

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruce@aol.com

November 10, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

COG Operating LLC
600 West Illinois
Midland, Texas 79701

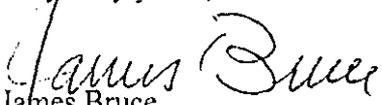
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a Wolfcamp well in the N $\frac{1}{2}$ N $\frac{1}{2}$ of Section 25, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 3, 2015, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the well unit.** You are not required to attend this hearing, but you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Wednesday, November 25, 2015. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Matador Production Company

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

For delivery information visit our website at www.usps.com

MIDLAND, TX 79701

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.25

Postmark Here
 NOV 10 2015
 SAN ANTONIO, TX

Sent To
 Street, Apt. No., or PO Box No. COG Operating LLC
 600 West Illinois
 City, State, ZIP+4 Midland, Texas 79701

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4609 1893

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

COG Operating LLC
 600 West Illinois
 Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Emily Auringer*

B. Received by (Printed Name) C. Date of Delivery
 EMILY AURINGER 11/13/15

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

2. Article Number (Transfer from service label)

7013 3020 0000 4609 1893

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	