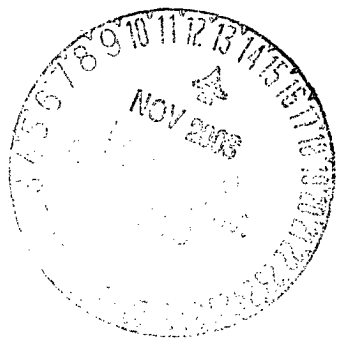
BURLINGTON RESOURCES

SAN JUAN DIVISION



October 3, 2003

(Certified Mail – Return Receipt Requested)

Re: Allison Unit Com #122S
Basin Fruitland Coal
2425'FSL, 890'FEL Section 31, T-32-N, R-6-W
San Juan 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,

Tammy Wimsatt

Tammy Wimsatt
Regulatory Specialist

3401 East 30th St., 87402, P.O. Box 4289, Farmington, New Mexico 87499-4289, Telephone 505-326-9700, Fax 505-326-9833

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
	A. Signature X ☐ Agent ☐ Addressee
	B. Received by (Printed Name) / C. Date of Delivery
1. Article Addressed to: BP AMERICA PRODUCTION COMPANY ATTN BRYAN ANDERSON OSO ENGINEER SAN JUAN BU WEST LAKE 1 ROOM 19-114 501 WESTLAKE PARK BLVD HOUSTON, TX 77079	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811 Domestic Return Receipt
3:48 PM 9/19/2003 Code: ~~Allison Unit #1225~~ Allison Unit #122S File:

7110 6605 9590 0007 0734

RETURN RECEIPT SERVICE	POSTAGE	~~$0.37~~
	RESTRICTED DELIVERY FEE	$0.00
	CERTIFIED FEE	~~$2.30~~
	RETURN RECEIPT FEE	~~$1.75~~
SENT TO:	TOTAL POSTAGE AND FEE'S	~~$4.42~~

POSTMARK OR DATE

9/19/2003 Code: Allison Unit #122S
3:13 PM File:

ANDREW KELLY JR
2575 SUNSET DR
2575 SUNSET DR
ATLANTA, GA 30345

PS FORM 3800

UNITED STATES POSTAL SERVICE™ RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

7110 6605 9590 0007 0802

RETURN RECEIPT SERVICE	POSTAGE	~~$0.37~~
	RESTRICTED DELIVERY FEE	$0.00
	CERTIFIED FEE	~~$2.30~~
	RETURN RECEIPT FEE	~~$1.75~~
SENT TO:	TOTAL POSTAGE AND FEE'S	~~$4.42~~

POSTMARK OR DATE

9/19/2003 Code: Allison Unit #122S
3:13 PM File:

CHARLES KELLY
895 TECHNOLOGY BLVD STE 210
895 TECHNOLOGY BLVD STE 210
BOZEMAN, MT 59718

PS FORM 3800

UNITED STATES POSTAL SERVICE™ RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susanna P. Kelly ☐ Agent ☑ Addressee

B. Received by (Printed Name) Susanna P. Kelly
C. Date of Delivery 10/18/2003

D. Is delivery address different from item 1? ☒ Yes
If YES enter delivery address below: 0007N0298
506 Pershing
San Antonio, Texas 78209

1. Article Addressed to:
SUSANNA P KELLY
C/O BAR K RANCH
BOX 147
BOX 147
CAMERON, MT 59702

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811
3:13 PM 9/19/2003 Code: Allison Unit #122S Domestic Return Receipt File:

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jane H Phillips ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jane H Phillips
C. Date of Delivery 10/14/03

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: 0007N0888

1. Article Addressed to:
JANE PHILLIPS
530 N MAIN ST APT 310
530 N MAIN ST APT 310
BUTLER, PA 16001-4319

BUTLER PA 160
OCT 14 2003
USPS

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811
3:13 PM 9/19/2003 Code: Allison Unit #122S Domestic Return Receipt File:

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X GEE ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery OCT 09 200

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: 0007N0199

1. Article Addressed to:
AMERADA HESS CORPORATION
ATTN JV ACCT-16TH FLOOR
P O BOX 2040
P O BOX 2040
HOUSTON, TX 77252-2040

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811
3:13 PM 9/19/2003 Code: Allison Unit #122S Domestic Return Receipt File:

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kuhns

C. Date of Delivery 10-9-3

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

1. Article Addressed to:
CASTLE INC
502 KEYSTONE DR
502 KEYSTONE DR
WARRENDALE, PA 15086

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811
3:13 PM 9/19/2003 Code: Allison Unit #122S Domestic Return Receipt File:

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery OCT 0 9 2003

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

1. Article Addressed to:
CONOCOPHILLIPS COMPANY
ATTN CHIEF LANDMAN SAN JUAN/ROCKIES
PO BOX 2197
PO BOX 2197
HOUSTON, TX 77252-2197

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811
3:13 PM 9/19/2003 Code: Allison Unit #122S Domestic Return Receipt File:

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Devon Production Company LP
Attn Land Dept
20 N Broadway, Ste 1500
20 N Broadway, Ste 1500
Oklahoma City, OK 73102

2. Article Number

7110 6605 9590 0006 8618

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1

SEP 12 2003

PS Form 3811 **DOMESTIC RETURN RECEIPT**

1:39 PM 8/26/2003 Code: Allison Com 122S File:

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Williams Production Company
One Williams Center
PO BOX 3102 MS25-3
PO BOX 3102 MS25-3
Tulsa, OK 74101

2. Article Number

7110 6605 9590 0006 8717

3. Service Type ☒ **CERTIFIED**

Date of Delivery SEP 15 2003

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 **DOMESTIC RETURN RECEIPT**

1:48 PM 8/26/2003 Code: FTC HPA Infill Allison Com File: 122S