

ABOVE THIS LINE FOR DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**

- Engineering Bureau -

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



2006 NOV 7 AM 10 11

**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.**

Patsy Clugston Print or Type Name	 Signature	Regulatory Specialist Title	11/6/06 Date
		clugsp@conocophillips.com e-mail Address	

**ConocoPhillips**

P.O. Box 4289  
Farmington, NM 87499

2006 NOV 7 AM 10 10

9/29/06

Sent Federal Express

Mr. Michael Stogner  
New Mexico Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, New Mexico 87505

Re: San Juan 29-5 Unit #69F  
Unit A (NENE), 145' FNL & 460' FEL,  
Section 21, T29N, R05W, Rio Arriba County, New Mexico  
API # - 30-039-29727

Dear Mr. Stogner

This is a request for administrative approval for a non-standard gas well location in the Basin Dakota pool.

The San Juan 29-5 Unit #69F is a Blanco Mesaverde /Basin Dakota commingled well that was staked at an unorthodox location for the Dakota zone. The Mesaverde zone is standard since it is in the participating area. This well was staked at the present location to appease the surface owner in the project area. Several options within the "legal drilling window" were offered to the surface owner, but they were deemed unacceptable. There are a vast number of natural drainages and arroyos in the area also, which limit the placement of the proposed well within the prescribed standard drill block. Also, an acceptable legal location for drilling a new Blanco Mesaverde / Basin Dakota well was couldn't be achieved without crowding the existing San Juan 29-5 Unit #46 Mesaverde well located in the NW/4 of the NE/4 of Section 21, T29N, R5W. See the attached topo and offset operator map for further clarification.

Production from the Dakota zone is included in the 320-acre gas spacing unit, the east half dedication of Section 21, T29N, R05W.

To comply with the New Mexico Oil Conservation Division rules, we are submitting the following for your approval of this non-standard location:

1. C102 plat showing location of the well.
2. Topo Map
3. Plat showing offset owners/operators, of which COPC is its own offset/operator of the affected side to the section.

A copy of this application is being submitted to all offset owners/operators by certified mail with a request that they furnish your office in Santa Fe a Waiver of Objection and return one copy to this office.

Sincerely Yours

Patsy Clugston  
Sr. Regulatory Specialist



Re: San Juan 29-5 #69F  
Unit A (NENE), 1415' FNL & 460' FEL,  
Section 21, T29N, R5W, Rio Arriba County, New Mexico  
API - 30-039-29727

I hereby certify that the following offset owners/operators have been notified by certified mail of our application for administrative approval for non-standard well location of the above well.

BURLINGTON RESOURCES OIL & GAS CO LP  
P O BOX 4289  
FARMINGTON, NM 87499-4289

MCELVAIN OIL COMPANY  
P O BOX 801888  
DALLAS, TEXAS 75240

MAYDELL MILLER MAST TRUST  
P O BOX 291445  
KERRVILLE, TEXAS 78029-1445

VAUGHAN-MCELVAIN ENERGY INC  
C/O BRENDA BOUCHER VP  
P O BOX 970  
KENNETT SQUARE, PA 19348

T H MCELVAIN OIL & GAS LTD PARTNERSHIP  
1050 17TH STREET SUITE #1800  
DENVER, COLORADO 80265

BOLACK MINERALS  
ATTN: TOM BOLACK  
3901 BLOOMFIELD HWY.  
FARMINGTON, NEW MEXICO 87401

CHARLES W GAY  
C/O JAMES M RAYMOND  
P O BOX 291445  
KERRVILLE, TEXAS 78029-1445

LORRAYN GAY HACKER  
C/O JAMES M RAYMOND  
P O BOX 291445  
KERRVILLE, TEXAS 78029-1445

BP AMERICA PRODUCTION COMPANY  
P O BOX 21868  
TULSA, OKLAHOMA 74121-1868

J&M RAYMOND LTD  
RAYMOND & SONS I LLC GENERAL PARTNER  
P O BOX 291445  
KERRVILLE, TEXAS 78029-1445

ROBERT COHEN  
3350 MCCUE #2102  
HOUSTON, TEXAS 77056

MIZEL FAMILY TRUST  
PAMELA STAECK TRUSTEE  
SUITE 740  
3900 E MEXICO AVE  
DENVER, COLORADO 80210

STEVEN MAYER MIZEL  
C/O RAINES & FISCHER CPA  
535 FIFTH AVE 25TH FLOOR  
NEW YORK, NEW YORK 10017

VICKI MIZEL  
3708 BARHAM BLVD D209  
LOS ANGELES, CALIFORNIA 90068

BARBARA WITTEN TR FBO ANDREW WITTEN  
ELIZABETH J WITTEN &  
535 EAST 86TH ST  
NEW YORK, NEW YORK 10028

BARBARA WITTEN TR FBO ELIZABETH WITTEN  
ELIZABETH J WITTEN &  
535 EAST 86TH ST  
NEW YORK, NEW YORK 10028

BARBARA WITTEN TR FBO JUDITH WITTEN  
ELIZABETH J WITTEN &  
535 EAST 86TH ST  
NEW YORK, NEW YORK 10028

MATTHEW P FISHER  
1425 W PLYMOUTH ST  
BROKEN ARROW, OKLAHOMA 74012

YOSEMITE CREEK OIL & GAS LLLP  
3600 S MONACO ST 5TH FL  
DENVER, COLORADO 80237

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

Form C-102  
Permit 20184

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-039-29727	2. Pool Code 71599	3. Pool Name BASIN DAKOTA (PRORATED GAS)
4. Property Code 31325	5. Property Name SAN JUAN 29 5 UNIT	6. Well No. 069F
7. OGRID No. 217817	8. Operator Name CONOCOPHILLIPS COMPANY	9. Elevation 6708

10. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
A	21	29N	05W		145	N	460	E	RIO ARRIBA

11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
12. Dedicated Acres 320.00		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**

	<p align="center"><b>OPERATOR CERTIFICATION</b></p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <p>E-Signed By: Yolanda Perez Title: Sr. Regulatory Analyst Date: 12/16/2005</p>
	<p align="center"><b>SURVEYOR CERTIFICATION</b></p> <p><i>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.</i></p> <p>Surveyed By: jason edwards Date of Survey: 1/11/2005 Certificate Number: 15269</p>



**BURLINGTON RESOURCES**



© Unpublished Work, Burlington Resources, Inc.



1:16,571

1" equals 1,381'

GCS North American 1927

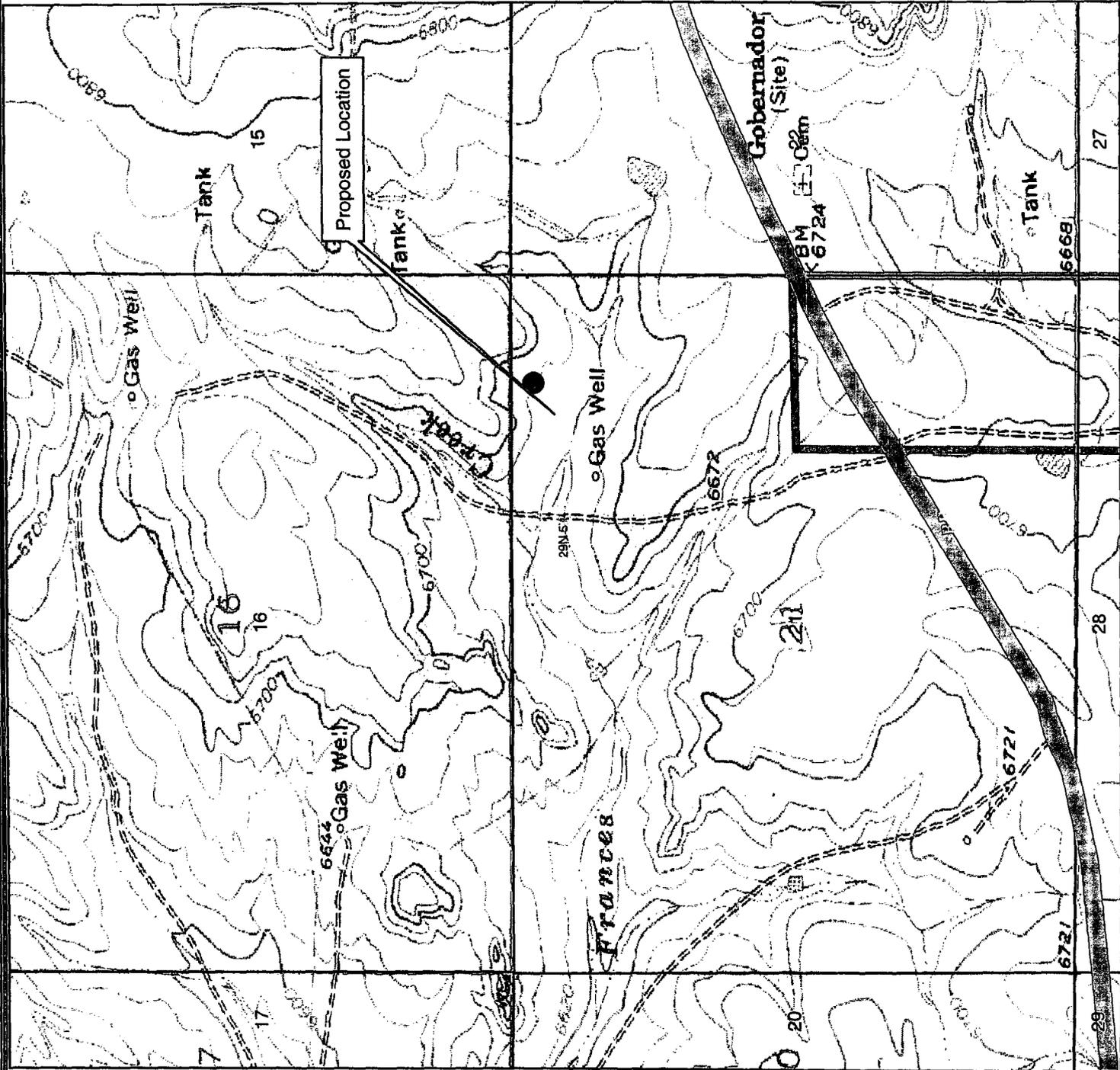
**BURLINGTON RESOURCES**

*SAN JUAN*

**SJ 29-5 Unit #69F - Topo**

Sec. 21, T29N, R5W

Prepared By: plc1 Date: 8/16/2006  
File Number: SJ29-5 69E Revised Date: 8/16/2006  
File Name: New Project



**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:

J&M RAYMOND LTD  
 RAYMOND & SONS I LLC GENERAL  
 PARTNER  
 P O BOX 291445  
 KERRVILLE, TEXAS 78029-1445

2. Article Number

(Transfer from service label)

7006 0100 0003 2411 8773

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x Bob Veldner

Agent

Addressee

B. Received by (Printed Name)

Bob Veldner

C. Date of Delivery

100206

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:

MATTHEW P FISHER  
 1425 W PLYMOUTH ST  
 BROKEN ARROW, OKLAHOMA 74012

2. Article Number

(Transfer from service label)

7006 0100 0003 2411 8841

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x m.p. fisher

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MAYDELL MILLER MAST TRUST  
P O BOX 291445  
KERRVILLE, TEXAS 78029-1445

4a. Article Number  
7006 0100 0003 2411 8704

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
10-02-06

5. Received By: (Print Name)  
Bob Valderan

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
Bob Valderan

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

**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:

BF AMERICA PRODUCTION COMPANY  
P O BOX 21868  
TULSA, OKLAHOMA 74121-1868

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Signature]  Agent  Addressee

B. Received by (Printed Name)  
C. Date of Delivery  
OCT 03 2006

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

2. Article Number  
(Transfer from service label) 7006 0100 0003 2411 8766

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 <i>Bob Velderman</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Bob Velderman</i>	C. Date of Delivery <i>10 02 06</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
LORRAYN GAY HACKER C/O JAMES M RAYMOND P O BOX 291445 KERRVILLE, TEXAS 78029-1445	3. Service Type <input checked="" 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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7006 0100 0003 2411 8759

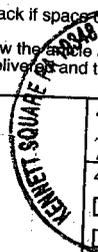
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>RC</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
ROBERT COHEN 3350 MCCUE #2102 HOUSTON, TEXAS 77056	3. Service Type <input checked="" 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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7006 0100 0003 2411 8780

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>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>x Bob Weckert</i></p> <p>B. Received by (Printed Name)  <i>Bob Weckert</i></p> <p>C. Date of Delivery  <i>10/02/04</i></p>
<p>1. Article Addressed to:</p> <p>CHARLES W GAY  C/O JAMES M RAYMOND  P O BOX 291445  KERRVILLE, TEXAS 78029-1445</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p> <p>102595-02-M-154</p>

SENDER:	
<ul style="list-style-type: none"> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
<p>3. Article Addressed to:</p> <p>VAUGHAN-MCELVAIN ENERGY INC  C/O BRENDA BOUCHER VP  P O BOX 970  KENNETT SQUARE, PA 19348</p>	<p>4a. Article Number  <i>7006 0109 0003 2411 8711</i></p> <p>4b. Service Type  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified  <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured  <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery</p>
<p>5. Received By: (Print Name)  <i>BOUCHER</i></p> <p>6. Signature: (Addressee or Agent)  <input checked="" type="checkbox"/> <i>Boucher</i></p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>PS Form 3811, December 1994</p>	<p>102595-98-B-0229 Domestic Return Receipt</p>

Is your RETURN ADDRESS completed on the reverse side?



Thank you for using Return Receipt Service.



**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:

STEVEN MAYER MIZEL  
 C/O RAINES & FISCHER CPA  
 535 FIFTH AVE 25TH FLOOR  
 NEW YORK, NEW YORK 10017

2. Article Number

(Transfer from service label)

7006 0100 0003 2411 8810

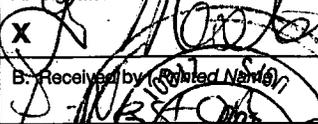
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

- 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

**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:

VICKI MIZEL  
 3708 BARHAM BLVD D209  
 LOS ANGELES, CALIFORNIA 90068

2. Article Number

(Transfer from service label)

7006 0100 0003 2411 8803

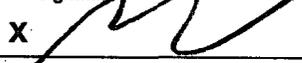
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

- 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

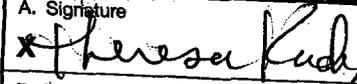
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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"/> Address	
	B. Received by (Printed Name) <b>GRETCHEN KOBAYASHI</b> C. Date of Delivery <b>10/2/2006</b>	
1. Article Addressed to:  <b>MIZEL FAMILY TRUST            PAMELA STAECK TRUSTEE            SUITE 740            3900 E MEXICO AVE            DENVER, COLORADO 80210</b>	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 (Transfer from service label) <b>7006 0100 0003 2411 8297</b>	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-154		

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"/> Address	
	B. Received by (Printed Name) <b>Theresa Kady</b> C. Date of Delivery	
1. Article Addressed to:  <b>BOLACK MINERALS            ATTN: TOM BOLACK            3901 BLOOMFIELD HWY.            FARMINGTON, NEW MEXICO 87401</b>	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 (Transfer from service label) <b>7006 0100 0003 2411 8735</b>	3. Service Type <input checked="" 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		

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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Patty Yattaw</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received By (Printed Name) <i>Patty Yattaw</i> C. Date of Delivery <i>10-2</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">YOSEMITE CREEK OIL &amp; GAS LLLP          3600 S MONACO ST 5TH FL          DENVER, COLORADO 80237</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          if YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label) <i>7006 0100 0003 2411 8858</i></p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E</p>	

SENDER:	I also wish to receive the following services (for an extra fee):
<ul style="list-style-type: none"> <li>■ Complete items 1 and/or 2 for additional services.</li> <li>■ Complete items 3, 4a, and 4b.</li> <li>■ Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>■ Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>■ The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	<p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
<p>3. Article Addressed to:</p> <p style="text-align: center;">T H MCELVAIN OIL &amp; GAS LTD          PARTNERSHIP          1050 17TH STREET SUITE #1800          DENVER, COLORADO 80265</p>	<p>4a. Article Number  <i>7006 0100 0003 2411 8728</i></p> <p>4b. Service Type  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified  <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured  <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery  <i>OCT 02 2006</i></p>
<p>5. Received By: (Print Name)</p> <p>6. Signature: (Addressee or Agent)  <input checked="" type="checkbox"/> <i>M. Johnson</i></p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt</p>	

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service