

**CERTIFIED - RETURN
RECEIPT REQUESTED**

Rhonda Operating Co.
500 North Loraine
Suite 1000
Midland, Tx. 79701

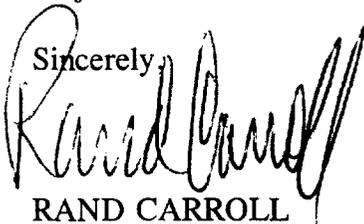
American Employers' Insurance
One Beacon St.
Boston, Ma 02018

Re: State 29 Well No. 2, located in Unit H. Section 29,
Township 8 South, Range 33 East, Chaves County;
\$50,000 Plugging Bond AR 71360-30

Gentlemen:

Enclosed are copies of the application for, and advertisement of, the Examiner Hearing to be held on Thursday, January 11, 1996, at 8:15 a.m. in the Oil Conservation Division Hearing Room, 2040 S. Pacheco, Santa Fe, New Mexico. Case 11448 concerns the above-captioned subject matter.

Sincerely,



RAND CARROLL
Legal Counsel

RC/dr
enclosure

Z 765 962 533



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
RHONDA OPERATING CO.	
500 N LORAIN, STE 1000	
P.O., State and ZIP Code	
MIDLAND, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

Fold at line over top of envelope to the right of the return address.

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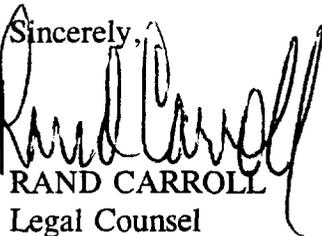
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PS Form 3800, March 1993

Sent to AMERICAN EMPLOYERS' INSURANCE	
ONE BEACON ST.	
P.O., State, and ZIP Code BOSTON, MA 02018	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to the right of the return address.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RHONDA OPERATING CO
500 NO. LORAIN, STE 1000
MIDLAND, TX. 79701

4a. Article Number

Z 765 962 533

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

12-27-95

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Debi Rowson*

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**AMERICAN EMPLOYERS' INSURANCE
ONE BEACON ST.
BOSTON, MA 02018**

4a. Article Number

Z 765 962 534

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Handwritten Signature]*

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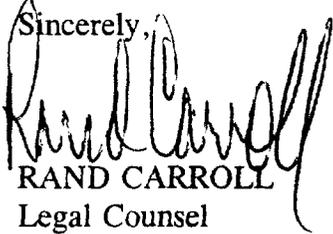
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