

NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON
Governor

Joanna Prukop
Cabinet Secretary

Mark E. Fesmire, P.E.
Director
Oil Conservation Division

August 2, 2005

UHC New Mexico Corporation P.O.Box 1956 Cleburne, TX 76033

U.S. Specialty Insurance Company 13403 Northwest Freeway Houston, TX 77040

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Case No. 1898: Application of the New Mexico Oil Conservation Division for an Order Requiring UHC New Mexico Corporation to Properly Plug 186 Well(s), Authorizing the Division to Plug Said Wells and Ordering a Forfeiture of Applicable Plugging Bond; Chaves, Eddy and Roosevelt Counties, 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 186 well(s) located in Chaves, Eddy and Roosevelt Counties, New Mexico, specifically identified in said application.

A hearing on this application will take place before a Division hearing officer on Thursday, August 25, 2005, 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 \$175,000, No.B001075 issued by U.S. Specialty 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)-476-3450.

Very truly yours,

David K. Brooks Assistant General Counsel

SENDER: COMPLETE THIS SECTION 2. Article Number Houston, Article Addressed to: 'S Form 3811, August 2001 13403 Northwest Freeway Attach this card to the back of the mailpiece, Complete items 1, 2, and 3. Also complete (Transfer from service label) or on the front if space permits. so that we can return the card to you. Print your name and address on the reverse tem 4 if Restricted Delivery is desired. S Specialty Texas 77040 Insurance 7002 Domestic Return Receipt 3150 0004 4924 Co. A. Signature œ COMPLETE THIS SECTION ON DELIVERY Cx Certified Mail

Registered Insured Mail Service Type If YES, enter delivery address below: is delivery address different from item 1? Restricted Delivery? (Extra Fee) appeived by (Printed Name) Mayon 1127 ☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D. ç Date of Delivery 102595-02-M-1540 ☐ Agent☐ Addressee □ ¥ Yes

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