, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED PARTIES

Re: Application of COG Operating LLC, to make permanent the Special Rules adopted under Order R-13523 for the Dodd Glorieta Upper Yeso Pool and the Burch Keely Glorieta Upper Yeso Pool, Eddy County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking to make permanent the Special Rules adopted under R-13523 for the Dodd Glorieta Upper Yeso Pool and the Burch Keely Glorieta Upper Yeso Pool, Eddy County, New Mexico.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on October 2, 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 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.

Sincerely,

Michael H. Feldewert
ATTORNEY FOR COG OPERATING LLC

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

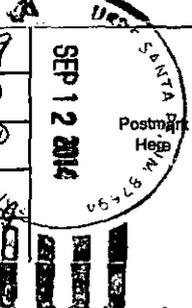
110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

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

7006 2760 0001 6376 7675

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

For delivery information, visit **MHF/COG**
OFFICE BURCH KEELY

Postage	\$ 1.69	
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.69	

Sent To
 Street, Apt. No. or PO Box
 City, State, ZIP

Cimarex Energy Co. of Colorado
 600 N. Marienfeld Street
 Midland, TX 79701

PS Form 3811

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:

Cimarex Energy Co. of Colorado
 600 N. Marienfeld Street
 Midland, TX 79701

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7675

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Sadie Garcia

B. Received by (Printed Name) Agent Addressee
 Sadie Garcia

C. Date of Delivery
 9-15-14

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

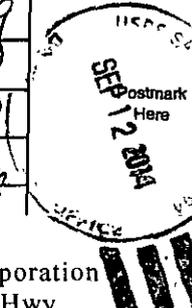
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6376 7668

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

For delivery information, visit **MHF/COG**
OFFICE BURCH KEELY

Postage	\$ 1.69	
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.69	

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

Mack Energy Corporation
 11344 Lovington Hwy
 Artesia, NM 88210

PS Form 3811

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:

Mack Energy Corporation
 11344 Lovington Hwy
 Artesia, NM 88210

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7668

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Kim Rodriguez

B. Received by (Printed Name) Agent Addressee
 Kim Rodriguez

C. Date of Delivery

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 2760 0001 6376 7651

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

For delivery information
OFFICE
MHF/COG BURCH KEELY

Postage	\$	69
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		6.64
Total Postage & Fees	\$	

Postmark Here
 FEB 12 2011

Sent To
 Burnett Oil Co., Inc.
 Burnett Plaza-Suite 1500
 801 Cherry Street, Unit 9
 Fort Worth, TX 76102

PS Form 3811, February 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
 Burnett Oil Co., Inc.
 Burnett Plaza-Suite 1500
 801 Cherry Street, Unit 9
 Fort Worth, TX 76102

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7651

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Steve McKnight* Addressee

B. Received by (Printed Name) C. Date of Delivery
 9-11-11

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

7006 2760 0001 6376 7644

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

For delivery information
OFFICE
MHF/COG BURCH KEELY

Postage	\$	69
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		6.64
Total Postage & Fees	\$	

Postmark Here
 FEB 12 2011

Sent To
 Loco Hills GSF, Ltd.
 1231 Old Anneta Road
 Alledo, TX 76008

PS Form 3811, February 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
 Loco Hills GSF, Ltd.
 1231 Old Anneta Road
 Alledo, TX 76008

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7644

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Melissa Hall* Addressee

B. Received by (Printed Name) C. Date of Delivery
 M Hall 9-15-08

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

7006 2760 0001 6376 7637

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

For delivery information, visit **MHF/COG**
OFFICE BURCH KEELY

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Postmark Here
 SEP 12 2014

Sent To
 Apache Corporation
 Attn: Land Department
 303 Veterans Airpark Lane
 Suite 300
 Midland, TX 79705

PS Form 3811, February 2004

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:
 Apache Corporation
 Attn: Land Department
 303 Veterans Airpark Lane
 Suite 300
 Midland, TX 79705

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sheila Treat* Agent Addressee

B. Received by (Printed Name) *Sheila Treat* C. Date of Delivery *9-15-14*

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 S.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

7006 2760 0001 6376 7620

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information, visit **MHF/COG**
OFFICE BURCH KEELY

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

Postmark Here
 SEP 12 2014

Sent To
 ConocoPhillips Company
 P.O. Box 2197
 Houston, TX 77252-2197

PS Form 3811, February 2004

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:
 ConocoPhillips Company
 P.O. Box 2197
 Houston, TX 77252-2197

2. Article Number (Transfer from service label) 7006 2760 0001 6376 7620

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

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

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.

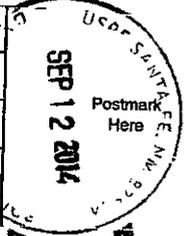
4. Restricted Delivery? (Extra Fee) Yes

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

7006 2760 0001 6376 7682

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **MHF/COG OFFIC DODD FEDERAL**

Postage	\$ 69.50
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	66.90
Total Postage & Fees	



Sent To
Cimarex Energy Co. of Colorado
600 N. Marienfeld Street
Midland, TX 79701
PS Form 3811, February 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
Cimarex Energy Co. of Colorado
600 N. Marienfeld Street
Midland, TX 79701

2. Article Number (Transfer from service label): 7006 2760 0001 6376 7682

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): *Sadil Garcia*

C. Date of Delivery: *9-15-14*

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

7006 2760 0001 6376 7699

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **MHF/COG OFFIC DODD FEDERAL**

Postage	\$ 69.50
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	66.90
Total Postage & Fees	



Sent To
Oxy USA WTP Limited Partnership
5 Greenway Plaza
Houston, TX 77046
PS Form 3811, February 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 USA WTP Limited Partnership
5 Greenway Plaza
Houston, TX 77046

2. Article Number (Transfer from service label): 7006 2760 0001 6376 7699

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): *Gonzalez*

C. Date of Delivery: *SEP 16 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 S.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6376 7705

U.S. Postal Service™
CERTIFIED MAIL™ MHF/COG
 (Domestic Mail Only; No Inland Postage and Fees Required)
 For delivery information visit **DODD FEDERAL**
OFFICIAL USE

Postage	\$ 6.99
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.99

Postmark Here: SEP 12 2004

Sent To: Loco Hills GSF, Ltd.
 1231 Old Anneta Road
 Aledo, TX 76008

PS Form 3811, February 2004

7006 2760 0001 6377 2280

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT MHF/COG
 (Domestic Mail Only; No Inland Postage and Fees Required)
 For delivery information visit **DODD FEDERAL**
OFFICIAL USE

Postage	\$ 6.99
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.99

Postmark Here: SEP 12 2004

Sent To: Apache Corporation
 Attn: Land Department
 303 Veterans Airpark Lane
 Suite 300
 Midland, TX 79705

PS Form 3811, February 2004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:
 Loco Hills GSF, Ltd.
 1231 Old Anneta Road
 Aledo, TX 76008

2. Article Number (Transfer from service label) ||| ||| 7006 2760 0001 6376 7705

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Melissa Hall

B. Received by (Printed Name) *M Hall* C. Date of Delivery *9-15-14*

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:
 Apache Corporation
 Attn: Land Department
 303 Veterans Airpark Lane
 Suite 300
 Midland, TX 79705

2. Article Number (Transfer from service label) ||| ||| 7006 2760 0001 6377 2280

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Sheila Treat

B. Received by (Printed Name) *Sheila Treat* C. Date of Delivery *9-15-14*

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