

1-14-05 DATE IN	2-3-05 SUSPENSE	STOENER ENGINEER	1-18-05 LOGGED IN	NSL TYPE	PSM050184/823 APP NO.
--------------------	--------------------	---------------------	----------------------	-------------	--------------------------

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
 [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
 [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
 [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
 [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication
☒ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or ☒ Does Not Apply

- [A] ☐ Working, Royalty or Overriding Royalty Interest Owners
- [B] ☐ Offset Operators, Leaseholders or Surface Owner
- [C] ☐ Application is One Which Requires Published Legal Notice
- [D] ☐ Notification and/or Concurrent Approval by BLM or SLO
 U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] ☐ Waivers are Attached

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Christopher Spencer
 Print or Type Name

Christopher Spencer
 Signature

Landman
 Title

01/13/2005
 Date

christopher_spencer@xtenergy.com
 e-mail Address

2005 JAN 14 AM 11 06



January 13, 2005

VIA FEDEX OVERNIGHT

Mr. Michael E. Stogner
New Mexico Oil Conservation Division
1220 S St Francis Dr
Santa Fe NM 87504

Re: Application for Administrative Approval of Unorthodox Location
XTO Energy Inc.'s Morris Gas Com No. 2
1,810' FSL and 470' FEL (NE/4 SE/4)
Section 26, T29N, R10W
San Juan County, New Mexico
Fruitland Coal Formation

30-045-32642

Dear Mr. Stogner:

XTO Energy Inc. hereby requests administrative approval for an unorthodox location for the above referenced well. Attached for your reference are the following exhibits:

1. Well location plat (NMOCD Form C-102)
2. Topographic map
3. Ownership map
4. Production map showing Fruitland Coal Gas

The above referenced well is proposed to be drilled as a Fruitland Coal well spaced as a 320 acre S/2 unit. The proposed well location is non-standard due to the surrounding land development. This well will be drilled on an existing well pad used for the Abrams L No. 1A, a Mesaverde/Gallup well that which was drilled at an approved non-standard location. Drilling the above referenced well at the requested location will best preserve the surrounding surface while effectively and efficiently producing gas from the Fruitland Coal Formation.

All of the offset operators have been notified of this application by certified mail and copies of the letters and receipts are attached.

Mr. Michael E. Stogner
New Mexico Oil Conservation Division
January 13, 2005
Morris Gas Com #2
Page Two

XTO Energy Inc. requests your administrative approval for the unorthodox location based on the above information. Should you need any additional information, please contact me at (817) 885-2540.

Yours truly,


Christopher Spencer, CPL
Landman

/cks

Enclosures

2-18-2005 (3:23 PM)

- voice mail message from Chris Spencer in Ft. Worth
- calling on the status of two XTO adm. apps. Quine #3 and Morris Gas Com. #2
- please return call 817-885-2540

2-18-2005 (3:30 PM)

Returned Mr. Spencer's call

DISTRICT I
1625 N. French Dr., Hobbs, N.M. 88240

DISTRICT II
1301 W. Grand Ave., Artesia, N.M. 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, N.M. 87410

DISTRICT IV
1220 South St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

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

Form C-102

Revised June 10, 2003

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code	³ Pool Name
⁴ Property Code	⁵ Property Name MORRIS GAS COM	⁶ Well Number 2
⁷ OGRID No.	⁸ Operator Name XTO ENERGY INC.	⁹ Elevation 5557'

¹⁰ Surface Location

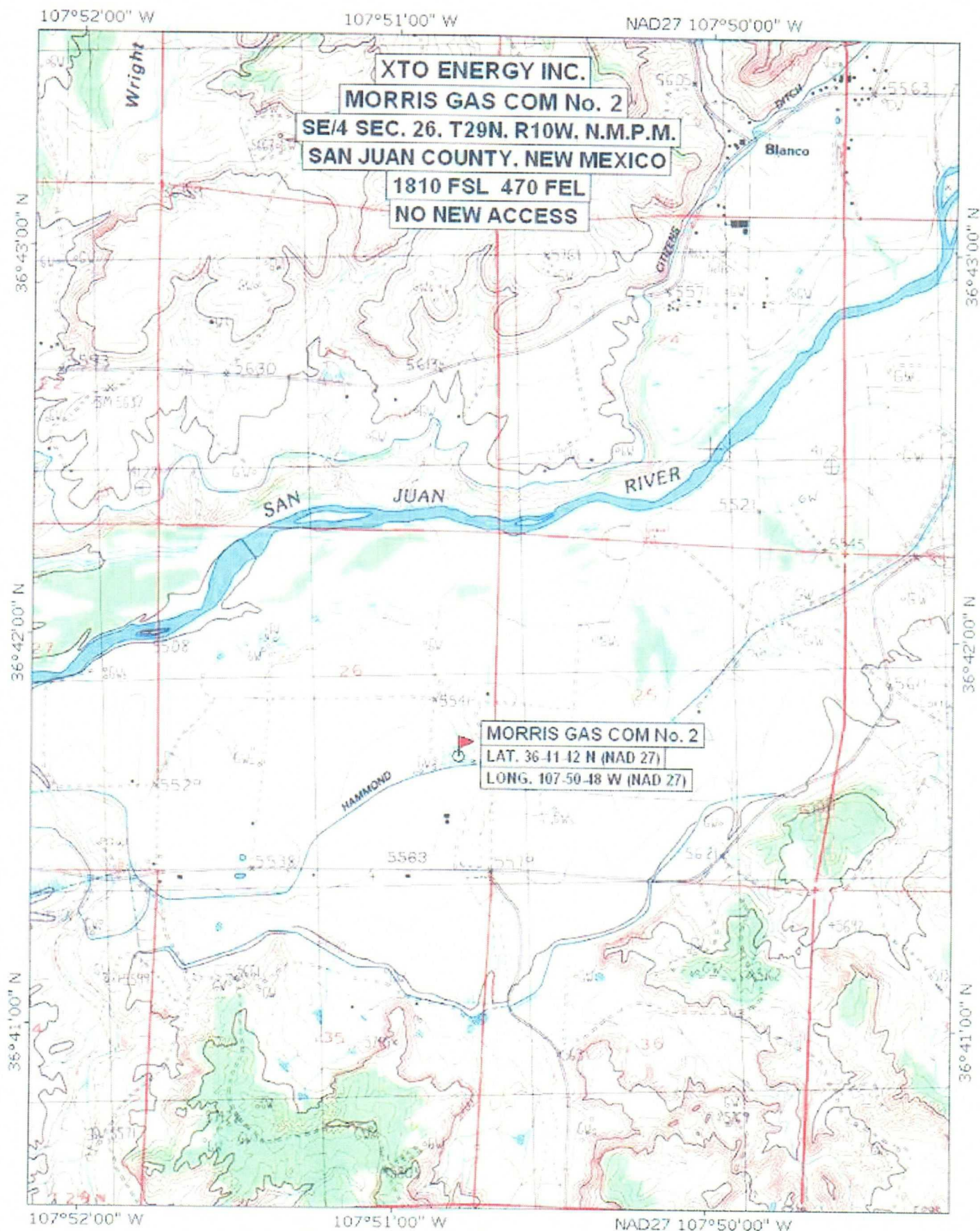
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	26	29-N	10-W		1810	SOUTH	470	EAST	SAN JUAN

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
¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ 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

15 <i>Morris Gas Com. #1 30-045-07817 1650' FSL-1150' FEL Current BFL-1150' FEL Produced in the 9/2</i> <i>270's Abrams Gas Com. A #1 30-045-24666 1700' FSL-1060' FEL Otero Chasora</i> <i>XTO's Morris Gas Com. #1 30-045-23567 1740' FSL-1150' FEL BOL</i> <i>XTO's Abrams Gas Com. A #1 30-045-07821 1650' FSL-980' FEL R2100 PC</i> QTR. CORNER FD 3 1/4" BC BLM 1998 26 LAT: 36°41'42" N. (NAD 27) LONG: 107°50'48" W. (NAD 27) 470' 1810' N 00-20-02 E 2629.4' (M) SEC. CORNER FD 3 1/4" BC BLM 1999 BURIED IN ROAD S 89-18-04 W 2566.7' (M) SEC. CORNER FD 2" CAP BURIED IN CENTER SULLIVAN RD	17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. <i>Shirley Section 640 acre Section</i> Signature _____ Printed Name _____ Title _____ Date _____ 18 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. Date of Survey _____ Signature and Seal of Registered Surveyor: _____ <i>JOHN A. VUKOVICH NEW MEXICO REGISTERED PROFESSIONAL SURVEYOR 14831</i> Certificate Number _____
--	---





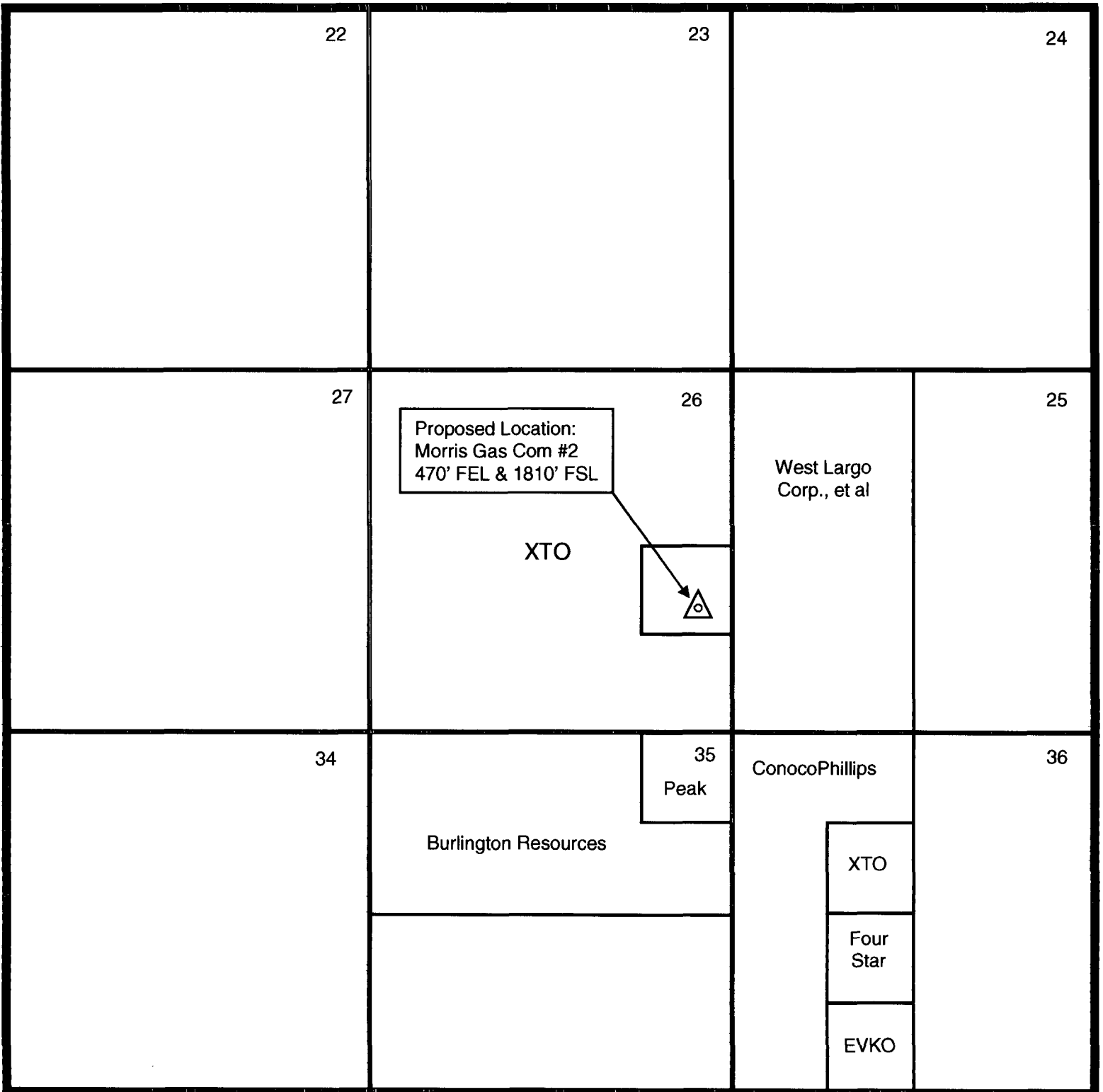
SECTION PLAT OF 9 SQUARE MILES

STATE: New Mexico COUNTY: San Juan

PROSPECT: NE/4 SE/4 DATE: December 15, 2004

SECTION: 26 TOWNSHIP: 29 North RANGE: 10 West

SCALE: 1'=2000'





SEC 26 T29N R10W

SAN JUAN BASIN

CUM PROD @ 7/2004

San Juan County, NM

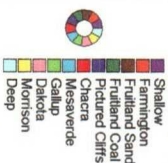
Ratio Scale = 1 : 24,000

POSTED WELL DATA

Operator
Well Label

Potom - CLINCOL	Potom - CLINCOL
Potom - OILRATE	Potom - OILRATE
Potom - FROM DATE-TO DATE	Potom - FROM DATE-TO DATE
Potom - FINNAME	Potom - FINNAME

ATTRIBUTE MAP



WELL SYMBOLS

Oil Well
Gas Well
Location

REMARKS
 01 Producers

Fruitland Coal Producers

By: Jane Foster

December 14, 2004



December 20, 2004

VIA CERTIFIED U. S. MAIL

WORKING AND LEASHOLD INTEREST OWNERS
(Addresses Attached)

Re: Application for Administrative Approval of Unorthodox Location
XTO Energy Inc.'s Morris Gas Com No. 2
1,810' FSL and 470' FEL (NE/4 SE/4)
Section 26, T29N, R10W
San Juan County, New Mexico
Fruitland Coal Formation

Ladies and Gentlemen:

Enclosed is a copy of the above captioned application that has been sent to the New Mexico Oil Conservation Commission for administrative approval. Should you not agree with the request, please notify the NMOCD within 20 days of the date of this application. If you should have any questions concerning the application, please contact me at (817) 885-2540.

Yours truly,

A handwritten signature in cursive script that reads 'Christopher Spencer'.

Christopher Spencer, CPL
Landman

/cks

Enclosures

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PS Form 3800, June 2002 See Reverse for Instructions

(Enc) **Garrett Petroleum, Inc.**
Re: **4925 Greenville Ave**
(End) **Dallas TX 75206**
To **CS:12/20/04:Morris Gas Com No. 2**

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Camille Heeb
3120 SW 15th
Topeka KS 66604
CS:12/20/04:Morris Gas Com No. 2

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Mark Broxterman
6333 SW 32nd Street
Topeka KS 66614
CS:12/20/04:Morris Gas Com No. 2

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Laura P. Owen
9 Boxwood Lane
Littleton CO 80127 Dr.
CS:12/20/04:Morris Gas Com No. 2

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Petty & Holmes Gregory A. Lux
Revocable Trust C/O Petty & Holmes
2921 SW Wanamaker Dr, Suite 100
Topeka KS 66614
CS:12/20/04:Morris Gas Com No. 2

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Thomas Schwartz
2910 S Topeka Blvd
Topeka KS 66611
CS:12/20/04:Morris Gas Com No. 2

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Restrict (Endorse) Alfredo Illoreta, MD
6715 SW Sherwood Ct
Topeka KS 66614
Total CS:12/20/04:Morris Gas Com No. 2
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Restrict (Endorse) John H. Stauffer, Jr.
3751 SW Ashworth Ct
Topeka KS 66610
Total CS:12/20/04:Morris Gas Com No. 2
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Restrict (Endorse) M.L. Kelling Trust #1
PO Box 465
Norton KS 67654
Total CS:12/20/04:Morris Gas Com No. 2
Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4
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Restrict (Endorse) Douglas & Cappi Nelson
3321 SW Westover
Topeka KS 66604
Total CS:12/20/04:Morris Gas Com No. 2
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Restrict (Endorse) Roger W. Luallin
8064 S. Vermijo Peak
Littleton CO 80127
Total CS:12/20/04:Morris Gas Com No. 2
Sent To
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Restrict (Endorse) Bruce L. Christenson Michael E.
and/or Belinda B. McPherson
2231 SW Wanamaker Rd
Topeka KS 66614
Total CS:12/20/04:Morris Gas Com No. 2
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Return Receipt Fee (Endorser)		

Restrict (Endorse) **Duane L. Fager Trust u/a 7-15-80**
3320 SW Spring Creek Place
Topeka KS 66614
CS:12/20/04:Morris Gas Com No. 2

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Certified Fee		
Return Receipt Fee (Endorsement Required)		

Restrict (Endorse) **McElroy's Inc.**
Jerry McElroy Living Trust
3209 SW Topeka Ave
Topeka KS 66611
CS:12/20/04:Morris Gas Com No. 2

Total

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

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Restrict (Endorse) **John G. "Greg" Owen Steve D. Owen**
5301 SW Lincolnshire
Topeka KS 66604
CS:12/20/04:Morris Gas Com No. 2

Total P

Sent To

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

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Certified Fee		
Return Receipt Fee (Endorsement Required)		

Restrict (Endorse) **WMEW, Inc.**
Fairview Fertilizer Co., Inc.
PO Box 65
Fairview KS 66425
CS:12/20/04:Morris Gas Com No. 2

Total

Sent To

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.

Article Addressed to:

M.L. Kelling Trust #1
PO Box 465
Norton KS 67654
CS:12/20/04:Morris Gas Com No. 2

1. Article Addressed to:

2. Article Number (Transfer from service label) 7004 1160 0002 6523 2553 Domestic Return Receipt PS Form 3811, February 2004 102595-02-M-154

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
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:

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:

Roger W. Luallin
8064 S. Vermijo Peak
Littleton CO 80127
CS:12/20/04:Morris Gas Com No. 2

1. Article Addressed to:

2. Article Number (Transfer from service label) 7004 1160 0002 6523 2546 Domestic Return Receipt PS Form 3811, August 2001 102595-02-M-1540

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
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:

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:

Trinity Industries International, Inc.
2525 Stemmons Freeway
Dallas TX 75356
CS:12/20/04:Morris Gas Com No. 2

1. Article Addressed to:

2. Article Number (Transfer from service label) 7004 1160 0002 6523 4809 Domestic Return Receipt PS Form 3811, August 2001 102595-02-M-154

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
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:

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:

Alfredo Illoreta, MD
6715 SW Sherwood Ct
Topeka KS 66614
CS:12/20/04:Morris Gas Com No. 2

1. Article Addressed to:

2. Article Number (Transfer from service label) 7004 1160 0002 6523 2515 Domestic Return Receipt PS Form 3811, August 2001 102595-02-M-1540

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
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:

ENDER: 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:

Camille Heeb
3120 SW 15th
Topeka KS 66604
CS:12/20/04:Morris Gas Com No. 2

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent

B. Received by (Printed Name)
Fred Schaefer

C. Date of Delivery
12-22-04

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

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

Article Number
(Transfer from service label)
7004 1160 0002 6523 4830

Form 3811, August 2001
Domestic Return Receipt

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.

Article Addressed to:

McElroy's Inc.
Jerry McElroy Living Trust
3209 SW Topeka Ave
Topeka KS 66611
CS:12/20/04:Morris Gas Com No. 2

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent

B. Received by (Printed Name)
Keith Kline

C. Date of Delivery
12-22-04

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

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

Article Number
(Transfer from service label)
7004 1160 0002 6523 2584

Form 3811, February 2004
Domestic Return Receipt

102595-02-M-15

ENDER: 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:

Burlington Resources Oil & Gas Company, LLC
PO Box 4289
Farmington NM 87499
CS:12/20/04:Morris Gas Com No. 2

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent

B. Received by (Printed Name)
Bob Williams

C. Date of Delivery
12-23-04

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

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

Article Number
(Transfer from service label)
7004 1160 0002 6523 4755

Form 3811, August 2001
Domestic Return Receipt

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.

Article Addressed to:

WMEW, Inc.
Fairview Fertilizer Co., Inc.
PO Box 65
Fairview KS 66425
CS:12/20/04:Morris Gas Com No. 2

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent

B. Received by (Printed Name)
Dorothy M Wike

C. Date of Delivery
12-22-04

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

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

Article Number
(Transfer from service label)
7004 1160 0002 6523 2607

Form 3811, February 2004
Domestic Return Receipt

102595-02-M-15

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:

Duane L. Fager Trust n/a 7-15-80
3320 SW Spring Creek Place
Topeka KS 66614

CS:12/20/04:Morris Gas Com No. 2

Article Number

(Transfer from service label)

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 1160 0002 6523 2577

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) Beth Fager ☐ Addressee
C. Date of Delivery 12/22
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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:

EVKO Development Company
PO Box 245
Sausalito CA 94966

CS:12/20/04:Morris Gas Com No. 2

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-154

7004 1160 0002 6523 4786

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:

John G. "Greg" Owen Steve D. Owen
5301 SW Lincolnshire
Topeka KS 66604

CS:12/20/04:Morris Gas Com No. 2

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) Steve D. Owen ☐ Addressee
C. Date of Delivery 12-24-04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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:

Peak Oil & Gas, Inc.
3473 Main Ave., Suite 23
Durango CO 81301

CS:12/20/04:Morris Gas Com No. 2

Article Number

(Transfer from service label)

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 1160 0002 6523 4793

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) Steve D. Owen ☐ Addressee
C. Date of Delivery 12-23-04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) Beth Fager ☐ Addressee
C. Date of Delivery 12/22
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

DEC 22 2004

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:

Petty & Holmes Gregory A. Lux
Revocable Trust C/O Petty & Holmes
2921 SW Wanamaker Dr, Suite 100
Topeka KS 66614
CS:12/20/04:Morris Gas Com No. 2

Article Number

(Transfer from service label)

Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7004 1160 0002 6523 4847

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee
B. Received by (Printed Name) *Kaplan M.* C. Date of Delivery *12-28-04*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Douglas & Cappi Nelson
3321 SW Westover
Topeka KS 66604
CS:12/20/04:Morris Gas Com No. 2

Article Number

(Transfer from service label)

Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7004 1160 0002 6523 2522

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *12/27/04*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

ConocoPhillips
PO Box 7500
Bartlesville OK 74005
CS:12/20/04:Morris Gas Com No. 2

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-154

7004 1160 0002 6523 4762

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Bruce L. Christenson Michael E.
and/or Belinda B. McPherson
2231 SW Wanamaker Rd
Topeka KS 66614
CS:12/20/04:Morris Gas Com No. 2

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

7004 1160 0002 6523 2560

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Laura P. Owen
9 Boxwood Lane
Littleton CO 80127 Dr.
CS:12/20/04:Morris Gas Com No. 2

1. Article Addressed to:

2. Article Number
(Transfer from service label)
PS Form 3811, August 2001

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

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?
If YES, enter delivery address below:
☐ Yes
☐ No

7004 1160 0002 6523 4823
Domestic Return Receipt
102595-02-M-154

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:

Four Star Oil & Gas Company
PO Box 2100
Denver CO 80201
CS:12/20/04:Morris Gas Com No. 2

1. Article Addressed to:

2. Article Number
(Transfer from service label)
S Form 3811, August 2001

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

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?
If YES, enter delivery address below:
☐ Yes
☐ No

7004 1160 0002 6523 4779
Domestic Return Receipt
102595-02-M-154

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:

Garrett Petroleum, Inc.
4925 Greenville Ave
Dallas TX 75206
CS:12/20/04:Morris Gas Com No. 2

1. Article Addressed to:

2. Article Number
(Transfer from service label)
S Form 3811, August 2001

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

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?
If YES, enter delivery address below:
☐ Yes
☐ No

7004 1160 0002 6523 4816
Domestic Return Receipt
102595-02-M-1

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:

John H. Stauffer, Jr.
3751 SW Ashworth Ct
Topeka KS 66610
CS:12/20/04:Morris Gas Com No. 2

1. Article Addressed to:

2. Article Number
(Transfer from service label)
S Form 3811, August 2001

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

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?
If YES, enter delivery address below:
☐ Yes
☐ No

7004 1160 0002 6523 2539
Domestic Return Receipt
102595-02-M-154

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:

Mark Broxterman
6333 SW 32nd Street
Topeka KS 66614

CS:12/20/04:Morris Gas Com No. 2

NOT DELIVERABLE AS ADDRESSEE
UNABLE TO FORWARD

RETURN TO SENDER

2. Article Number

(Transfer from service label)

7004 1160 0002 6523 4854

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes