



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON
Governor

Joanna Prukop
Cabinet Secretary
Acting Director
Oil Conservation Division

April 7, 2004

Mr. Terry Davis
Inter-Continental Energy Inc.
100 East 15th St., Suite 320
Fort Worth, TX 76102

Certified Mail # 7099 3220 0009 7873 1094

Inter-Continental Energy Inc.
200 River Pointe Drive, Suite 200
Conroe, TX 77304

Certified Mail # 7099 3220 0009 7873 1087

Greg Elison, Registered Agent for
Inter-Continental Energy Inc.
9812 Pitt Place, NE
Albuquerque, NM 87111

Certified Mail # 7099 3220 0009 7873 1070

RLI Insurance Company
8 Greenway Plaza, #400
Houston, TX 77046

Certified Mail # 7099 3220 0009 7873 1063

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Case No. 13258, APPLICATION OF THE NEW MEXICO OIL CONSERVATION DIVISION, THROUGH THE SUPERVISOR OF DISTRICT III, FOR AN ORDER REQUIRING INTER-CONTINENTAL ENERGY INC. TO BRING ONE WELL INTO COMPLIANCE WITH 19.15.4.201 NMAC and 19.15.4.202 NMAC, ASSESSING APPROPRIATE CIVIL PENALTIES, AUTHORIZING THE DIVISION TO PLUG SAID WELL AND ORDERING A FORFEITURE OF THE APPLICABLE PLUGGING BOND; RIO ARRIBA COUNTY, NEW MEXICO.

Ladies and Gentlemen:

You are hereby notified that the New Mexico Oil Conservation Division has filed the referenced Application, a copy of which is enclosed herewith, seeking an Order requiring you to properly plug and abandon one well located in Rio Arriba County, New Mexico, specifically identified in said application.

A hearing on this application will take place before a Division hearing officer on Thursday, April 29, 2004, at 8:15 a.m., in Porter Hall, First Floor, 1220 South St. Francis Drive in Santa Fe, New Mexico. At that hearing you will have an opportunity to show cause why an order should not be entered as requested in the Application.

You posted a surety bond, in the amount of \$5,000, No. RLB0001913 issued by RLI Insurance Company. That security will be forfeited if an order is entered as requested in the attached application and you fail to comply therewith.

Inquiries concerning this application may be directed to the undersigned in the Santa Fe office of the Division at (505)-476-3451.

Very truly yours,



Gail MacQuesten
Assistant General Counsel

ec: Charlie Perrin, District III

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

Postmark Here
APR 7 - 2004

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Name (Please Print Clearly) (To be completed by mailer)
Greg Elison, Registered Agent for
Inter-Continental Energy Inc.
 Street Apt. No. PO Box No.
9812 Pitt Place, NE
 City, State, ZIP+4
Albuquerque, NM 87111

PS Form 3800, July 1999 See Reverse for Instructions

020T E29L 6000 022E 6602

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Greg Elison, Registered Agent
Inter-Continental Energy Inc.
9812 Pitt Place, NE
Albuquerque, NM 87111

Article Number (Copy from service label)
3220 0009 7873 1070
 n 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Greg Elison** B. Date of Delivery **4/8/04**

C. Signature *Greg Elison*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail
 Registered Mail
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

FD 13258
 102895-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

Postmark Here
APR 7 - 2004

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Name (Please Print Clearly) (To be completed by mailer)
Mr. Terry Davis
Inter-Continental Energy Inc.
 Street Apt. No. PO Box No.
100 East 15th St., Suite 320
 City, State, ZIP+4
Fort Worth, TX 76102

PS Form 3800, July 1999 See Reverse for Instructions

560T E29L 6000 022E 6602

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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Mr. Terry Davis
Inter-Continental Energy Inc.
100 East 15th St., Suite 320
Fort Worth, TX 76102

Article Number
 (Transfer from service label) **7099 3220 0009 7873 1094**
 PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Terry Davis* B. Received by (Printed Name) **Terry Davis**

C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

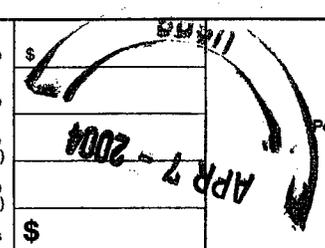
3. Service Type
 Certified Mail
 Registered Mail
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

FD 13258

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Name (Please Print Clearly) (To be completed by mailer)
RLI Insurance Company
 Street, Apt. No.; or PO Box No.
8 Greenway Plaza, #400
 City, State, ZIP+4
Houston, TX 77046
 PS Form 3800, July 1999 See Reverse for Instructions

590T E292 6000 022E 6602

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
RLI Insurance Company
Greenway Plaza, #400
Houston, TX 77046

APR 1 5 2004

OIL CONSERVATION
 DIVISION

COMPLETE THIS SECTION ON DELIVERY

A. Received (Please Print Clearly) B. Date of Delivery
W. H. ... **4/7/04**
 C. Signature

 Agent Addressee
 Yes No
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7099 3220 0009 7873 1063

PS Form 3811, July 1999

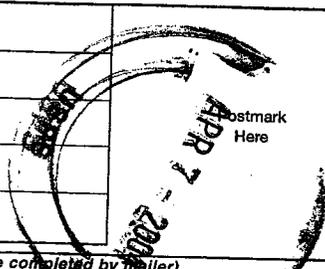
Domestic Return Receipt

OC
FD 13258

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Name (Please Print Clearly) (To be completed by mailer)
Inter-Continental Energy Inc.
 Street, Apt. No.; or PO Box No.
200 River Pointe Drive, Suite 200
 City, State, ZIP+4
Conroe, TX 77304

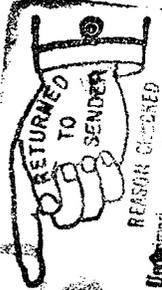
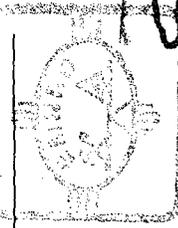
290T E292 6000 022E 6602

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

Name _____
First Name _____
Second Name _____
Return _____

Handwritten signature



REASON CHECKED
Undelivered _____
Addressed incorrectly _____
Postage insufficient _____

Inter-Continental Energy, Inc.
200 River Pointe Drive, Suite 200
[Redacted]

CERTIFIED MAIL

1087 7673 0009 3220 7171