NEW MEXICO OIL CONSERVATION DIVISION
2040 SOUTH PACHECO
SANTA FE, NM 87505

FEBRUARY 16, 1996

Certified Mail
Return Receipt Requested

Schwatz Carbonic Company
P.O. Box 9737
El Paso, TX 79987

Federal Insurance Company
15 Mountain View Road
Warren, NJ 07059
RE: Bond No. 8077 8509

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
OCD EXHIBIT NO. 3
CASE NO. 11487

RE: OCD Case No. 11487
Application of the New Mexico Oil Conservation Division for a Show Cause Hearing requiring Schwartz Carbonic Company to appear and show cause why the De Baca Well No. 2 located in Unit B of Sec.31, T20N, R31E, Harding Co., NM should not be plugged and abandoned

Dear Sir/Madam:

This letter is to advise you that the New Mexico Oil Conservation Division has filed the enclosed application seeking a Show Cause Hearing requiring Schartz Carbonic Company to appear and show cause why it should not be ordered to plug and abandon the above-referenced well.

This application has been set for hearing before an Examiner of the Oil Conservation Division on March 7, 1996. You are not required to attend this hearing, but as an owner of an interest that may be affected by an order issued in this case, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90--- Enclosed) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,

RAND CARROLL
ATTORNEY FOR THE NEW MEXICO OIL CONSERVATION DIVISION
Enclosures

1

P 326 937 112

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
FEDERAL INSURANCE CO.
Street & Number
15 MOUNTAIN VIEW ROAD
Post Office, State, & ZIP Code
WARREN, NJ 07059

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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

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 Addres
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SCHWARTZ CARBONIC COMPANY]
PO BOX 9737
EL PASO, TX 79987

4a. Article Number
P 326 937 111

4b. Service Type
☐ Registered ■ Certifi
☐ Express Mail ☐ Insure
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
FEB 20 1995

5. Received By: *(Print Name)* Bruno Aragon

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 Domestic Return Rece

Is your RETURN ADDRESS completed on the reverse side?

P 326 937 111

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
SCHWARTZ CARBONIC COMPANY
Street & Number
PO BOX 9737
Post Office, State, & ZIP Code
EL PASO, TX 79987

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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

(2)

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 Addre
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FEDERAL INSURANCE CO.
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07059

4a. Article Number
P 326 937 112

4b. Service Type
☐ Registered ■ Certif
☐ Express Mail ☐ Insur
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
FEB 21 199

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 Domestic Return Rec

Is your RETURN ADDRESS completed on the reverse side?