

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work  
DRILL

5. Lease Number  
SF-080713  
Unit Reporting Number

1b. Type of Well  
GAS

6. If Indian, All. or Tribe

2. Operator  
**BURLINGTON**  
RESOURCES Oil & Gas Company

7. Unit Agreement Name  
San Juan 30-6 Unit

3. Address & Phone No. of Operator  
PO Box 4289, Farmington, NM 87499  
(505) 326-9700

8. Farm or Lease Name  
San Juan 30-6 Unit

9. Well Number  
#435S

4. Location of Well  
280' FSL, 780' FEL  
Latitude 36° 48.3675'N, Longitude 107° 24.5902'

10. Field, Pool, Wildcat  
Fruitland Coal

11. Sec., Twn, Rge, Mer. (NMPM)  
W Sec. 13, T30N, R6W  
API # 30-039-27792

14. Distance in Miles from Nearest Town  
45.4 miles to Blanco Post Office

12. County  
Rio Arriba ✓

13. State  
NM

15. Distance from Proposed Location to Nearest Property or Lease Line  
280'

16. Acres in Lease

17. Acres Assigned to Well  
E2 227.76

18. Distance from Proposed Location to Nearest Well, Drig, Compl, or Applied for on this Lease  
1102'

19. Proposed Depth  
3188'

20. Rotary or Cable Tools  
Rotary

21. Elevations (DF, FT, GR, Etc.)  
6180' GR

22. Approx. Date Work will Start

23. Proposed Casing and Cementing Program  
See Operations Plan attached

24. Authorized by: Joni Clark  
Regulatory/Compliance Specialist

Date 6/7/04

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY [Signature] TITLE Acting AFM DATE 10/4/04

Archaeological Report attached

Threatened and Endangered Species Report attached

NOTE: This format is issued in lieu of U.S. BLM Form 3160-3

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or presentations as to any matter within its jurisdiction.

DISTRICT II  
1301 W. Grand Ave., Artesia, N.M. 88210CT III  
Rio Grande L.A., Artesia, N.M. 87410OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 CopiesDISTRICT IV  
1220 South St. Francis Dr., Santa Fe, NM 87505☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

*API Number 30-039-27792		*Pool Code 71629	*Pool Name Basin Fruitland Coal
*Property Code 7469	*Property Name SAN JUAN 30-6 UNIT		*Well Number 435S
*OGRID No. 14538	*Operator Name BURLINGTON RESOURCES OIL & GAS COMPANY LP		*Elevation 6180'

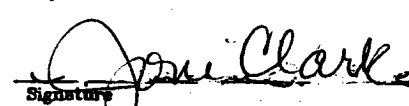

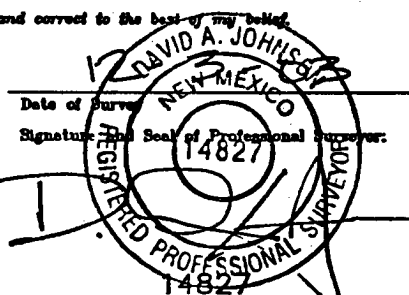
## 10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	13	30-N	6-W		280'	SOUTH	780'	EAST	RIO ARriba

## 11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
*Dedicated Acres E2 227.76					*Joint or Infill		*Consolidation Code		*Order No.

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<div>16</div>	<div>17 OPERATOR CERTIFICATION</div> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p> Signature</p> <p>Joni Clark Printed Name</p> <p>Regulatory Specialist Title</p> <p>6/17/04 Date</p>	
	<div>18 SURVEYOR CERTIFICATION</div> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p> Date of Survey</p> <p> Signature and Seal of Professional Surveyor</p> <p>14827 Certificate Number</p>	

# OPERATIONS PLAN

**Well Name:** San Juan 30-6 Unit # 435S  
**Location:** 280' FSL, 780' FEL Section 13, T-30-N, R-06-W  
Latitude 36° 48.3675'N, Longitude 107° 24.5902'W  
Rio Arriba, NM  
**Formation:** Basin Fruitland Coal  
**Elevation:** 6180'GR

Formation:	Top	Bottom	Contents
Surface	San Jose	2272'	
Ojo Alamo	2272'	2374'	aquifer
Kirtland	2374'	2850'	
Intermediate TD	2800'		
Fruitland Coal	2850'	3101'	gas
Pictured Cliffs	3103'	3188'	
Total Depth	3188'		

**Open Logging Program:** None  
**Mudlog:** from 7" to 3188'TD  
**Coring Program:** none

## **Mud Program:**

Interval	Type	Weight	Vis.	Fluid Loss
0- 120'	Spud Mud/Air/Air Mist	8.4-9.0	40-50	no control
120-2800'	Non-dispersed	8.4-9.0	30-60	no control
2800-3188'	Air/Mist			

## **Casing Program (as listed, the equivalent, or better):**

Hole Size	Depth Interval	Csg. Size	Wt.	Grade
12 1/4"	0' - 120'	9 5/8"	32.3#	H-40
8 3/4"	0' - 2800'	7"	20.0#	J-55
6 1/4"	2800' - 3188'	open hole		

## **Alternate Casing Program (as listed, the equivalent, or better):**

Hole Size	Depth Interval	Csg. Size	Wt.	Grade
12 1/4"	0' - 120'	9 5/8"	32.3#	H-40
8 3/4"	0' - 2800'	7"	20.0#	J-55
6 1/4"	2760' - 3188'	5 1/2"	15.5#	J-55

## **Tubing Program:**

0' - 3188'	2 3/8"	4.7#	J-55
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**Float Equipment:** 9 5/8" surface casing - saw tooth guide shoe. Centralizers will be run in accordance with Onshore Order #2.

7" intermediate casing - guide shoe and self-fill float collar. Standard centralizers run every other joint above shoe. Two turbolizing type centralizers - one below and one into the base of the Ojo Alamo @ 2374'. Standard centralizers thereafter every fourth joint up to the base of the surface pipe.

**Wellhead Equipment:** 9 5/8" x 7" x 2 3/8" x 11" 2000 psi xmas tree assembly.

9 5/8" surface casing -  
Pre-Set Drilled Cement with 23 sx Type I, II cement with 20% flyash mixed at 14.5 ppg, 1.61 cu ft per sack yield. (37 cu ft of slurry, bring cement to surface) Wait on cement for 24 hours for pre-set holes before pressure testing or drilling out from under surface.

**Cementing:****Conventionally Drilled**

Cement with 88 sx Type III cement with 0.25 pps Celloflake, 3% CaCl. (113 cu ft of slurry, 200% excess, bring cement to surface) Wait on cement for 8 hrs for conventionally set holes before pressure testing or drilling out from under surface.

**WOC until cement establishes 250 psi compressive strength prior to NU of BOPE.**

7" intermediate casing - lead w/237 sacks Premium Lite with 3% calcium chloride, 5 pps LCM-1, and 1/4#/sack flocele, 0.4% FL-52, & 0.4% SMS. Tail with 90 sacks Type III cmt with 1% calcium chloride, 1/4#/sack flocele and 0.2% FL-52 (631 cu.ft., 50% excess to circulate to surface).

5 1/2" liner - will not be cemented if run.

Note: If open hole logs are run, cement volumes will be based on 25% excess over caliper volumes.

**BOP and tests:**

Surface to intermediate TD - 11" 2000 psi (minimum) double gate BOP stack (Reference Figure #1). Prior to drilling out surface casing, test BOPE to 600 psi for 30 min.

Intermediate TD to Total Depth - 7 1/6" 2000 psi (minimum) completion BOP stack (Reference Figure #2) Prior to drilling out intermediate casing, test BOPE and casing to 1500 psi for 30 minutes.

From surface to 7" TD - a choke manifold will be installed in accordance with Onshore Order No. 2 (Reference Figure #3). When the cavitation completion rig drills the production hole, the completion rig configuration will be used (Reference Figure #4). No choke manifolds will be used on cavitation rig operations.

Pipe rams will be actuated at least once each day and blind rams actuated once each trip to test proper functioning. An upper kelly cock valve with handle and drill string safety valves to fit each drill string will be maintained and available on the rig floor.

**Additional information:**

- \* The Fruitland Coal formation will be completed.
- \* Anticipated pore pressure for the Fruitland is less than 500 psi.
- \* This gas is dedicated.
- \* The E/2 227.76 of Section 13 is dedicated to the Fruitland Coal.

Date:

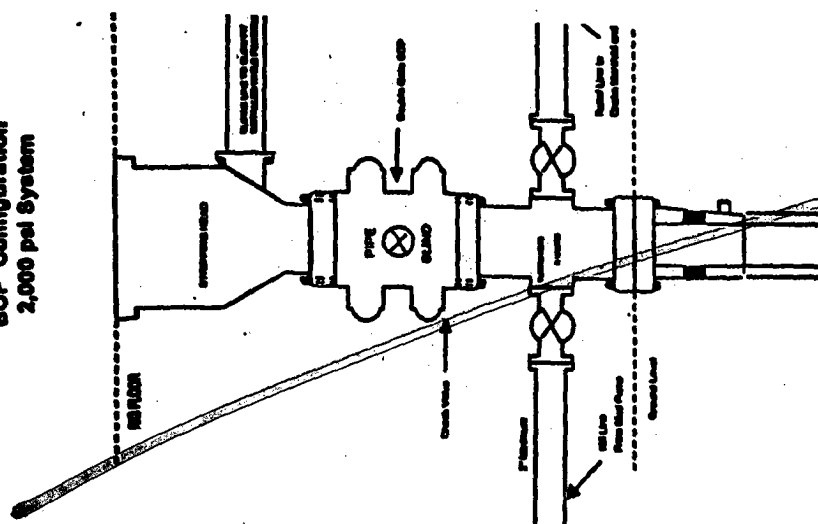
June 10th 2004

Drilling Engineer:

Jim McLaughlin

# BURLINGTON RESOURCES

Completion/Workover Rig  
BOP Configuration  
2,000 psi System

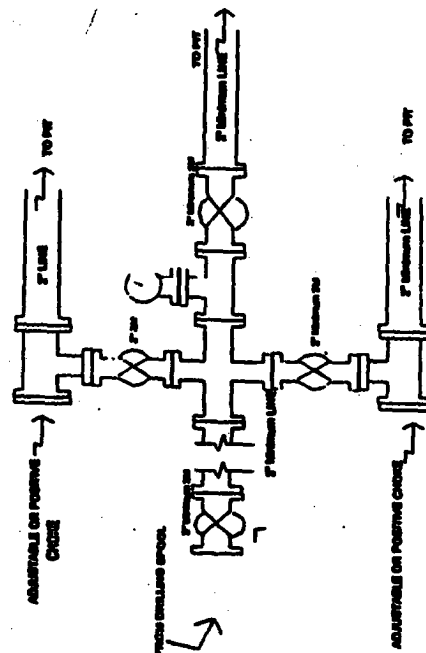


Minimum BOP Installation for Completion/Workover Operations, 7-1/16" bore, 2000 psi minimum working pressure double gate BOP to be equipped with blind pipe rams. A stopping head to be installed on the top of the BOP. All BOP equipment is 2000 psi working pressure or greater excluding 500 psi stopping head.

Figure #2

# BURLINGTON RESOURCES

Drilling Rig  
Choke Manifold Configuration  
2000 psi System

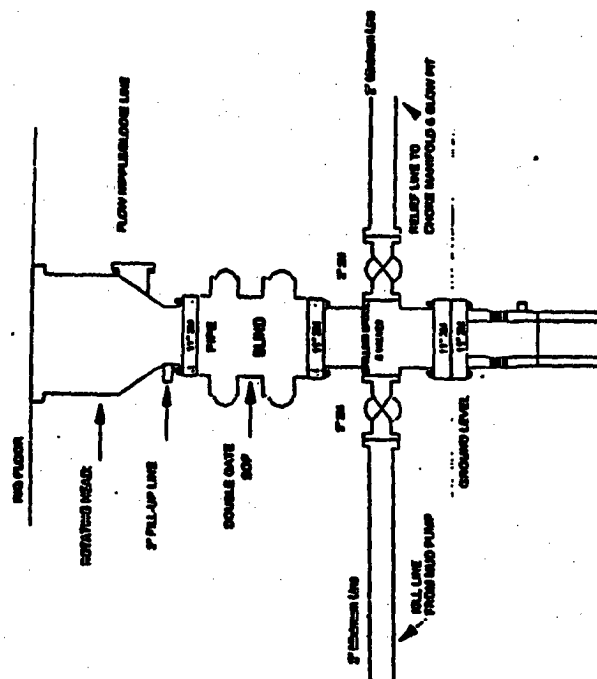


Choke manifold installation from Surface Casing Point to Total Depth, 2,000psi working pressure equipment with two chokes.

Figure #3

# Burlington Resources

Drilling Rig  
2000 psi System



BOP Installation from Surface Casing Point to Total Depth, 11" Bore 10" Normal, 2000 psi working pressure double gate BOP to be equipped with blind rams and pipe rams. A 500 psi stopping head on top of ram preventers. All BOP equipment is 2,000 psi working pressure.

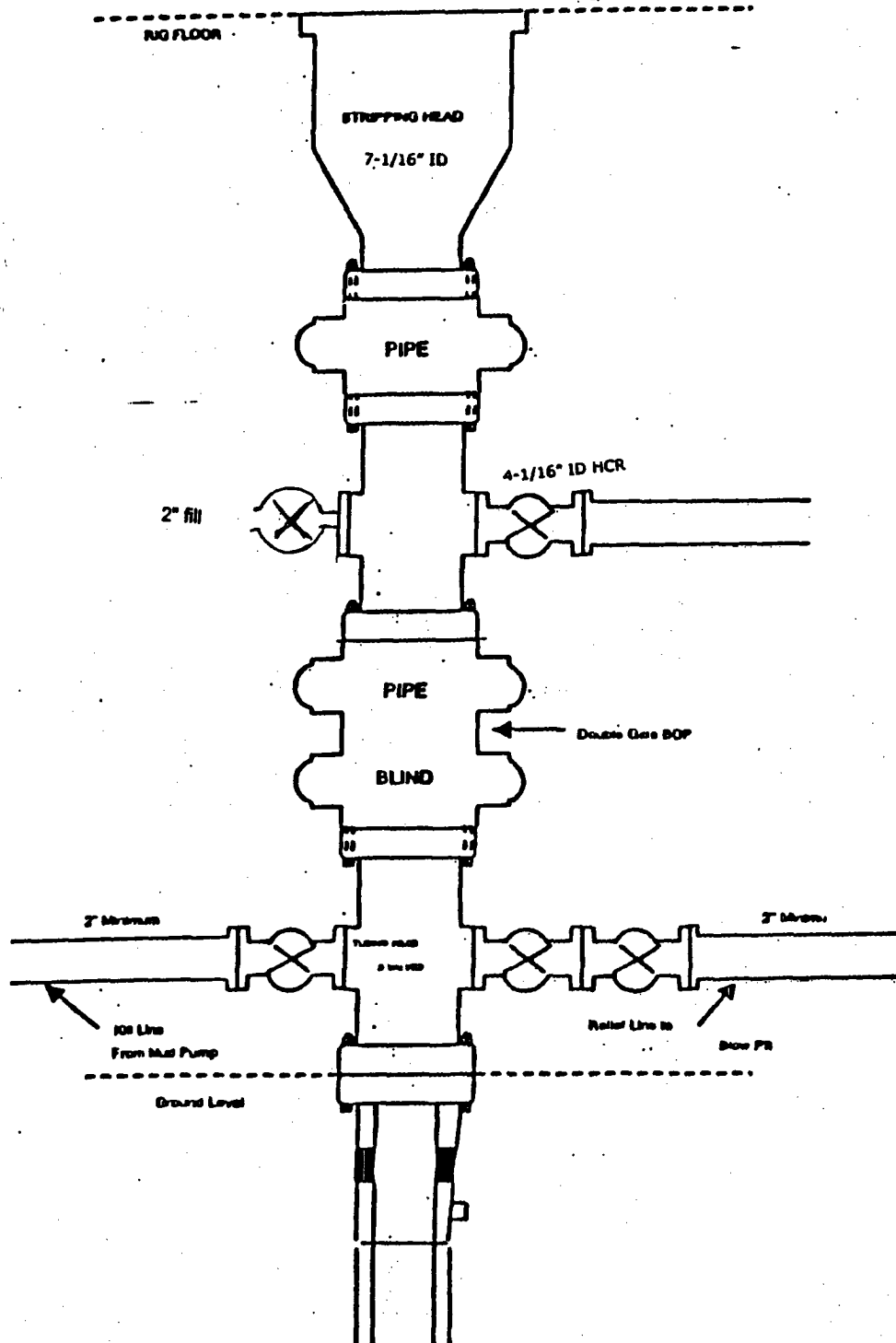
Figure #1

4-20-01

4-20-01

# BURLINGTON RESOURCES

Figure #4  
Cavitation Rig  
BOP Configuration  
2,000 psi Minimum System



# BURLINGTON RESOURCES

SAN JUAN DIVISION

October 12, 2004

(Certified Mail – Return Receipt Requested)

Re: San Juan 30-6 Unit #435S  
Basin Fruitland Coal  
280'FSL, 780'FEL Section 13, T-30-N, R-6-W  
Rio Arriba County, New Mexico

To the Affected Persons:

Burlington Resources Oil & Gas Company LP is submitting the enclosed Application for Permit to Drill to the appropriate regulatory agency(s) for approval. This well is located inside the High Productivity Area of the Basin-Fruitland Coal Pool as indicated on the attached plat. Notice is being made pursuant to New Mexico Oil Conservation Commission Order R-8768-F dated July 17, 2003.

The affected parties have twenty (20) days from receipt of this notice in which to file with the District Office of the New Mexico Oil Conservation Division written objection to the proposed Application for Permit to Drill.

Sincerely,





Nancy Oltmanns  
Senior Staff Specialist








<b>2. Article Number</b>  <div style="text-align: center;">   7110 6605 9590 0009 7878 </div>	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X <i>R.W. Hume</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>RLC</i> C. Date of Delivery <i>10-18-04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below:
1. Article Addressed to:  ST JOHN INSTITUTIONAL INVESTORS LP C/O THE DEERPATH OIL & GAS PTNR INC ATTN LISA LAVIN 800 E NORTHWEST HWY STE 203 MOUNT PROSPECT, IL 60056	3. Service Type <input checked="" type="checkbox"/> <b>Certified</b> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
10/11/2004 3:42 PM Code: SJ30-6 Unit 435S FTC HPA	
PS Form 3811 Domestic Return Receipt	

<b>2. Article Number</b>  <div style="text-align: center;">   7110 6605 9590 0009 7762 </div>	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X <i>John Williams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>John Williams</i> C. Date of Delivery <i>10-14-04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below:
1. Article Addressed to:  CBP SAN JUAN LIMITED PARTNERSHIP C/O ABQ ENERGY GROUP 3022 CORRALES RD  CORRALES, NM 87048-0451	3. Service Type <input checked="" type="checkbox"/> <b>Certified</b> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
10/11/2004 3:42 PM Code: SJ30-6 Unit 435S FTC HPA	
PS Form 3811 Domestic Return Receipt	

<b>2. Article Number</b>  <div style="text-align: center;">   7110 6605 9590 0009 7748 </div>	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X <i>Mthyllis Bourque</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Mthyllis Bourque</i> C. Date of Delivery <i>10-15-04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below:
1. Article Addressed to:  BHP SAN JUAN LTD PARTNERSHIP C/O ABQ ENERGY GROUP 3022 CORRALES RD  CORRALES, NM 87048	3. Service Type <input checked="" type="checkbox"/> <b>Certified</b> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
10/11/2004 3:42 PM Code: SJ30-6 Unit 435S FTC HPA	
PS Form 3811 Domestic Return Receipt	

## 2. Article Number



7110 6605 950 0009 7861

## 1. Article Addressed to:

ROBERT UMBACH CANCER FOUNDATION  
BANK OF OKLAHOMA AGENT  
PO BOX 3499

TULSA, OK 74101

10/11/2004 3:42 PM

Code: SJ30-6 Unit 435S FTC HPA

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

TULSA OK 74101

C. Date of Delivery

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

## 3. Service Type

☒ Certified

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811

Domestic Return Receipt

## 2. Article Number



7110 6605 950 0009 7755

## 1. Article Addressed to:

BP AMERICA PRODUCTION COMPANY  
ATTN BRYAN ANDERSON CSO ENGINEER  
SAN JUAN BU  
WEST LAKE 1 ROOM 19-114  
501 WESTLAKE PARK BLVD  
HOUSTON, TX 77079

10/11/2004 3:42 PM

Code: SJ30-6 Unit 435S FTC HPA

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

BRYAN ANDERSON

C. Date of Delivery

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

## 3. Service Type

☒ Certified

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

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Domestic Return Receipt

## 2. Article Number



7110 6605 950 0009 7779

## 1. Article Addressed to:

CONOCOPHILLIPS COMPANY  
ATTN CHIEF LANDMAN SAN JUAN/ROCKIES  
PO BOX 2197

HOUSTON, TX 77252-2197

10/11/2004 3:42 PM

Code: SJ30-6 Unit 435S FTC HPA

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

DAVID DAVIS

C. Date of Delivery

11/8/2004

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

## 3. Service Type


☒ Certified

## 4. Restricted Delivery? (Extra Fee)

☐ Yes


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<b>2. Article Number</b>   7110 6605 9550 0009 7823  <b>1. Article Addressed to:</b>  JRP SAN JUAN LP ATTN JAMES M RAYMOND MGR PO BOX 291445  KERRVILLE, TX 78029-1445  10/11/2004 3:42 PM Code: SJ30-6 Unit 435S FTC HPA	<b>COMPLETE THIS SECTION ON DELIVERY</b> <b>A. Signature</b> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Bob Valdez</i> <b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b> <i>Bob Valdez</i> 10-18-04 <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No  <b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b> <b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes
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<b>2. Article Number</b>   7110 6605 9550 0009 7830  <b>1. Article Addressed to:</b>  MOORE LOYAL TRUST LEE WAYNE MOORE TRUSTEE 403 N MARIENFELD  MIDLAND, TX 79701  10/11/2004 3:42 PM Code: SJ30-6 Unit 435S FTC HPA	<b>COMPLETE THIS SECTION ON DELIVERY</b> <b>A. Signature</b> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>P. Bane</i> <b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b> <i>P. BANE</i> 10-18-04 <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No  <b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b> <b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes
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Domestic Return Receipt

<b>2. Article Number</b>   7110 6605 9550 0009 7847  <b>1. Article Addressed to:</b>  MOSBACHER USA INC C/O MOSBACHER ENERGY CO PO BOX 201678  HOUSTON, TX 77216-1678  10/11/2004 3:42 PM Code: SJ30-6 Unit 435S FTC HPA	<b>COMPLETE THIS SECTION ON DELIVERY</b> <b>A. Signature</b> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i> <b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b> OCT 18 2004 <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No  <b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b> <b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes
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2. Article Number	COMPLETE THIS SECTION ON DELIVERY
 7110 6605 9590 0009 7885	A. Signature X <i>M. Johnson</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>
1. Article Addressed to:  <b>T H MCELVAIN OIL &amp; GAS LTD PARTNERSHIP 1050 17TH ST STE 1800  DENVER, CO 80265</b>	B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <span style="float: right;"><i>10/18/04</i></span>
	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 <span style="float: right;"><input checked="" type="checkbox"/> Certified</span>
10/11/2004 3:42 PM Code: SJ30-6 Unit 435S FTC HPA	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes


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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
 7110 6605 9590 0009 7915	A. Signature X <i>Betty Bennett</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>
1. Article Addressed to:  <b>WPC OIL &amp; GAS LP 8333 DOUGLAS STE 950  DALLAS, TX 75225</b>	B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <span style="float: right;"><i>10-18</i></span>
	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 <span style="float: right;"><input checked="" type="checkbox"/> Certified</span>
10/11/2004 3:42 PM Code: SJ30-6 Unit 435S FTC HPA	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



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Domestic Return Receipt


2. Article Number	COMPLETE THIS SECTION ON DELIVERY
 7110 6605 9590 0009 7816	A. Signature X <i>Bob Gall</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>
1. Article Addressed to:  <b>JOHN DAVID MOSBACHER ATTN BOB GALL MELROSE SQUARE ON MELROSE AVE  GREENWICH, CT 06830</b>	B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <span style="float: right;"><i>10/20/04</i></span>
	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 <span style="float: right;"><input checked="" type="checkbox"/> Certified</span>
10/11/2004 3:42 PM Code: SJ30-6 Unit 435S FTC HPA	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
 7110 6605 9500 0009 7786		<b>A. Signature</b> X 	
<b>1. Article Addressed to:</b>  EMIL MOSBACHER III MELROSE SQUARE ON MELROSE AVE  GREENWICH, CT 06830  10/11/2004 3:42 PM Code: SJ30-6 Unit 435S FTC HPA		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		<b>B. Received by (Printed Name)</b> XOBERLT GALL	
		<b>C. Date of Delivery</b> 10/20/04	
		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		<b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b>	
		<b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes	

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<b>A. Signature</b> X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
<b>B. Received by (Printed Name)</b> 	<b>C. Date of Delivery</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">OCT 19 2004</div>						
<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No							
<b>1. Article Addressed to:</b>  PHILLIPS-SAN JUAN PARTNERS C/O CONOCOPHILLIPS ATTN CHIEF LANDMAN SAN JUAN/ROCKIES PO BOX 2197 HOUSTON, TX 77252-2197  10/11/2004 3:42 PM	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>3. Service Type</b> </td> <td style="width: 50%; text-align: center;"> <input checked="" type="checkbox"/> <b>Certified</b> </td> </tr> <tr> <td colspan="2"> <b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes </td> </tr> </table>	<b>3. Service Type</b>	<input checked="" type="checkbox"/> <b>Certified</b>	<b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes			
<b>3. Service Type</b>	<input checked="" type="checkbox"/> <b>Certified</b>						
<b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes							
Code: SJ30-6 Unit 435S FTC HPA							

<b>2. Article Number</b>   <div style="border: 1px solid black; padding: 2px; display: inline-block;">             7110 6605 9590 0009 7892           </div>	<b>COMPLETE THIS SECTION ON DELIVERY</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <b>A. Signature</b>  <div style="border: 1px solid black; padding: 2px;"> <b>X</b> <i>Wahl, L E</i> </div> </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee           </td> </tr> <tr> <td style="border: none; vertical-align: top;"> <b>B. Received by (Printed Name)</b>  <div style="border: 1px solid black; padding: 2px;"> <i>Delbie Evans</i> </div> </td> <td style="border: none; vertical-align: top;"> <b>C. Date of Delivery</b>  <div style="border: 1px solid black; padding: 2px;"> <i>10/16/04</i> </div> </td> </tr> <tr> <td colspan="2" style="border: none; vertical-align: top;"> <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes              <b>If YES enter delivery address below:</b> <input type="checkbox"/> No       </td> </tr> </table>	<b>A. Signature</b> <div style="border: 1px solid black; padding: 2px;"> <b>X</b> <i>Wahl, L E</i> </div>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	<b>B. Received by (Printed Name)</b> <div style="border: 1px solid black; padding: 2px;"> <i>Delbie Evans</i> </div>	<b>C. Date of Delivery</b> <div style="border: 1px solid black; padding: 2px;"> <i>10/16/04</i> </div>	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <b>If YES enter delivery address below:</b> <input type="checkbox"/> No	
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<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <b>If YES enter delivery address below:</b> <input type="checkbox"/> No							
<b>1. Article Addressed to:</b>  <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <p style="margin: 0;"><b>THE WISER OIL COMPANY</b></p> <p style="margin: 0;"><b>8115 PRESTON RD STE 400</b></p> <p style="margin: 0;"><b>DALLAS, TX 75225</b></p> </div>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <b>3. Service Type</b> </td> <td style="width: 50%; border: none; vertical-align: top;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input checked="" type="checkbox"/> </div> <b>Certified</b> </td> </tr> <tr> <td colspan="2" style="border: none; vertical-align: top;"> <b>4. Restricted Delivery? (Extra Fee)</b> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 40px; margin-right: 10px;"></div> <input type="checkbox"/> Yes           </td> </tr> </table>	<b>3. Service Type</b>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input checked="" type="checkbox"/> </div> <b>Certified</b>	<b>4. Restricted Delivery? (Extra Fee)</b> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 40px; margin-right: 10px;"></div> <input type="checkbox"/> Yes			
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<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>10/11/2004 3:42 PM</span> <span>Code: SJ30-6 Unit 435S FTC HPA</span> </div> </div>							

**2. Article Number**

7110 6605 9540 0009 7809

**1. Article Addressed to:**

JANE P MOSBACHER EST TRUST  
ROBERT ADAM MOSBACHER TRUSTEE  
C/O MOSBACHER ENERGY CO  
P O BOX 201678  
HOUSTON, TX 77216-1678

10/11/2004 3:42 PM

Code: SJ30-6 Unit 435S FTC HPA

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

X

☐ Agent☐ Addressee**B. Received by (Printed Name)**Date of Delivery  
OCT 19 2004**D. Is delivery address different from item 1?** ☐ YesIf YES enter delivery address below: ☐ No**3. Service Type****Certified****4. Restricted Delivery? (Extra Fee)**

Yes

PS Form 3811

Domestic Return Receipt