

OCD

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12733

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

September 8, 2000

8672  
GENERAL MINERALS CORP  
4133 N LINCOLN BLVD  
OKLAHOMA CITY, OK 73105

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

7000 0600 0026 1537 2032

Postage	\$ .33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

Postmark:  
Here

**Recipient's Name** (Please Print Clearly) (to be completed by mailer)  
GENERAL MINERALS CORP

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Street, Apt. No., or PO Box No.  
4133 N LINCOLN BLVD.

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City, State, ZIP+4  
OKLAHOMA CITY, OK 73105

PS Form 3800, February 2000 See Reverse for Instructions

**Re: Current Status of Oil and Gas Wells**

In May of this year, the Oil Conservation Division ("Division") sent a letter to you setting forth the Division's information on wells for which you are the operator of record. The letter requested a response with additional information. The Division has had no response to the letter. The Division presumes you agree with the information in the letter regarding your inactive wells.

The wells have not shown production or been reported on Form C-115 for more than one year. The wells are not in compliance with the Division's rules and the New Mexico Oil and Gas Act.

You are hereby directed to bring these wells into compliance within 60 days. In the alternative, within 30 days you may submit a compliance plan including a schedule of activities with dates.

Sincerely,

Tim Gum  
District Supervisor

**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:

GENERAL MINERALS CORP  
4133 N LINCOLN BLVD.  
OKLAHOMA CITY, OK 73105

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery 9/11/00
C. Signature X <i>Tim Gum</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
7000 0600 0026 1537 2032