

# BURLINGTON RESOURCES

SAN JUAN DIVISION

30-045-31827

July 30, 2003

(Certified Mail – Return Receipt Requested)

Re: Rattlesnake Canyon #101S  
Basin Fruitland Coal  
1280'FSL, 1130'FWL Section 32, T-32-N, R-8-W  
San Juan County, New Mexico

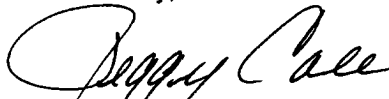


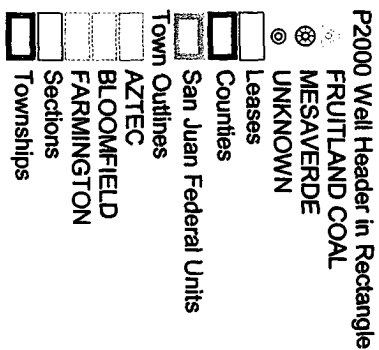
To the Affected Persons:

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,

  
Peggy Cole  
Regulatory Supervisor



1000 0 1000 2000 Feet

# BURLINGTON RESOURCES

**San Juan Division**

# RATTLESNAKE CANYON #1013

## Offset Operators / WIO's

T32N-R8W

San Juan County, New Mexico  
1-308-333-1111

**Prepared By: Hollie Erlandson**

Date: 07/31/2003

**File No:** <Please enter file number>

**Revised: <Revision date>**

File Name: s:\public\hmc\platform\attlesnake\canyon\_1015.apr

7110 6605 9590 0006 8083

**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.

Article Addressed to:

**BP AMERICA PRODUCTION COMPANY  
PO Box 3092  
Houston, TX 77253-3092**

2. Article Number  
7110 6605 9590 0006 8083

3. Service Type ☒ **CERTIFIED**  
Date of Delivery **JUL 12 2003**

Received By: (Print Name)

Signature - (Addressee or Agent)

PS Form 3811 *Rattlesnake Canyon #1015* **DOMESTIC RETURN RECEIPT** File:

UNITED STATES POSTAL SERVICE  
RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
(SEE OTHER SIDE)

PS FORM 3800

*RC #1015*

**BP AMERICA PRODUCTION COMPANY  
PO Box 3092  
Houston, TX 77253-3092**

RETURN RECEIPT SERVICE	POSTAGE	RESTRICTED DELIVERY FEE	CERTIFIED FEE	RETURN RECEIPT FEE	TOTAL POSTAGE AND FEE
		\$0.34	\$0.00	\$2.30	\$1.75
					\$4.39

SENT TO: 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.  
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I also wish to receive the following service (for an extra fee):  
☐ **Restricted Delivery**  
Consult postmaster for fee.

Article Addressed to:

**CONOCOPHILLIPS COMPANY  
ATTN CHIEF LANDMAN SAN JUAN/ROCKIES  
PO BOX 2197  
HOUSTON, TX 77252-2197**

2. Article Number  
7110 6605 9590 0006 8069

3. Service Type ☒ **CERTIFIED**  
Date of Delivery **AUG 12 2003**

Received By: (Print Name)

Signature - (Addressee or Agent)

PS Form 3811 *Rattlesnake Canyon #1015* **DOMESTIC RETURN RECEIPT** File:

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RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
(SEE OTHER SIDE)

PS FORM 3800

*RC #1015*

**CONOCOPHILLIPS COMPANY  
ATTN CHIEF LANDMAN SAN JUAN/ROCKIES  
PO BOX 2197  
HOUSTON, TX 77252-2197**

RETURN RECEIPT SERVICE	POSTAGE	RESTRICTED DELIVERY FEE	CERTIFIED FEE	RETURN RECEIPT FEE	TOTAL POSTAGE AND FEE
		\$0.37	\$0.00	\$2.30	\$1.75
					\$4.42

SENT TO: 8/4/2003 1:42 PM Code: San Juan 29-7 Unit 189 File:

7110 6605 9590 0006 8113

**ENDER:**

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.

Article Addressed to:

KOCH EXPLORATION CO LLC  
PO Box 2219  
Wichita, KS 67201

2. Article Number

7110 6605 9590 0006 8113

3. Service Type ☒ **CERTIFIED**

Date of Delivery

8-11-03

Received By: (Print Name)

*Paul M. Jones*

Signature - (Addressee or Agent)

*Paul M. Jones*

Enter delivery address if different than item 1.

S Form 3811

*Rattlesnake Canyon #1015*

**DOMESTIC RETURN RECEIPT**

File:



RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

PS FORM 3800

*RC # 1015*

KOCH EXPLORATION CO LLC  
PO Box 2219  
Wichita, KS 67201

RETURN RECEIPT SERVICE		POSTAGE	
RESTRICTED DELIVERY FEE			\$0.34
CERTIFIED FEE			\$0.00
RETURN RECEIPT FEE			\$2.30
			\$1.75
TOTAL POSTAGE AND FEE			\$4.39

SENT TO:

File:

POSTMASTER USE ONLY