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

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hours per response......16,00

| SEC USE ONLY | | | | |
|---------------|--|--------|--|--|
| Prelix | | Serial | | |
| | | | | |
| DATE RECEIVED | | | | |
| | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
|--|--|
| U.S.E.R. SOUTHEAST TEXAS L.P. | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | SED A ~ |
| A. BASIC IDENTIFICATION DATA | 2 2007 |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) U.S.E.R. SOUTHEAST TEXAS L.P. | 188 500 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| One World Trade Center, 121 SW Salmon St, 11th Floor, Porland, OR 97204 | 503-376-9364 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | S ODOCESSED |
| Oil and gas limited partnership. | PROCESSED SEP 1 1 2007 |
| Type of Business Organization | SEP 1 1 2007 |
| ☐ corporation ☑ limited partnership, already formed ☐ other (☐ business trust ☐ limited partnership, to be formed | (please specify): THOMSON |
| Actual or Estimated Date of Incorporation or Organization: OIB OI7 Actual Est Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Star CN for Canada; FN for other foreign jurisdiction) | FINANCIAL: imated te: [] [] [] |

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. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

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, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

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. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- 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 predictated on the filing of a federal notice.

| A, BASIC IDENTIFICATION DATA | | |
|--|------------|------------------------------------|
| 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 Each executive officer and director of corporate issuers and of corporate general and managing partner of partnership issuers. | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di | irector 🔽 | General and/or Managing Partner |
| Full Name (Last name first, if individual) U.S. Energy Resources, Inc. | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) One World Trade Center, 121 SW Salmon St, 11th Floor, Porland, OR 97204 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di | irector | 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 Di | irector | 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 Di | irector | 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 Di | rirector | 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 Di | rirector [| 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 Di | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |

| | - | | | | B. 1. | FORMATI | ON ABOU | r offeri | NG | | | | |
|-------|---|---|------------------------------|---|---|---|--|--|---|----------------------------|---|-----------------|----------------|
| 1. | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | Yes [| No ⊠ | | | | |
| 2. | 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | _{\$_} 30,000.00 | | | | |
| | | | permit joint | | | | | | | | | Yes K | No |
| | commiss If a perso or states. | ion or simi on to be list list the na | lar remuner ted is an ass | ation for s ociated per roker or de | olicitation rson or age aler. If mo | of purchase nt of a brok re than five | rs in conne er or deale (5) person | ection with r registered is to be list | sales of sec I with the S ed are asso | curities in t EC and/or | irectly, any he offering, with a state ons of such | | |
| Full | Name (L | ast name i | irst, if indi | vidual) | | | | | | | | | |
| Busi | iness or F | Residence . | Address (N | umber and | l Street, Ci | ty, State, Z | ip Code) | | | | | | |
| Nam | ne of Ass | ociated Br | oker or Dea | aler | | | | | | | | | |
| State | es in Whi | ich Person | Listed Has | Solicited | or Intends | to Solicit l | Purchasers | | | | | | . |
| | (Check) | All States | " or check | individual | States) | ••••• | ••••• | •• | | | | □ Al | l States |
| | AL TL MT RI | AK IN NE SC | IA NV SD | AR KS NII TN | CA KY NJ TX | CO LA NM UT | ME NY VT | DE MD NC VA | DC MA ND WA | FI. MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Full | Name (I | ast name | first, if indi | vidual) | | | | | | | | <u>,</u> | |
| Bus | iness or | Residence | Address (N | Number an | d Street, C | ity, State, 2 | Zip Code) | | | | | | |
| Nan | ne of Ass | ociated Br | oker or De | aler | | | | | | | | | |
| Stat | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | ····· | | | | |
| | (Check | All States | " or check | individual | States) | *************************************** | *************************************** | | | | | □ ΛΙ | States |
| | AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | MD NC VA | DC MA ND WA | MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Full | l Name (1 | last name | first, if ind | ividual) | | | | | | | | | |
| Bus | iness or | Residence | Address (1 | Number an | d Street, C | 'ity, State, l | Zip Code) | | | | | | |
| Nan | ne of Ass | ociated Br | oker or De | aler | | | | | | | . | | |
| Stat | es in Wh | ich Person | Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | | | | | □А | l States | | | | | | | |
| | AL. | AK IN NE | AZ IA NV | AR KS NII | CA KY NJ | CO LA NM | CT ME NY VT | DE MD NC | DC MA ND WA | FL MI OH | GA MN OK | MS OR | MO PA PR |

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

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 alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box [] and indicate in the columns below the amounts of the securities offered for exchange an already exchanged. | k | |
|----|--|-----------------------------|----------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | § 0.00 | s 0.00 |
| | Equity | | \$ 0.00 |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | \$ 0.00 | 0.00 \$ |
| | Partnership Interests | | <u> </u> |
| | Other (Specify) | | \$ 0.00 |
| | Total | 100,000,000.0 | T |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | Ψ |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicathe number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero." | te | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | | \$ 85,200.00 |
| | Non-accredited Investors | | \$ 0.00 |
| | Total (for filings under Rule 504 only) | 3 | \$_85,200.00 |
| | 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 old 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. | he | |
| | Type of Offering | Type of | Dollar Amount |
| | Rule 505 | Security 0 | Sold § 0.00 |
| | Regulation A | _ | § 0.00 |
| | Rule 504 | | 5 0.00 |
| | Total | | s 0.00 |
| 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 insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. | he er. | .5_0.00 |
| | Transfer Agent's Fees | П | \$ |
| | Printing and Engraving Costs | n | § 0.00 |
| | Legal Fees | _ | S 0.00 |
| | Accounting Fees | | § 0.00 |
| | Engineering Fees | _ | s 0.00 |
| | Sales Commissions (specify finders' fees separately) | _ | § 0.00 |
| | Other Expenses (identify) | | s 0.00 |
| | Tatal | | ¢ 0.00 |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF F | 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." | | \$100,000,000.00 |
| 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 4.b above. | | |
| | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | \$ <u></u> 0.00 | □ \$ 0.00 |
| | Purchase of real estate | | □ \$ 0.00 |
| | Purchase, rental or leasing and installation of machinery and equipment | | □ \$ 0.00 |
| | Construction or leasing of plant buildings and facilities | | S 0.00 |
| | 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) | \$ 0.00 | \$_0.00 |
| | Repayment of indebtedness | | □ \$ 0.00 |
| | Working capital | | S 0.00 |
| | Other (specify): | S_0.00 | \$ 0.00 |
| | | s | s_0.00 |
| | Column Totals | S_0.00 | <u> \$ 0.00</u> |
| | Total Payments Listed (column totals added) | s | 00 |
| | D. FEDERAL SIGNATURE | | |
| sig | the issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice enature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commister information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of I | ssion, upon writte | tle 505, the following on request of its staff, |
| Iss | uer (Print or Type) Signature, | Date | |
| U | S.E.R. SOUTHEAST TEXAS L.P. | 8-78-0 | 7 |
| N: | nme of Signer (Print or Type) Title of Signer (Print or Type) | | |
| Tra | acy Yam Secretary | | |

- 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 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No X |

- See Appendix, Column 5, for state response.
- 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.
- 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.

| | A _ | |
|-------------------------------|-----------------------|---------|
| Issuer (Print or Type) | Signature | Date |
| U.S.E.R. SOUTHEAST TEXAS L.P. | 2 WAND | 8-28-07 |
| Name (Print or Type) | Title (Print or Pyper | |
| Tracy Yam | Secretary | |

END

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.