



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON

Governor

Joanna Prukop
Cabinet Secretary

July 17, 2003

Lori Wrotenbery

Director

Oil Conservation Division

IT Properties
Attn: Wendell Chen
3502 Yachtclub Ct, Suite 100
Arlington, TX 76106

Gulf Insurance Company
125 Broad Street
8th Floor
New York, NY 10004

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Case No. 13128: Application of the New Mexico Oil Conservation Division for an Order Requiring IT Properties to Properly Plug Two (2) Well(s), Imposing Civil Penalties for Failure to Comply, Authorizing the Division to Plug Said Wells and Ordering a Forfeiture of Applicable Plugging Bond; Eddy 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 two (2) well(s) located in Eddy County, New Mexico, specifically identified in said application.

A hearing on this application will take place before a Division hearing officer on Thursday, August 7, 2003, 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 \$50,000, No.58-54-63 issued by Gulf 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.

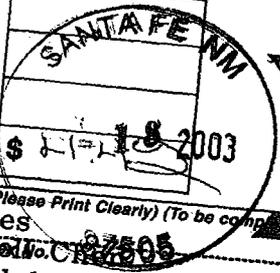
Very truly yours,

David K. Brooks
Assistant General Counsel

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

7000 0520 0021 6896 3096

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	1.18 2003



Recipient's Name (Please Print Clearly) (To be completed by addressee)
IT Properties
 Street No. Verbal No. CR# 7505
3502 Yachtclub Ct., Suite 100
 City, State, ZIP+4
Arlington, TX 76106

PS Form 3800, February 2000 See Reverse for Instructions

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:
IT Properties
Attn: Wendell Chen
3502 Yachtclub Ct., Suite 100
Arlington, TX 76106

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **W. CHEN** B. Date of Delivery **7/25/03**
 C. Signature *[Signature]* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

Article Number (Copy from service label)
7000 0520 0021 6896 3096
 Form 3811, July 1999

Domestic Return Receipt

OCD
 13128

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

927E 9699 T200 0250 0007

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1.50



Recipient's Name (Please Print Clearly) (To be completed by mailer)
Gulf Insurance Company
 125 Broad Street
 8th Floor
 New York, NY 10004
 PS Form 3800, February 2000 See Reverse for Instructions

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:
Gulf Insurance Company
125 Broad Street
8th Floor
New York, NY 10004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **E G JONES** B. Date of Delivery

C. Signature **[Signature]** Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

OCD
 13128

2. A
 PS F