

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

7000 0520 0021 6896 2594

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$

Postmark Here  
 FEB 19 2003  
 87503

Recipient's Name (Please Print Clearly) (To be completed by mailer)  
**Am-Bett Oil Company, Inc.**  
**676 Cecil Strasner**  
**01 N. Jefferson**  
**Hobbs, NM 88240**

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.

Article Addressed to:  
**Am-Bett Oil Company, Inc.**  
**676 Cecil Strasner**  
**01 N. Jefferson**  
**Hobbs, NM 88240**

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
*[Signature]*
- B. Received by (Printed Name)  
**CECIL STRASNER**
- C. Date of Delivery  
**2-25-03**
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below

**FEB 26 2003**

**OIL CONSERVATION  
 DIVISION**

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  
 (Transfer from service label) **7000 0520 0021 6896 2594**  
 PS Form 3811, August 2001  
 Domestic Return Receipt

OCO  
 13026 102595-01-M-2509

7000 0520 0021 6896 2587

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

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

Postmark Here

**Recipient's Name (Please Print Clearly) (To be completed by mailer)**  
 Am-Bett Oil Company, Inc.  
 Street, Apt. No.; or PO Box No.  
 1214 W. Broadway  
 City, State, ZIP+4  
 Hobbs, NM 88240

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:  
 Am-Bett Oil Company, Inc.  
 1214 W. Broadway  
 Hobbs, NM 88240

2. Article Number  
 (Transfer from service label)

7000 0520 0021 6896 2587

PS Form 3811, August 2001

Domestic Return Receipt

**COMPLETE THIS**

A. Signature  
 B. Received by (Full Name)  
 C. Is delivery restricted?  
 If YES, enter date

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
 4. Restricted Delivery

7000 0520 0021 6896 2617

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

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

Postmark Here

**Recipient's Name (Please Print Clearly) (To be completed by mailer)**  
 Ohio Casualty Insurance Company  
 Street, Apt. No.; or PO Box No.  
 9450 Seward Road  
 City, State, ZIP+4  
 Fairfield, Ohio 450414-5456

**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:  
 Ohio Casualty Insurance Company  
 9450 Seward Road  
 Fairfield, Ohio 450414-5456

2. Article Number  
 (Transfer from service label)

7000 0520 0021 6896 2617

PS Form 3811, August 2001

Domestic Return Receipt

**COMPLETE THIS**

A. Signature  
 B. Received by (Full Name)  
 C. Is delivery restricted?  
 If YES, enter date

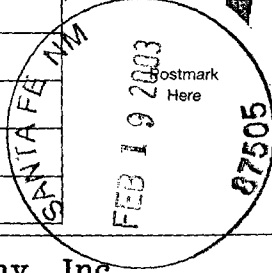
3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
 4. Restricted Delivery

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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



Sent To

**Am-Bett Oil Company, Inc.**

Street, Apt. No., or PO Box No.

**P. O. Drawer 1589**

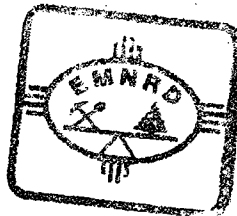
City, State, ZIP+4

**Hobbs, NM 88241-1589**

PS Form 3800, May 2000

See Reverse for Instructions

STATE OF NEW MEXICO  
ENERGY MINERALS AND  
NATURAL RESOURCES DEPARTMENT  
1220 SOUTH SAINT FRANCIS DRIVE  
SANTA FE, NEW MEXICO 87505



NOT DELIVERABLE AS  
ADDRESSED-UNDELIVERABLE  
TO FORWARD

Am-Bett Oil Company, Inc;  
P.O. Drawer 1589  
Hobbs, NM 88241-1589



2-21-03

**CERTIFIED MAIL**



# NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

**BILL RICHARDSON**

Governor

**Joanna Prukop**

Cabinet Secretary

February 18, 2003

**Lori Wrotenbery**

Director

**Oil Conservation Division**

Am-Bett Oil Company, Inc;  
P.O. Drawer 1589  
Hobbs, NM 88241-1589

Am-Bett Oil Company, Inc.  
1214 W. Broadway  
Hobbs, NM 88240

Am-Bett Oil Company, Inc.  
c/o Cecil Strasner  
2701 N. Jefferson  
Hobbs, NM 88240

Ohio Casualty Insurance Company  
9450 Seward Road  
Fairfield, Ohio 450414-5456

**VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

**Re: Case No. 13026 : Application of the New Mexico Oil Conservation Division through the Environmental Bureau Chief to Revoke the Permit of Am-Bett Oil Company, Inc. to Operate an Oil Treatment Plant; Lea 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 to rescind the authority of Am-Bett Oil Company, Inc. to operate an oil treatment facility in Lea County, New Mexico, specifically identified in said application.

A hearing on this application will take place before a Division hearing officer on Thursday, March 13, 2002, at 8:15 a.m., in the Division Hearing Room, 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 \$10,000, No.1-925-821-5 issued by Ohio Casualty 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,

A handwritten signature in cursive script, reading "David K. Brooks", followed by a horizontal flourish line.

David K. Brooks  
Assistant General Counsel