

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

CASE NO. 13363: APPLICATION OF THE NEW MEXICO OIL CONSERVATION DIVISION, THROUGH THE SUPERVISOR OF DISTRICT I, FOR AN ORDER REQUIRING GREKA AM, INC. TO BRING SIX WELLS INTO COMPLIANCE WITH 19.15.4.201 NMAC, ASSESSING APPROPRIATE CIVIL PENALTIES, AND AUTHORIZING THE DIVISION TO PLUG SAID WELLS AND FORFEIT THE APPLICABLE SECURITY IN DEFAULT OF COMPLIANCE BY THE OPERATOR; LEA COUNTY, NEW MEXICO.

CASE NO. 13363

CERTIFICATE OF NOTICE

In accordance with Division Rule 1207 (19.15.14.1207 NMAC) I hereby certify that notice of the original October 21, 2004 hearing setting in the above-captioned case, with a copy of the application, was mailed to the following by certified mail, return receipt requested, at least 20 days prior to that hearing date:

Greka Am, Inc.
6527 Dominion Road
Santa Maria, CA 93454 Certified Mail No: 7099 3220 0009 7873 1360

Greka AM, Inc.
3000 Wilcrest, Suite 220
Houston, TX 77042 Certified Mail No: 7099 3220 0009 7873 1377

Greka AM, Inc.
650 5th Ave, Suite 1501
c/o Greka Energy
New York, NY 10111 Certified Mail No: 7099 3220 0009 7873 1384

CT Corporation System
Registered agent for Greka AM, Inc.
123 E. Marcy
Santa Fe, NM 87501 Certified Mail No: 7099 3200 0009 7873 1391

Fidelity and Deposit Company of Maryland
3910 Keswick Road
Baltimore, MD 21211
Attn: Surety Service Center 5th Floor, Chesapeake Bldg. Certified Mail No.: 7099 3220 0009 7873 1353

A copy of the notice is "Attachment A" to this certificate.

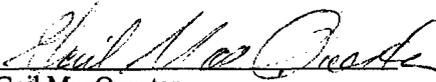
Copies of the certified mail receipts are "Attachment B" to this certificate.

Copies of return receipts from the following are "Attachment C" to this certificate:

Fidelity and Deposit Company
CT Corporation System (Registered Agent for Greka AM)

Greka AM, Inc. (at the Santa Maria, California address)

No return receipt was received from Greka AM at the New York or Texas addresses. Copies of the returned envelopes are "Attachment D" to this certificate.


Gail MacQuesten

SUBSCRIBED AND SWORN to before me this 12th day of November 2004.


Notary Public

My Commission Expires:

1-9-08

Fern Guye #1	API #30-025-34488	UL M, Section 5, T13S, R36E
Saba State #1	API #30-025-33726	UL I, Section 7, T13S, R36E
San Simon 5 State #1	API #30-025-27564	UL E, Section 5, T22S, R35E
San Simon 5 State #2	API #30-025-28480	UL G, Section 5, T22S, R35E

A copy of the Application is enclosed.

A hearing on this application will take place before a Division hearing officer on Thursday, October 21, 2004, 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. If you intend to present evidence at the hearing, you should file a pre-hearing statement at least four days in advance of the hearing, as required by 19.15.14.1208.B NMAC.

Greka Am, Inc. posted a \$50,000 blanket plugging bond, number 04128203, through Fidelity and Deposit Company of Maryland, to secure its obligation to plug and abandon the wells in compliance with Division rules. That security will be forfeited if an order is entered as requested in the attached application and that well is not brought into compliance with Division rules by the date set by the order.

Inquiries concerning this application may be directed to the undersigned in the Santa Fe office of the Division at (505) 476-3451.

Very truly yours,



Gail MacQuesten

Assistant General Counsel

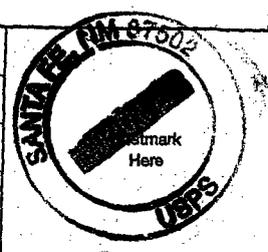
Ec: Chris Williams and Billy Prichard, District I

7099 3220 0009 7873 1377

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
Greka AM, Inc.

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



Name (Please Print Clearly) (To be completed by mailer)
Greka AM, Inc.
Street, Apt. No., or PO Box No.
3000 Wilcrest, Suite 220
City, State, ZIP+4
Houston, TX 77042

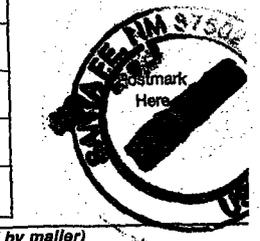
PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0009 7873 1377

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
CT Corporation System
(Registered Agent for **Greka AM, Inc.**)

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



Name (Please Print Clearly) (To be completed by mailer)
CT Corporation System
Street, Apt. No., or PO Box No.
125 E., Marcy
City, State, ZIP+4
Santa Fe, NM 87501

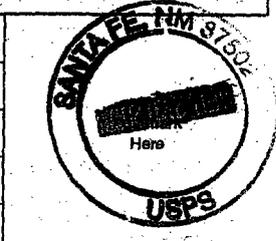
PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0009 7873 1366

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
Greka AM, Inc

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



Name (Please Print Clearly) (To be completed by mailer)
Greka Am, Inc
Street, Apt. No., or PO Box No.
6527 Dominion Road
City, State, ZIP+4
Santa Maria, CA 93454

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0009 7873 1366

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
Fidelity and Deposit Company of Maryland

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



Name (Please Print Clearly) (To be completed by mailer)
Fidelity and Deposit Company of Maryland
Street, Apt. No., or PO Box No.
3910 Keswick Road
City, State, ZIP+4
Baltimore, MD 21211

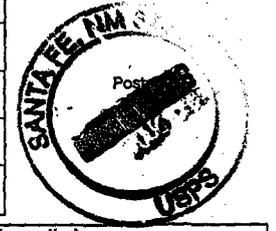
PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0009 7873 1384

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
Greka AM, Inc.

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



Name (Please Print Clearly) (To be completed by mailer)
Greka AM, Inc. C/O Greka Energy
Street, Apt. No., or PO Box No.
650 5th Ave., Suite 1501
City, State, ZIP+4
New York, NY 10011

PS Form 3800, July 1999 See Reverse for Instructions

Attachment B

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:
 Greka Am, Inc.
 6527 Dominion Road
 Santa Maria, CA 93454

A. Signature Agent Addressee
M. Velazquez
 B. Received by (Printed Name) Date of Delivery
 Mica Velazquez 10/8/04
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 (Transfer from service label) 7099 3220 0009 7873 1360

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:
 Fidelity and Deposit Company
 of Maryland
 3910 Keswick Road
 Baltimore, MD 21211

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 J. Atwood
 B. Received by (Printed Name) C. Date of Delivery
 J. ATWOOD 10/1/04
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 (Transfer from service label) 7099 3220 0009 7873 1353

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:
 CT Corporation System
 (Registered Agent for Greka AM)
 123 E. Marcy
 Santa Fe, NM 87501

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 D. Hernandez
 B. Received by (Printed Name) C. Date of Delivery
 D. Hernandez 10/1/04
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 (Transfer from service label) 7099 3220 0009 7873 1391

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

JA

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE
CERTIFIED MAIL

7099 3220 0009 7873 1377

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

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE
CERTIFIED MAIL

7099 3220 0009 7873 1384



NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
D. S. SCHATZ STA.
HOUSTON TX 77042-8998



RETURNED
Greka AM, Inc.
3000 Wilcrest, Suite 220
HOUSTON TX 77042 ADDRESSED
UNABLE TO FORWARD
D. S. SCHATZ STA.
HOUSTON, TX 77042-8998

7099 3220 0009 7873 1377



Marked left to address
 No such number
 Attempted Not known

Greka AM, Inc.
650 5th Ave, Suite 1501
c/o Greka Energy
New York, NY 10111

7099 3220 0009 7873 1384