

P
**BURLINGTON
RESOURCES**

SAN JUAN DIVISION

Release 11-5-04
30-045 32579
A
October 6, 2004

(Certified Mail – Return Receipt Requested)

Re: San Juan 32-9 Unit #293S
Basin Fruitland Coal
1465'FNL, 1345'FWL Section 25, T-32-N, R-10-W
San Juan County, New Mexico

To the Affected Persons:

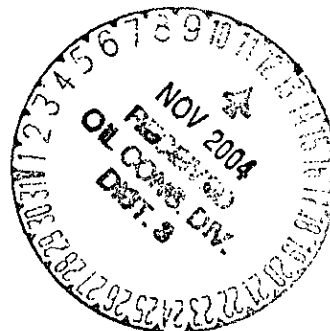
Burlington Resources Oil & Gas Company LP is submitting the enclosed Application for Permit to Drill to the appropriate regulatory agency(s) for approval. This well is located inside the High Productivity Area of the Basin-Fruitland Coal Pool as indicated on the attached plat. Notice is being made pursuant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

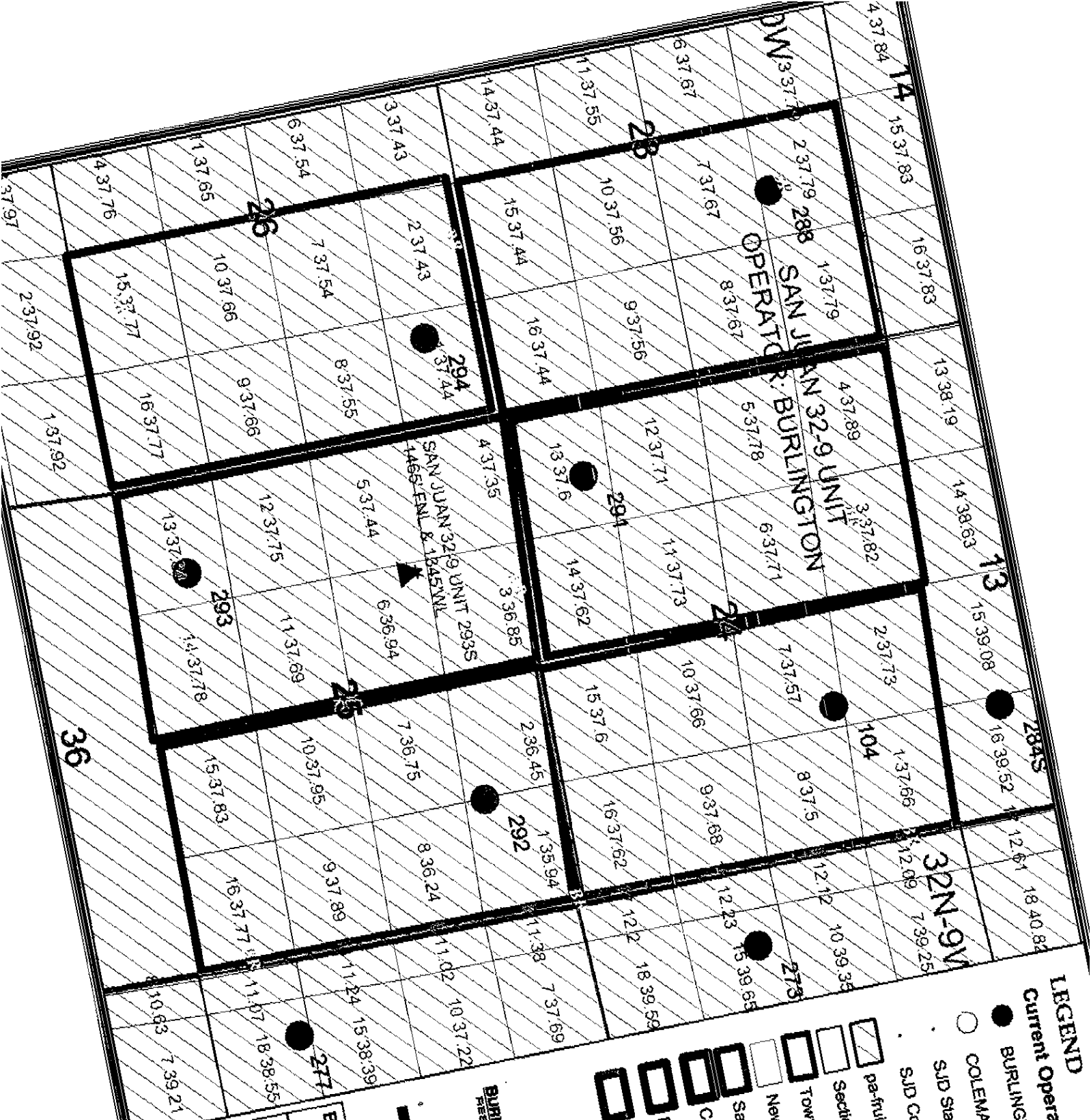
The affected parties have twenty (20) days from receipt of this notice in which to file with the District Office of the New Mexico Oil Conservation Division written objection to the proposed Application for Permit to Drill.

Sincerely,

Tammy Jones

Tammy Jones
Regulatory Specialist

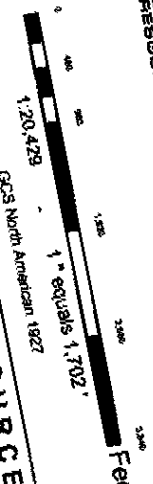




LEGEND


- Current Operator
- BURLINGTON
- COLEMAN OIL & GAS
- SJD State Names
- SJD County Names
- pa-frutland
- Sections_(SJD)
- Townships_(SJD)
- New Mexico Lots
- San Juan Federal Units
- Counties (SJD)
- PROPOSED WELL
- OFFSET OPERATOR (See attached
- 1. BURLINGTON (See attached
- working interest owner list).

BURLINGTON
RESOURCES




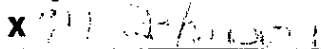
BURLINGTON RESOURCE
San Juan
SAN JUAN 32-9 UNIT 293S FTC-H
SEC 25, T32N, R10W

Prepared By:	DATE:	10/4
File Number:	Revised Date:	10/4
File Name:		

<p>2. Article Number</p> <div style="text-align: center; margin: 10px 0;">  </div> <p style="font-size: 1.2em; margin: 0;">7110 6605 950 0009 7304</p>	<p style="text-align: center; font-weight: bold; margin: 0;">COMPLETE THIS SECTION ON DELIVERY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>A. Signature</p> <p>X <i>[Handwritten Signature]</i></p> </td> <td style="width: 50%; padding: 5px;"> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </td> </tr> <tr> <td style="width: 50%; padding: 5px;"> <p>B. Received by (Printed Name)</p> <p><i>[Handwritten Name]</i></p> </td> <td style="width: 50%; padding: 5px;"> <p>C. Date of Delivery</p> <p><i>[Handwritten Date]</i></p> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</p> </td> </tr> </table>	<p>A. Signature</p> <p>X <i>[Handwritten Signature]</i></p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name)</p> <p><i>[Handwritten Name]</i></p>	<p>C. Date of Delivery</p> <p><i>[Handwritten Date]</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</p>	
<p>A. Signature</p> <p>X <i>[Handwritten Signature]</i></p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>						
<p>B. Received by (Printed Name)</p> <p><i>[Handwritten Name]</i></p>	<p>C. Date of Delivery</p> <p><i>[Handwritten Date]</i></p>						
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</p>							
<p>1. Article Addressed to:</p> <p>BOLACK MINERALS CO ATTN TOMMY BOLACK 3901 BLOOMFIELD HWY RT 3 BOX 47 FARMINGTON, NM 87401</p> <p style="margin-top: 20px;">10/6/2004 9:27 AM</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>3. Service Type</p> </td> <td style="width: 50%; padding: 5px;"> <p style="text-align: center;"><input checked="" type="checkbox"/> Certified</p> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> </td> </tr> </table>	<p>3. Service Type</p>	<p style="text-align: center;"><input checked="" type="checkbox"/> Certified</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			
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<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>							




PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 7380		A. Signature X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) OCT 12 2004	
T H MCELVAIN OIL & GAS LTD PARTNERSHIP 1050 17TH ST STE 1800 DENVER, CO 80265 10/6/2004 9:27 AM		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	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: 32-9: 289S 293S 294S 295S 300S - HPA			

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 7373		A. Signature X 	
		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: PHILLIPS-SAN JUAN PARTNERS C/O CONOCOPHILLIPS ATTN CHIEF LANDMAN SAN JUAN/ROCKIES PO BOX 2197 HOUSTON, TX 77252-2197 10/6/2004 9:27 AM		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	

PS Form 3811

Domestic Return Receipt



7110 6605 9590 0009 7364

1. Article Addressed to:

JRP SAN JUAN LP
ATTN JAMES M RAYMOND MGR
PO BOX 291445

KERRVILLE, TX 78029-1445

10/6/2004 9:27 AM

Code: 32-9: 289S,293S,294S,295S,300S - HPA

A. Signature

X

Bob Valdez

☒ Agent☐ Addressee

B. Received by (Printed Name)

Bob Valdez

C. Date of Delivery

10-13-04

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

PS Form 3811

Domestic Return Receipt

2. Article Number



7110 6605 9590 0009 7359

1. Article Addressed to:

JOHN S BROWN JR
7301 BURNET RD STE 102-122

AUSTIN, TX 78757-2248

10/6/2004 9:27 AM

Code: 32-9: 289S,293S,294S,295S,300S - HPA

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

John S Brown Jr

☒ Agent☐ Addressee

B. Received by (Printed Name)

JOHN S BROWN JR

C. Date of Delivery

10/14/04

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

PS Form 3811

Domestic Return Receipt

2. Article Number



7110 6605 9590 0009 7342

1. Article Addressed to:

FOUR STAR OIL & GAS COMPANY
ATTN BARBARA NELMS
PO BOX 36366

HOUSTON, TX 77236

10/6/2004 9:27 AM

Code: 32-9: 289S,293S,294S,295S,300S - HPA

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Barbara Nelms

☐ 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


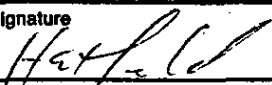
4. Restricted Delivery? (Extra Fee)



Yes

Form 3811



Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9540 0009 7335		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: DEVON ENERGY PRODUCTION CO LP ATTN LAND DEPT 20 N BROADWAY STE 1500 OKLAHOMA CITY, OK 73102 10/6/2004 9:27 AM		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	

Code: 32-9: 289S,293S,294S,295S,300S - HPA

PS Form 3811


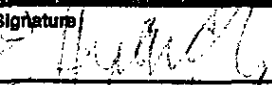
Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9540 0009 7328		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: CONOCOPHILLIPS COMPANY ATTN CHIEF LANDMAN SAN JUAN/ROCKIES PO BOX 2197 HOUSTON, TX 77252-2197 10/6/2004 9:27 AM		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	

Code: 32-9: 289S,293S,294S,295S,300S - HPA

PS Form 3811


Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9540 0009 7311		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
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 10/6/2004 9:27 AM		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	

Code: 32-9: 289S,293S,294S,295S,300S - HPA


PS Form 3811

Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 7397		COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 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	
1. Article Addressed to: WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER PO BOX 3102 MS25-3 TULSA, OK 74101 10/6/2004 9:27 AM		3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: 32-9: 289S,293S,294S,295S,300S - HPA			

PS Form 3811

Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 7410		COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 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	
1. Article Addressed to: COLEMAN OIL & GAS INCORPORATED PO DRAWER 3337 FARMINGTON, NM 87499-3337 10/6/2004 9:46 AM		3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

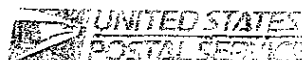
File: S132-9 UNIT 289S & 295S - HPA

PS Form 3811

Domestic Return Receipt

7110 6605 9590 0009 7397	RETURN RECEIPT SERVICE	POSTAGE POSTNET DELIVERY CERTIFIED MAIL RETURN RECEIPT FEE	\$0.37 \$0.00 \$2.10 \$1.75	POSTMARK OR DATE
	SENT TO: TOTAL POSTAGE DUE:		\$4.22	
	Code: 32-9: 289S,293S,294S,295S,300S - HPA			
	WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER PO BOX 3102 MS25-3 TULSA, OK 74101			
	10/6/2004 9:27 AM			

PS FORM 3840



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