

# BURLINGTON RESOURCES

SAN JUAN DIVISION

*Released  
10-28-03*

*30-039-27493*

September 22, 2003

(Certified Mail – Return Receipt Requested)

Re: Francis Creel State Com #100S  
Basin Fruitland Coal  
1020'FSL, 680'FEL Section 16, T-30-N, R-7-W  
Rio Arriba County, New Mexico

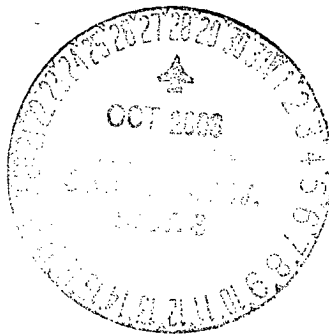
To the Affected Persons:

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,

*Nancy Olthmanns*  
Nancy Olthmanns  
Senior Staff Specialist



|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Article Number</b><br><br>                                                                                                               | <b>COMPLETE THIS SECTION ON DELIVERY</b><br>A. Signature<br>X  <input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee<br>B. Received by (Printed Name) _____ C. Date of Delivery <u>9/12</u><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter delivery address below 000 <input type="checkbox"/> No 57 |
| <b>1. Article Addressed to:</b><br>EMIL MOSBACHER III<br>MELROSE SQUARE ON MELROSE AVE<br>MELROSE SQUARE ON MELROSE AVE<br>GREENWICH, CT 06830 | 3. Service Type <input checked="" type="checkbox"/> <b>Certified</b><br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                        |

PS Form 3811  
3:13 PM 9/19/2003 Code: Frances Creek State Com #100S File: Domestic Return Receipt

|                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Article Number</b><br><br>                                                                                                                                                              | <b>COMPLETE THIS SECTION ON DELIVERY</b><br>A. Signature<br>X  <input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee<br>B. Received by (Printed Name) _____ C. Date of Delivery <u>9-30-03</u><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter delivery address below 000 <input type="checkbox"/> No 38 |
| <b>1. Article Addressed to:</b><br>BP AMERICA PRODUCTION COMPANY<br>ATTN BRYAN ANDERSON OSO ENGINEER<br>SAN JUAN BU<br>WEST LAKE 1 ROOM 19-114<br>501 WESTLAKE PARK BLVD<br>HOUSTON, TX 77079 | 3. Service Type <input checked="" type="checkbox"/> <b>Certified</b><br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                            |

PS Form 3811  
3:13 PM 9/19/2003 Code: Frances Creek State Com #100S File: Domestic Return Receipt

|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Article Number</b><br><br>                                                                                                             | <b>COMPLETE THIS SECTION ON DELIVERY</b><br>A. Signature<br>X  <input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee<br>B. Received by (Printed Name) <u>Bob Valderan</u> C. Date of Delivery <u>9-30-2003</u><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter delivery address below 000 <input type="checkbox"/> No 175 |
| <b>1. Article Addressed to:</b><br>JRP SAN JUAN LP<br>ATTN JAMES M RAYMOND MGR<br>PO BOX 291445<br>PO BOX 291445<br>KERRVILLE, TX 78029-1445 | 3. Service Type <input checked="" type="checkbox"/> <b>Certified</b><br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                               |

PS Form 3811  
3:13 PM 9/19/2003 Code: Frances Creek State Com #100S File: Domestic Return Receipt

| 2. Article Number                                                                                                                                                           | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Article Addressed to</b><br><b>CHARLES W GAY</b><br><b>C/O JAMES M RAYMOND-POA</b><br><b>PO BOX 291445</b><br><b>PO BOX 291445</b><br><b>KERRVILLE, TX 78029-1445</b> | <b>A. Signature</b><br><input checked="" type="checkbox"/> <i>Bob Valderaz</i> <span style="float: right;"><input type="checkbox"/> Agent</span><br><input type="checkbox"/> Addressee              |
|                                                                                                                                                                             | <b>B. Received by (Printed Name)</b> <i>Bob Valderaz</i> <span style="float: right;"><b>C. Date of Delivery</b> <i>SEP 30 2003</i></span>                                                           |
|                                                                                                                                                                             | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES enter delivery address below: <span style="float: right;"><input type="checkbox"/> No <i>403</i></span> |
|                                                                                                                                                                             | <b>3. Service Type</b> <span style="float: right;"><input checked="" type="checkbox"/> <b>Certified</b></span>                                                                                      |
| <b>4. Restricted Delivery? (Extra Fee)</b> <span style="float: right;"><input type="checkbox"/> Yes</span>                                                                  |                                                                                                                                                                                                     |

PS Form 3811

3:13 PM 9/19/2003

Code: Frances Creek State Com #100S

File:

| 2. Article Number                                                                                                                                                             | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Article Addressed to</b><br><b>MAYDELL MILLER MAST</b><br><b>C/O JAMES M RAYMOND</b><br><b>PO BOX 291445</b><br><b>PO BOX 291445</b><br><b>KERRVILLE, TX 78029-1445</b> | <b>A. Signature</b><br><input checked="" type="checkbox"/> <i>Bob Valderaz</i> <span style="float: right;"><input type="checkbox"/> Agent</span><br><input type="checkbox"/> Addressee              |
|                                                                                                                                                                               | <b>B. Received by (Printed Name)</b> <i>Bob Valderaz</i> <span style="float: right;"><b>C. Date of Delivery</b> <i>SEP 30 2003</i></span>                                                           |
|                                                                                                                                                                               | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES enter delivery address below: <span style="float: right;"><input type="checkbox"/> No <i>373</i></span> |
|                                                                                                                                                                               | <b>3. Service Type</b> <span style="float: right;"><input checked="" type="checkbox"/> <b>Certified</b></span>                                                                                      |
| <b>4. Restricted Delivery? (Extra Fee)</b> <span style="float: right;"><input type="checkbox"/> Yes</span>                                                                    |                                                                                                                                                                                                     |

PS Form 3811

3:13 PM 9/19/2003

Code: Frances Creek State Com #100S

File:

| 2. Article Number                                                                                                                                                                | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Article Addressed to</b><br><b>LORRAYN GAY HACKER</b><br><b>C/O JAMES M RAYMOND-POA</b><br><b>PO BOX 291445</b><br><b>PO BOX 291445</b><br><b>KERRVILLE, TX 78029-1445</b> | <b>A. Signature</b><br><input checked="" type="checkbox"/> <i>Bob Valderaz</i> <span style="float: right;"><input type="checkbox"/> Agent</span><br><input type="checkbox"/> Addressee              |
|                                                                                                                                                                                  | <b>B. Received by (Printed Name)</b> <i>Bob Valderaz</i> <span style="float: right;"><b>C. Date of Delivery</b> <i>SEP 30 2003</i></span>                                                           |
|                                                                                                                                                                                  | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES enter delivery address below: <span style="float: right;"><input type="checkbox"/> No <i>427</i></span> |
|                                                                                                                                                                                  | <b>3. Service Type</b> <span style="float: right;"><input checked="" type="checkbox"/> <b>Certified</b></span>                                                                                      |
| <b>4. Restricted Delivery? (Extra Fee)</b> <span style="float: right;"><input type="checkbox"/> Yes</span>                                                                       |                                                                                                                                                                                                     |

PS Form 3811

3:13 PM 9/19/2003

Code: Frances Creek State Com #100S

File:

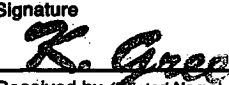
|                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Article Number</b><br><br>                                                                                                                                                             | <b>COMPLETE THIS SECTION ON DELIVERY</b><br>A. Signature<br>X  <input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee<br>B. Received by (Printed Name) _____ C. Date of Delivery _____<br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter delivery address below: 0000 No 0007 |
| 1. Article Addressee to<br><b>JOHN DAVID MOSBACHER</b><br><b>ATTN BOB GALL</b><br><b>MELROSE SQUARE ON MELROSE AVE</b><br><b>MELROSE SQUARE ON MELROSE AVE</b><br><b>GREENWICH, CT 06830</b> | 3. Service Type <input checked="" type="checkbox"/> <b>Certified</b><br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                             |

PS Form 3811

3:13 PM 9/19/2003

Code: Frances Creek State Com #100S

File:

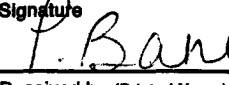
|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Article Number</b><br><br>                                                                                                                                                                 | <b>COMPLETE THIS SECTION ON DELIVERY</b><br>A. Signature<br>X  <input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee<br>B. Received by (Printed Name) _____ C. Date of Delivery <b>SEP 29 2003</b><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter delivery address below: 0000 No 496 |
| 1. Article Addressee to<br><b>ROBERT ADAM MOSBACHER TRUSTEE</b><br><b>JANE P MOSBACHER EST TRUST</b><br><b>C/O MOSBACHER ENERGY CO</b><br><b>P O BOX 201678</b><br><b>HOUSTON, TX 77216-1678</b> | 3. Service Type <input checked="" type="checkbox"/> <b>Certified</b><br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                          |

PS Form 3811

3:13 PM 9/19/2003

Code: Frances Creek State Com #100S

File:

|                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Article Number</b><br><br>                                                                                                                                        | <b>COMPLETE THIS SECTION ON DELIVERY</b><br>A. Signature<br>X  <input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee<br>B. Received by (Printed Name) <b>P. BANE</b> C. Date of Delivery <b>9-29-03</b><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter delivery address below: 0000 No 526 |
| 1. Article Addressee to<br><b>MOORE LOYAL TRUST</b><br><b>LEE WAYNE MOORE TRUSTEE</b><br><b>403 N MARIENFELD</b><br><b>403 N MARIENFELD</b><br><b>MIDLAND, TX 79701</b> | 3. Service Type <input checked="" type="checkbox"/> <b>Certified</b><br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                 |

PS Form 3811

3:13 PM 9/19/2003

Code: Frances Creek State Com #100S

File:

|                                                                                                          |  |                                                                                                                               |                                                                      |
|----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 2. Article Number                                                                                        |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>                                                                                      |                                                                      |
| MOSBACHER USA INC<br>C/O MOSBACHER ENERGY CO<br>PO BOX 201678<br>PO BOX 201678<br>HOUSTON, TX 77216-1678 |  | A. Signature<br>X <i>Z. Green</i>                                                                                             | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
|                                                                                                          |  | B. Received by (Printed Name)                                                                                                 | C. Date of Delivery<br>SEP 20 2003                                   |
|                                                                                                          |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter Delivery Address below 0000 No 434 |                                                                      |
| 3. Service Type                                                                                          |  | <input checked="" type="checkbox"/> Certified                                                                                 |                                                                      |
| 4. Restricted Delivery? (Extra Fee)                                                                      |  | <input type="checkbox"/> Yes                                                                                                  |                                                                      |

S Form 3811  
 3:13 PM 9/19/2003 Code: Frances Creek State Com #100S File:

|                                                                                                                   |  |                                                                                                                               |                                                                      |
|-------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 2. Article Number                                                                                                 |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>                                                                                      |                                                                      |
| WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3<br>PO BOX 3102 MS25-3<br>TULSA, OK 74101 |  | A. Signature<br>X <i>Stanley Allen</i>                                                                                        | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
|                                                                                                                   |  | B. Received by (Printed Name)                                                                                                 | C. Date of Delivery<br>SEP 20 2003                                   |
|                                                                                                                   |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter Delivery Address below 0000 No 588 |                                                                      |
| 3. Service Type                                                                                                   |  | <input checked="" type="checkbox"/> Certified                                                                                 |                                                                      |
| 4. Restricted Delivery? (Extra Fee)                                                                               |  | <input type="checkbox"/> Yes                                                                                                  |                                                                      |

S Form 3811  
 3:13 PM 9/19/2003 Code: Frances Creek State Com #100S File:

|                                                                                                             |  |                                                                                                                               |                                                                      |
|-------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 2. Article Number                                                                                           |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>                                                                                      |                                                                      |
| ROBERT LUMBACH CANCER FOUNDATION<br>BANK OF OKLAHOMA AGENT<br>PO BOX 1588<br>PO BOX 1588<br>TULSA, OK 74101 |  | A. Signature<br>X <i>David Jackson</i>                                                                                        | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
|                                                                                                             |  | B. Received by (Printed Name)                                                                                                 | C. Date of Delivery<br>SEP 20 2003                                   |
|                                                                                                             |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter Delivery Address below 0000 No 274 |                                                                      |
| 3. Service Type                                                                                             |  | <input checked="" type="checkbox"/> Certified                                                                                 |                                                                      |
| 4. Restricted Delivery? (Extra Fee)                                                                         |  | <input type="checkbox"/> Yes                                                                                                  |                                                                      |

2. Article Number

Article Addressed to:  
**DEVON ENERGY PRODUCTION CO LP**  
ATTN LAND DEPT  
20 N BROADWAY STE 1500  
20 N BROADWAY STE 1500  
OKLAHOMA CITY, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *[Signature]*

☐ 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: 0000 No 05

USPS  
SEP 26 2003  
OKLAHOMA CITY, OK

3. Service Type ☒ **Certified**

4. Restricted Delivery? (Extra Fee) ☐ Yes

S Form 3811  
3:13 PM 9/19/2003 Code: Frances Creek State Com #100S File:

Domestic Return Receipt

2. Article Number

Article Addressed to:  
**BLACKWOOD & NICHOLS COMPANY**  
C/O DEVON ENERGY CORP  
PO BOX 843559  
PO BOX 843559  
DALLAS, TX 85284-3559

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *[Signature]*

☐ 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: 0000 No 342

SEP 26 2003

3. Service Type ☒ **Certified**

4. Restricted Delivery? (Extra Fee) ☐ Yes

S Form 3811  
3:13 PM 9/19/2003 Code: Frances Creek State Com #100S File:

Domestic Return Receipt

2. Article Number

Article Addressed to:  
**THE WISER OIL COMPANY**  
8115 PRESTON RD STE 400  
8115 PRESTON RD STE 400  
DALLAS, TX 75225

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *[Signature]*

☐ 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: 0000 No 56

3. Service Type ☒ **Certified**

4. Restricted Delivery? (Extra Fee) ☐ Yes

|                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|----------------------------------------------------------------------|-----------------------------------------------------|--|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>2. Article Number</b><br><br>                                                                                                                                                            | <b>COMPLETE THIS SECTION ON DELIVERY</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">A. Signature<br/><b>X</b> <i>[Signature]</i></td> <td><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2">B. Received by (Printed Name)<br/><b>SEP 28 2003</b></td> <td>C. Date of Delivery<br/><b>SEP 28 2003</b></td> </tr> <tr> <td colspan="3">D. Is delivery address different from item 12? <input type="checkbox"/> Yes<br/>If YES enter Delivery Address ZIP Code <input type="checkbox"/> No <b>37</b></td> </tr> </table> | A. Signature<br><b>X</b> <i>[Signature]</i>                          |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee | B. Received by (Printed Name)<br><b>SEP 28 2003</b> |  | C. Date of Delivery<br><b>SEP 28 2003</b> | D. Is delivery address different from item 12? <input type="checkbox"/> Yes<br>If YES enter Delivery Address ZIP Code <input type="checkbox"/> No <b>37</b> |  |  |
| A. Signature<br><b>X</b> <i>[Signature]</i>                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| B. Received by (Printed Name)<br><b>SEP 28 2003</b>                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C. Date of Delivery<br><b>SEP 28 2003</b>                            |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| D. Is delivery address different from item 12? <input type="checkbox"/> Yes<br>If YES enter Delivery Address ZIP Code <input type="checkbox"/> No <b>37</b>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| <b>1. Article Addressed to:</b><br><b>CONOCOPHILLIPS COMPANY</b><br><b>ATTN CHIEF LANDMAN SAN JUAN/ROCKIES</b><br><b>PO BOX 2197</b><br><b>PO BOX 2197</b><br><b>HOUSTON, TX 77252-2197</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| <b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| <b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |

PS Form 3811

3:13 PM 9/19/2003

Code: Frances Creek State Com #100S

File:

|                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|----------------------------------------------------------------------|-----------------------------------------------------|--|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>2. Article Number</b><br><br>                                                                                                                            | <b>COMPLETE THIS SECTION ON DELIVERY</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">A. Signature<br/><b>X</b> <i>[Signature]</i></td> <td><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2">B. Received by (Printed Name)<br/><b>SEP 26 2003</b></td> <td>C. Date of Delivery<br/><b>SEP 26 2003</b></td> </tr> <tr> <td colspan="3">D. Is delivery address different from item 12? <input type="checkbox"/> Yes<br/>If YES enter Delivery Address ZIP Code <input type="checkbox"/> No <b>63</b></td> </tr> </table> | A. Signature<br><b>X</b> <i>[Signature]</i>                          |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee | B. Received by (Printed Name)<br><b>SEP 26 2003</b> |  | C. Date of Delivery<br><b>SEP 26 2003</b> | D. Is delivery address different from item 12? <input type="checkbox"/> Yes<br>If YES enter Delivery Address ZIP Code <input type="checkbox"/> No <b>63</b> |  |  |
| A. Signature<br><b>X</b> <i>[Signature]</i>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| B. Received by (Printed Name)<br><b>SEP 26 2003</b>                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C. Date of Delivery<br><b>SEP 26 2003</b>                            |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| D. Is delivery address different from item 12? <input type="checkbox"/> Yes<br>If YES enter Delivery Address ZIP Code <input type="checkbox"/> No <b>63</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| <b>1. Article Addressed to:</b><br><b>WPC OIL &amp; GAS LP</b><br><b>8333 DOUGLAS STE 950</b><br><b>8333 DOUGLAS STE 950</b><br><b>DALLAS, TX 75225</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| <b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b>                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| <b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |

PS Form 3811

3:13 PM 9/19/2003

Code: Frances Creek State Com #100S

File:

|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|----------------------------------------------------------------------|-----------------------------------------------------|--|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>2. Article Number</b><br><br>                                                                                                                                                 | <b>COMPLETE THIS SECTION ON DELIVERY</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">A. Signature<br/><b>X</b> <i>[Signature]</i></td> <td><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2">B. Received by (Printed Name)<br/><b>SEP 25 2003</b></td> <td>C. Date of Delivery<br/><b>SEP 25 2003</b></td> </tr> <tr> <td colspan="3">D. Is delivery address different from item 12? <input type="checkbox"/> Yes<br/>If YES enter Delivery Address ZIP Code <input type="checkbox"/> No <b>29</b></td> </tr> </table> | A. Signature<br><b>X</b> <i>[Signature]</i>                          |  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee | B. Received by (Printed Name)<br><b>SEP 25 2003</b> |  | C. Date of Delivery<br><b>SEP 25 2003</b> | D. Is delivery address different from item 12? <input type="checkbox"/> Yes<br>If YES enter Delivery Address ZIP Code <input type="checkbox"/> No <b>29</b> |  |  |
| A. Signature<br><b>X</b> <i>[Signature]</i>                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| B. Received by (Printed Name)<br><b>SEP 25 2003</b>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C. Date of Delivery<br><b>SEP 25 2003</b>                            |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| D. Is delivery address different from item 12? <input type="checkbox"/> Yes<br>If YES enter Delivery Address ZIP Code <input type="checkbox"/> No <b>29</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| <b>1. Article Addressed to:</b><br><b>MPSAN JUAN LP</b><br><b>ATTN ROSALIE VALDEZ</b><br><b>1050 17TH ST STE 1800</b><br><b>1050 17TH ST STE 1800</b><br><b>DENVER, CO 80265</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| <b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b>                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |
| <b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |                                                                      |                                                     |  |                                           |                                                                                                                                                             |  |  |

PS Form 3811

3:13 PM 9/19/2003

Code: Frances Creek State Com #100S

File:

7110 6605 9590 0007 1366

|                                                                                                                                                                                                                                                    |                         |                         |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|
| <b>RETURN<br/>RECEIPT<br/>SERVICE</b>                                                                                                                                                                                                              | POSTAGE                 | \$0.37                  | <b>POSTMARK OR DATE</b> |
|                                                                                                                                                                                                                                                    | RESTRICTED DELIVERY FEE | \$0.00                  |                         |
|                                                                                                                                                                                                                                                    | CERTIFIED FEE           | \$2.30                  |                         |
|                                                                                                                                                                                                                                                    | RETURN RECEIPT FEE      | \$1.75                  |                         |
|                                                                                                                                                                                                                                                    | <b>SENT TO:</b>         | TOTAL POSTAGE AND FEE'S |                         |
| <p>9/19/2003 Code: Frances Creek State Com #100S<br/>         3:13 PM File:<br/> <b>HENRY G ROBELDO</b><br/> <b>C/O INDUSTRIAL GAS SALES INC</b><br/> <b>6680 CAMINO ROJO</b><br/> <b>6680 CAMINO ROJO</b><br/> <b>SANTA FE, NM 87507-3166</b></p> |                         |                         |                         |

PS FORM 3800



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

7110 6605 9590 0007 1625

|                                                                                                                                                                                                                                                                                     |                         |                         |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|
| <b>RETURN<br/>RECEIPT<br/>SERVICE</b>                                                                                                                                                                                                                                               | POSTAGE                 | \$0.37                  | <b>POSTMARK OR DATE</b> |
|                                                                                                                                                                                                                                                                                     | RESTRICTED DELIVERY FEE | \$0.00                  |                         |
|                                                                                                                                                                                                                                                                                     | CERTIFIED FEE           | \$2.30                  |                         |
|                                                                                                                                                                                                                                                                                     | RETURN RECEIPT FEE      | \$1.75                  |                         |
|                                                                                                                                                                                                                                                                                     | <b>SENT TO:</b>         | TOTAL POSTAGE AND FEE'S |                         |
| <p>9/19/2003 Code: Burroughs Com A #100S<br/>         3:48 PM File:<br/> <b>ST JOHN INSTITUTIONAL INVESTORS LP</b><br/> <b>C/O THE DEERPATH OIL &amp; GAS PTNR INC</b><br/> <b>ATTN LISA LAVIN</b><br/> <b>800 E NORTHWEST HWY STE 203</b><br/> <b>MOUNT PROSPECT, IL 60056</b></p> |                         |                         |                         |

PS FORM 3800



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