

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
 [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
 [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
 [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
 [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

- [1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]
- [A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD
- Check One Only for [B] or [C]
- [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM
- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR
- [D] Other: Specify _____
- [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply
- [A] Working, Royalty or Overriding Royalty Interest Owners
- [B] Offset Operators, Leaseholders or Surface Owner
- [C] Application is One Which Requires Published Legal Notice
- [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached
- [3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Philana Thompson _____ Regulatory Technician _____ 1/24/07
 Print or Type Name Signature Title Date

thomppp@conocophillips.com
 e-mail Address

District I
1625 N. French Drive, Hobbs, NM 88240

District II
1301 W. Grand Avenue, Artesia, NM 88210

District III
1000 Rio Brazos Road, Aztec, NM 87410

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107A
Revised June 10, 2003

Oil Conservation Division

1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

APPLICATION TYPE

Single Well

Establish Pre-Approved Pools

EXISTING WELLBORE

Yes No

APPLICATION FOR DOWNHOLE COMMINGLING

ConocoPhillips Company

P.O.Box 4289 Farmington, NM 87499

Operator

Address

PRIMO 1A

Unit D, Sec.06, 031N, 010W

SAN JUAN

Lease

Well No.

Unit Letter-Section-Township-Range

County

OGRID No: 005073 Property Code 003232 API No. 30045218270000 Lease Type: Federal State Fee

DATA ELEMENT	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
Pool Name	BLANCO PICTURED CLIFFS	ANIMAS CHACRA	BLANCO MESAVERDE
Pool Code	72359	70340	72319
Top and Bottom of Pay Section (Perforated or Open-Hole Interval)	2711-2723'	3444-3990'	4208-5028'
Method of Production (Flowing or Artificial Lift)	FLOWING	FLOWING	FLOWING
Bottomhole Pressure (Note: Pressure data will not be required if the bottom perforation in the lower zone is within 150% of the depth of the top perforation in the upper zone)	Original - 861 psi Current - 200 psi	Original - 838 psi Current - 180 psi	Original - 860 psi Current - 180 psi
Oil Gravity or Gas BTU (Degree API or Gas BTU)	BTU 1094	BTU 1257	BTU 1257
Producing, Shut-In or New Zone	PRODUCING	PRODUCING	PRODUCING
Date and Oil/Gas/Water Rates of Last Production. (Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data.)	Date: June 2006 Rates: 2483 MCF	Date: June 2006 Rates: 1605 MCF	Date: June 2006 Rates: 20 MCF
Fixed Allocation Percentage (Note: If allocation is based upon something other than current or past production, supporting data or explanation will be required.)	Oil 100% Gas 32%	Oil 0% Gas 32%	Oil 0% Gas 36%

ADDITIONAL DATA

Are all working, royalty and overriding royalty interests identical in all commingled zones?
If not, have all working, royalty and overriding royalty interest owners been notified by certified mail? Yes No

Are all produced fluids from all commingled zones compatible with each other? Yes No

Will commingling decrease the value of production? Yes No

If this well is on, or communitized with, state or federal lands, has either the Commissioner of Public Lands or the United States Bureau of Land Management been notified in writing of this application? Yes No

NMOCD Reference Case No. applicable to this well: _____

Attachments:

- C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
- Production curve for each zone for at least one year. (If not available, attach explanation.)
- For zones with no production history, estimated production rates and supporting data.
- Data to support allocation method or formula.
- Notification list of working, royalty and overriding royalty interests for uncommon interest cases.
- Any additional statements, data or documents required to support commingling.

PRE-APPROVED POOLS

If application is to establish Pre-Approved Pools, the following additional information will be required:

- List of other orders approving downhole commingling within the proposed Pre-Approved Pools
- List of all operators within the proposed Pre-Approved Pools
- Proof that all operators within the proposed Pre-Approved Pools were provided notice of this application.
- Bottomhole pressure data.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Julian Carrillo TITLE Engineer DATE 12-8-06

TYPE OR PRINT NAME Julian Carrillo, Engineer TELEPHONE NO. (505) 326-9700

E-MAIL ADDRESS Julian.B.Carrillo@conocophillips.com

NE MEXICO OIL CONSERVATION COMMISSIC
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-122
Supersedes C-128
Effective 1-1-77

All distances must be from the outer boundaries of the Section.

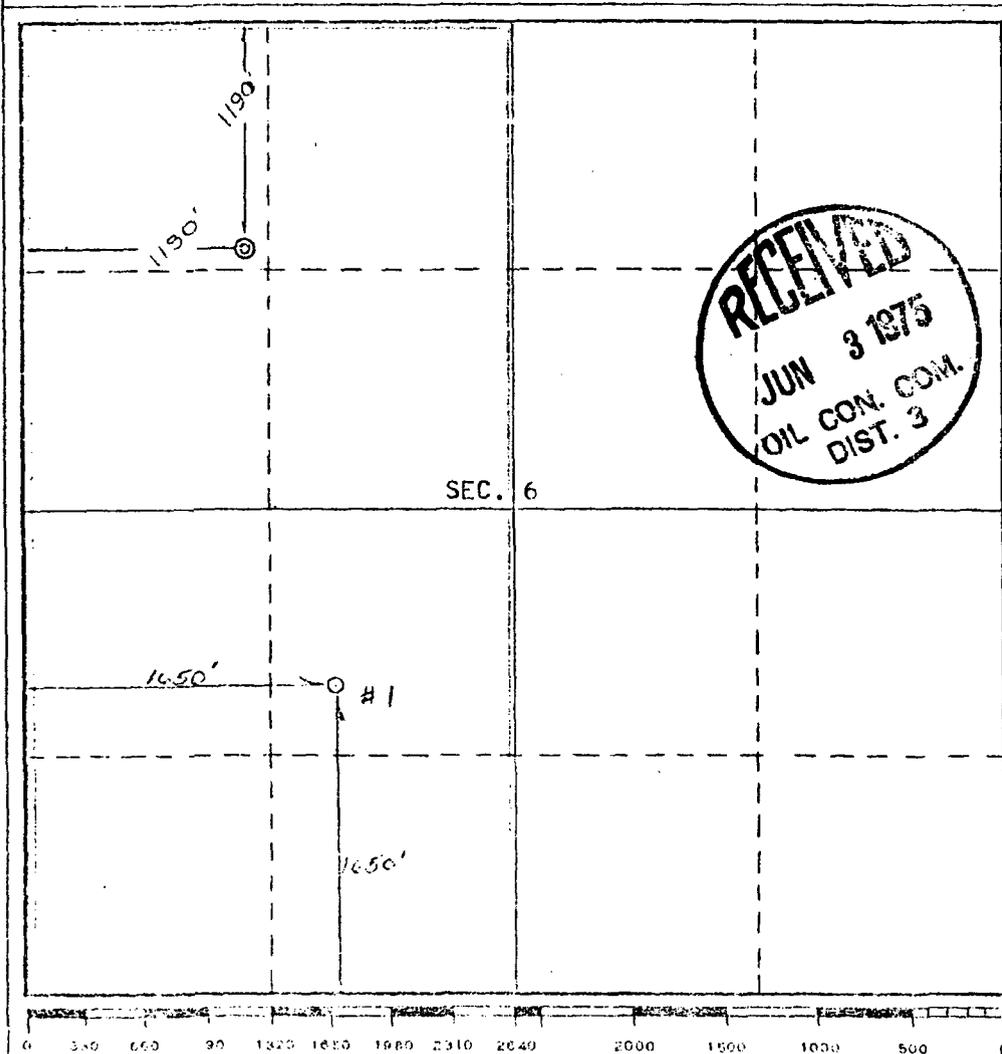
Operator Mesa Petroleum Co.			Lease Primo Federal		Well No. 1 A
Unit Letter D	Section 6	Township 31 North	Range 10 West	County San Juan	
Actual Postage Location of Well: 1190 feet from the North line and 1190 feet from the West line					
Ground Level Elev. 5943	Producing Formation Mesaverde	Pool Blanco	Dedicated Acreage: 301.57/320 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

R. J. Flaker
Name
R. J. Flaker
Position
Prod. Engr.
Company
Mesa Petroleum Co.
Date
3/12/75

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
January 15, 1975
Registered Professional Engineer and/or Land Surveyor
E. V. Echohawk
Certificate No. **3602**
E. V. Echohawk L.S.

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

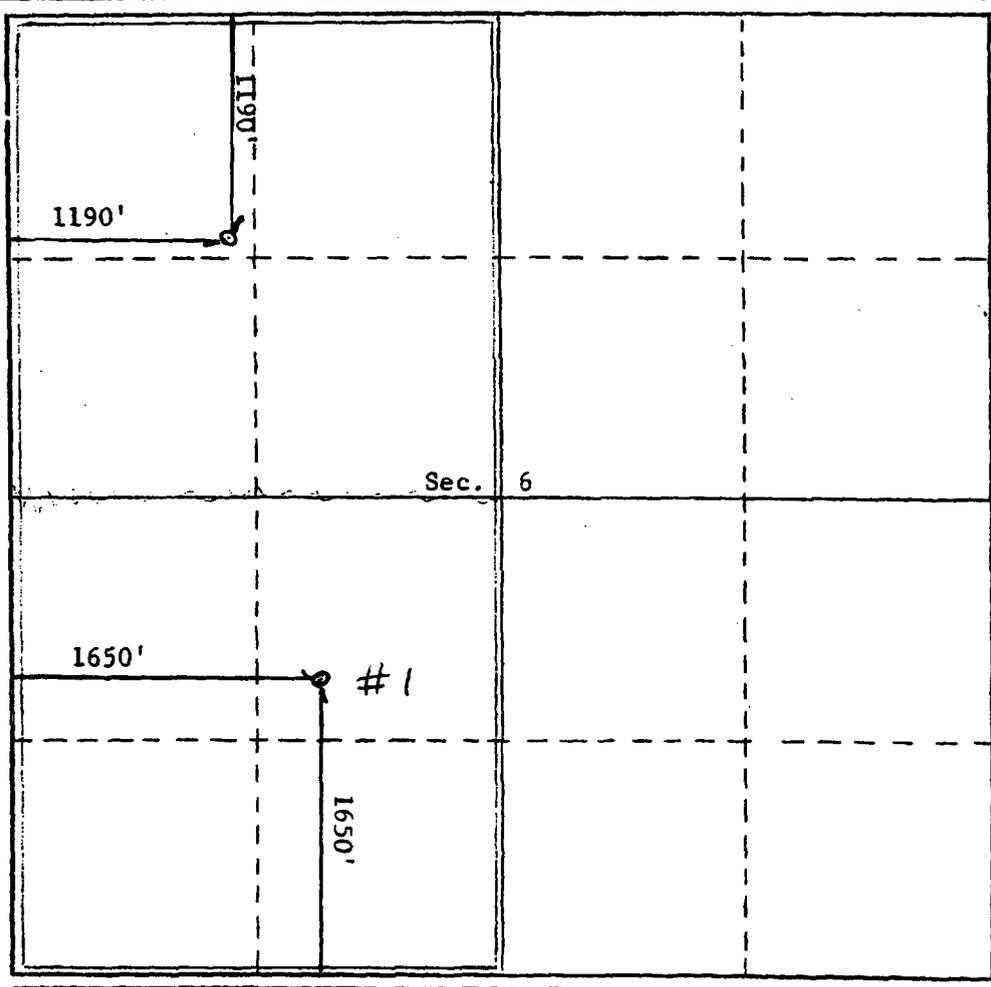
Operator Mesa Petroleum Co.		Lease Primo			Well No. 1A
Unit Letter D	Section 6	Township 31 North	Range 10 West	County San Juan	
Actual Footage Location of Well: 1190 feet from the North line and 1190 feet from the West line					
Ground Level Elev. 5943'	Producing Formation Chacra	Pool -Bianco <i>Unconventional</i>	Dedicated Acreage: 151.09 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

J. L. Farrell
Name
J. L. Farrell
Position
Operations Manager
Company
Mesa Petroleum Co.
Date
11/7/75

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

Registered Professional Engineer and/or Land Surveyor _____

Certificate No. _____

RECEIVED
NOV 25 1975
STATE ENGINEERING BOARD

11/7/75 2 State; 3 USGS; 1 Archer; 1 SUG

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

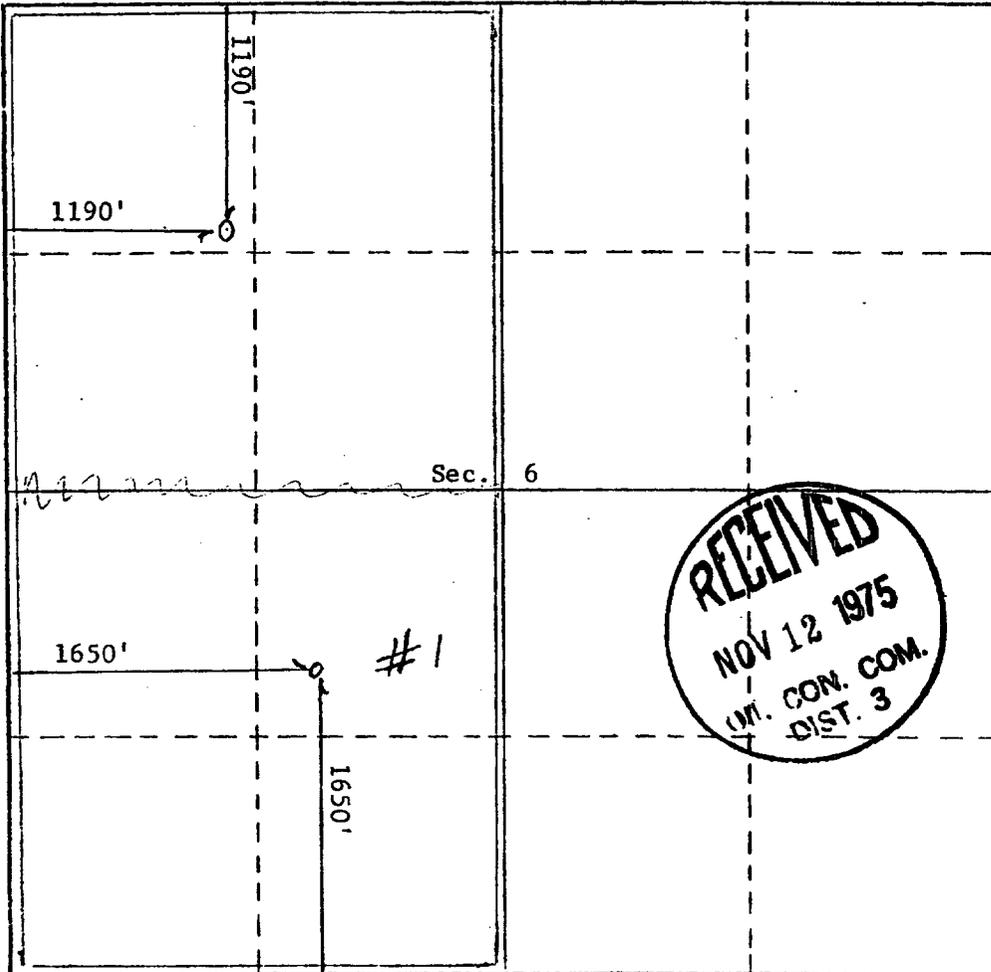
Operator Mesa Petroleum Co.		Lease Primo			Well No. 1A
Unit Letter D	Section 6	Township 31 North	Range 10 West	County San Juan	
Actual Footage Location of Well: 1190 feet from the North line and 1190 feet from the West line					
Ground Level Elev. 5943'	Producing Formation Pictured Cliffs	Pool Blanco		Dedicated Acreage: 151.09 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
J. L. Farrell
Position
Operations Manager
Company
Mesa Petroleum Co.
Date
11/7/75

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
Registered Professional Engineer and/or Land Surveyor

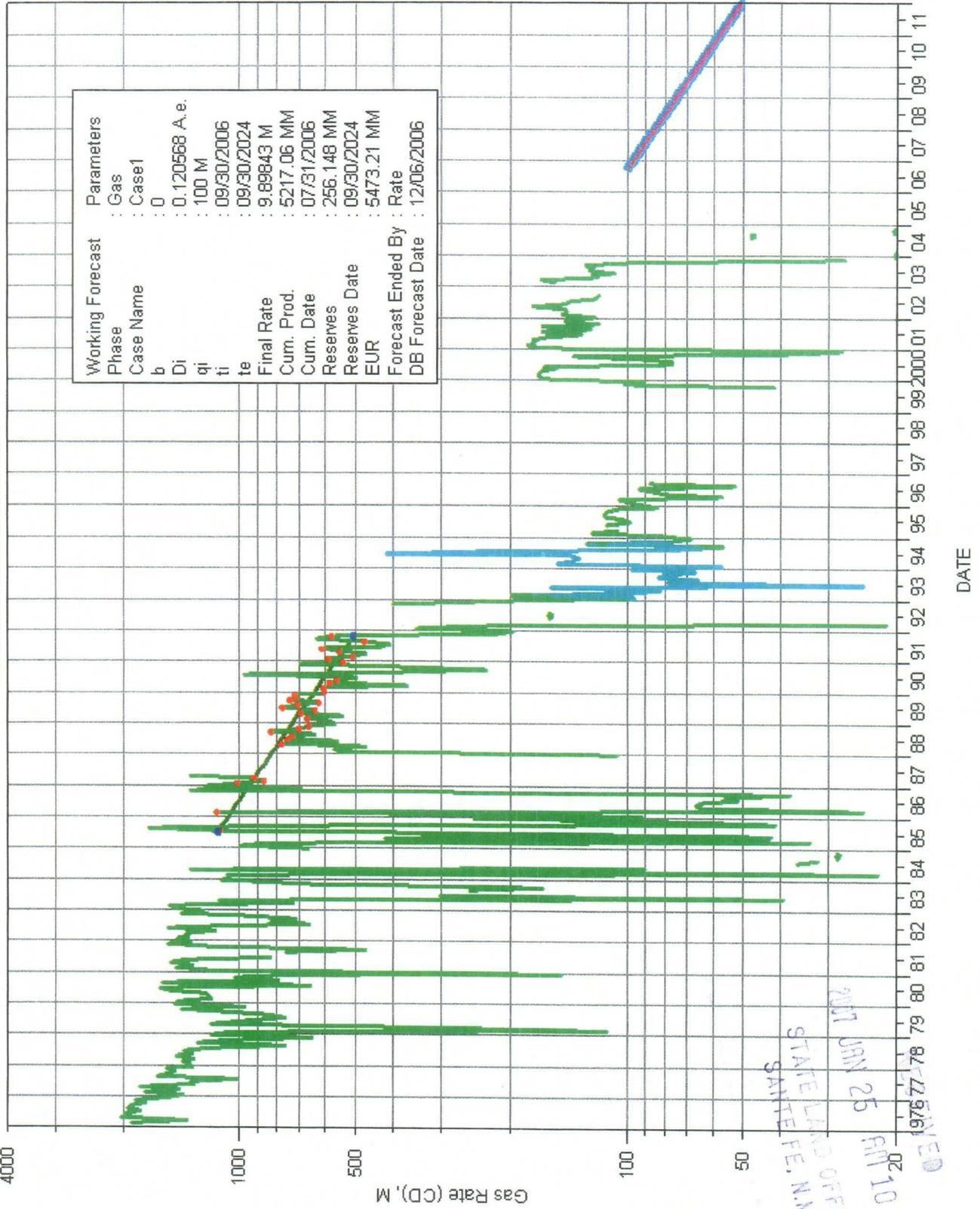
Certificate No.

**PRIMO
1A**

30045218270000

CONOCOPHILLIPS COMPANY

MESAVERDE



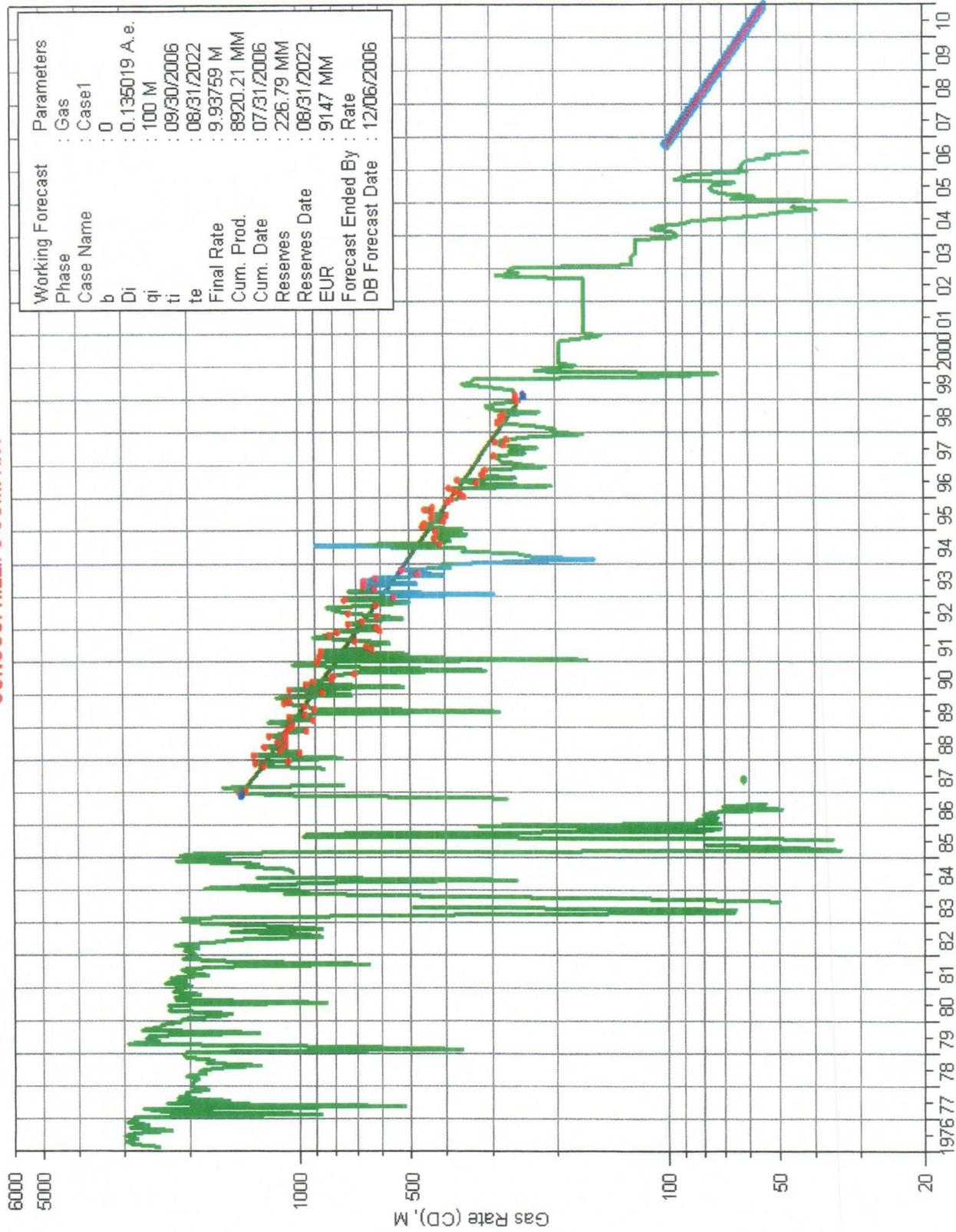
STATE LAND OFFICE
SANTA FE, N.M.
2007 JUN 25 PM 10 06
1976-77-78

**PRIMO
1A**

CONOCOPHILLIPS COMPANY

30045218270000

CHACRA



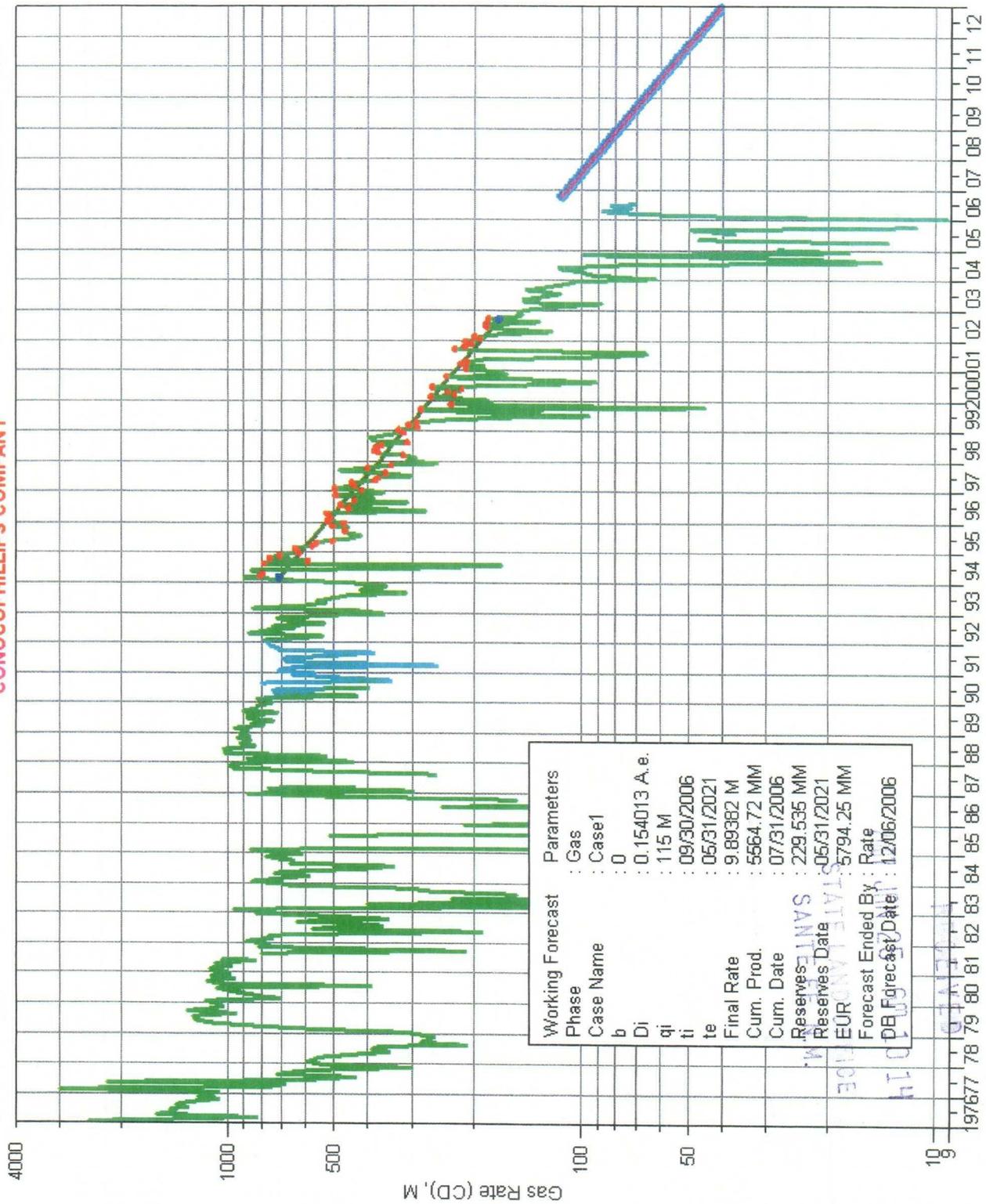
DATE

PRIMO

1A

CONOCOPHILLIPS COMPANY
30045218270000

PICTURED CLIFFS



DATE

PRIMO 1A
Unit D, Sec. 06, T31N, R10W

JUSTIFICATION OF ALLOCATION: Allocation for the Mesaverde/Chacra/Pictured Cliffs commingle: Gas percentages are based on remaining reserves for existing Mesaverde, Chacra, and Pictured Cliffs formations using historical production data. 100% oil is allocated to the Pictured Cliffs.

RECEIVED
2007 JAN 25 AM 10 14
STATE LAND OFFICE
SANTA FE, N.M.

Primo 1A PC/CH/MV

ANNE TERESA MOULDS-LAUGHLIN ✓
 ATWELL & CO ✓
 BARBARA LOUISE MOULDS ✓
 BP AMERICA PRODUCTION COMPANY ✓
 C/O BANK OF OKLAHOMA AGENT ✓
 CAROLYN L METZLER ✓
 CONOCOPHILLIPS COMPANY ✓
 DAVID B LARCHER ✓
 DEBRA LARCHER ✓
 DONALD C LARCHER ✓
 DOYLE D PARGIN JR ✓
 EDWARD J ADKINS ✓
 ELLEN LEDVINA GARLAND ✓
 ENERGEN RESOURCES CORPORATION ✓
 GUILIA A MILLER URQUHART ✓
 HOLLY E MILLER ORTIZ ✓
 JOE E GUYER ✓
 JULIA PAGE ESTATE ✓
 K LYNN PARGIN ✓
 KAREN LARCHER ROWLAND ✓
 KATHLEEN B LIPKINS ✓
 KATHRYN A ADKINS ✓
 LOUIS M CUMMINS ✓
 MARGARET LEAH MOULDS-VITTITOW ✓
 MARY F ADKINS ✓
 MESA ROYALTY TR ✓
 MICHAEL HOYT MILLER ✓
 MICHAEL JAMES MOULDS ✓
 MINERALS MGT SERVICE ✓
 MOORE LOYAL TRUST ✓
 MYRA G MILLER ✓
 NANCY PAGE ✓
 PATRICIA LEDVINA HIMES ✓
 PATRICK LOUIS MOULDS ✓
 REOLA WHITNEY ✓
 ROBERT UMBACH CANCER FOUNDATION ✓
 ROBERT WILLIMA MOULDS ✓
 RUBY LEEPER ✓
 SHIRLEY K BERNSTEIN TR ✓
 WPC OIL & GAS LP A TEXAS LTD PARTNERSHIP ✓

NORTHERN TRUST BK OF FLORIDA PER REP

GEORGE W UMBACH

GORDON PENNY & GEORGE U LANDIS

JOINT INTEREST

NEW MEXICO PROPERTIES
C/O AMERICAN INVESTORS LIFE

ONSHORE FEDERAL 17555
LEE WAYNE & JOANN MONTGOMERY

BANK OF OKLAHOMA AGENT

NEW MEXICO PROPERTIES

RECEIVED
 2007 JAN 25 9M 10 14
 STATE TAX OFFICE
 SANTA FE, N.M.

2. Article Number



7110 6605 9590 0016 1685

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 1-3-07

D. Is delivery address different from item 1? Yes No
If YES enter delivery address below:

1. Article Addressed to:

JULIA PAGE ESTATE
GORDON PENNY & GEORGE U LANDIS
1614 CYPRESS POINT DR
CODOMICILIARY FOREIGN REPS
LAWRENCE, KS 66047-1721

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

12/21/2006 2:15 PM

Code: PRIMO 1A PC/CH/MV/DHC

PS Form 3811

Domestic Return Receipt

2. Article Number



7110 6605 9590 0016 1630

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

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

D. Is delivery address different from item 1? Yes No
If YES enter delivery address below:

1. Article Addressed to:

ELLEN LEDVINA GARLAND
3718 E 48TH ST

TULSA, OK 74135-1929

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

12/21/2006 2:15 PM

Code: PRIMO 1A PC/CH/MV/DHC

PS Form 3811

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1777		A. Signature <input checked="" type="checkbox"/> <i>M. Hoyt Miller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery 1-4-07
1. Article Addressed to: MICHAEL HOYT MILLER C/O AMERICAN INVESTORS LIFE 5104 STONEWALL CT LAWRENCE, KS 66047 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV/DHC		B. Received by (Printed Name) <i>Michael Miller</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
		3. Service Type <input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811 Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1661		A. Signature <input checked="" type="checkbox"/> <i>Holly E Miller Ortiz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery 1-3-07
1. Article Addressed to: HOLLY E MILLER ORTIZ 3805 SW HARBOR CR LEE'S SUMMIT, MO 64082 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV/DHC		B. Received by (Printed Name)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
		3. Service Type <input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811

2. Article Number



7110 6605 9590 0016 1869

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten 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 below: No

1. Article Addressed to:

ROBERT UMBACH CANCER FOUNDATION
BANK OF OKLAHOMA AGENT
PO BOX 1588

TULSA, OK 74101

12/21/2006 2:15 PM

Code: PRIMO 1A PC/CH/MV/DHC

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number



7110 6605 9590 0016 1791

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

AMERICAN AUTOMATION
BUILDING SOLUTIONS, INC.

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES enter delivery address below: No

Agent for:
MINERAL MANAGEMENT SYSTEMS

1. Article Addressed to:

MINERALS MGT SERVICE
39 SHORE FEDERAL 17555
PO BOX 5810

DENVER, CO 80217-5810

12/21/2006 2:15 PM

Code: PRIMO 1A PC/CH/MV/DHC

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1715	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: KATHLEEN B LIPKINS JOINT INTEREST 315 JOHNSTONE 1060 BARTLESVILLE, OK 74005 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV/DHC	B. Received by (Printed Name) <i>Shirley D.</i>	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1760	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MESA ROYALTY TR NEW MEXICO PROPERTIES 315 JOHNSTONE 1060 JOINT INTEREST BARTLESVILLE, OK 74005 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV/DHC	B. Received by (Printed Name) <i>Shirley D.</i>	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1807	A. Signature X <i>P. Bane</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: MOORE LOYAL TRUST LEE WAYNE & JOANN MONTGOMERY 403 MARIENFELD MOORE TRUSTEES MIDLAND, TX 79701-4397 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV DHC	B. Received by (Printed Name) <i>P. BANE</i>	C. Date of Delivery <i>1-4-07</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1838	A. Signature X <i>Patricia Ledvina Himes</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: PATRICIA LEDVINA HIMES 2201 E 27TH ST TULSA, OK 74114-4241 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV DHC	B. Received by (Printed Name) <i>PATRICIA LEDVINA HIMES</i>	C. Date of Delivery <i>NOV 21 2006</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811

2. Article Number



7110 6605 9590 0016 1555

1. Article Addressed to:

C/O BANK OF OKLAHOMA AGENT
GEORGE W UMBACH
PO BOX 3499
ATTN J MARK CHOPLIN
TULSA, OK 74101

12/21/2006 2:15 PM

Conf

PS Fd

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten 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 below: No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

2. Article Number



7110 6605 9590 0016 1906

1. Article Addressed to:

WPC OIL & GAS LP A TEXAS LTD PARTNE
SUITE 125 8100 LOMO ALTO

DALLAS, TX 75225

12/21/2006 2:15 PM

Code: PRIMO 1A PG/CHMV-DHG

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten 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 below: No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

San Juan Business Unit
P.O. Box 4289
Farmington, NM 87499-4289

Conocophilips

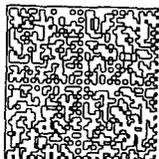
CERTIFIED MAIL

71110 6605 9590 0016 1852

REASON CHECKED

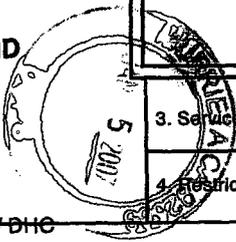
- Unclaimed/Refused
- Attempted - Not Known
- Insufficient Address
- No Such Street
- No Such Office in State
- Do Not Remail This Envelope

JAN 3 2007



UNITED STATES POSTAGE
02 1A
0004358145
MAILED FROM ZIP CODE 87101
\$ 04.640
DEC 27 2006

REOLA WHITNEY
361 9TH STREET
DURANGO, CO 81301-5224

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1708		A. Signature <input checked="" type="checkbox"/> <i>Kurt Rowland</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Keith Rowland</i>	C. Date of Delivery
KAREN LARCHER ROWLAND 40054 AVENIDA PALIZADA MURRIETA, CA 92563		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
12/21/2006 2:15 PM		3. Service Type <input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Code: PRIMO 1A PC/CH/MV/DHC			

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1654		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
GUILIA A MILLER URQUHART 1124 PIEDRA RONDO SANTA FE, NM 87501		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
12/21/2006 2:15 PM		3. Service Type <input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Code: PRIMO 1A PC/CH/MV/DHC			

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1784		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>MICHAEL MOULDS</i>	C. Date of Delivery <i>1-8-07</i>
MICHAEL JAMES MOULDS 611 ASPEN INCLINE DR HEWITT, TX 76643		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
12/21/2006 2:15 PM		3. Service Type <input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Code: PRIMO 1A PC/CH/MV/DHC			

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1623		A. Signature <input checked="" type="checkbox"/> <i>Hank Adkins</i>	
1. Article Addressed to:		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>Hank Adkins</i>	
		C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
EDWARD J ADKINS 1932 FAIRFAX STREET DENVER, CO 80220 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV/DHC		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1614		A. Signature <input checked="" type="checkbox"/> <i>Richard A. Poer</i>	
1. Article Addressed to:		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>Richard A. Poer</i>	
		C. Date of Delivery <i>1/1/07</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
MYRA G MILLER 140 E PARK AVE DURANGO, CO 81301 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV/DHC		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1722		A. Signature <input checked="" type="checkbox"/> <i>Kathryn Adkins</i>	
1. Article Addressed to:		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>Kathryn Adkins</i>	
		C. Date of Delivery <i>1-8-07</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
KATHRYN A ADKINS PO BOX 6695 9191 SAN DIEGO, CA 92106 <i>Mammoth Lakes Ca 93546</i> 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV/DHC		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811 Domestic Return Receipt

2. Article Number



7110 6605 9590 0016 1593

1. Article Addressed to:

DEBRA LARCHER
14361 TWISTED BRANCH RD

POWAY, CA 92064

12/21/2006 2:15 PM

Code: PRIMO 1A PC/CH/MV/DHC

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Debra Larcher*

Agent
 Addressee

B. Received by (Printed Name)

Debra Larcher

C. Date of Delivery

1/9/07

D. Is delivery address different from item 1? Yes
if YES enter delivery address below: No

3. Service Type

Certified

4. Restrict:

(Extra Fee)

Yes

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Domestic Return Receipt

2. Article Number



7110 6605 9590 0016 1621

1. Article Addressed to:

NANCY PAGE
12223 OAK STREET

KANSAS CITY, MO 64145

12/21/2006 2:15 PM

Code: PRIMO 1A PC/CH/MV/DHC

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nancy Page*

Agent
 Addressee

B. Received by (Printed Name)

Nancy Page

C. Date of Delivery

1/9/07

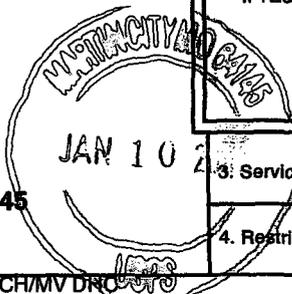
D. Is delivery address different from item 1? Yes
if YES enter delivery address below: No

3. Service Type

Certified

4. Restricted Delivery? (Extra Fee)

Yes



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Domestic Return Receipt

2. Article Number



7110 6605 9590 0016 1562

1. Article Addressed to:

CAROLYN L METZLER
PO BOX 67705

ALBUQUERQUE, NM 87193

12/21/2006 2:15 PM

Code: PRIMO 1A PC/CH/MV/DHC

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carolyn Metzler*

Agent
 Addressee

B. Received by (Printed Name)

Carolyn Metzler

C. Date of Delivery

1/9/07

D. Is delivery address different from item 1? Yes
if YES enter delivery address below: No

3. Service Type

Certified

4. Restricted Delivery? (Extra Fee)

Yes



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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1883		A. Signature <input checked="" type="checkbox"/> <i>Sandra P. Shields</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: RUBY LEOPER 1083 RD 2900 AZTEC, NM 87410-9735 12/21/2006 2:15 PM Code: PRIMO 1A PG/CH/MV DHC		B. Received by (Printed Name) Sandra P. Shields	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1746		A. Signature <input checked="" type="checkbox"/> <i>M. Shields</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: MARGARET LEAH MOULDS-VITTITOW 1401 CARDENAS NE ALBUQUERQUE, NM 87110 12/21/2006 2:15 PM Code: PRIMO 1A PG/CH/MV DHC		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1616		A. Signature <input checked="" type="checkbox"/> <i>Doyle D Pargin Jr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: DOYLE D PARGIN JR 2728 SAN PABLO NE ALBUQUERQUE, NM 87110 12/21/2006 2:15 PM Code: PRIMO 1A PG/CH/MV DHC		B. Received by (Printed Name)	C. Date of Delivery 1-3-07
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1692		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	
1. Article Addressed to: K LYNN PARGIN PO BOX 459 TOME, NM 87060 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV DHC		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>Margaret Pargin</i>	C. Date of Delivery 1-3-07
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1890		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	
1. Article Addressed to: SHIRLEY K BERNSTEIN TR NEW MEXICO PROPERTIES 315 JOHNSTONE 1060 JOINT INTEREST BARTLESVILLE, OK 74005 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV DHC		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>Shirley K Bernstein</i>	C. Date of Delivery 1-3-07
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1609		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	
1. Article Addressed to: DONALD C LARCHER PO BOX 1203 DILLSBORO, NC 28725 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV DHC		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>Donald C Larcher</i>	C. Date of Delivery 1-3-07
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1524		A. Signature <i>Roosevelt Ballard</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee ROOSEVELT BALLARD	
1. Article Addressed to:		B. Received by (Printed Name)	
ATWELL & CO NORTHERN TRUST BK OF FLORIDA PER RE PO BOX 226270 DALLAS, TX 75222-6270 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV/DHC		C. Date of Delivery 2006	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1579		A. Signature <i>Stephany Thomas</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
CONCOPHILLIPS COMPANY PO BOX 7500 BARTLESVILLE, OK 74005 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV/DHC		C. Date of Delivery JAN 03 2007	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0016 1548		A. Signature <i>W. Dodder</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	
BP AMERICA PRODUCTION COMPANY PO BOX 848103 DALLAS, TX 75284-6103 12/21/2006 2:15 PM Code: PRIMO 1A PC/CH/MV/DHC		C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Article Number

7110 6605 9590 0016 1586

Article Addressed to:

DAVID B LARCHER
14173 SE 254TH ST
KENT, WA 98032

12/21/2006 2:15 PM
 Code: PRIMO 1A PC/CH/MV/DHC

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
 1-4-07

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

RECEIVED
 JAN 25 AM 10 13
 STATE LAND OFFICE
 SANTE FE, N.M.

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0016 1678

Article Addressed to:

JOE E GUYER
12 WOODWAY OAKS LN
HOUSTON, TX 77056-1300

12/21/2006 2:15 PM
 Code: PRIMO 1A PC/CH/MV/DHC

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
 1/5/07

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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2. Article Number

7110 6605 9590 0016 1876

1. Article Addressed to:

ROBERT WILLIMA MOULDS
2933 WINDSOR DR
FLOWER MOUND, TX 75028

12/21/2006 2:15 PM
 Code: PRIMO 1A PC/CH/MV/DHC

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
 1-5-07

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes