

P 326 937 112

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to FEDERAL INSURANCE CO.	
Street 15 MOUNTAIN VIEW ROAD	
Post Office, State, & ZIP Code WARREN, NJ 07059	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address, leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you don't want this receipt postmarked, stick the gummed stub to the right of the return address for the article, date, detach, and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make an inquiry.

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US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to SCHWARTZ CARBONIC COMPANY	
Street & Number PO BOX 9737	
Post Office, State, & ZIP Code EL PASO, TX 79987	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800 April 1995

Fold at line over top of envelope to

Stick postage stamps to make it easier to return. Additional postage is required for return charges for any selected optional return services.

1. If you want this receipt postmarked, ask for a stamp at the time of purchase. The address leaving this receipt attached, and placed in the return window, will allow you to return it to your local carrier (USPS or FedEx).
2. If you do not want a postage stamp, sign your return address on the return address of the article, date, clearly, and return the receipt to your carrier.
3. If you want a return receipt, write the certified track number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to the article a postage meter or return **RETURN RECEIPT REQUEST** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized recipient, or an addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the appropriate boxes to show that Form 3811 is used.
6. Save this receipt and proof of purchase for your records.

Is your RETURN ADDRESS completed on 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:

**FEDERAL INSURANCE CO.
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07059**

4a. Article Number

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4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

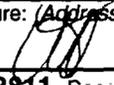
FEB 21 1996

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X



Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

● Print your name, address, and ZIP Code in this box ●
SANTA FE 87505
LEGAL DIVISION
OIL CONSERVATION DIVISION
2040 SO. PACHECO
SANTA FE, NEW MEXICO 87505

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Is your RETURN 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:

SCHWARTZ CARBONIC COMPANY]
PO BOX 9737
EL PASO, TX 79987

5. Received By: (Print Name)
HERNAN A. AGUIRRE

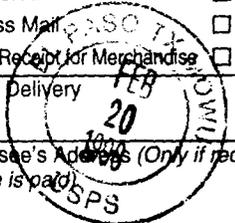
6. Signature: (Addressee or Agent)
[Signature]

4a. Article Number
P 326 937 111

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
FEB 20 1994

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



Thank you for using Return Receipt Service.

NEW MEXICO OIL CONSERVATION DIVISION
2040 SOUTH PACHECO
SANTA FE, NM 87505

FEBRUARY 16, 1996

Certified Mail
Return Receipt Requested

Schwartz Carbonic Company
P.O. Box 9737
El Paso, TX 79987

Federal Insurance Company
15 Mountain View Road
Warren, NJ 07059
RE: Bond No. 8077 8509

RE: OCD Case No. 11487
Application of the New Mexico Oil Conservation Division for a Show Cause Hearing
requiring Schwartz Carbonic Company to appear and show cause why the De Baca Well
No. 2 located in Unit B of Sec.31, T20N, R31E, Harding Co., NM should not be plugged
and abandoned

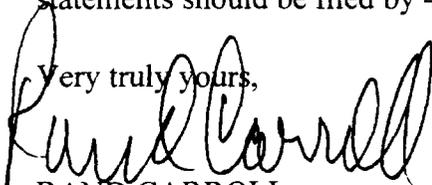
Dear Sir/Madam:

This letter is to advise you that the New Mexico Oil Conservation Division has filed the enclosed application seeking a Show Cause Hearing requiring Schartz Carbonic Company to appear and show cause why it should not be ordered to plug and abandon the above-referenced well.

This application has been set for hearing before an Examiner of the Oil Conservation Division on March 7, 1996. You are not required to attend this hearing, but as an owner of an interest that may be affected by an order issued in this case, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90--- Enclosed) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



RAND CARROLL

ATTORNEY FOR THE NEW MEXICO OIL CONSERVATION DIVISION

Enclosures