



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Jennifer A. Salisbury
Cabinet Secretary

Lori Wrotenbery
Director
Oil Conservation Division

FINAL NOTICE

CERTIFIED MAIL

January 22, 2001
MARKS AND GARNER PRODUCTION
P.O. BOX 70
LOVINGTON, NM 88260

RE: INACTIVE NON-COMPLIANCE WELLS

Dear Link:

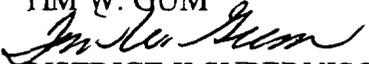
During our meeting of 12/13/00 it was stressed that the Oil Conservation Division (OCD) currently is addressing all inactive non-compliance wells as a top priority statewide project. A mass mail out was made on May 11, and September 8, 2000 requesting information from each operator that had inactive wells.

To date, I have not received the work plan as discussed during our meeting.

By copy of this letter, the OCD director is requested to schedule a "Show Cause Hearing" to allow you the opportunity to appear and to show way a shut in order, order to plug and abandon all inactive non-compliance wells and/or to call for the forfeiture of your statewide bond is not issued. If your bond is called you can no longer operate in the State of New Mexico.

The "Show Cause Hearing" will be stayed if an aggressive plan being detailed and specific as to type of work and time frame to bring all non-compliance wells into compliance is received in this office within 15 days of receipt of this letter.

Attached is the latest (11/16/00) OCD list of inactive non-compliance wells for your company a copy of which was given to you at our meeting.

TIM W. GUM

DISTRICT II SUPERVISOR
OIL CONSERVATION DIVISION

XC: LORI WROTENBERY ---- DIRECTOR
OCD ATTORNEY
ATTACHMENT

DISTRICT II SUPERVISOR	
OIL CONSERVATION DIVISION	
OCD	EXHIBIT NO. 33
CASE NO.	12757

API #	Type	Last Production/ Injection	Well Name and Number	ULSTR	FNS	FEW
30-015-02784	O	11-1992	CAVE POOL UNIT #001	O-33-16S-29E	660S	1780E
30-015-02892	O	04-1983	CAVE POOL UNIT #003	1-04-17S-29E	985N	987E
30-015-02880	O	11-1992	CAVE POOL UNIT #012	E-04-17S-29E	1980N	660E
30-015-02881	O	05-1983	CAVE POOL UNIT #014	G-04-17S-29E	1980N	1980E
30-015-02875	O	12-1985	CAVE POOL UNIT #016	E-03-17S-29E	1973N	330W
30-015-02893	O	06-1977	CAVE POOL UNIT #017	I-04-17S-29E	2310S	660E
30-015-02886	O	11-1992	CAVE POOL UNIT #019	K-04-17S-29E	1980S	1880W
30-015-02906	O	12-1992	CAVE POOL UNIT #022	J-05-17S-29E	1980S	1980E
30-015-02897	S	03-1998	CAVE POOL UNIT #027	P-05-17S-29E	990S	990E
30-015-02891	O	11-1992	CAVE POOL UNIT #030	O-04-17S-29E	990S	2310E
30-015-02927	O	06-1977	CAVE POOL UNIT #032	A-09-17S-29E	660N	660E
30-015-02926	O	02-1975	CAVE POOL UNIT #041	E-08-17S-29E	1650N	330W
30-015-02903	I	07-1994	CAVE POOL UNIT #051	L-05-17S-29E	1650S	990W
30-015-02912	I	12-1992	CAVE POOL UNIT #053	H-07-17S-29E	1650N	330E
30-015-23341	G	04-1992	MOSLEY SPRING 32 STATE COM #002	N-32-23S-25E	660S	2030W
30-015-25090	O	NONE	RED TWELVE LEVERS FEDERAL #008Q	I-33-16S-29E	1980S	990E
30-015-25152	O	NONE	RED TWELVE LEVERS FEDERAL #012	D-33-16S-29E	660N	660W
30-015-24991	S	03-1998	RED TWELVE STATE #004	O-05-17S-29E	990S	2310E
30-015-25055	O	01-1985	RED TWELVE STATE #006	K-05-17S-29E	2310S	1650E
30-015-02889	O	11-1998	STATE #002	3-04-17S-29E	990N	1980W
30-015-24732	O	05-1989	THEOS STATE #001	G-05-17S-29E	1650N	1650E

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery LINDA MARKS 1-23</p> <p>C. Signature <input checked="" type="checkbox"/> Linda Marks <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MARKS & GARNER PRODUCTION PO BOX 70 LOVINGTON NM 88260</p>	<p>3. Service Type</p> <p><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.</p>
<p>2. Article Number (Copy from service label) 7000 0600 0026 1537 1820</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service	
* CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Postage	\$.34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74
Postmark Here	
<p>Recipient's Name (Please Print Clearly) (to be completed by mailer) MARKS & GARNER PRODUCTION</p> <p>Street, Apt. No., PO Box No. PO BOX 70</p> <p>City, State, ZIP+4[®] LOVINGTON NM 88260</p>	
<p>PS Form 3800, February 2000 See Reverse for Instructions</p>	

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