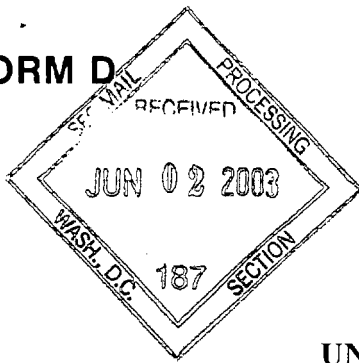


1238154

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Barcode, SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields.

Name of Offering () check if this is an amendment and name has changed, and indicate change() Bradford Drilling Associates XV, L.P.

Filing Under (Check box(es) that apply): () Rule 504 () Rule 505 () Rule 506 (x) Section 4(6) () ULOE Type of Filing: () New Filing () Amendment

A BASIC IDENTIFICATION DATA

() Enter the information requested about the issuer

Name of Issuer () check if this is an amendment and name has changed, and indicate change() Bradford Drilling Associates XV, L.P.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 2495 Main Street, Suite 442, Buffalo, NY 14214 716-813-1512

Brief Description of Business Oil and natural gas development.

Type of Business Organization () corporation () limited partnership, already formed () other (please specify): () business trust (x) limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month Year () Actual (x) Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

PROCESSED JUN 04 2003 THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC. Information Required: A new filing must contain all information requested. Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Daniel C. Mullan

Business or Residence Address (Number and Street, City, State, Zip Code)

2495 Main Street, Suite 442, Buffalo, NY 14214

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Jeanine F. Mullan

Full Name (Last name first, if individual)

2495 Main Street, Suite 442, Buffalo, NY 14214

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

David G. Cohen

Full Name (Last name first, if individual)

295 Main Street, Suite 210, Buffalo, NY 14203

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1 Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No

Answer also in Appendix, Column 2, if filing under ULOE

2 What is the minimum investment that will be accepted from any individual? \$ 10,000

3 Does the offering permit joint ownership of a single unit? Yes No

4 Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only

Full Name (Last name first, if individual)
VSR Financial Services, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
8620 W. 110th Street, Suite 200, Overland Park 86210

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States) All States

- | | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

Full Name (Last name first, if individual)
H. Beck, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
11140 rockville Pike, Rockville, MD 20852

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States) All States

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|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
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| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

Full Name (Last name first, if individual)
Commonwealth Financial Network, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
110 West A Street, Suite 1800, San Diego, CA 92101

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States) All States

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|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Additional Broker-Dealers - Section B. 4

Ameriprop, Inc.

105 Maxess Rd., Suite N 111

Melville, NY 11747

Intends to solicit in AL, AZ, CA, CT, DC, FL, GA, IL, IN, KS, KY LA, MA,MD, ME, MI, MN, MO, MS, NC, NJ, NY, OH, PA, SC, TN, TX, VA, WI

Asset Allocation Securities, Corp.

777 Old Saw Mill Road, Suite 240

Tarrytown, NY 10591

Intends to solicit in CT , MA, NY

Mid Atlantic Capital Corp.

336 Fourth Avenue

Pittsburgh, PA 15222

Intends to solicit in All States

Capital Strategies, Ltd.

The Lafayette Building, Suite 608

437 Chestnut Street

Pittsburgh, PA 19106

Intends to solicit in CT, DC, DE, FL, GA, MA, MD, NC, NJ, NV, NY, PA, TX, VA, WV

Crestview Securities, Inc.

431 Post Road East, Suite One

Westport, CT 06880

Intends to solicit in CA, CT, DC, DE, MA, MD, NJ, NV, NY PA, RI, VA

Gramercy Securities, Inc.

3949 Old Post Road

Charleston, RI 02813

Intends to solicit in AZ, CA, CO,CT, FL, GA, HI, NM. NY RI and TX

Oak Tree Securities, Inc.

3075 Citrus Circle, Suite 195

Walnut Creek, CA 94598

Intends to solicit in AZ, CA, CO, HI, IL, MA, MD, MI, ND, NM, NV, NY, OH, OR, TX, WA

Vista Financial Services Corporation

85 Executive Parkway, Suite 400

Hudson, OH 44236

Intends to solicit in AK, CO IL, KY, MA, MI, NY, OH, PA, WV

Wharton Equity Corp.

994 Old Eagle Road, Suite 1020

Wayne, PA 19087

Intends to in AR, AZ, CA, CO CT , DC, DE, FL, GA, ID, IL IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV

1 Enter the aggregate offering price of securities included in this offering and the total amount already sold Enter "0" if the answer is "none" or "zero" If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	0	\$ 0
Equity	0	\$ 0
	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	
Convertible Securities (including warrants)	0	\$ 0
Partnership Interests	2,500,000	\$ 0
Other (Specify _____)	0	\$ 0
Total	2,500,000	\$ 0

Answer also in Appendix, Column 3, if filing under ULOE

2 Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero"

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	0	\$ 0
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	0	\$ 0

Answer also in Appendix, Column 4, if filing under ULOE

3 If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering Classify securities by type listed in Part C — Question 1

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		\$ _____
Regulation A		\$ _____
Rule 504		\$ _____
Total		\$ _____

4 a Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate

Transfer Agent's Fees	<input type="checkbox"/>	\$ 0
Printing and Engraving Costs	<input checked="" type="checkbox"/>	\$ 10,000
Legal Fees	<input checked="" type="checkbox"/>	\$ 25,000
Accounting Fees	<input checked="" type="checkbox"/>	\$ 15,000
Engineering Fees	<input type="checkbox"/>	\$ 0
Sales Commissions (specify finders' fees separately)	<input checked="" type="checkbox"/>	\$ 212,500
Other Expenses (identify _____)	<input type="checkbox"/>	\$ 0
Total	<input checked="" type="checkbox"/>	\$ 262,500


b Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4a This difference is the “adjusted gross proceeds to the issuer”

\$ 2,287,500

5) Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4b above

	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees <input type="checkbox"/>	\$ 0	<input type="checkbox"/> \$ 0
Purchase of real estate <input type="checkbox"/>	\$ 0	<input type="checkbox"/> \$ 0
Purchase, rental or leasing and installation of machinery and equipment <input type="checkbox"/>	0	<input type="checkbox"/> 0
Construction or leasing of plant buildings and facilities <input type="checkbox"/>	\$ 0	<input type="checkbox"/> \$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) <input type="checkbox"/>	0	<input type="checkbox"/> 0
Repayment of indebtedness <input type="checkbox"/>	\$ 0	<input type="checkbox"/> \$ 0
Working capital <input type="checkbox"/>	\$ 0	<input type="checkbox"/> \$ 0
Other (specify): <u>working interests in oil and natural gas wells.</u> <input type="checkbox"/>	\$ 0	<input checked="" type="checkbox"/> \$ 2,287,500
_____ <input type="checkbox"/>	\$ _____	<input type="checkbox"/> \$ _____
Column Totals <input type="checkbox"/>	\$ 0	<input checked="" type="checkbox"/> \$ 2,287,500
Total Payments Listed (column totals added) <input type="checkbox"/>		<input checked="" type="checkbox"/> \$ 2,287,500

The issuer has duly caused this notice to be signed by the undersigned duly authorized person If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502

Issuer (Print or Type) Bradford Drilling Associates XV, L.P.	Signature 	Date <u>5/16/03</u>
Name of Signer (Print or Type) Daniel C. Mullan	Title of Signer (Print or Type) President, Bradford Exploration, Inc., Managing General Partner	

Intentional misstatements or omissions of fact constitute federal criminal violations (See 18 U.S.C. 1001)




1 Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No

See Appendix, Column 5, for state response

- 2 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law
- 3 The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees
- 4 The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person

Issuer (Print or Type) Bradford Drilling Associates XV, L.P.	Signature 	Date 5/14/03
Name (Print or Type) Daniel C. Millan	Title (Print or Type) President, Bradford Exploration, Inc., Managing General Partner	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form One copy of every notice on Form D must be manually signed Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures



	X		\$2,500,000						X
MO	X		Partnership Units \$2,500,000						X
MT	X		Partnership Units \$2,500,000						X
NE	X		Partnership Units \$2,500,000						X
NV	X		Partnership Units \$2,500,000						X
NH	X		Partnership Units \$2,500,000						X
NJ	X		Partnership Units \$2,500,000						X
NM	X		Partnership Units \$2,500,000						X
NY	X		Partnership Units \$2,500,000						X
NC	X		Partnership Units \$2,500,000						X
ND	X		Partnership Units \$2,500,000						X
OH	X		Partnership Units \$2,500,000						X
OK	X		Partnership Units \$2,500,000						X
OR	X		Partnership Units \$2,500,000						X
PA	X		Partnership Units \$2,500,000						X
RI	X		Partnership Units \$2,500,000						X
SC	X		Partnership Units \$2,500,000						X
SD	X		Partnership Units \$2,500,000						X
TN	X		Partnership Units \$2,500,000						X
TX	X		Partnership Units \$2,500,000						X
UT	X		Partnership Units \$2,500,000						X
VT	X		Partnership Units \$2,500,000						X
VA	X		Partnership Units \$ Partnership Units \$2,500,000						X
WA	X		Partnership Units \$ Partnership Units \$2,500,000						X
WV	X		Partnership Units \$2,500,000						X
WI	X		Partnership Units \$2,500,000						X
WY	X		Partnership Units \$2,500,000						X
PR	X		Partnership Units \$2,500,000						X

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	X		Partnership Units \$2,500,000						X
AK	X		Partnership Units \$2,500,000						X
AZ	X		Partnership Units \$2,500,000						X
AR	X		Partnership Units \$2,500,000						X
CA	X		Partnership Units \$2,500,000						X
CO	X		Partnership Units \$2,500,000						X
CT	X		Partnership Units \$2,500,000						X
DE	X		Partnership Units \$2,500,000						X
DC	X		Partnership Units \$2,500,000						X
FL	X		Partnership Units \$2,500,000						X
GA	X		Partnership Units \$2,500,000						X
HI	X		Partnership Units \$2,500,000						X
ID	X		Partnership Units \$2,500,000						X
IL	X		Partnership Units \$2,500,000						X
IN	X		Partnership Units \$2,500,000						X
IA	X		Partnership Units \$2,500,000						X
KS	X		Partnership Units \$2,500,000						X
KY	X		Partnership Units \$2,500,000						X
LA	X		Partnership Units \$2,500,000						X
ME	X		Partnership Units \$2,500,000						X
MD	X		Partnership Units \$2,500,000						X
MA	X		Partnership Units \$2,500,000						X
MI	X		Partnership Units \$2,500,000						X
MN	X		Partnership Units \$2,500,000						X
MS			Partnership Units						