

U.S. Postal Service

Case 12570

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0021 3771 3745

000

Postage

SANTA FE
JAN 22 2003
\$87505

RECEIVED

Certified Fee

Return Receipt Fee
(Endorsement Required)

JAN 22 2003

JAN 22 2003
Postmark Here

Restricted Delivery Fee
(Endorsement Required)

OIL CONSERVATION

Total Postage & Fees

DIVISION

Recipient's Name (Please Print Clearly) (To be completed by mailer)

ORBIT Enterprises

Street, Apt. No.; or PO Box No.

PO Box 311

City, State, ZIP+ 4

Tatum, NM 88267

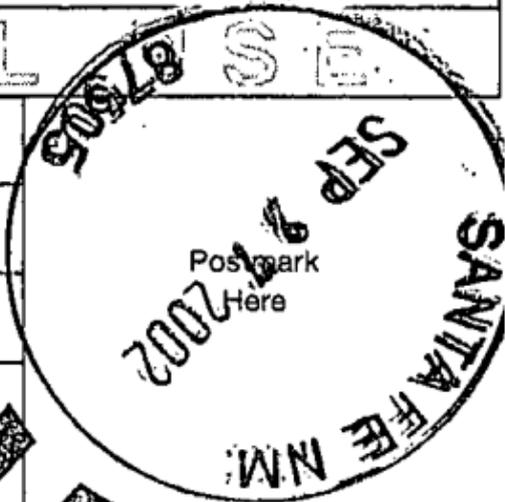
U.S. POSTAL SERVICE

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Handwritten initials or marks.

OFFICIAL RECEIPT



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

Sent To

Orbit Enterprises

Street, Apt. No.,
or PO Box No.

PO Box 311

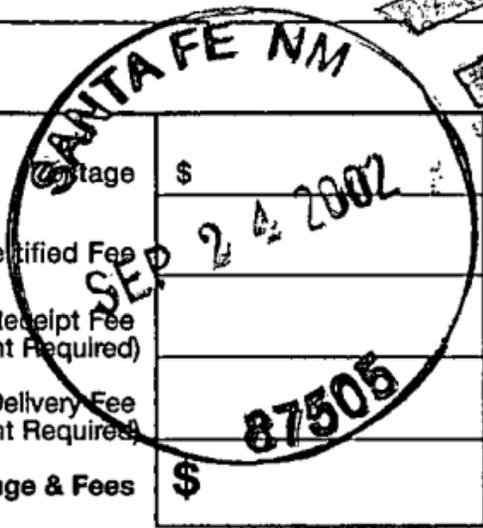
City, State, ZIP+4

7001 2510 0001 5217 9252

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

12951

7000 0520 0021 6896 4482



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

SEP 24 2002
87505

Postmark
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Orbit Enterprises

Street, Apt. No.; or PO Box No.

PO Box 311

City, State, ZIP+ 4

Tatum, NM 88267

Is **POSTAL ADDRESS** completed on the reverse side?

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 Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Orbit Enterprises
P.O. Box 311
Tatum, NM 88267

4a. Article Number

7001 2510 0001 5217 9252

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

10-01-02

5. Received By: (Print Name)

Francis Coeas

6. Signature: (Addressee or Agent)

X 

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

Thank you for using Return Receipt Service.

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:

Orbit Enterprises
PO Box 311
Tatum, NM 88267

2. Article Number

(Transfer from service label)

7000 0520 0021 6896 4482

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent AddresseeB. Received by (*Printed Name*)

Francis Cervantes

C. Date of Delivery

9-30-02

D. Is delivery address different from item 1? YesIf 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

Domestic Return Receipt

102595-01-M-250

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:

Orbit Enterprises
P.O. Box 311
Tatum, NM 88267

2. Article Number

7000 0520 0021 3771 7545

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x April Cuevas

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

April Cuevas

C. Date of Delivery

1-27-03

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

JAN 29 2003

OIL CONSERVATION

3. Service Type **DIVISION**

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON

Governor

Joanna Prukop
Cabinet Secretary

January 22, 2003

Lori Wrotenbery

Director

Oil Conservation Division

Orbit Enterprises
P.O. Box 311
Tatum, NM 88267

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Case No. 12951: Application of the New Mexico Oil Conservation Division for an Order Requiring Orbit Enterprises to Properly Plug Two (2) Wells, Imposing Civil Penalties for Failure to Comply, Authorizing the Division to Plug Said Wells and Ordering a Forfeiture of Applicable Plugging Security; Roosevelt County, New Mexico

Ladies and Gentlemen:

You are hereby notified that on January 17, 2003, the New Mexico Oil Conservation Division enter the enclosed order directing you to properly plug your State BA Well No. 1 (API No. 30-041-10003), and your State BA Well No. 2 (API No. 30-041-20048), both in Roosevelt County, New Mexico by February 21, 2003. Failure to comply with this order may result in assessment of civil penalties.

You should contact Bill Prichard in the Hobbs district office of the Oil Conservation Division, at 505-393-6161, ext, 107, prior to commencing work, to obtain the approved procedure and to file your form C-103 Notice of Intent.

You may appeal this order by filing an application for review by the Oil Conservation Commission within thirty (30) days from the date of the enclosed order.

Very truly yours,

David K. Brooks
Assistant General Counsel

ec: Chris Williams, OCD Hobbs