

hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:

Gary W. Larson,
Partner

glarson@hinklelawfirm.com

September 22, 2015

VIA CERTIFIED MAIL

Pear Resources
P.O. Box 11044
Midland, TX 79702

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 ("project area") and compulsory pooling that COG Operating LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division").

The proposed project area is comprised of the W/2 E/2 of Section 15, Township 17 South, Range 32 East, N.M.P.M., Lea County, New Mexico. The project area is to be dedicated to COG's Ragnar Fed Com #25H well, which will be horizontally drilled from a surface location in Unit B of Section 22, Township 17 South, Range 32 East to a bottom hole location in Unit B of Section 15, Township 17 South, Range 32 East. The location of the well's completed interval will be orthodox. Pear Resources' ("Pear's") interests are not being pooled, but as the owner of an interest in offsetting tract, it is entitled to receive notice of COG's application.

COG's application (Division Case No. 15392) is scheduled for a public hearing at 8:15 a.m. on Thursday, October 15, 2015, in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Pear is not required to attend the hearing, but as the owner of an interest in an offsetting tract, it has the right to appear at the hearing and present testimony. If Pear does not appear at the hearing, then 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 has to be filed no later than Thursday, October 8, 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.

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-822-6510
(FAX) 575-823-9332

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-822-6510
(FAX) 575-746-8316

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

OCD Case No. 15392
COG OPERATING
Exhibit #7

Pear Resources
September 22, 2015
Page 2

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Gary W. Larson". The signature is fluid and cursive, with the first name "Gary" and last name "Larson" clearly distinguishable.

Gary W. Larson

GWL:sm
Enclosure

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3.</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>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">Pear Resources P.O. Box 11044 Midland, TX 79702</p> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px auto;"></div> <p style="text-align: center; font-weight: bold;">9590 9403 0764 5196 2885 99</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; margin-left: 20px;">7013 3020 0000 4605 0876</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JO Anne Jackson</i> C. Date of Delivery <i>9-28-15</i></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>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	

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

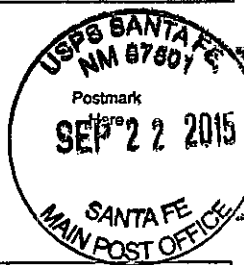
Sent To *Lynn Petroleum*

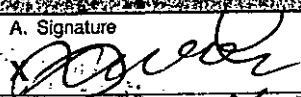
Street, Apt. No., or PO Box No. *P.O. Box 1979*

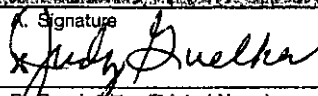
City, State, ZIP+4 *Hobbs, NM 88241*

PS Form 3800, August 2006 See Reverse for Instructions

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Total Postage & Fees \$	
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Street, Apt. No., or PO Box No. <u>110 N. Marienfeld #580</u>	
City, State, ZIP+4® <u>Midland TX 79702</u>	
PS Form 3800, August 2005 See Reverse for Instructions	

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1. Article Addressed to: <u>ConocoPhillips Co.</u> <u>600 N. Dairy Ashford</u> <u>Houston, TX 77079</u>	B. Received by (Printed Name) <u>D. Gonzalez</u> C. Date of Delivery <u>9/22</u>
2. Article Number (Transfer from service label) <u>7013 3020 0000 4605 0920</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, April 2015 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
	Domestic Return Receipt

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1. Article Addressed to: <u>Legacy Reserves Oper.</u> <u>303 W. Wall, Ste. 1400</u> <u>Midland, TX 79701</u>	B. Received by (Printed Name) <u>J. Guelker</u> C. Date of Delivery <u>9-25-15</u>
2. Article Number (Transfer from service label) <u>7013 3020 0000 4605 0890</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, April 2015 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
	Domestic Return Receipt

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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:

Devon Energy Prod.
20 N. Broadway Ave.
Oklahoma City, OK
73102

9590 9403 0764 5196 3381 33

2. Article Number (Transfer from service label)

7013 3020 0000 4605 0913

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

David Canillo

☐ Agent

☐ Addressee

B. Received 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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery