

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

7000 0520 0021 6896 2594

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



Recipient's Name (Please Print Clearly) (To be completed by mailer)
Am-Bett Oil Company, Inc.
 Street, Apt. No., or P.O. Box No.
676 Cecil Strasner
 City, State, ZIP+4[®]
Hobbs, NM 88240

PS Form 3800, February 2000

See Reverse for Instructions

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.

Article Addressed to:
Am-Bett Oil Company, Inc.
676 Cecil Strasner
676 N. Jefferson
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]
 Agent
 Addressee

B. Received by (Printed Name)
CECIL STRASNER

C. Date of Delivery
2-25-03
 Yes
 No

D. Is delivery address different from item 1? If YES, enter delivery address below.

FEB 26 2003

OIL CONSERVATION DIVISION

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
4. Restricted Delivery? (Extra Fee)
 Yes

Article Number
 (Refer from service label) **7000 0520 0021 6896 2594**
 Date: **August 2001**

Domestic Return Receipt

OCO
 13026 102595-01-M-2509

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0021 6896 2587

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Am-Bett Oil Company, Inc.
 Street, Apt. No.; or PO Box No.
 1214 W. Broadway
 City, State, ZIP+4
 Hobbs, NM 88240
 PS Form 3800, February 2000 See Reverse for Instructions

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:
 Am-Bett Oil Company, Inc.
 1214 W. Broadway
 Hobbs, NM 88240

2. Article Number (Transfer from service label) **7000 0520 0021 6896 2587**

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS

A. Signature

 B. Received by (Full Name)

 C. Is delivery address correct?
 If YES, enter date of delivery
 F

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 4. Restricted Delivery

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0021 6896 2617

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Ohio Casualty Insurance Company
 Street, Apt. No.; or PO Box No.
 9450 Seward Road
 City, State, ZIP+4
 Fairfield, Ohio 450414-5456

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:
 Ohio Casualty Insurance Company
 9450 Seward Road
 Fairfield, Ohio 450414-5456

2. Article Number (Transfer from service label) **7000 0520 0021 6896 2617**

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS

A. Signature

 B. Received by (Full Name)

 C. Is delivery address correct?
 If YES, enter date of delivery
 RECI FEB 2

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 4. Restricted Delivery

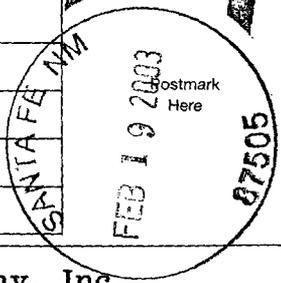
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

6915
7524
7524
9000
0670
0000
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OFFICIAL USE

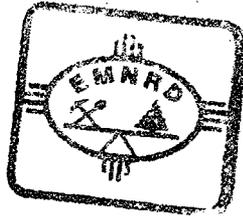
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Am-Bett Oil Company, Inc.
Street, Apt. No., or PO Box No.
P. O. Drawer 1589
City, State, ZIP+4
Hobbs, NM 88241-1589

PS Form 3800, May 2000 See Reverse for Instructions

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



**NOT DELIVERABLE AS
ADDRESSED - UNDELIVERABLE
TO FORWARD TO**

*Bar 47505
2-21-03*

2-21-03

CERTIFIED MAIL

Am-Bett Oil Company, Inc;
P.O. Drawer 1589
Hobbs, NM 88241-1589

OP



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON

Governor

Joanna Prukop

Cabinet Secretary

February 18, 2003

Lori Wrotenbery

Director

Oil Conservation Division

Am-Bett Oil Company, Inc;
P.O. Drawer 1589
Hobbs, NM 88241-1589

Am-Bett Oil Company, Inc.
1214 W. Broadway
Hobbs, NM 88240

Am-Bett Oil Company, Inc.
c/o Cecil Strasner
2701 N. Jefferson
Hobbs, NM 88240

Ohio Casualty Insurance Company
9450 Seward Road
Fairfield, Ohio 450414-5456

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Case No. 13026 : Application of the New Mexico Oil Conservation Division through the Environmental Bureau Chief to Revoke the Permit of Am-Bett Oil Company, 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 Am-Bett Oil Company, 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 \$10,000, No.1-925-821-5 issued by Ohio Casualty 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 black ink that reads "David K. Brooks". The signature is written in a cursive style with a long horizontal flourish extending to the right.

David K. Brooks
Assistant General Counsel