



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Jennifer A. Salisbury
Cabinet Secretary

Lori Wrotenbery
Director
Oil Conservation Division

FINAL NOTICE

CERTIFIED MAIL

DECEMBER 26, 2000

THORNTON HOPPER
P.O. BOX 953
MIDLAND, TX 79701

OCD

24

12733

RE: INACTIVE NON-COMPLIANCE WELLS

The Oil Conservation Division (OCD) currently is addressing all inactive non-compliance wells as a top priority statewide project. A mass mail out was made on May 11, 2000 requesting information from each operator that had inactive wells. A second mail out was made on September 8, directing each operator as part of this project to provide additional information based on how they had responded to the May 11, 2000 letter.

By copy of this letter, the OCD director is requested to schedule a "Show Cause Hearing" to allow you the opportunity to appear and to show way a shut in order, order to plug and abandon all inactive non-compliance wells and/or to call for the forfeiture of your statewide bond is not issued. If your bond is called you can no longer operate in the State of New Mexico.

The "Show Cause Hearing" will be stayed if an aggressive plan being detailed and specific as to type of work and time frame to bring all non-compliance wells into compliance is received in this office within 30 days of receipt of this letter.

Attached is the latest (11/16/00) OCD list of inactive non-compliance wells for your company.

TIM W. GUM

DISTRICT II SUPERVISOR
OIL CONSERVATION DIVISION

XC: LORI WROTENBERY ---- DIRECTOR
OCD ATTORNEY
ATTACHMENT

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:

THORNTON HOPPER
PO BOX 953
MIDLAND TX 79701-0953

COMPLETE THIS SECTION ON THE REVERSE

A. Received by (Please Print Clearly) _____ B. Date of Delivery 1-2-01

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

2. Article Number (Copy from service label)
7000 0600 0026 1537 0175

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

THORNTONHOPPERINACT111600.XIS

API #	Type	Last Production/ Injection	Well Name and Number	ULSTR	FNS	FEW
30-015-00382	O	12-1992	BRADLEY FEDERAL #005	P-11-24S-26E	990S	990E
30-015-00383	O	12-1992	BRADLEY FEDERAL #008	K-11-24S-26E	1650S	1650E
30-015-00386	S	NONE	BRADLEY FEDERAL #006	I-11-24S-26E	1650S	990E
30-015-00387	O	12-1992	BRADLEY FEDERAL #002	P-11-24S-26E	330S	330E
30-015-00391	O	01-1989	BRADLEY FEDERAL #001	D-13-24S-26E	330N	330W

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

Postage \$.33

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ 2.98

Postmark Here _____

Recipient's Name (Please Print Clearly) (to be completed by mailer)
THORNTON HOPPER
 Street, Apt. No., or PO Box No.
PO BOX 953
 City, State, ZIP+4
MIDLAND TX 79701-0953

5270 2657 9200 0090 0002