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# 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

May 26, 2016

## VIA CERTIFIED MAIL

Judith A. West a/k/a Judy Reynolds West  
P.O. Box 1948  
Cullman, AL 35056

Re: COG Operating LLC NMOCD Application

Dear Ms. West:

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 S/2 S/2 of Section 25, Township 18 South, Range 28 East and the S/2 SE/4 of Section 26, Township 18 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter (Division Case No. 15500) is scheduled for hearing at 8:15 a.m. on Thursday, June 23, 2016 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 COG's 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.

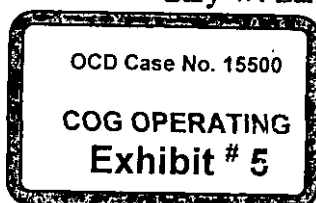
A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, June 16, 2016. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the 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



PO BOX 10  
ROSWELL, NEW MEXICO 86202  
575-622-6510  
(FAX) 575-623-9332

PO BOX 1720  
ARTESIA, NEW MEXICO 88210  
575-622-6510  
(FAX) 575-746-8318

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1. Article Addressed to: <i>William Bradshaw III</i> <i>c/o Lincoln Oil + Gas</i> <i>701 Three Cross</i> <i>Roswell, NM 88201</i>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7012 0470 0001 5555 1759		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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1. Article Addressed to: <i>Thomas R. Sivley Trust</i> <i>c/o Melissa Rickman</i> <i>U.S. Trust</i> <i>2100 S. Utica Ave #150</i> <i>Tulsa, OK 74114</i>		B. Received by (Printed Name) <i>James Sanders</i> C. Date of Delivery <i>5/31/16</i>	
2. Article Number (Transfer from service label) 7013 3020 0000 4611 0761		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		Domestic Return Receipt	

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1. Article Addressed to: <i>Patricia Del Valle Trust</i> <i>c/o Wells Fargo Bank</i> <i>500 W. Texas Ave. #760</i> <i>Midland, TX 79702</i>		B. Received by (Printed Name) <i>LOU ANN ADAMS</i> C. Date of Delivery	
2. Article Number (Transfer from service label) 7012 0470 0001 5555 1742		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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1. Article Addressed to: Norman Stevens, Jr. 1000 Louisiana, #3400 Houston, TX 77002	B. Received by (Printed Name) C. Date of Delivery JUN - 1 2016
2. Article Number (Transfer from service label) 7012 0470 0001 5955 1803	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No WLK
9590 9403 0356 5163 0498 52	3. Service Type <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"/> 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
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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1. Article Addressed to: Lisa McFarland Trust c/o Wells Fargo Bank 500 W. Texas Ave. #760 Midland TX 79701	B. Received by (Printed Name) C. Date of Delivery RECEIVED JUN 06 2016
2. Article Number (Transfer from service label) 7012 0470 0001 5955 1728	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
9590 9403 0356 5163 0498 69	3. Service Type <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"/> 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
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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1. Article Addressed to: JOAnn Sivley U.S. Trust Ruffert Trust Melissa Rickman 2100 S. Utica, #150 Tulsa, OK 74114	B. Received by (Printed Name) C. Date of Delivery JOAnn Sanders 5/31/16
2. Article Number (Transfer from service label) 7012 0470 0001 5955 1735	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
9590 9403 0356 5163 0498 40	3. Service Type <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"/> 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
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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1. Article Addressed to: <b>HHB Limited Partnership</b> <b>6823 S. Florence Ave</b> <b>Tulsa, OK 74136</b>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) <b>7012 0470 0001 5955 1780</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <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"/> 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	
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 City, State, ZIP+4 **Cullman, AL 35056**

PS Form 3800, August 2006 See Reverse for Instructions

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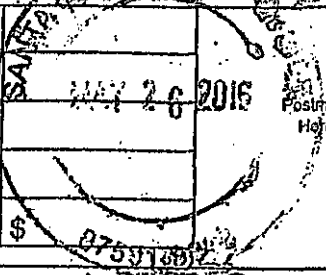
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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 Street, Apt. No., or PO Box No. **405 Lexington Ave, 59th Fl**  
 City, State, ZIP+4 **New York, NY 10174**

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