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ATTORNEYS AT LAW

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SANTA FE, NEW MEXICO 87504

505-982-4554 (FAX) 505-982-8623

April 6, 2015

WRITER:

Gary W. Larson,
Partner

glarson@hinklelawfirm.com

VIA CERTIFIED MAIL

Yates Petroleum Corp.
Myco Industries
ABO Petroleum
105 S. 4th St.
Artesia, NM 88210

Re: COG Operating LLC NMOCD Application

Dear Sir or Madam:

Enclosed is a copy of an application for approval of a non-standard spacing and proration unit and compulsory pooling that COG Operating LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division").

The proposed non-standard spacing and proration unit ("project area") is comprised of the W/2 W/2 of Section 21, Township 25 South, Range 35 East, N.M.P.M., Lea County, New Mexico. The location of the proposed project area is orthodox. Yates', Myco's, and ABO's (collectively "Yates'") interests are not being pooled, but as the owner of an interest in an offsetting tract, Yates is entitled to receive notice of COG's application.

COG's application (Division Case No. 15296) is scheduled for hearing at 8:15 a.m. on Thursday, May 14, 2015, in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Yates is not required to attend the hearing, but as the owner of an interest in an offset tract, Yates has the right to appear at the hearing and present testimony. If Yates does not appear at the hearing it will be precluded from contesting this matter at a later date.

A party appearing in the case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday May 7, 2015. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,

Gary W. Larson

GWL:rc
Enclosure

OCD Case No. 15296

**COG OPERATING
Exhibit # 6**

PO BOX 10
ROS WELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

Coachman Fee Com #4H

Offset Interests:

Yates Petroleum Corp.
Myco Industries
ABO Petroleum
105 S. 4th St.
Artesia, NM 88210

OXY Y-1
Oxy Permian Ltd.
5 Greenway Plaza, Suite 110
Houston, TX 77046-0506

Devon Energy Co.
Devon Energy Corporation
Devon Energy Center Tower – OKDEC30.314
333 W. Sheridan Avenue
Oklahoma City, OK 73102-5015

Endurance Properties, Inc.
15455 Dallas Parkway, Suite 600
Addison, TX 75002

Chevron USA, Inc.
1400 Smith St.
Houston, TX 77002

Beulah M. Baird Trust
c/o Norma Baird Loving
2009 Crockett Court
Irving, TX 75038

Jeanene Hollis Hall
P.O. Box 888
Socorro, NM 87801

Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220-6292

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- ☐ 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:

Beulah M. Baird Trust
% Norma Baird Loving
2009 Crockett Court
Irving, TX 75038

2. Article Number

(Transfer from service label)

7012 0470 0001 5963 5459

PS Form 3811, July 2013

Domestic Return Receipt

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☐ Agent☐ Addressee

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☐ No

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Chevron USA, Inc.
1400 Smith St.
Houston, TX 77002

2. Article Number

(Transfer from service label)

7012 0470 0001 5963 5473

PS Form 3811, July 2013

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☐ Agent☐ Addressee

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D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Devon Energy Co.
Attn. Kathy Black
333 W. Sheridan Ave.
Oklahoma City, OK
73102-5015

2. Article Number

(Transfer from service label)

7012 0470 0001 5963 5497

PS Form 3811, July 2013

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☐ Agent☐ Addressee

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®☐ Priority Mail Express™☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border-bottom: 1px solid black; width: 150px; margin: 0;">X <i>Teresa Walscheid</i></div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="border-bottom: 1px solid black; width: 150px; margin: 0;">Teresa Walscheid</div> <div style="border-bottom: 1px solid black; width: 100px; margin: 0;">4-29-15</div> </p> <p>D. Is delivery address different from item 4? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Endurance Properties</i> <i>15455 Dallas Pkwy</i> <i>Suite 600</i> <i>Addison, TX 75002</i></p> </div>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7012 0470 0001 5963 5503 (Transfer from service label)</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border-bottom: 1px solid black; width: 150px; margin: 0;">X <i>S. Soules</i></div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="border-bottom: 1px solid black; width: 150px; margin: 0;">S. SOULES</div> <div style="border-bottom: 1px solid black; width: 100px; margin: 0;">5-7-15</div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Ed Fernandez</i> <i>Bureau of Land Management</i> <i>620 E. Greene St.</i> <i>Carlsbad, NM 88220</i></p> </div>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7013 3020 0000 4641 2032 (Transfer from service label)</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Jeanene Hollis Hall</i> <i>P.O. Box 888</i> <i>Socorro, NM 87801</i></p> </div>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7008 0500 0001 4690 2318 (Transfer from service label)</p>	
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<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">OXY 4-1</p> <p style="font-size: 1.2em;">ATTN: Joel Johnson</p> <p style="font-size: 1.2em;">5 Greenway Plaza</p> <p style="font-size: 1.2em;">Suite 110</p> <p style="font-size: 1.2em;">Houston, TX 77046</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7012 0470 0001 5963 5480</p>	
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<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Yates Petroleum</p> <p style="font-size: 1.2em;">105 S. 4th St.</p> <p style="font-size: 1.2em;">Artesia, NM</p> <p style="font-size: 1.2em;">88210</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7012 0470 0001 5963 5510</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	