

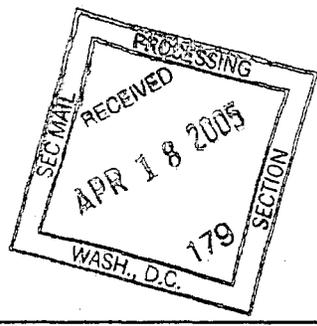
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FORM D

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

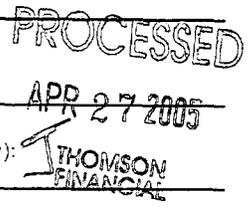
Table with SEC USE ONLY, Prefix, Serial, DATE RECEIVED fields.

Name of Offering (Bradford Drilling Associates XIX, L.P.), Filing Under (Rule 506 checked), Type of Filing (New Filing checked).

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer. Name of Issuer (Bradford Drilling Associates XIX, L.P.), Address of Executive Offices (2495 Main Street, Suite 349, Buffalo, N.Y. 14214), Telephone Number (716) 803-1512.

Brief Description of Business: GIL AND GAS DEVELOPMENT



Type of Business Organization: limited partnership, to be formed (checked).

Actual or Estimated Date of Incorporation or Organization: Month 07, Year 05, Estimated (checked).

GENERAL INSTRUCTIONS

Federal: Who Must File, When To File, Where to File, Copies Required, Information Required, 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.

ATTENTION

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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

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)

Bradford Exploration, Inc.

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

2495 Main Street, Suite 349, Buffalo, New York, 14214

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 349, Buffalo, New York, 14214

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

Full Name (Last name first, if individual)

Jeannine F. Mullan

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

2495 Main Street, Suite 349, Buffalo, New York, 14214

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

Full Name (Last name first, if individual)

David C. Cohen

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

295 Main Street, Suite 210, Buffalo, New York, 14203

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)

B. INFORMATION ABOUT OFFERING

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, Kansas, 66210
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
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)
Commonwealth Financial Network
Business or Residence Address (Number and Street, City, State, Zip Code)
1 University Office Park, 29 Sawyer Road, Waltham, Massachusetts, 02453
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
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)
Gramercy Securities, Inc.
Business or Residence Address (Number and Street, City, State, Zip Code)
3949 Old Post Road, Charleston, Rhode Island, 02813
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
[AL] [AK] [~~AZ~~] [AR] [~~CA~~] [~~CO~~] [~~CT~~] [DE] [DC] [~~FL~~] [~~GA~~] [~~HI~~] [ID]
[IL] [IN] [IA] [KS] [KY] [~~LA~~] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [~~NM~~] [~~NY~~] [NC] [ND] [OH] [~~OK~~] [OR] [PA]
~~[RI]~~ [SC] [SD] [TN] [~~TX~~] [~~UT~~] [~~VT~~] [VA] [WA] [WV] [WI] [WY] [PR]

Additional Broker-Dealers - Section B. 4

PACIFIC WEST SECURITIES, INC
ONE RENTON PLACE
555 S. RENTON VILLAGE PL, SUITE 700
RENTON, WA 98055
Intends to Solicit in All States

WILSON-DAVIS & CO., INC.
236 SOUTH MAIN STREET
SALT LAKE CITY, UT 84101-2104
Intends to Solicit in AK, AZ, CA, CO, FL, GA, IA, ID, IL, IN, KS, KY
LA, MD, MI, MN, MO, MT, NJ, MN, NV, NY, OH, OK

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$ <u>0</u>	\$ <u>0</u>
Equity.....	\$ <u>0</u>	\$ <u>0</u>
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ <u>0</u>	\$ <u>0</u>
Partnership Interests.....	\$ <u>25,000,000</u>	\$ <u>0</u>
Other (Specify _____).....	\$ <u>0</u>	\$ <u>0</u>
Total.....	\$ <u>25,000,000</u>	\$ <u>0</u>

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.....	<u>0</u>	\$ <u>0</u>
Non-accredited Investors.....	<u>0</u>	\$ <u>0</u>
Total (for filings under Rule 504 only).....	<u>0</u>	\$ <u>0</u>

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.....	<u>N/A</u>	\$ _____
Regulation A.....	<u>N/A</u>	\$ _____
Rule 504.....	<u>N/A</u>	\$ _____
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 issuer. 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 checked="" type="checkbox"/>	\$ <u>0</u>
Printing and Engraving Costs.....	<input checked="" type="checkbox"/>	\$ <u>15,000</u>
Legal Fees.....	<input checked="" type="checkbox"/>	\$ <u>50,000</u>
Accounting Fees.....	<input checked="" type="checkbox"/>	\$ <u>15,000</u>
Engineering Fees.....	<input checked="" type="checkbox"/>	\$ <u>0</u>
Sales Commissions (Specify finder's fees separately).....	<input checked="" type="checkbox"/>	\$ <u>2,545,000</u>
Other Expenses (identify) _____	<input type="checkbox"/>	\$ <u>0</u>
Total.....	<input type="checkbox"/>	\$ <u>2,625,000</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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 4.a. This difference is the "adjusted gross proceeds to the issuer."

5. Indicate below the amount of the adjusted gross proceeds 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 4.b. above.

		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	<input checked="" type="checkbox"/>	\$ 1,850,000	\$
Purchase of real estate	<input type="checkbox"/>	\$ 0	\$
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/>	\$ 0	\$
Construction or leasing of plant buildings and facilities	<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	\$
Repayment of indebtedness	<input type="checkbox"/>	\$ 0	\$
Working capital <u>working interests in oil & gas wells</u>	<input checked="" type="checkbox"/>	\$	\$ 20,524,990
Other (specify)	<input type="checkbox"/>	\$ 0	\$ 0
	<input type="checkbox"/>	\$ 0	\$ 0
Column Totals	<input checked="" type="checkbox"/>	\$ 1,850,000	\$ 20,524,990
Total Payments Listed (column totals added)		\$ 22,375,000	

D. FEDERAL SIGNATURE

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)	Signature	Date
Bradford Drilling Associates, XIX, L.P.		4/15/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Daniel C. Mullan	President Bradford Exploration, Inc. Managing General Partner	

ATTENTION

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

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) 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 XIX, L.P.	Signature 	Date 4/15/05
Name of Signer (Print or Type) Daniel C. Mullan	Title of Signer (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.

APPENDIX

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

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		X	Partnership Units \$25,000,000						X
AK		X	Partnership Units \$25,000,000						X
AZ		X	Partnership Units \$25,000,000						X
AR		X	Partnership Units \$25,000,000						X
CA		X	Partnership Units \$25,000,000						X
CO		X	Partnership Units \$25,000,000						X
CT		X	Partnership Units \$25,000,000						X
DE		X	Partnership Units \$25,000,000						X
DC		X	Partnership Units \$25,000,000						X
FL		X	Partnership Units \$25,000,000						X
GA		X	Partnership Units \$25,000,000						X
HI		X	Partnership Units \$25,000,000						X
ID		X	Partnership Units \$25,000,000						X
IL		X	Partnership Units \$25,000,000						X
IN		X	Partnership Units \$25,000,000						X
IA		X	Partnership Units \$25,000,000						X
KS		X	Partnership Units \$25,000,000						X
KY		X	Partnership Units \$25,000,000						X
LA		X	Partnership Units \$25,000,000						X
ME		X	Partnership Units \$25,000,000						X
MD		X	Partnership Units \$25,000,000						X
MA		X	Partnership Units \$25,000,000						X
MI		X	Partnership Units \$25,000,000						X
MN		X	Partnership Units \$25,000,000						X

