

BURLINGTON RESOURCES

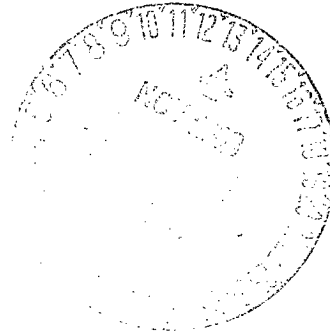
SAN JUAN DIVISION



October 3, 2003

(Certified Mail – Return Receipt Requested)

Re: Allison Unit Com #144S
Basin Fruitland Coal
940'FNL, 930'FWL Section 31, T-32-N, R-6-W
San Juan County, New Mexico



To the Affected Persons:

Burlington Resources Oil & Gas Company LP is submitting the enclosed Application for Permit to Drill to the appropriate regulatory agency(s) for approval. This well is located inside the High Productivity Area of the Basin-Fruitland Coal Pool as indicated on the attached plat. Notice is being made pursuant to New Mexico Oil Conservation Commission Order R-8768-F dated July 17, 2003.

The affected parties have twenty (20) days from receipt of this notice in which to file with the District Office of the New Mexico Oil Conservation Division written objection to the proposed Application for Permit to Drill.

Sincerely,

Tammy Wimsatt
Regulatory Specialist

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: SUSANNA P KELLY C/O BAR K RANCH BOX 147 BOX 147 CAMERON, MT 59702		A. Signature X <i>Susanna P. Kelly</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>Susanna P. Kelly</i>	C. Date of Delivery <i>10/15/2003</i>
		D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES enter delivery address below 0001 0001 0001 0001 <i>606 Tersburg Ave</i> <i>San Antonio, TX 78209</i>	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

3:13 PM 9/19/2003

Code: Allison Unit #1445 Domestic Return Receipt

File:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: JANE PHILLIPS 530 N MAIN ST APT 310 530 N MAIN ST APT 310 BUTLER, PA 16001-4319		A. Signature X <i>Jane H Phillips</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>Jane H Phillips</i>	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below 0001 0001 0001 0001	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

OCT 14 2003

BUTLER PA 16001
OCT 14 2003

USPS

PS Form 3811

3:13 PM 9/19/2003

Code: Allison Unit #1445 Domestic Return Receipt

File:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: BP AMERICA PRODUCTION COMPANY ATTN BRYAN ANDERSON OSO ENGINEER SAN JUAN BU WEST LAKE 1 ROOM 19-114 501 WESTLAKE PARK BLVD HOUSTON, TX 77079		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below 0001 0001 0001 0001	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

3:13 PM 9/19/2003

Code: Allison Unit #1445 Domestic Return Receipt

File:

7110 6605 9590 0007 1069

SENDER:

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

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

ConocoPhillips Company
Chief Landman San Jaun/Rockies
PO Box 2197
PO Box 2197
Houston, TX 77252-2197

2. Article Number

7110 6605 9590 0006 8632

3. Service Type ☒ **CERTIFIED**

Date of Delivery

SEP 15 2003

Received By: (Print Name)

[Signature]

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811

1:39 PM 8/26/2003

Code: FTC HPA Infill Allison 1448 File:

DOMESTIC RETURN RECEIPT

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

K. Kuhn

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Kuhn

C. Date of Delivery

10-9-3

1. Article Addressed to:

CASTLE INC
502 KEYSTONE DR
502 KEYSTONE DR
WARRENDALE, PA 15086D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below 000765

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

3:13 PM 9/19/2003

Code: Allison Unit #144S Domestic Return Receipt

File:

7110 6605 9590 0007 0741

RETURN
RECEIPT
SERVICE

POSTAGE

\$0.37

RESTRICTED DELIVERY FEE

\$0.00

CERTIFIED FEE

\$2.30

RETURN RECEIPT FEE

\$1.75

SENT TO:

TOTAL POSTAGE AND FEE'S

\$4.42

POSTMARK OR DATE

9/19/2003
3:13 PMCode: Allison Unit #144S
File:ANDREW KELLY JR
2575 SUNSET DR
2575 SUNSET DR
ATLANTA, GA 30345

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL

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

7110 6605 9590 0007 0819

RETURN
RECEIPT
SERVICE

POSTAGE

\$0.37

RESTRICTED DELIVERY FEE

\$0.00

CERTIFIED FEE

\$2.30

RETURN RECEIPT FEE

\$1.75

SENT TO:

TOTAL POSTAGE AND FEE'S

\$4.42

POSTMARK OR DATE

9/19/2003
3:13 PMCode: Allison Unit #144S
File:CHARLES KELLY
895 TECHNOLOGY BLVD STE 210
895 TECHNOLOGY BLVD STE 210
BOZEMAN, MT 59718

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL

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