



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Betty Rivera
Cabinet Secretary

November 14, 2002

Lori Wrotenbery
Director
Oil Conservation Division

Walter W. Anderson
P.O.Box 301
Caprock, NM 88213

American Employers' Insurance Company
One Beacon Street
Boston, MA 20108

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Case No. 2925: Application of the New Mexico Oil Conservation Division for an Order Requiring Walter W. Anderson to Properly Plug One (1) Well, Imposing Civil Penalties for Failure to Comply, Authorizing the Division to Plug Said Wells and Ordering a Forfeiture of Applicable Plugging Bond; Lea County, New Mexico

Dear Mr. Anderson:

You are hereby notified that the New Mexico Oil Conservation Division has filed the referenced Application, a copy of which is enclosed herewith, seeking an Order requiring you to properly plug and abandon One (1) well located 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, December 5, 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 \$5,000, No.A-R-71361-96 issued by American Employers' 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,


David K. Brooks
Assistant General Counsel

ec: Chris Williams, District Supervisor

**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 American Employers' Insurance Co.	
Street, Apt. No., or PO Box No. One Beacon Street	
City, State, ZIP+4 Boston, MA 20108	

EA06 LT25 T000 0152 T002

**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 Walter W Anderson	
Street, Apt. No., or PO Box No. PO Box 301	
City, State, ZIP+4 Caprock, NM 88213	

0916 LT25 T000 0152 T002

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.

2. Article Number:
(Transfer from service label) **7001 2510 0001 5217 9023**

PS Form 3811, August 2001 Domestic Return Receipt

1. Article Addressed to:
American Employers' Insurance Co.
One Beacon Street
Boston, MA 20108

COMPLETE THIS SECTION ON DELIVERY

RECEIVED
DEC 02 2002

A. Signature Agent
X *Alice Anderson* Addressee

B. Received by (Printed Name) **Alice Anderson**

C. Date of Delivery **11-29-02**

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

102595-01-M-2508

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:
Walter W. Anderson
PO BOX 301
Caprock, NM 88213

COMPLETE THIS SECTION ON DELIVERY

RECEIVED
NOV 26 2002

A. Signature Agent
X *Ronald Garter* Addressee

B. Received by (Printed Name) **RONALD GARTER**

C. Date of Delivery **11-26-02**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
One Beacon St
One Beacon St
Boston MA 02108

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)

7001 2510 0001 5217 9160

Case 12975