



# NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

**BILL RICHARDSON**

Governor

**Joanna Prukop**

Cabinet Secretary

Jamar, Inc;

P.O. Box 717

Hobbs, NM 88240

February 18, 2003

**Lori Wrotenbery**

Director

**Oil Conservation Division**

Jamar, Inc.

c/o Charles A. Robinson, Jr.

2620 N. Albertson

Hobbs, NM 88240

Amwest Surety Insurance Company

Attn: Clark Cameron

In care of Sunrise Claims Handling

5230 Las Virgenes Road

Calabasas, CA 91302

## **VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

**Re: Case No. 13027 : Application of the New Mexico Oil Conservation Division through the Environmental Bureau Chief to Revoke the Permit of Jamar, Inc. to Operate an Oil Treatment Plant; Lea County, New Mexico**

Ladies and Gentlemen:

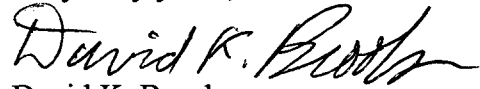
You are hereby notified that the New Mexico Oil Conservation Division has filed the referenced Application, a copy of which is enclosed herewith, seeking to rescind the authority of Jamar, Inc. to operate an oil treatment facility in Lea County, New Mexico, specifically identified in said application.

A hearing on this application will take place before a Division hearing officer on Thursday, March 13, 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 \$25,000, No. 1135611 issued by Amwest Surety 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,

A handwritten signature in cursive script, reading "David K. Brooks". The signature is fluid and stylized, with the first letters of each word being capitalized and prominent.

David K. Brooks  
Assistant General Counsel

7000 0520 0021 6896 2624

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**Recipient's Name (Please Print Clearly) (To be completed by addressee)**  
**Jamar, Inc.**

**Street, Apt. No., or PO Box No.**  
**P. O. Box 717**

**City, State, ZIP+4**  
**Hobbs, NM 88240**

PS Form 3800, February 2000 See Reverse for Instructions

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**Jamar, Inc.**  
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**Hobbs, NM 88240**

2. Article Number  
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<b>Total Postage &amp; Fees</b>	<b>\$</b>	

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**Recipient's Name (Please Print Clearly) (To be completed by addressee)**  
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**c/o Sunrise Claims Handling**

**City, State, ZIP+4**  
**5230 Las Virgenes Road**

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**Attn: Clark Cameron**  
**c/o Sunrise Claims Handling**  
**5230 Las Virgenes Road**  
**Calabasas, CA 91302**

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**COMPLETE THIS SECTION**

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**X Mark Hampe**

B. Received by (Printed Name)  
**MARK HAMPE**

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