

Before the Oil Conservation Division
Exhibit No. 13A
Burlington Resources Oil & Gas Company LP
OCD CASE 14526
Hearing: August 19, 2010

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

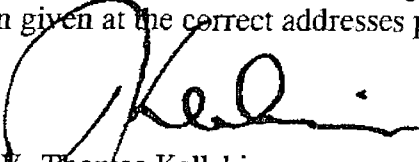
APPLICATION OF BURLINGTON RESOURCES
OIL & GAS COMPANY LP
FOR COMPULSORY POOLING,
SAN JUAN COUNTY, NEW MEXICO.

CASE NO. 14526

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

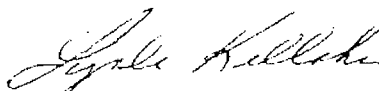
STATE OF NEW MEXICO)
) SS.
COUNTY OF SANTA FE)

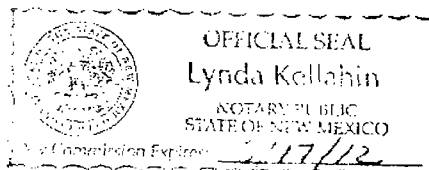
W. Thomas Kellahin, being first duly sworn, hereby certifies that he is an attorney for the Applicant and is responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on July 21, 2010 he caused to be send first by certified mail return-receipt requested the attached notice of this hearing and a copy of the application for the above referenced case, at least twenty days prior to the hearing of this case scheduled for August 19, 2010, to the parties shown in said application and to Karin Nielsen on July 28, 2010, and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.



W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 13th day of August 2010, by W. Thomas Kellahin.


Lynda Kellahin, Notary Public
My Commission Expires:



KELLAHIN & KELLAHIN
Attorney at Law

W. THOMAS KELLAHIN
706 GONZALES ROAD
SANTA FE, NEW MEXICO 87501

TELEPHONE 505-982-4285
FACSIMILE 505-216-2780
TKELLAHIN@COMCAST.NET

July 21, 2010

VIA CERTIFIED MAIL-RETURN RECEIPT

NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO OIL
CONSERVATION DIVISION CASE:

Re: Application of Burlington Resources Oil & Gas Company LP
for Compulsory Pooling of the E/2 Section 2, T29N, R8W to be
dedicated to the State Com SRC Wells 1B & 1C for Mesaverde and
Dakota, San Juan County, New Mexico

TO: Possible Parties:

The New Mexico Oil Conservation Division ("Division") has set Burlington Resources' referenced application, copy enclosed, for hearing on Division Examiner's docket now scheduled for at 8:15 a.m. on August 19, 2010. The hearing will be held at the Division hearing room located at 1220 South Saint Francis Drive, Santa Fe, New Mexico.

As a party who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at the hearing may preclude you from any involvement in this case at a later date. Pursuant to the Division Rule 1208.B, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 5:00 PM on Thursday, August 12, 2010, with a copy delivered to the undersigned. The Pre-Hearing Statement should include: the names of the parties and their attorneys; a concise statement of the case, the names of all witnesses the party will call to testify at the hearing; the approximate time of party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,


W. Thomas Kellahin

STATE COM SRC 1B & 1C (MESAVERDE / DAKOTA)

N/2 SEC. 2, T29N, R8W
SAN JUAN COUNTY, NM

NON-SIGNING OWNER LIST

**As of
July 15, 2010**

MARCIA BERGER ESTATE
ATTN: SANDRA BAXTER
3325 ENTERPRISE DR
HOBBS, NM 88240

BP AMERICA PRODUCTION CO
ATTN: DONNA JONES
501 WESTLAKE PARK BLVD.
HOUSTON, TX 77079-2696

ENERGEN RESOURCES
ATTN: DAVID POAGE
2010 AFTON PL
FARMINGTON, NM 87401

ESTATE OF ROGER B.NIELSEN
1200 DANBURY DR
MANSFIELD, TX 76063-3809

SHANNON BROWN
PO BOX 752
WICHITA FALLS, TX 76307

BRADY BROWN
PO BOX 752
WICHITA FALLS, TX 76307

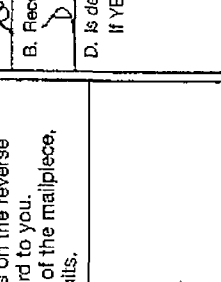
BERT BROWN
PO BOX 752
WICHITA FALLS, TX 76307

DONALD BROWN
PO BOX 752
WICHITA FALLS, TX 76307

WWR ENTERPRISES
ATTN: SANDRA BAXTER
3325 Enterprises Dr.
HOBBS, NM 88240

Karin Nielsen
1200 Danbury Dr
Mansfield, TX 76063-3809

<p>SENDER: COMPLETE THIS SECTION</p> <p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>BP AMERICA PRODUCTION CO ATTN: DONNA JONES 501 WESTLAKE PARK BLVD. HOUSTON, TX 77079-2696</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <i>Donna Jones</i></p> <p>B. Received by (Printed Name) <i>DONNA JONES</i></p> <p>C. Date of Delivery <i>7-26-10</i></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 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 <input checked="" type="checkbox"/> No</p>	<p>2. Article Number <i>7008 1140 0002 1503 5564</i></p> <p>(Transfer from service label)</p> <p>PS Form 3811, February 2004</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>
<p>SENDER: COMPLETE THIS SECTION</p> <p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>MARCIA BERGER ESTATE ATTN: SANDRA BAXTER 3325 ENTERPRISE DR HOBBS, NM 88240</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <i>Sandra Baxter</i></p> <p>B. Received by (Printed Name) <i>Sandra Baxter</i></p> <p>C. Date of Delivery <i>7-26-10</i></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 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 <input checked="" type="checkbox"/> No</p>	<p>2. Article Number <i>7008 1140 0002 1503 5557</i></p> <p>(Transfer from service label)</p> <p>PS Form 3811, February 2004</p> <p>Domestic Return Receipt</p> <p>102595-02-M-15</p>
<p>SENDER: COMPLETE THIS SECTION</p> <p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>SHANNON BROWN PC BOX 752 WICHITA FALLS, TX 76307</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <i>Shannon Brown</i></p> <p>B. Received by (Printed Name) <i>Shannon Brown</i></p> <p>C. Date of Delivery <i>7-26-10</i></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 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 <input checked="" type="checkbox"/> No</p>	<p>2. Article Number <i>7008 1140 0002 1503 5625</i></p> <p>(Transfer from service label)</p> <p>PS Form 3811, February 2004</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>



COMPLETE THIS SECTION ON DELIVERY

A. Signature D.H. Brown 7-26-70 Agent Addressed

B. Received by (Printed Name) D.H. Brown Date of Delivery 7-26-70

C. Is delivery address different from item 1? Yes No

D. If YES, enter delivery address below: 76307

USPS

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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.

BRADY BROWN
PO BOX 752
WICHITA FALLS, TX 76307

COMPLETE THIS SECTION ON DELIVERY

A. Signature D.H. Brown 7-26-70 Agent Addressed

B. Received by (Printed Name) D.H. Brown Date of Delivery 7-26-70

C. Is delivery address different from item 1? Yes No

D. If YES, enter delivery address below: 76307

USPS

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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.

BERT BROWN
PO BOX 752
WICHITA FALLS, TX 76307

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) 7008 1140 0002 1503 5632

PS Form 3811, February 2004 Domestic Return Receipt

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) 7008 1140 0002 1503 5618

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature D.H. Brown 7-26-70 Agent Addressed

B. Received by (Printed Name) D.H. Brown Date of Delivery 7-26-70

C. Is delivery address different from item 1? Yes No

D. If YES, enter delivery address below: 76307

USPS

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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.

DONALD BROWN
PO BOX 752
WICHITA FALLS, TX 76307

COMPLETE THIS SECTION ON DELIVERY

A. Signature Wichita Enterprises Agent Addressed

B. Received by (Printed Name) Wichita Enterprises Date of Delivery 7-26-70

C. Is delivery address different from item 1? Yes No

D. If YES, enter delivery address below: 76307

USPS

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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.

WWR ENTERPRISES
ATTN: SANDRA BAXTER
3325 Enterprises Dr.
HOBBS, NM 88240

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) 7008 1140 0002 1503 5601

PS Form 3811, February 2004 Domestic Return Receipt

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) 7008 1140 0002 1503 5588

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service[™]
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

2265 1140 0002 1503 5422

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Sent
 Postmark Here
 9/10/10

Total Postage

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+

Karin Nielsen
 1200 Danbury Dr
 Mansfield, TX 76063-3809

PS Form 3800, August 2008. See Reverse for Instructions.

U.S. Postal Service[™]
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

5655 1140 0002 0411 8002

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Postage

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+

ESTATE OF ROGER B. NIELSEN
 1200 DANBURY DR
 MANSFIELD, TX 76063-3809

PS Form 3800, August 2008. See Reverse for Instructions.