



PMESCO-518651331  
Susp: 6-26-2005

2005 JUN 6 AM 9 30

June 3, 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 Earl B. Sullivan No. 2  
2,130' FNL and 330' FEL (SE/4 NE/4)  
Section 26, T29N, R11W  
San Juan County, New Mexico  
Fruitland Coal Formation

30-045-25621

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

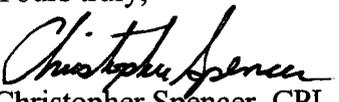
The Earl B. Sullivan No. 2 is an XTO Energy Inc. operated shut-in uneconomic Gallup well. XTO desires to use the existing wellbore for a Fruitland Coal completion. Such a recompletion in the well will allow for the most efficient use of the surface acreage, surface facilities, and other resources to complete and produce 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  
June 31, 2005  
Earl B. Sullivan #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

All distances must be from the outer boundaries of the Section.

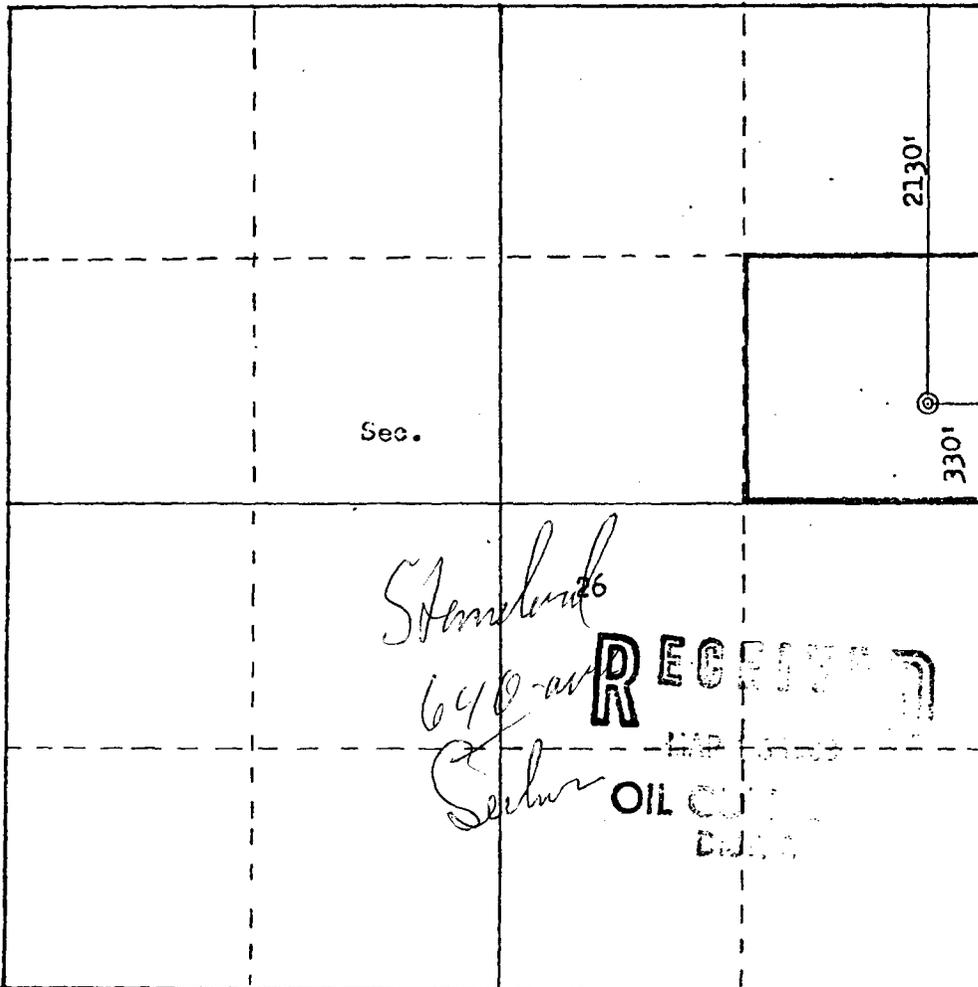
Operator <b>AMOCO PRODUCTION COMPANY</b>			Lease <b>EARL B. SULLIVAN</b>		Well No. <b>2</b>
Unit Letter <b>H</b>	Section <b>26</b>	Township <b>29N</b>	Range <b>11W</b>	County <b>San Juan</b>	
Actual Footage Location of Well: <b>2130</b> feet from the <b>North</b> line and <b>330</b> feet from the <b>East</b> line					
Ground Level Elev. <b>5505</b>	Producing Formation <b>Gallup</b>		Pool <b>ARMENTA GALLUP</b>	Dedicated Acreage: <b>40</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes  No If answer is "yes;" type of consolidation \_\_\_\_\_

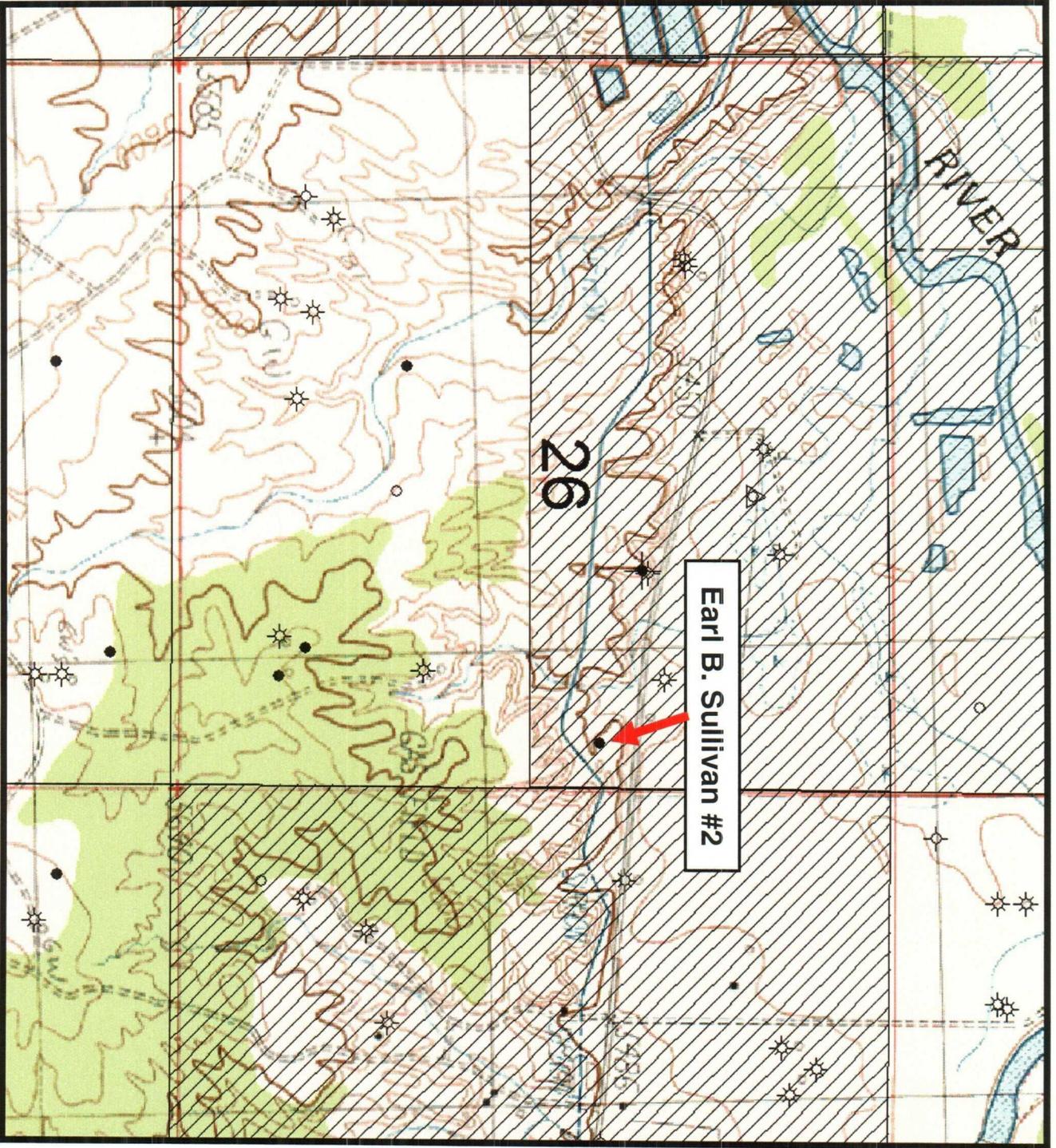
If answer is "no;" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



Scale: 1"=1000'

<b>CERTIFICATION</b>	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
<i>Dale H. Shoemaker</i>	
Name	<b>DALE H. SHOEMAKER</b>
Position	<b>DISTRICT ENGINEER</b>
Company	<b>AMOCO PRODUCTION COMPANY</b>
Date	<b>MARCH 15, 1983</b>
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 knowledge and belief.	
Date Surveyed	<b>February 24, 1983</b>
Registered Professional Engineer and Land Surveyor	<i>Fred B. Kerr Jr.</i> <b>Fred B. Kerr Jr.</b>
Certificate No.	<b>3950</b>



26

Earl B. Sullivan #2

RIVER



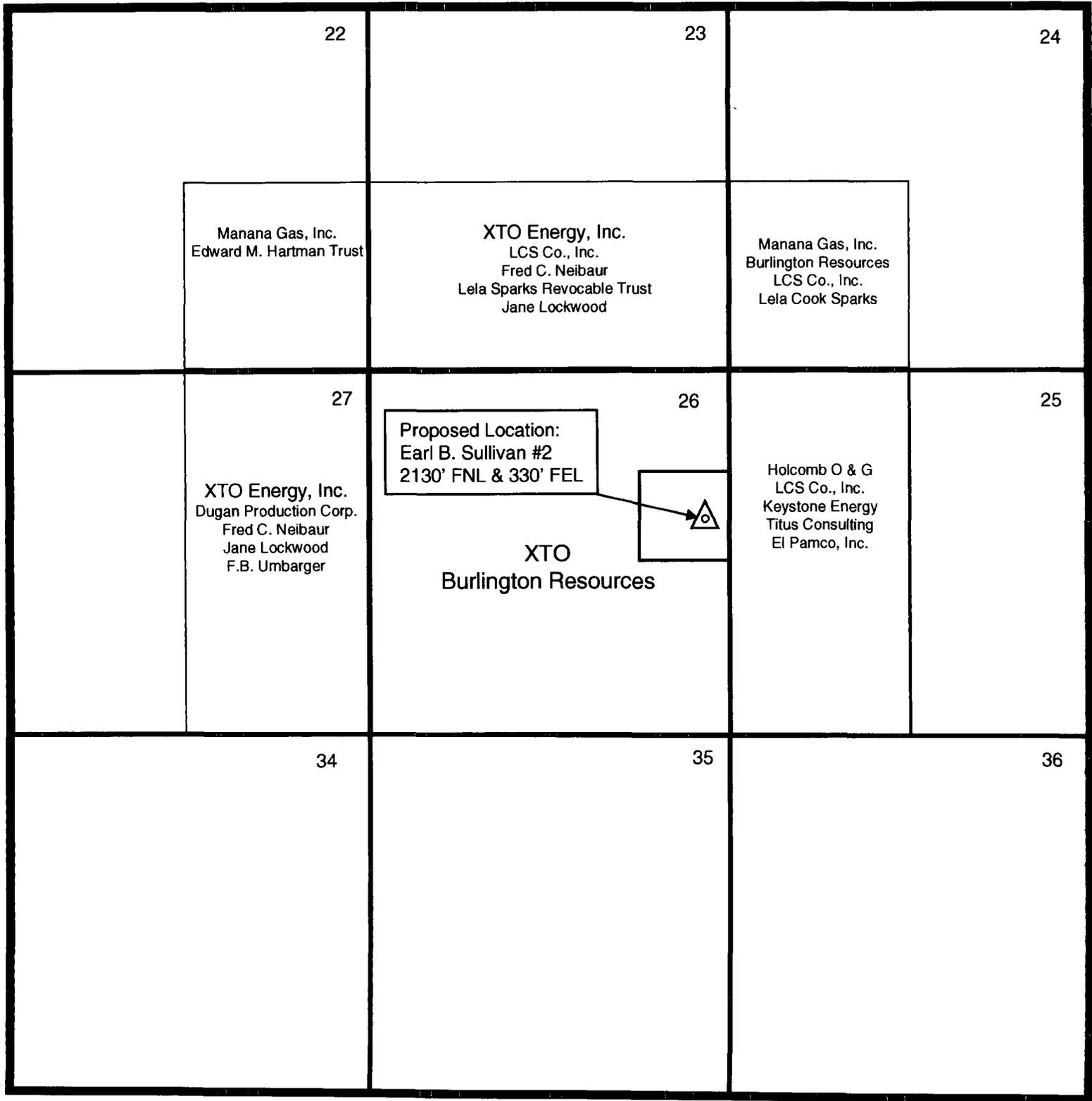
SECTION PLAT OF 9 SQUARE MILES

STATE: New Mexico COUNTY: San Juan

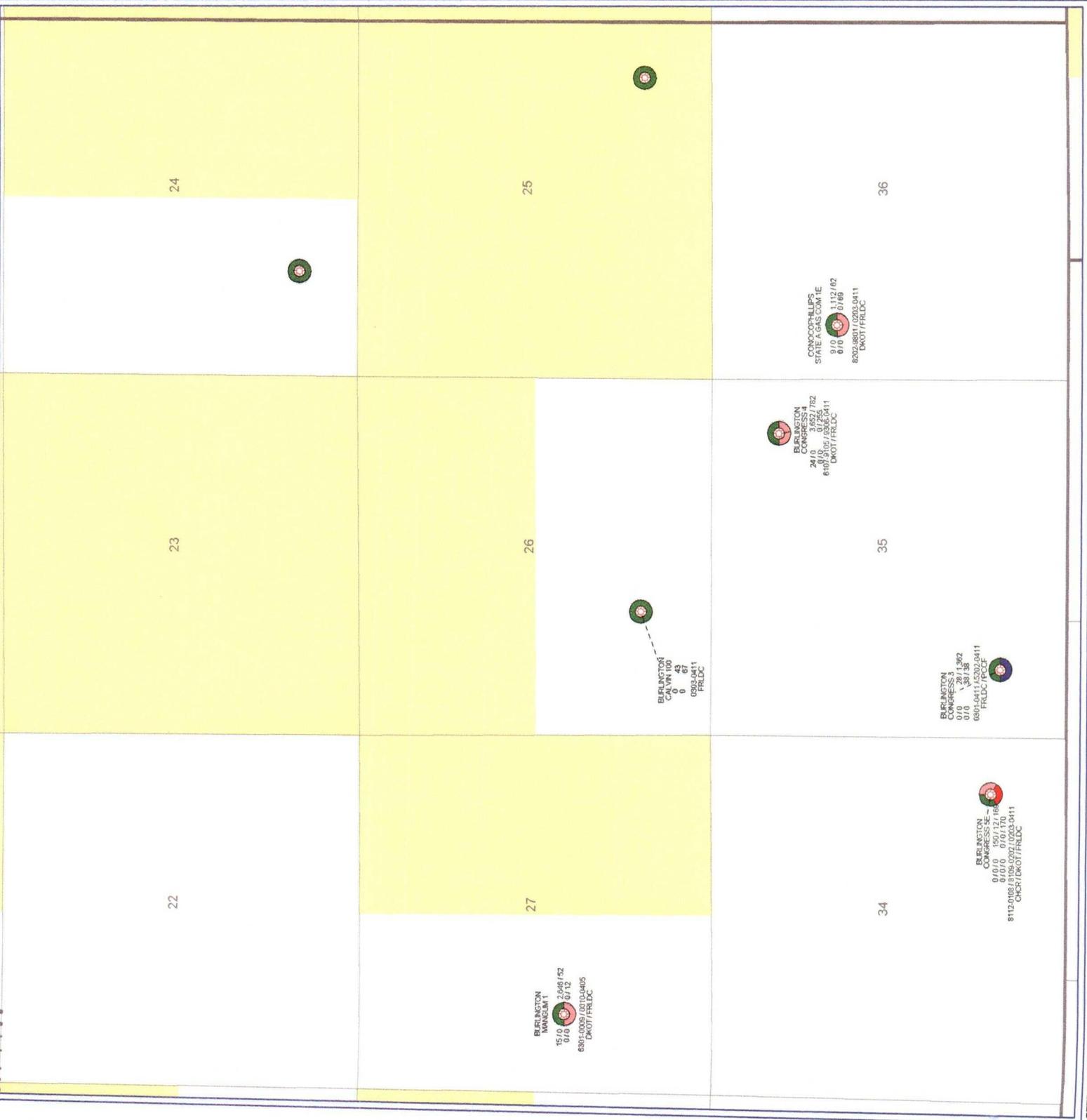
PROSPECT: SE/4 NE/4 DATE: May 31, 2005

SECTION: 26 TOWNSHIP: 29 North RANGE: 11 West

SCALE: 1'=2000'



01111111



BURLINGTON  
MINECO M/T  
15/0 2,546 / 52  
8/0 0/12  
6301-0008 / 07/03/0405  
DKOT / FRDC

BURLINGTON  
CALVIN 100  
0 0  
0 0  
0903-0411  
FRDC

BURLINGTON  
CONGRESS-SE  
0/0/0 150/127/168  
8/10 8109-0207 / 0203-0411  
CHCR / DKOT / FRDC

BURLINGTON  
CONGRESS-3  
0/0 0  
0/0 38 / 38  
0901-0411 / 0202-0411  
FRDC / POCE

BURLINGTON  
CONGRESS-782  
24/0 0/255  
8/0 0/255  
6107-0105 / 0303-0411  
DKOT / FRDC

CONCOPHILIPS  
STATE A GAS COM-1E  
8/0 1,112 / 62  
0/0 0/69  
8202-3801 / 0203-0411  
DKOT / FRDC

25

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XTO ENERGY INC.

SEC 26 T29N R11W

SAN JUAN BASIN  
CUM PROD @ 11/2004  
San Juan County, NM

Ratio Scale = 1 : 24,000  
0 2,000  
FEET

POSTED WELL DATA

Operator - WEST LARSEN  
PICUM - CUM PROD  
PICUM - CUM PROD  
PICUM - FROM DATE TO DATE  
PICUM - FROM DATE TO DATE  
PICUM - FROM DATE TO DATE  
PICUM - FROM DATE TO DATE

ATTRIBUTE MAP

- Shallow
- Farmington
- Fruitland Sand
- Fruitland Coal
- Fruitland Cliffs
- Chacra
- Mesaverde
- Gallup
- Dakota
- Morrison
- Deep

WELL SYMBOLS

Gas Well

REMARKS

Fruitland Coal Producers

By: Jane Foster  
June 1, 2005

EARL B. SULLIVAN NO. 2 ONWER NOTICE ADDRESSES  
06/03/2005

LCS Company, Inc.  
P O Box 2058  
Farmington NM 87499

Fred C. Neibaur  
9707 E 126<sup>th</sup> Street  
Puyallup WA 98373

Jane Lockwood  
2803 Justin Rd  
Flower Mound TX 75028

Lele Sparks Revocable Trust utu 11-22-96  
c/o Montgomery and Andrews  
P O Box 2307  
Santa Fe NM 87504

Holcomb Oil & Gas, Inc.  
P O Box 2058  
Farmington NM 87499

El Pamco, Inc.  
313 Washington SE  
Albuquerque NM 87108

Mary Vaio  
1207 Monroe Ct NE  
Albuquerque NM 87108

Richard Camponera  
1217 Monroe Ct NE  
Albuquerque NM 87108

Ronald Ross, Trustee  
739 Olde Settler Place  
Columbus OH 43214

Thelma V. Monte  
7112 E. Frontage RdNE, #239  
Albuquerque NM 87109

Anise Bellamah  
505 Hervey Dr  
Roswell NM 88201

EARL B. SULLIVAN NO. 2 ONWER NOTICE ADDRESSES  
06/03/2005

Jesse Burch  
Box 4217  
Santa Fe NM 87109

Victor Bachechi  
2913 San Joaquin SE  
Albuquerque NM 87106

Charles Renfro  
4212 Courtney NE  
Albuquerque NM 87110

Gene E. Franchini  
9401 Admiral Nimitz NE  
Albuquerque NM 87111

James R. Franchini  
9401 Admiral Nimitz NE  
Albuquerque NM 87111

Manana Gas, Inc.  
2520 Tramway Terrace Ct NE  
Albuquerque NM 87112

Derrick J. Turnbull  
Cindy Brady  
Kathleen M. McClane Trust  
Michael S. McClane Trust  
Dawn J. Turnbull Trust  
Denise J. Turnbull Trust  
David G. McClane  
All of the above are  
c/o David G. McClane  
PO Box 214430  
Dallas TX 75221-4430

G.T. Key II and Marian Morriss  
Co-Trustees of the G.T. Key II Trust  
Under the last will and testament of  
Olan Key, dec  
Route 1, Box 144  
Avery TX 75554

EARL B. SULLIVAN NO. 2 ONWER NOTICE ADDRESSES  
06/03/2005

John B. Mallory  
6105 Knoxville Dr.  
Lubbock TX 79413

Edward M. Hartman Trust  
Uta 10-13-2004.  
1002 Tramway Lane NE  
Albuquerque NM 87122

Burlington Resources Oil & Gas Company, LLC  
P O Box 4289  
Farmington NM 87499

Dugan Production Corp.  
P O Box 420  
Farmington NM 87499

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to:	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
Lele Sparks Revocable Trust c/o Montgomery and Andrews P O Box 2307 Santa Fe, NM 87504 Sullivan No. 2 - CS	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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number ( <i>Transfer from service label</i> )	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
7005 0390 0005 7629 6818		
PS Form 3811, February 2004                      Domestic Return Receipt                      102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to:	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
Jane Lockwood 2803 Justin Rd Flower Mound, TX 75028  Sullivan No. 2 - CS	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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number ( <i>Transfer from service label</i> )	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
7005 0390 0005 7629 6801		
PS Form 3811, February 2004                      Domestic Return Receipt                      102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to:	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
Holcomb Oil & Gas, Inc. P O Box 2058 Farmington, NM 87499  Sullivan No. 2 - CS	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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number ( <i>Transfer from service label</i> )	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
7005 0390 0005 7629 6825		
PS Form 3811, February 2004                      Domestic Return Receipt                      102595-02-M-1540		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Mary Vaio 1207 Monroe Ct NE Albuquerque, NM 87108  Sullivan No. 2 - CS		B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
2. Article Number ( <i>Transfer from service label</i> ):		7005 0390 0005 7629 6849	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to:  El Pamco, Inc. 313 Washington SE Albuquerque, NM 87108  Sullivan No. 2 - CS		B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
2. Article Number ( <i>Transfer from service label</i> ):		7005 0390 0005 7629 6832	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Fred C. Neibaur 9707 E 126th Street Puyallup, WA 98373  Sullivan No. 2 - CS		B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
2. Article Number ( <i>Transfer from service label</i> ):		7005 0390 0005 7629 6795	
PS Form 3811, February 2004		Domestic Return Receipt	
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1. Article Addressed to:  LCS Company, Inc. P O Box 2058 Farmington, NM 87499  Sullivan No. 2 - CS		B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
2. Article Number ( <i>Transfer from service label</i> ):		7005 0390 0005 7629 6788	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  <b>Anise Bellamah</b> <b>505 Hervey Dr</b> <b>Roswell, NM 88201</b>  Sullivan No. 2 - CS		B. Received by (Printed Name)	C. Date of Delivery
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<b>7005 0390 0005 7629 6887</b>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  <b>Thelma V. Monte</b> <b>7112 E. Frontage RdNE, #239</b> <b>Albuquerque, NM 87109</b>  Sullivan No. 2 - CS		B. Received by (Printed Name)	C. Date of Delivery
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<b>7005 0390 0005 7629 6870</b>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to:  <b>Ronald Ross, Trustee</b> <b>739 Olde Settler Place</b> <b>Columbus, OH 43214</b>  Sullivan No. 2 - CS		B. Received by (Printed Name)	C. Date of Delivery
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<b>7005 0390 0005 7629 6863</b>	
PS Form 3811, February 2004		Domestic Return Receipt	
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1. Article Addressed to:  <b>Richard Camponera</b> <b>1217 Monroe Ct NE</b> <b>Albuquerque, NM 87108</b>  Sullivan No. 2 - CS		B. Received by (Printed Name)	C. Date of Delivery
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<b>7005 0390 0005 7629 6856</b>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Jesse Burch Box 4217 Santa Fe, NM 87109  Sullivan No. 2 - CS		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 0390 0005 7629 6894	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Victor Bachechi 2913 San Joaquin SE Albuquerque, NM 87106  Sullivan No. 2 - CS		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 0390 0005 7629 6900	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Charles Renfro 4212 Courtney NE Albuquerque, NM 87110  Sullivan No. 2 - CS		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 0390 0005 7629 6917	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Gene E. Franchini 9401 Admiral Nimitz NE Albuquerque, NM 87111  Sullivan No. 2 - CS		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 0390 0005 7629 6924	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  G.T. Key II and Marian Morris Co-Trustees of the G.T. Key II Trust Route 1, Box 144 Avery, TX 75554 Sullivan No. 2 - CS		B. Received by (Printed Name) C. Date of Delivery	
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 0390 0005 7629 6962	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  David G. McClane PO Box 214430 Dallas, TX 75221-4430  Sullivan No. 2 - CS		B. Received by (Printed Name) C. Date of Delivery	
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 0390 0005 7629 6955	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  Manana Gas, Inc. 2520 Tramway Terrace Ct NE Albuquerque, NM 87112  Sullivan No. 2 - CS		B. Received by (Printed Name) C. Date of Delivery	
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 0390 0005 7629 6948	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  James R. Franchini 9401 Admiral Nimitz NE Albuquerque, NM 87111  Sullivan No. 2 - CS		B. Received by (Printed Name) C. Date of Delivery	
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 0390 0005 7629 6931	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>Dugan Production Corp.</b> <b>P O Box 420</b> <b>Farmington, NM 87499</b>  Sullivan No. 2 - CS	B. Received by (Printed Name) C. Date of Delivery	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7005 0390 0005 7629 7006

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>Burlington Resources Oil &amp; Gas Company, LLC</b> <b>P O Box 4289</b> <b>Farmington, NM 87499</b> Sullivan No. 2 - CS	B. Received by (Printed Name) C. Date of Delivery	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7005 0390 0005 7629 6993

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>Edward M. Hartman Trust</b> <b>1002 Tramway Lane NE</b> <b>Albuquerque, NM 87122</b>  Sullivan No. 2 - CS	B. Received by (Printed Name) C. Date of Delivery	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7005 0390 0005 7629 6986

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>John B. Mallory</b> <b>6105 Knoxville Dr.</b> <b>Lubbock, TX 79413</b>  Sullivan No. 2 - CS	B. Received by (Printed Name) C. Date of Delivery	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7005 0390 0005 7629 6979