



RECEIVED

JAN 22 '90

Q. C. D.
ARTESIA, DFW

January 17, 1990

Nearburg Producing Company
P.O. Box 31405
Dallas, Texas 75231-0405

HOWE 62
re: ~~Howell~~ #1-- Artesia, N.M. plus 12 miles
8 5/8" 24.00#/ft. J-55 LSS ERW ST&C R-2

Mr. Abbott:

The subject material, mentioned aboved, is 8 5/8" 24.00#/ft. J-55 ST&C R-2 tested to API Specifications and drifted to 7.972". It has full backing by Gulf Western Pipe & Supply product liability insurance provided by Gulf Group Lloyds Insurance Company (see attached).

Sincerely,

J.A. Brunjak
Vice President

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS
13th DAY OF January 1990.

Gretchen M. Messler
NOTARY PUBLIC, STATE OF TEXAS
GRETCHEN MESSLER
MY COMMISSION EXPIRES 2/14/90

13700 Veterans Memorial Drive, Suite 414
Houston, Texas 77014

(713) 537-1200 · Fax (713) 537-9928

NO. CGL 762 14 18

Gulf Group Lloyds
 Irving, Texas
 (A Texas Lloyds Plan Insurer (herein called the Company))

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Gulf Western Pipe & Supply, Inc.
 13700 Veterans Memorial Dr., Suite 414
 Houston, TX 77014

Policy Period: From 4-18-89 to 4-18-90 at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE							
General Aggregate Limit (Other Than Products—Completed Operations)				\$ 2,000,000.			
Products—Completed Operations Aggregate Limit				\$ 2,000,000.			
Personal and Advertising Injury Limit				\$ 1,000,000.			
Each Occurrence Limit				\$ 1,000,000.			
Fire Damage Limit				\$ 50,000 Any One Fire			
Medical Expense Limit				\$ 5,000 Any One Person			
RETROACTIVE DATE (CG 00 02 only)							
Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: _____ <small>(Enter Date or "None" if no Retroactive Date applies)</small>							
DESCRIPTION OF BUSINESS AND LOCATION OF PREMISES							
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Organization (Other than Partnership or Joint Venture) Business Description: Brokerage of Pipes by Phone Location of All Premises You Own, Rent or Occupy: <p align="center">13700 Veterans Memorial Dr., Suite 414, Houston, Harris Co., TX</p>							
PREMIUM							
Classification	Code No.	Premium Basis	Rate Pr/Co	All Other	Advance Premium Pr/Co	All Other	
Metal Dealers or Distributors				\$	\$		
Structural	15405	2,000,000	.454	.611	908.	1222.	
Prem. Disc.						- 72.	
Premium shown is payable: \$ 2058. at inception				Total Advance Premium \$ 2058.			
FORMS AND ENDORSEMENTS							
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: CG0001; CL175; IL0017; IL0021; CG0103; IL0275; CG0041; CG0099; CG2146;							

Countersigned:

By _____
 Authorized Representative

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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