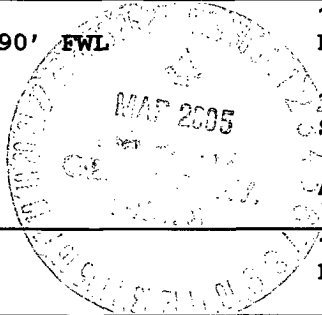


**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK**

1a. Type of Work DRILL	2005 FEB 2 PM 1 54 RECEIVED 070 FARMINGTON NM	5. Lease Number NMSF-080714 Unit Reporting Number
1b. Type of Well GAS	6. If Indian, All. or Tribe	
2. Operator <b>BURLINGTON</b> 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	9. Well Number 433S
4. Location of Well Unit D (NWNW), 1175' ENL & 890' EWL  Latitude 36° 49.8663'N Longitude 107° 26.2528'W	10. Field, Pool, Wildcat Basin Fruitland Coal	11. Sec., Tw, Rge, Mer. (NMPM) Sec. 11, T30N, R6W API # 30-039-29448
14. Distance in Miles from Nearest Town 17 miles from Gobernador	12. County Rio Arriba	13. State NM
15. Distance from Proposed Location to Nearest Property or Lease Line 890'	17. Acres Assigned to Well FC - W/2 320	
18. Distance from Proposed Location to Nearest Well, Drig, Compl, or Applied for on this Lease 750' - PC; SJ 30-6 #136	20. Rotary or Cable Tools Rotary	
19. Proposed Depth 3297'		
21. Elevations (DF, FT, GR, Etc.) 6285' GL	22. Approx. Date Work will Start	
23. Proposed Casing and Cementing Program See Operations Plan attached		
24. Authorized by: <u>Patsy Clegh</u> Sr. Regulatory Specialist	Date: <u>2/2/05</u>	



PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_  
 APPROVED BY [Signature] TITLE AFM DATE 3-23-05

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.

DRILLING OPERATIONS AUTHORIZED ARE  
 SUBJECT TO COMPLIANCE WITH ATTACHED  
 "GENERAL REQUIREMENTS".

**NMOCD**

This action is subject to technical and procedural review pursuant to 43 CFR 3165.3 and appeal pursuant to 43 CFR 3165.4

District I  
PO Box 1980, Hobbs, NM 88241-1980

District II  
PO Drawer 00, Artesia, NM 88211-0719

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-102  
Revised February 21, 1994  
Instructions on back

Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

2005 FEB 2 PM 1 54  AMENDED REPORT

RECEIVED  
WELL LOCATION AND ACREAGE DEDICATION PLAT

*API Number <b>30-039-29448</b>		*Pool Code <b>71629</b>	*Pool Name <b>Basin Fruitland Coal</b>
*Property Code <b>7469</b>	*Property Name <b>SAN JUAN 30-6 UNIT</b>		*Well Number <b>433S</b>
*GRID No. <b>14538</b>	*Operator Name <b>BURLINGTON RESOURCES OIL &amp; GAS COMPANY, LP</b>		*Elevation <b>6285'</b>

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	11	30N	6W		1175	NORTH	890	WEST	RIO ARRIBA

<sup>11</sup> 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
D									

<sup>12</sup> Dedicated Acres <b>320 W/2</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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

<sup>16</sup> <p>LAT: 36°49.8663' N LONG: 107°26.2528' W DATUM: NAD27</p> <p>LEASE NM SF-080714</p>				<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief <i>Patsy Clugston</i> Signature <b>Patsy Clugston</b> Printed Name <b>Sr. Regulatory Specialist</b> Title <b>12-10-04</b> Date	
<sup>18</sup> SURVEYOR CERTIFICATION 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. Survey Date: OCTOBER 14, 2004 Signature and Seal of Professional Surveyor					
TRACT 38 LEASE FEE	TRACT 39 LEASE NM NM-06283	TRACT 39			
LOT 5 LEASE NM SF-080714	LOT 6	LOT 7	LOT 8	5268.12'	

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

May 27, 2004

WELL API NO. 30-039-
5. Indicate Type of Lease STATE FEE
6. State Oil & Gas Lease No. NMSF-080714
7. Lease Name or Unit Agreement Name San Juan 30-6 Unit
8. Well Number #433S
9. OGRID Number 14538
10. Pool name or Wildcat Basin Fruitland Coal 71629
4. Well Location Unit Letter D : 1175' feet from the North line and 890' feet from the West line
Section 11 Township 30N Range 6W NMPM County Rio Arriba
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6285' GL
Pit or Below-grade Tank Application or Closure
Pit type new drill Depth to Groundwater >100' Distance from nearest fresh water well >1000' Distance from nearest surface water >1000'
Pit Liner Thickness: 12 mil Below-Grade Tank: Volume bbls; Construction Material

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING MULTIPLE COMPL
OTHER: New Drill Pit
SUBSEQUENT REPORT OF:
REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. P AND A
CASING/CEMENT JOB
OTHER:

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

New Drill, Lined:

Burlington Resources proposes to construct a new drilling pit and an associated vent/flare pit. Based on Burlington's interpretation of the Ecosphere's risk ranking criteria, the new drilling pit will be a lined pit as detailed in Burlington's Revised Drilling / Workover Pit Construction / Operation Procedures dated November 11, 2004 on file at the NMOCD office. A portion of the vent/flare pit will be designed to manage fluids and that portion will be lined as per the risk ranking criteria. Burlington Resources anticipates closing these pits according to the Drilling / Workover Pit Closure Procedure dated August 2, 2004 on file at the NMOCD office.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines, a general permit or an (attached) alternative OCD-approved plan.

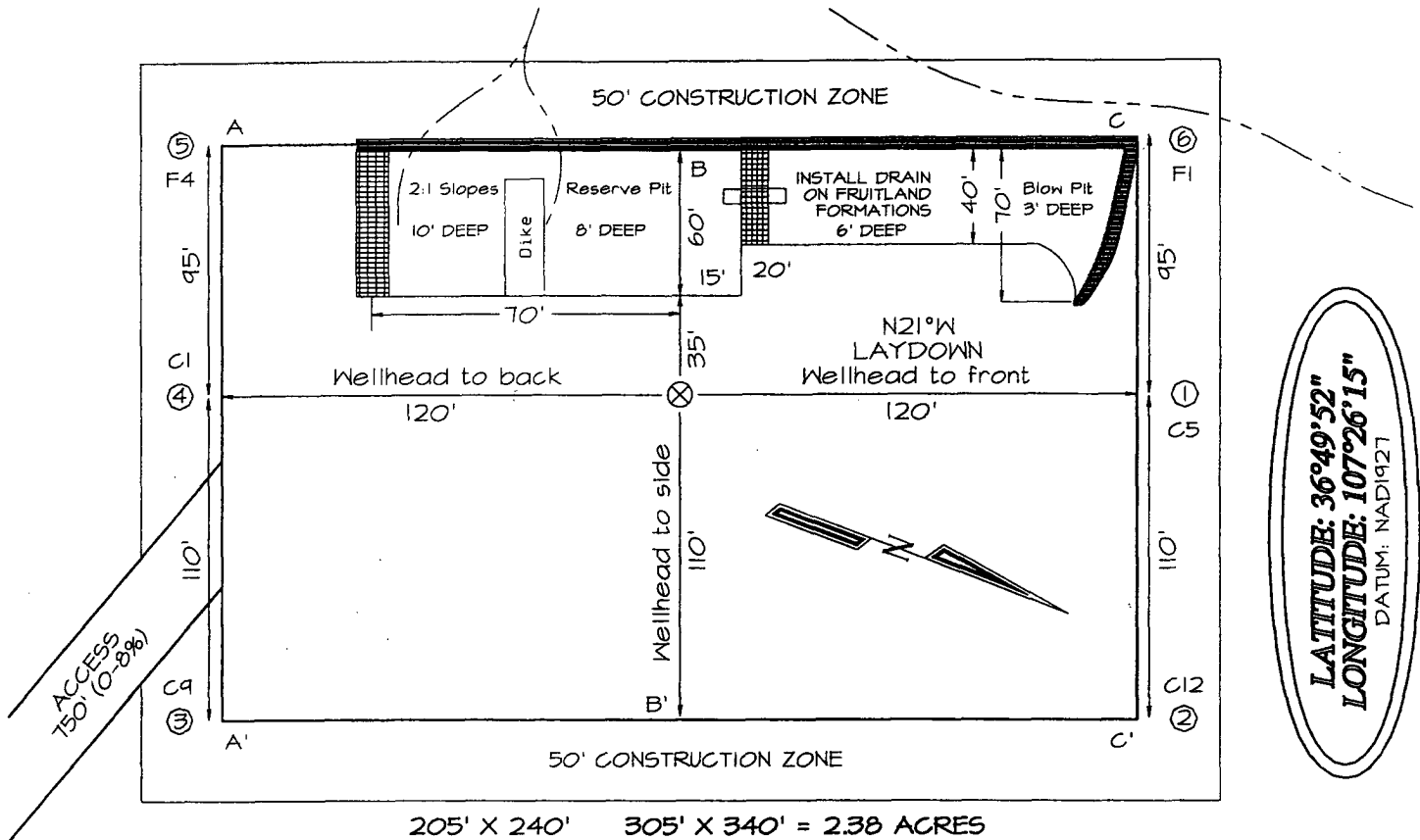
SIGNATURE Patsy Clugston TITLE Sr. Regulatory Specialist DATE 1/31/2005

Type or print name Patsy Clugston E-mail address: pclugston@br-inc.com Telephone No. 505-326-9518

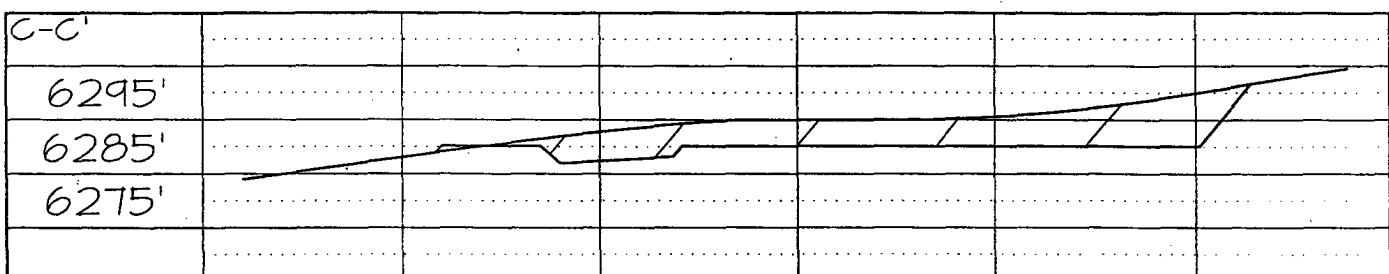
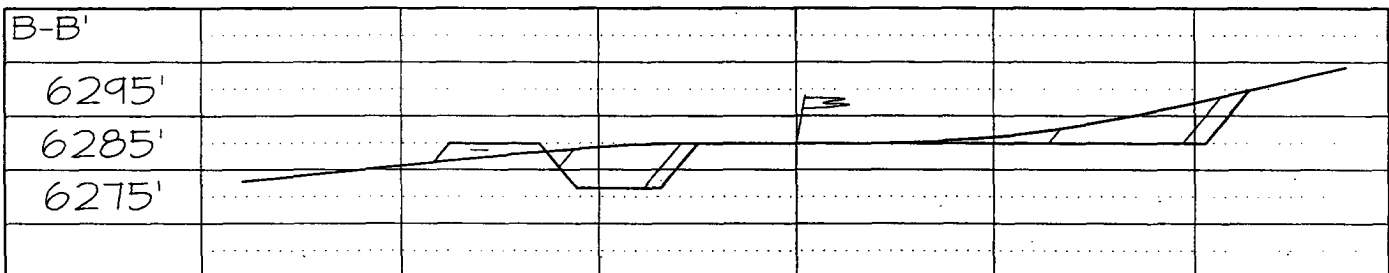
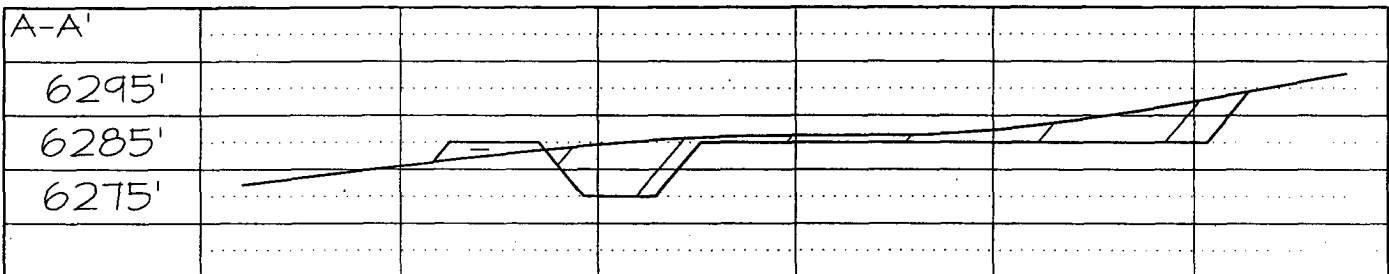
APPROVED BY [Signature] TITLE DEPUTY OIL & GAS INSPECTOR, DIST. DATE MAR 21 2005

Conditions of Approval (if any):

**BURLINGTON RESOURCES OIL & GAS COMPANY SAN JUAN 30-6 UNIT #433S**  
**1175' FNL & 890' FWL, SECTION 11, T30N, R6W, NMPM, RIO ARriba COUNTY, NM**  
**GROUND ELEVATION: 6285' DATE: OCTOBER 14, 2004**



Reserve Pit Dike: to be 8' above Deep side (overflow - 3' wide and 1' above shallow side).  
 Blow Pit: overflow pipe halfway between top and bottom and to extend over plastic liner and into blow pit.



Note: Contractor should call One-Call for location of any marked or unmarked buried pipelines or cables on well pad and/or access road at least two (2) working days prior to construction

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well  
GAS

2. Name of Operator  
**BURLINGTON**  
RESOURCES OIL & GAS COMPANY LP

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

4. Location of Well, Footage, Sec., T, R, M  
Sec., T--N, R--W, NMPM

Unit D (NWNW), 1175' FNL & 890' FWLNMPM

5. Lease Number  
NMSF-080714  
6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name  
San Juan 30-6 Unit

8. Well Name & Number  
433S  
9. API Well No.

30-039- 29448  
10. Field and Pool

Basin Fruitland Coal  
11. County and State  
Rio Arriba Co., NM



12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action		
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans	<input type="checkbox"/> Other
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction	
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	<input type="checkbox"/> Non-Routine Fracturing	
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off	
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection	

13. Describe Proposed or Completed Operations

The subject well's sump was denied and therefore the drilling Operations Plan needs to be revised. See the new Operational Plan attached. Note that new TD is 3215'.

2005 FEB 17 PM 1 28  
RECEIVED  
OTO ARMINGTION NM

14. I hereby certify that the foregoing is true and correct.

Signed Patsy Clugston Patsy Clugston Title Sr. Regulatory Speicalist Date 2/16/05

(This space for Federal or State office use)  
APPROVED BY [Signature] Title AFM Date 3-23-05  
CONDITION OF APPROVAL, if any:

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

**OPERATIONS PLAN**

**Well Name:** San Juan 30-6 Unit #433S

**Location:** Unit D (NWNW), 1175' FNL & 890' FWL; Section 11, T30N, R6W  
Rio Arriba County, NM

Latitude 36° 49.8663' N; Longitude 107° 26.2528' W

**Formation:** Basin Fruitland Coal

**Total Depth:** 3215'

~~Burlington Resources is requesting a sump on this well.~~

**Logging Program:** See San Juan 30-6 Unit Wells Master Operations Plan

**Mud Program:** See San Juan 30-6 Unit Wells Master Operations Plan

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

Hole Size	Depth Interval	Csg	Wt.	Grade	Cement		
12 1/4	0' -	120	9.625"	32.3#	H-40	113	cu.ft
8 3/4	0' -	2974	7"	20.0#	J-55	664	cu.ft
6 1/4	2954	3215	5 1/2"	15.5#	J-55	uncemented	

**Tubing Program:** See San Juan 30-6 Unit Wells Master Operations Plan

- \* The Fruitland Coal formation will be completed.
- \* The west half of Section 11 is dedicated to the Fruitland Coal formation in this well.
- \* Gas is dedicated.

*Robert B. Toller*

Drilling Engineer

*2-16-05*

Date

**BURLINGTON**  
**RESOURCES**  
San Juan Division

February 10, 2005

(Certified Mail – Return Receipt Requested)

Re: San Juan 30-6 Unit #433S  
Basin Fruitland Coal 30-039-29448  
1175' FNL & 890' FWL, Section 11, T30N, R6W  
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.

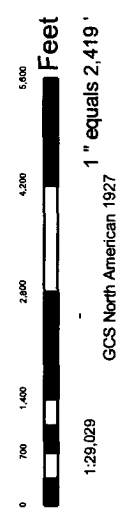
Sincerely,

Patsy Clugston  
Sr. Regulatory Specialist

**Legend**  
● **P2000 Wells By Formation**  
○ **Current Operator**  
● **BURLINGTON RESOURCES O&G CO LP**  
○ **CONOCOPHILLIPS COMPANY**  
▨ **pa-fruitland**  
□ **Spacing Units**

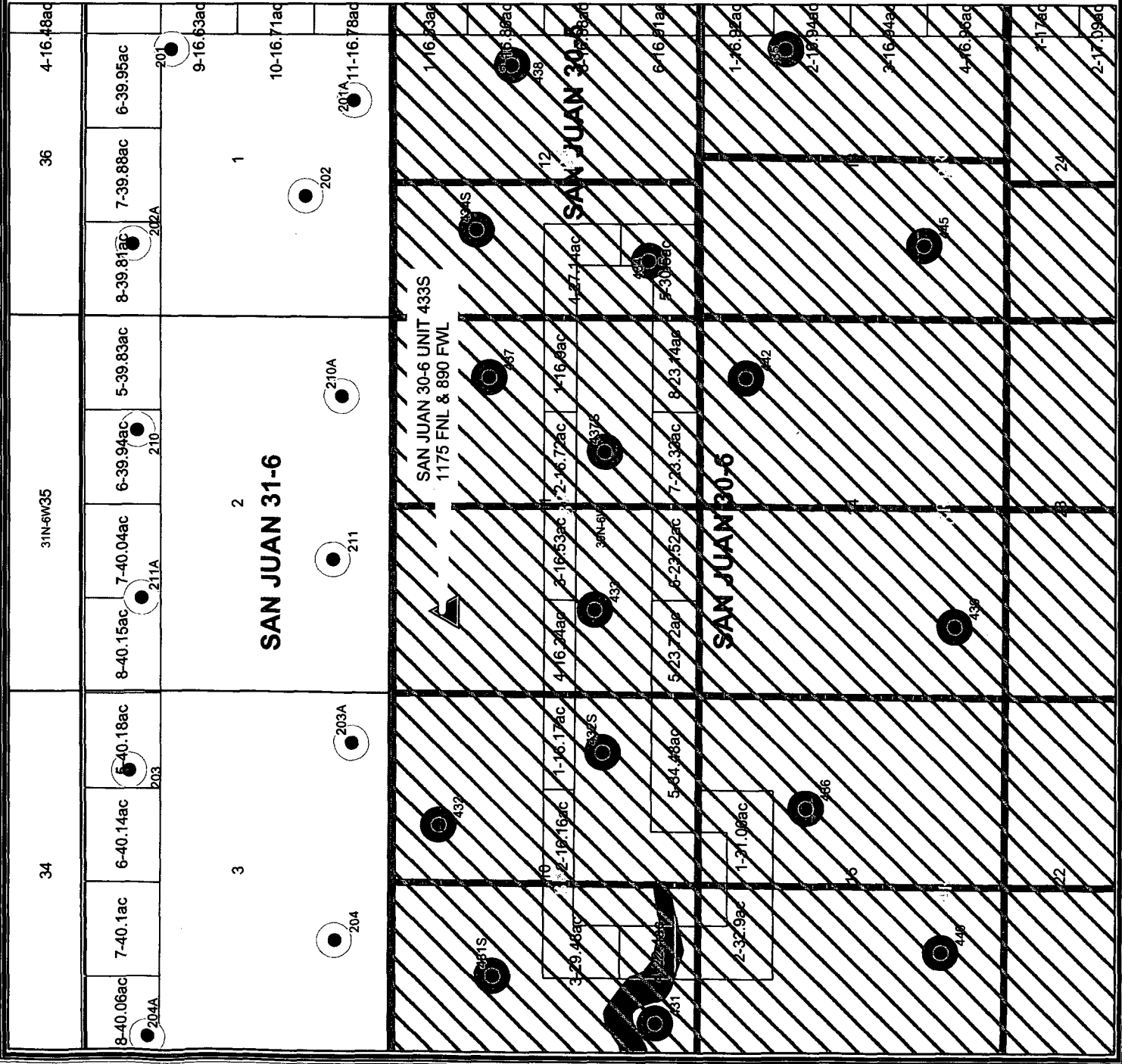


BURLINGTON  
RESOURCES




**BURLINGTON RESOURCES**  
San Juan  
**SAN JUAN 30-6 UNIT 433S HPA**  
SEC 11, T30N, R06W  
RIO ARRIBA COUNTY, NM

Prepared By: Michelle Dillon Date: 1/31/2005  
File Number: Revised Date: 1/31/2005  
File Name: \\atlanta\proceeds\San Juan Basin\Longitude\San Juan Basin\_basinsite.mxd






2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6129		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to:		B. Received by (Printed Name) SCOTT A KOMINIAR	C. Date of Delivery 2/12/05
CBP SAN JUAN LIMITED PARTNERSHIP C/O ABQ ENERGY GROUP 3022 CORRALES RD  CORRALES, NM 87048-0451  2/3/2005 8:15 AM		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 checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S			

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6109		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to:		B. Received by (Printed Name) SCOTT A KOMINIAR	C. Date of Delivery 2/12/05
BHP SAN JUAN LTD PARTNERSHIP C/O ABQ ENERGY GROUP 3022 CORRALES RD  CORRALES, NM 87048  2/3/2005 8:14 AM		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 checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S			

PS Form 3811

Domestic Return Receipt

2. Article N



7110 6605 9590 0010 6259

1. Article Addressed to:

ROBERT UMBACH CANCER FOUNDATION  
BANK OF OKLAHOMA AGENT  
PO BOX 3499

TULSA, OK 74101

2/3/2005 8:15 AM

Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S

<input checked="" type="checkbox"/> <i>Duke Jackson</i> Agent		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery 2-18-05
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 checked="" type="checkbox"/> Certified
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

2. Article Number



7110 6605 9590 0010 6297

1. Article Addressed to:

WILLIAMS PRODUCTION COMPANY  
ONE WILLIAMS CENTER  
PO BOX 3102 MS25-3

TULSA, OK 74101

2/3/2005 8:15 AM


Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S


COMPLETE THIS SECTION ON DELIVERY


A. Signature <input checked="" type="checkbox"/> <i>Duke Jackson</i> Agent		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery 2-18-05
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 checked="" type="checkbox"/> Certified
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes


PS Form 3811



Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6235		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) FEB 14 2005	C. Date of Delivery FEB 14 2005
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES enter delivery address below: <input type="checkbox"/> No	
MOSBACHER USA INC C/O MOSBACHER ENERGY CO PO BOX 201678  HOUSTON, TX 77216-1678  2/3/2005 8:15 AM		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811		Domestic Return Receipt	

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6266		A. Signature X <i>Lina Kreydich</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 2-16-05
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES enter delivery address below: <input type="checkbox"/> No	
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  2/3/2005 8:15 AM		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811		Domestic Return Receipt	



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6280		A. Signature X <i>J. MANISCH</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)
		C. Date of Delivery 2-11-05	
1. Article Addressed to:		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
THE WISER OIL COMPANY 1600 BROADWAY STE 2200  DENVER, CO 80202		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2/3/2005 8:15 AM			
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S			
PS Form 3811		Domestic Return Receipt	

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6181		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)
		C. Date of Delivery 2-15-05	
1. Article Addressed to:		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
JOHN DAVID MOSBACHER ATTN BOB GALL MELROSE SQUARE ON MELROSE AVE  GREENWICH, CT 06830		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2/3/2005 8:15 AM			
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S			
PS Form 3811		Domestic Return Receipt	

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6204		A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name) JAMES RAYMOND	C. Date of Delivery 2-15-05
LORRAYN GAY HACKER C/O JAMES M RAYMOND-POA PO BOX 291445  KERRVILLE, TX 78029-1445  2/3/2005 8:15 AM		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S			



PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6198		A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name) JAMES RAYMOND	C. Date of Delivery 2-15-05
JRP SAN JUAN LP ATTN JAMES M RAYMOND MGR PO BOX 291445  KERRVILLE, TX 78029-1445  2/3/2005 8:15 AM		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S			

PS Form 3811



Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6211		A. Signature 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
		B. Received by (Printed Name) JAMES M. RAYMOND	C. Date of Delivery 2-15-05
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
MAYDELL MILLER MAST C/O JAMES M RAYMOND PO BOX 291445  KERRVILLE, TX 78029-1445		3. Service Type <input checked="" type="checkbox"/> Certified	
2/3/2005 8:15 AM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S

PS Form 3811


Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6136		A. Signature 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
		B. Received by (Printed Name) JAMES M. RAYMOND	C. Date of Delivery 2-15-05
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
CHARLES W GAY C/O JAMES M RAYMOND-POA PO BOX 291445  KERRVILLE, TX 78029-1445		3. Service Type <input checked="" type="checkbox"/> Certified	
2/3/2005 8:15 AM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S


PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6228		A. Signature <input checked="" type="checkbox"/> P. Bane <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>P. Bane</i> C. Date of Delivery <i>2-14-05</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
<b>MOORE LOYAL TRUST</b> <b>LEE WAYNE MOORE TRUSTEE</b> <b>403 N MARIENFELD</b>  <b>MIDLAND, TX 79701</b>  2/3/2005 8:15 AM		3. Service Type <input checked="" type="checkbox"/> <b>Certified</b> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S			

PS Form 3811


Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6150		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>2-15-05</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
<b>EMIL MOSBACHER III</b> <b>MELROSE SQUARE ON MELROSE AVE</b>  <b>GREENWICH, CT 06830</b>  2/3/2005 8:15 AM		3. Service Type <input checked="" type="checkbox"/> <b>Certified</b> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S			

RETURN

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6273		A. Signature <i>x M. Johnson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery <b>FEB 14 2005</b>
<b>T H MCELVAIN OIL &amp; GAS LTD          PARTNERSHIP          1050 17TH ST STE 1800          DENVER, CO 80265</b>  2/3/2005 8:15 AM		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 checked="" type="checkbox"/> <b>Certified</b>
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S

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Domestic Return Receipt


2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6303		A. Signature <i>x Bruce Heland</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery <b>2-14</b>
<b>WPC OIL &amp; GAS LP          8333 DOUGLAS STE 950          DALLAS, TX 75225</b>  2/3/2005 8:15 AM		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 checked="" type="checkbox"/> <b>Certified</b>
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S


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Domestic Return Receipt




2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6174		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>PER</i> C. Date of Delivery <i>2-15-05</i>	
JANE P MOSBACHER EST TRUST ROBERT ADAM MOSBACHER TRUST C/O MOSBACHER ENERGY CO P O BOX 201678 HOUSTON, TX 77216-1678		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
2/3/2005 8:15 AM		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0010 6242		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>HANDY Nowak</i> C. Date of Delivery <i>2-15-05</i>	
PHILLIPS-SAN JUAN PARTNERS C/O CONOCOPHILLIPS ATTN CHIEF LANDMAN SAN JUAN/ROCKWELL PO BOX 2197 HOUSTON, TX 77252-2197		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
2/3/2005 8:15 AM		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	


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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9540 0010 6143		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name) Harry Nowak	C. Date of Delivery 2-15-05
CONOCOPHILLIPS COMPANY ATTN CHIEF LANDMAN SAN JUAN/ROCKIES PO BOX 2197  HOUSTON, TX 77252-2197  2/3/2005 8:15 AM		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 checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9540 0010 6167		A. Signature <input checked="" type="checkbox"/> <i>Unclaimed</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
HENRY G ROBELDO C/O INDUSTRIAL GAS SALES INC 6680 CAMINO ROJO  SANTA FE, NM 87507-3166  2/3/2005 8:15 AM		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 checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: SJ30-6 Unit HPA 419S 420S 433S 455S 473S

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