

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

**APPLICATION OF COG OPERATING, L.L.C. FOR  
APPROVAL OF A PRESSURE MAINTENACE PROJECT  
AND TO QUALIFY THE PROJECT FOR THE RECOVERED  
OIL TAX RATE, EDDY COUNTY, NEW MEXICO.**

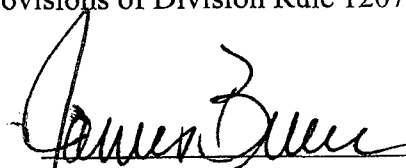
**Case No. 13,898**

**AFFIDAVIT OF NOTICE**

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

James Bruce, being duly sworn upon his oath, deposes and states:


1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for COG Operating, L.L.C., and have personal knowledge of the matters stated herein.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 9<sup>th</sup> day of May, 2007 by James Bruce.

My Commission Expires:

3/14/09

  
Notary Public

Oil Conservation Division  
Case No. 12  
Exhibit No.

**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)

jamesbruc@aol.com

April 19, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

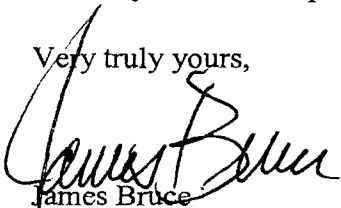
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an amended application to institute a pressure maintenance or waterflood (secondary recovery) project and to qualify the project for the recovered oil tax rate, filed with the New Mexico Oil Conservation Division by COG Operating, LLC, regarding the NW¼ of Section 20, Township 17 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. This matter was heard on April 12, 2007, and is re-scheduled for additional testimony at 8:15 a.m. on Thursday, May 10, 2007, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, May 3, 2007 if you intend to participate at the hearing.

Very truly yours,



James Bruce

Attorney for COG Operating, LLC

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EXHIBIT A

EXHIBIT A

Cimarex Energy Co.  
Suite 1500  
5215 North O'Connor Blvd.  
Irving, Texas 75039

Attention: Zeno Farris

ConocoPhillips Company  
P.O. Box 2197  
Houston, TX 77252

EOG Resources, Inc.  
P.O. Box 2267  
Midland, Texas 79702

BP America Production Company  
P.O. Box 3092  
Houston, Texas 77253

Attention: Cherry Hlava

Bureau of Land Management  
620 East Greene Street  
Carlsbad, New Mexico 88220

Attention: Les Babyak

Read & Stevens, Inc.  
P.O. Box 1518  
Roswell, New Mexico 88202

Attention: John Maxey

Marbob Energy Corporation  
P.O. Box 227  
Artesia, New Mexico 88211

**SENDER: COMPLETE THIS SECTION**

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 mailpiece, or on the front if space permits.

Article Addressed to:

ConocoPhillips Company  
P.O. Box 2197  
Houston, TX 77252

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number 7005 2570 0000 4564 5442 Domestic Return Receipt

S Form 3811, February 2004 102595-02-M-1540

**U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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**POSTAL SERVICE SPECIAL USE**

Postage	\$	\$0.63	0500
Certified Fee		\$2.40	02
Return Receipt Fee (Endorsement Required)		\$1.85	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$4.88	

Postmark Here

04/20/2007

Sent To: ConocoPhillips Company  
P.O. Box 2197  
Houston, TX 77252

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3811, February 2004 102595-02-M-1540

**U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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**POSTAL SERVICE SPECIAL USE**

Postage	\$	\$0.63	0500
Certified Fee		\$2.40	02
Return Receipt Fee (Endorsement Required)		\$1.85	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$4.88	

Postmark Here

04/20/2007

Sent To: Cimarex Energy Co.  
Suite 1500  
5215 North O'Connor Blvd.  
Irving, Texas 75039

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Cimarex Energy Co.  
Suite 1500  
5215 North O'Connor Blvd.  
Irving, Texas 75039

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number 7005 2570 0000 4564 5459 Domestic Return Receipt

PS Form 3811, February 2004 102595-02-M-1540

# SENDER: COMPLETE THIS SECTION

- 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Read & Stevens, Inc.  
P.O. Box 1518  
Roswell, New Mexico 88202

2. Article Number  
(Transfer from service label)

7005 2570 0000 4564 5404

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COB

# COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Matt Smith C. Date of Delivery 4-25-07
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

# U.S. Postal Service<sup>™</sup> CERTIFIED MAIL<sup>™</sup> RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	\$0.63	0500
Certified Fee		\$2.40	02
Return Receipt Fee (Endorsement Required)		\$1.85	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$4.88	

Sent To BP America Production Company

P.O. Box 3092  
Houston, Texas 77253

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



# U.S. Postal Service<sup>™</sup> CERTIFIED MAIL<sup>™</sup> RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)

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**OFFICIAL USE**

Postage	\$	\$0.63	0500
Certified Fee		\$2.40	
Return Receipt Fee (Endorsement Required)		\$1.85	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$4.88	

Sent To

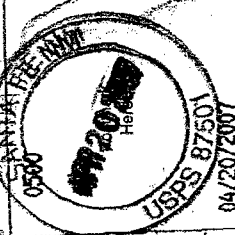
Read & Stevens, Inc.  
P.O. Box 1513  
Roswell, New Mexico 88202

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



# SENDER: COMPLETE THIS SECTION

- 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

BP America Production Company  
P.O. Box 3092  
Houston, Texas 77253

2. Article Number  
(Transfer from service label)

7005 2570 0000 4564 5428

PS Form 3811, February 2004

Domestic Return Receipt

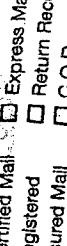
102595-02-M-1540

COB

# COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No



**SENDER: COMPLETE THIS SECTION**

- 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

EOG Resources, Inc.  
P.O. Box 2267  
Midland, Texas 79702

2. Article Number

7005 2570 0000 4564 5435

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*COB*

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *Bell* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Bell* C. Date of Delivery *2/20/07*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

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**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**

Postage	\$	\$0.63
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88



Sent To  
 EOG Resources, Inc.  
 P.O. Box 2267  
 Midland, Texas 79702

Street, Apt. No.,  
 or PO Box No.

5435 4954 0000 0252 5005

**U.S. Postal Service<sup>TM</sup>**

**CERTIFIED MAIL<sup>TM</sup> RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**

Postage	\$	\$0.63
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88



Sent To  
 Bureau of Land Management  
 620 East Greene Street  
 Carlsbad, New Mexico 88220

Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3811, June 2002 See Reverse for Instructions

5435 4954 0000 0252 5005

**SENDER: COMPLETE THIS SECTION**

- 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Bureau of Land Management  
 620 East Greene Street  
 Carlsbad, New Mexico 88220

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Simph...* C. Date of Delivery *4-23-07*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label) 7005 2570 0000 4564 5435

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*COB*

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**OFFICIAL USE**

Postage	\$	\$0.63
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88



Sent To  
 Street Apt. No.,  
 Marbob Energy Corporation  
 P.O. Box 227  
 Artesia, New Mexico 88211  
 City, State, ZIP+4

See Reverse for Instructions

7005 2570 0000 4564 5398

**SENDER: COMPLETE THIS SECTION**

- 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Marbob Energy Corporation  
 P.O. Box 227  
 Artesia, New Mexico 88211

2. Article Number  
 (Transfer from service label)

7005 2570 0000 4564 5398

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

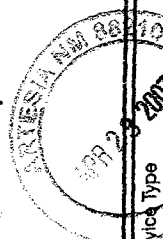
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Print Name) [Name] C. Date of Delivery [Date]

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:



3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

COG