

HINKLE SHANOR LLP

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

WRITER:

Gary W. Łarson, Partner glarson@hinklelawfirm.com

April 23, 2015

VIA CERTIFIED MAIL

Mitchell A. Cappadonna PO Box 624 Ganado, TX 77962

Re: COG Operating LLC NMOCD Application

Dear Mr. Cappadonna:

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 is comprised of the W/2 NE/4 of Section 5, Township 25 South, Range 35 East and the W/2 SE/4 of Section 32, Township 24 South, Range 35 East, N.M.P.M., Eddy County, New Mexico.

This matter (Division Case No. 15295) 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. 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 at the hearing and present testimony. If you do not appear at that time and become a party of record you will be precluded from contesting the matter at a later date.

A party appearing in a Division 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

OCD Case No. 15295

COG OPERATING
Exhibit # 5

GWL:rc Enclosure

> PO BOX 10 ROSWELL, 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

Skull Cap State Com #2H

Mineral Interests: J & 0 (Sec. 32):

COG Operating

B G & J (Sec.5):

COG Operating

Jewell Hasford P.O. Box 624 Ganado, TX 77962

Mitchell A. Cappadona 303 Bandera Ganado, TX 79762

Beulah M. Baird Trust Norma Baird Loving and Weldon Baird TTEs C/O Norma Baird Loving 2009 Crockett Court Irving, TX 75038

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

Shirley Sue Mosley P.O. Box 624 Ganado, TX 77962

Joe Bill Mosley P.O. Box 624 Ganado, TX 77962

Energen Attn: Austin Puckett 3300 North A St., STE 100 Midland, TX 79705

F	G	H
К	J	l
N Sec. 32	0	Р
С	В	А
F	G	H
К	J	I
N Sec. 5	Ö	Р.

Skull Cap State Com #2H

Offset Interests:

F G H I K P & N (Sec. 32) & A C H F I N O & P (Sec. 5):

COG Operating

K (Sec. 5):

COG Operating

Jewell Hasford (notified as pooled party) P.O. Box 624 Ganado, TX 77962

Mitchell A. Cappadona (notified as pooled party) P.O. Box 624 Ganado, TX 77962

Beulah M. Baird Trust (notified as pooled party)
Norma Baird Loving and Weldon Baird TTEs
C/O Norma Baird Loving
2009 Crockett Court
Irving, TX 75038

Jeanene Hall (notified as pooled party) P.O. Box 888 Socorro, NM 87801

Shirley Sue Mosley (notified as pooled party) P.O. Box 624 Ganado, TX 77962

Joe Bill Mosley (notified as pooled party) P.O. Box 624 Ganado, TX 77962

Energen (notified as pooled party) Attn: Austin Puckett 3300 North A St., STE 100 Midland, TX 79705

F	G	Н
К	J	·
N Sec. 32	0	,P
С	В	А
F	G	Н
К	J	ı
N Sec. 5	0	Р

Agent Addressed elved by (Printed Marne) C. Date of Delivery ellvery address different from item 1? Yes ES, enter delivery address below Vice Type Certified Mail Priority Mail Express* Registered Esturn Receipt for Merchandise Insured Mail
elved by (Printed Mame) C. Date of Delivery address different from Item 1? Yes S, enter delivery address below Vice Type Certified Mall Registered C. Date of Delivery Yes Express Registered C. Date of Delivery Yes Provided Mall Registered C. Date of Delivery Yes Provided Mall Registered C. Date of Delivery
Priority Mall Express Registered Receipt for Merchandise
vice Type Certified Mall Registered Priority Mall Express** Registered
vice Type Certified Mail® Priscit Mail Express™ Registered Receipt for Merchandise
Certified Mall [®] Di Priestiv Mall Express [™] Registered Express Faturn Receipt for Merchandiss
- /_ ·
tricted Delivery? (Extra Fee)
)OO 4640 3054
pt

usia wig saguon on dauvery
natura
elved by (Printed Name) O. Date of Deliver
elivery address/different from tem 17 1 Yes ES, enter delivery address below:
MAY - 4 2015
vice Type US175 Certified Mail® ☐ Priority Malt Express™ Registered ☑ Return Receipt for Merchandis
tricted Delivery? (Extra Fee)
3000 4640 3047
pt
THE THE SECTION ON DELIVERY
ature Agent Addresses
elived by (Printed Name) C. Date of Delivery
livery address different from item 1? Yes S, enter delivery address below:
APR 27 2015
7 1926 7 4506 77
ce Type ertified Mali [®] La Priority Meli Express [®] egistered Return Receipt for Merchandise sured Mail Collect on Delivery

PS Form 3811 July 2013

Sandar Government in the Control of	GOMPLETE WIS SECTION ON DEWNERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
D Attach this card to the back of the mailpiece, or on the front if space permits.	David Nall 4/24/15
1. Article Addressed to:	D. Is delivery address different from item 1?
Jeanene Hall	2 A 28
P.O.Box 888	3. Service Type
50corro, nm 87801	☐ Registered ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
(transfer from service label)	3020 0000 4640 3061
PS Form 3811, July 2013 Domestic Ret	turn Receipt
SENDER COMPLEMENT SERVICE	COMPUSIE THIS SECTION ON DELIVERY
☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Print your name and address on the reverse	A. Signaturi
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 12
Jewell Hastord	APR 27 2015
Jewell Hastord P.O. Box 624	13.7.2 / 2013
Ganado, TX 77962	3. Service Type ■ Certified Mall ^{SS} Priority Mall Express™
Carlles, 17 11 160	Registered Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) Yes
(Iranster from service label)	020 0000 4640 3023
PS Form 3811, July 2013 Domestic Ret	turn Receipt
	COMPUSIE ULUS SECUCIONONIO EUVERY
Sandar Gowland this Samon	A Signature
D Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece,	B. Heceived by (Printed Name)
or on the front if space permits.	D. Is delivery address different from item 17 🔲 Yes
1. Article Addressed to:	If YES, enter delivery address below: No
Shirley Sue Mosley P.O. Box 624	APR 27 2015
1.0 ROX 624	/2003
Ganado, TX 77962	3. Service Type USP5 ☐ Certified Malie ☐ Priority Mail Express™ ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mall ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	, 3020 0000 4640 3078

(Transfer from service label)

Domestic Batura Receipt

!	4
SEANE SOMEVERS WILLS SECULOR	Семплатия в томомо по тимаму
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 mailplece,	A. Signature A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to: Joe Bill Mosley P.O. Box 624	D. Is delivery address different from its much sas if YES, enter delivery address below: APR 2.7 ZUIS
Ganado, TX 77962	3. Service Type USPS Certified Mail® Priority Mall Express** Registered Return Receipt for Merchandise insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee)
2. Article Number 7013	3020 0000 4640 3085
PS Form 3811, July 2013 Domestic Ra	sturn Recelpt
GEADER COMPARED TRIB SEGMON	COMPLETE SECTION ON DEVIVERY
□ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Print your name and address on the reverse	A Signature:
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: Susan A. Tanis, CPL. Landman Energen Resources Corp.	B. Recalled by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
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: Susan A. Tanis, CPL. Landman Energen Resources Corp.	B. Recailed by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Coertified Mall Priority Mail Express Registered Registered Insured Mail Collect on Delivery
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: Susan A. Tanis, CPL. Landman Energen Resources Corp. 605 Richard Arrington Jr. Blvd. N. Birming, Alabama 35203	B. Recalled by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:

.

•

•