

STATE OF NEW MEXICO  
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES  
OIL CONSERVATION DIVISION

APPLICATION OF NEARBURG EXPLORATION COMPANY, SRO2 LLC AND SRO3  
LLC FOR AN ACCOUNTING AND LIMITATION ON RECOVERY OF WELLS  
COSTS, AND FOR CANCELLATION OF APPLICATION FOR PERMIT TO DRILL,  
EDDY COUNTY, NEW MEXICO

CASE NOS 15441, 15481, and 15482

AFFIDAVIT

STATE OF NEW MEXICO   )  
  ) ss  
COUNTY OF SANTA FE   )


Michael H Feldewert, attorney in fact and authorized representative of COG Operating  
LLC, the Applicant herein being first duly sworn, upon oath states that the above-referenced  
Application has been provided under the notice letters and proof of receipts attached hereto

  
\_\_\_\_\_  
Michael H Feldewert

SUBSCRIBED AND SWORN to before me this 3rd day of May 2015 by Michael H  
Feldewert



OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 01/14/19

  
\_\_\_\_\_  
Notary Public

BEFORE THE OIL CONVERSATION  
COMMISSION  
Santa Fe New Mexico  
Exhibit No 29  
Submitted by COG OPERATING LLC  
Hearing Date February 28 2017

BEFORE THE OIL CONVERSATION  
DIVISION  
Santa Fe New Mexico  
Exhibit No 29  
Submitted by COG Operating LLC  
Hearing Date May 4 2016

**HOLLAND & HART** LLP



**Jordan L. Kessler**  
**Associate**

**Phone** (505) 988 4421

**Fax** (505) 983 6043

**JLKessler@hollandhart.com**

March 25, 2016

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO Nearburg Exploration Company**  
**c/o Scott Hall**  
**Montgomery & Andrews**  
**P O Box 2307**  
**Santa Fe, New Mexico 87504-2307**

**Re Application of COG Operating LLC for a non-standard spacing and  
proration unit and compulsory pooling, Lea County, New Mexico**  
**SRO State Com No 43H Well**

Dear Mr. Hall

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on April 14, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19-15-4-13-B to file a Pre-hearing Statement four business days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include the names of the parties and their attorneys, a concise statement of the case, the names of all 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 are to be resolved prior to the hearing.

If you have any questions about this matter, please contact Ryan Owen, at (432) 818-2327 or [ROwen@concho.com](mailto:ROwen@concho.com).

Sincerely,

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart** LLP

**Phone** (505) 988-4421 **Fax** (505) 983 6043 **www.hollandhart.com**

**110 North Guadalupe, Suite 1, Santa Fe, New Mexico 87501** **Mailing Address** PO Box 2208, Santa Fe, NM 87504-2208

**Aspen, Boulder, Colorado Springs, Denver, Tech Center, Billings, Cheyenne, Jackson Hole, Las Vegas, Reno, Salt Lake City, Santa Fe, Washington, D.C.**

HOLLAND & HART LLP



**Jordan L. Kessler**  
**Associate**

**Phone** (505) 988 4421

**Fax** (505) 983 6043

**JLKessler@hollandhart.com**

March 25 2016

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO OFFSETTING LESSEES AND OPERATORS**

**Re Application of COG Operating LLC for a non-standard spacing and  
proration unit and compulsory pooling, Lea County, New Mexico  
SRO State Com No 43H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division *Your interests are not being pooled under this application* but as a lessee or operator in an offsetting tract, you are entitled to notice of this application

This application has been set for hearing before a Division Examiner at 8 15 AM on April 14, 2016 The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 and present testimony Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date

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Sincerely,

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart LLP**

**Phone** [505] 988-4421 **Fax** [505] 983-6043 **www.hollandhart.com**

**110 North Guadalupe Suite 1 Santa Fe New Mexico 87501 Mailing Address PO Box 2208 Santa Fe NM 87504-2208**

**Asp. Boulde. Carson City Colo. ado Springs De. ve. D. ve Tech Ce. te. B illings Bo. se Chey. e Jackso. Hole Las Vegas Reno Salt Lake City Santa Fe Washington D.C. Q**

**COG OPERATING LLC**  
**SRO STATE COM 43H & 44H WELLS**

**Party to be Pooled**

Nearburg Exploration Company, L L C  
3300 N A St , Bldg 2 Suite 120  
Midland, TX 79705

**Offsets**

Yates Petroleum Corporation  
105 S 4th Street  
Artesia, NM 88211

Abo Petroleum Corporation  
105 S 4th Street  
Artesia, NM 88211

Myco Industries, Inc  
105 S 4th Street  
Artesia, NM 88211

OXY Y-1 Company  
P O Box 4294  
Houston TX 77210

The Allar Company  
P O Box 1567  
Graham, TX 76450

Chevron USA Inc  
Attn NOJV Group  
P O Box 2100  
Houston, TX 77252

Devon Energy Production Company LP  
20 North Broadway, Suite 1500  
Oklahoma City, OK 73102

7015 3010 0001 8827 2021

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**OFFICIAL USE**

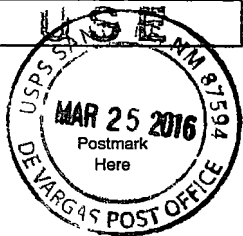
Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box add fee appropriate)  
☒ Return Receipt (hardcopy) \$ 2.80  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

Nearburg Exploration  
 Company L L C  
 3300 N A St, Bldg 2 Suite 120  
 Midland TX 79705

PS Form 3811, April 2015 PSN 7530 02 000 9053 See Reverse for Instructions



7015 3010 0001 8827 2038

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**OFFICIAL USE**

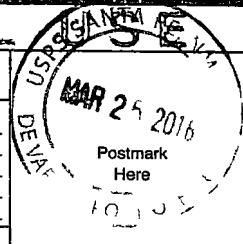
Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box add fee appropriate)  
☒ Return Receipt (hardcopy) \$ 2.80  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

Yates Petroleum Corporation  
 105 S 4th Street  
 Artesia, NM 88211

PS Form 3811, April 2015 PSN 7530 02 000 9053 See Reverse for Instructions



**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

Article Addressed to:  
 Yates Petroleum Corporation  
 105 S 4th Street  
 Artesia, NM 88211

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
 Bha

C. Date of Delivery  
 3/28/16

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

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

Article Number (Transfer from service label)  
 7015 3010 0001 8827 2038

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

7015 3010 0001 8827 2045

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**OFFICIAL USE**

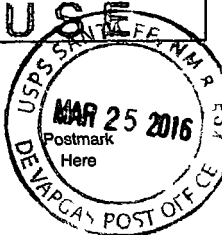
Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.10  
☐ Certified Mail Restricted Delivery  
☐ Adult Signature Required  
☐ Adult Signature Restricted Delivery

Postage  
 \$  
 Total \$  
 Sent To  
 Street  
 City

Abo Petroleum Corporation  
 105 S 4th Street  
 Artesia NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



**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

Article Addressed to  
 Abo Petroleum Corporation  
 105 S 4th Street  
 Artesia, NM 88211

9590 9401 0128 5225 9677 36

Article Number (Transfer from service label)  
 7015 3010 0001 8827 2045

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

**COMPLETE THIS SECTION ON DELIVERY**

A Signature  
☐ Agent  
☐ Addressee

B Received by (Printed Name)  
 Bna

C Date of Delivery  
 3/28/16

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

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

7015 3010 0001 8827 2052

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Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.10  
☐ Certified Mail Restricted Delivery  
☐ Adult Signature Required  
☐ Adult Signature Restricted Delivery

Postage  
 \$  
 Total \$  
 Sent To  
 Street  
 City

Myco Industries, Inc  
 105 S 4th Street  
 Artesia, NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9053 Instructions



**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

Article Addressed to  
 Myco Industries Inc  
 105 S 4th Street  
 Artesia, NM 88211

9590 9401 0128 5225 9677 43

Article Number (Transfer from service label)  
 7015 3010 0001 8827 2052

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

**COMPLETE THIS SECTION ON DELIVERY**

A Signature  
☐ Agent  
☐ Addressee

B Received by (Printed Name)  
 Bna

C Date of Delivery  
 3/28/16

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

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

7015 3010 0001 8827 2076

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**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (ch ck box dd fe as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.80  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

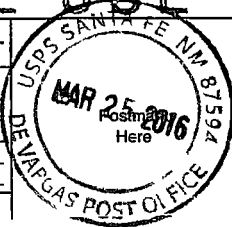
Total P  
 \$ \_\_\_\_\_

Sent To  
 OXY Y-1 Company  
 P O Box 4294  
 Houston, TX 77210

Street &  
 Houston, TX 77210

City St  
 Houston, TX 77210

PS Form 3800, April 2015 PSN 7530 02 000 9047 See Reverse for Instructions



**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  
 OXY Y-1 Company  
 P O Box 4294  
 Houston, TX 77210

2 Article Number (Transfer from service label)  
 9590 9401 0128 5225 9677 50  
 7015 3010 0001 8827 2076

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

**COMPLETE THIS SECTION ON DELIVERY**

A Signature  
 X *[Signature]*

B Received by (Printed Name)  
 [Signature]

C Date of Delivery  
 3-28-16

D Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES enter delivery address below

3 Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Signature Confirmation  
☐ Signature Confirmation Restricted Delivery

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

(over 500)

7015 3010 0001 8827 2076

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**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (ch ck box dd fe as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.80  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

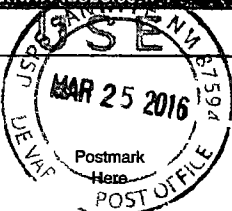
Total Post  
 \$ \_\_\_\_\_

Sent To  
 The Allar Company  
 P O Box 1567  
 Graham, TX 76450

Street and  
 Graham, TX 76450

City State  
 Graham, TX 76450

PS Form 3800, April 2015 PSN 7530 02 000 9047 See Reverse for Instructions



**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  
 The Allar Company  
 P O Box 1567  
 Graham, TX 76450

2 Article Number (Transfer from service label)  
 9590 9401 0128 5225 9677 67  
 7015 3010 0001 8827 2076

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

**COMPLETE THIS SECTION ON DELIVERY**

A Signature  
 X *Melanie Barrett*

B Received by (Printed Name)  
 Melanie Barrett

C Date of Delivery  
 3-28-16

D Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES enter delivery address below

3 Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Signature Confirmation  
☐ Signature Confirmation Restricted Delivery

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

(over 500)

7015 3010 0001 8827 2083

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**OFFICIAL USE**

Certified Mail Fee \$ 345

Extra Services & Fees (ch ck box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 280

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

**Total Postage** \$

**Sent To**

**Street and**

**City State**

**Postmark Here** MAR 23 2016

**Chevron USA Inc**  
**Attn NOJV Group**  
**P O Box 2100**  
**Houston, TX 77252**

PS Form 3811, July 2015 PSN 7530 02 000 9053 See Reverse for Instructions

7015 3010 0001 8827 2090

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**OFFICIAL USE**

Certified Mail Fee \$ 345

Extra Services & Fees (ch ck box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 280

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

**Total Postage** \$

**Sent To**

**Street and**

**City State**

**Postmark Here** MAR 23 2016

**Devon Energy Production**  
**Company LP**  
**20 North Broadway, Suite 1500**  
**Oklahoma City, OK 73102**

PS Form 3811, April 2015 PSN 7530 02 000 9047 See Reverse for Instructions

**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

**Chevron USA Inc**  
**Attn NOJV Group**  
**P O Box 2100**  
**Houston, TX 77252**

2 Article Number (Transfer from service label)

**7015 3010 0001 8827 2083**

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

**COMPLETE THIS SECTION ON DELIVERY**

A Signature **X** *[Signature]* ☐ Agent ☐ Addressee

B Received by (Printed Name) *[Signature]* C Date of Delivery **MAR 30 2016**

D Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES enter delivery address below

3 Service Type

☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail  
☒ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise  
☐ Collect on Delivery ☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery ☐ Restricted Delivery (over \$500)

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1 Article Addressed to

**Devon Energy Production**  
**Company LP**  
**20 North Broadway, Suite 1500**  
**Oklahoma City, OK 73102**

2 Article Number (Transfer from service label)

**7015 3010 0001 8827 2090**

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

**COMPLETE THIS SECTION ON DELIVERY**

A Signature **X** *David Canillo* ☐ Agent ☐ Addressee

B Received by (Printed Name) *[Signature]* C Date of Delivery **MAR 28 2016**

D Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES enter delivery address below

3 Service Type

☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail  
☒ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise  
☐ Collect on Delivery ☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery ☐ Restricted Delivery (over \$500)



**COG OPERATING LLC**  
**SRO STATE COM 43H & 44H WELLS**

**Party to be Pooled**

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Artesia, NM 88211

Abo Petroleum Corporation  
105 S 4th Street  
Artesia, NM 88211

Myco Industries Inc  
105 S 4th Street  
Artesia, NM 88211

OXY Y-1 Company  
P O Box 4294  
Houston, TX 77210

The Allar Company  
P O Box 1567  
Graham, TX 76450

Chevron USA Inc  
Attn NOJV Group  
P O Box 2100  
Houston, TX 77252

Devon Energy Production Company LP  
20 North Broadway, Suite 1500  
Oklahoma City, OK 73102

**HOLLAND & HART**



**Jordan L. Kessler**

**Associate**

**Phone (505) 988 4421**

**Fax (505) 983 6043**

**JLKessler@hollandhart.com**

March 25, 2016

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**CERTIFIED RECEIPT REQUESTED**

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**Montgomery & Andrews**  
**P O Box 2307**  
**Santa Fe, New Mexico 87504-2307**

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**SRO State Com No 44H Well**

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Sincerely,

Jordan L. Kessler

**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart LLP**

**Phone (505) 988-4421 Fax (505) 983 6043 [www.hollandhart.com](http://www.hollandhart.com)**

**110 North Guadalupe Suite 1 Santa Fe New Mexico 87501 Mailing Address PO Box 2208 Santa Fe NM 87504-2208**

**Aspen Boulder Cañon City Colorado Springs Denver Durango Fort Collins Houston Jacksonville Las Vegas Reno Salt Lake City Santa Fe Washington D.C.**

**HOLLAND & HART**



**Jordan L. Kessler**

**Associate**

**Phone (505) 988 4421**

**Fax (505) 983 6043**

**JLKessler@hollandhart.com**

March 25, 2016

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**RETURN RECEIPT REQUESTED**

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proration unit and compulsory pooling, Lea County, New Mexico  
SRO State Com No 44H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application* but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on April 14, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four business days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include the names of the parties and their attorneys, a concise statement of the case, the names of all 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 are to be resolved prior to the hearing.

If you have any questions about this matter please contact Ryan Owen, at (432) 818 2327 or [ROwen@concho.com](mailto:ROwen@concho.com)

Sincerely,

**Jordan L. Kessler**

**ATTORNEY FOR COG OPERATING LLC**

**Holland & Hart LLP**

**Phone (505) 988-4421 Fax (505) 983-6043 [www.hollandhart.com](http://www.hollandhart.com)**

**110 North Guadalupe Suite 1 Santa Fe New Mexico 87501 Mailing Address PO Box 2208 Santa Fe NM 87504-2208**

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☐ Adult Signature Required \$ 000  
☐ Adult Signature Restricted Delivery \$ 000

Postage  
 \$ 000

Nearburg Exploration  
 Company L L C  
 3300 N A St Bldg 2 Suite 120  
 Midland TX 79705

for instructions

USPS SANTA FE NM 87594  
 MAR 25 2016  
 DE VAPCAS POST OFFICE

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☐ Return Receipt (electronic) \$ 000  
☐ Certified Mail Restricted Delivery \$ 000  
☐ Adult Signature Required \$ 000  
☐ Adult Signature Restricted Delivery \$ 000

Postage  
 \$ 000

Yates Petroleum Corporation  
 105 S 4th Street  
 Artesia NM 88211

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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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1 Complete items 1, 2, and 3  
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 3 Attach this card to the back of the mailpiece or on the front if space permits

1 Article Addressed to  
 Nearburg Exploration  
 Company L L C  
 3300 N A St Bldg 2 Suite 120  
 Midland TX 79705

2 Article Number (Transfer from service label)  
 9590 9401 0128 5225 9676 44  
 7015 3010 0001 8827 2106

PS Form 3811 July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A Signature  
☒ X L. Fiesela  
☐ Agent  
☐ Addressee

B Received by (Printed Name)  
L. Fiesela

C Date of Delivery  
4/1/16

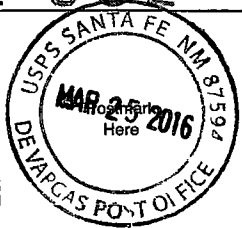
D Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES enter delivery address below

3 Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail<sup>®</sup>  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery

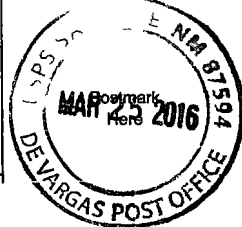
☐ Priority Mail Express<sup>®</sup>  
☐ Registered Mail<sup>®</sup>  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation<sup>®</sup>  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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Certified Mail Fee \$ <u>3.45</u>	
Extra Services & Fees (check box add fee appropriate) <input type="checkbox"/> Return Receipt (hard copy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage	
Abo Petroleum Corporation 105 S 4th Street Artesia, NM 88211	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3010 0001 8827 0652

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Certified Mail Fee \$ <u>3.45</u>	
Extra Services & Fees (check box add fee appropriate) <input type="checkbox"/> Return Receipt (hard copy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage	
Myco Industries, Inc 105 S 4th Street Artesia, NM 88211	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
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		A Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1 Article Addressed to Abo Petroleum Corporation 105 S 4th Street Artesia, NM 88211		B Received by (Printed Name) <u>Bra</u> C Date of Delivery <u>3/28/16</u>	
2 Article Number (Transfer from service label) 9590 9401 0128 5225 9676 68 7015 3010 0001 8827 0645		D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below	
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"/> 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, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
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		A Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1 Article Addressed to Myco Industries, Inc 105 S 4th Street Artesia, NM 88211		B Received by (Printed Name) <u>Bra</u> C Date of Delivery <u>3/28/16</u>	
2 Article Number (Transfer from service label) 9590 9401 0128 5225 9676 75 7015 3010 0001 8827 0652		D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below	
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"/> 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, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.80  
☐ Return Receipt (electronic)  
☐ Certified Mail Restricted Delivery  
☐ Adult Signature Required  
☐ Adult Signature Restricted Delivery

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OXY Y-1 Company  
 P O Box 4294  
 Houston TX 77210

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 ■ Attach this card to the back of the mailpiece or on the front if space permits

1 Article Addressed to  
 OXY Y-1 Company  
 P O Box 4294  
 Houston, TX 77210

2 Article Number (Transfer from service label)  
 7015 3010 0001 8827 0669

**COMPLETE THIS SECTION ON DELIVERY**

A Signature  
☒ Agent  
☐ Addressee

B Received by (Printed Name)  
 C Date of Delivery  
 3-29-16

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

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

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

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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.80  
☐ Return Receipt (electronic)  
☐ Certified Mail Restricted Delivery  
☐ Adult Signature Required  
☐ Adult Signature Restricted Delivery

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 MAR 25 2016  
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The Allar Company  
 P O Box 1567  
 Graham, TX 76450

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**SENDER: COMPLETE THIS SECTION**

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1 Article Addressed to  
 The Allar Company  
 P O Box 1567  
 Graham, TX 76450

2 Article Number (Transfer from service label)  
 7015 3010 0001 8827 0676

**COMPLETE THIS SECTION ON DELIVERY**

A Signature  
☒ Agent  
☐ Addressee

B Received by (Printed Name)  
 C Date of Delivery  
 3-29-16

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

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

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

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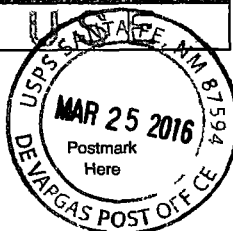
\$

Extra Services & Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hard copy) \$ 3.85  
☐ Return Receipt (electronic) \$ 2.80  
☐ Certified Mail Restricted Delivery \$         
☐ Adult Signature Required \$         
☐ Adult Signature Restricted Delivery \$

Postage

Chevron USA Inc  
 Attn NOJV Group  
 P O Box 2100  
 Houston, TX 77252



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1 Article Addressed to

Chevron USA Inc  
 Attn: NOJV Group  
 P O Box 2100  
 Houston, TX 77252

9590 9401 0128 5225 9677 05

2 Article Number (Transfer from service label)

7015 3010 0001 8827 0683

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

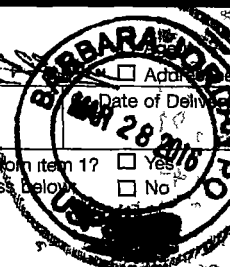
B Received by (Printed Name)

D Is delivery address different from item 1? ☐ Yes  
 If YES enter delivery address below ☐ No

3 Service Type

- ☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail  
☒ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise  
☐ Collect on Delivery ☐ Signature Confirmation  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

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☐ Return Receipt (electronic) \$ 2.80  
☐ Certified Mail Restricted Delivery \$         
☐ Adult Signature Required \$         
☐ Adult Signature Restricted Delivery \$

Postage

Devon Energy Production  
 Company LP  
 20 North Broadway, Suite 1500  
 Oklahoma City, OK 73102



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1 Article Addressed to

Devon Energy Production  
 Company LP  
 20 North Broadway Suite 1500  
 Oklahoma City, OK 73102

9590 9401 0128 5225 9677 12

2 Article Number (Transfer from service label)

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B Received by (Printed Name)

D Is delivery address different from item 1? ☐ Yes  
 If YES enter delivery address below ☐ No

3 Service Type

- ☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail  
☒ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise  
☐ Collect on Delivery ☐ Signature Confirmation  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Insured Mail ☐ Restricted Delivery (over \$500)

Domestic Return Receipt

