

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

September 8, 2000

3322
C F M OIL CO
PO BOX 1176
ARTESIA, NM 88210

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

BEFORE EXAMINER STOONER	
OIL CONSERVATION DIVISION	
<u>OCD</u>	EXHIBIT NO. <u>51</u>
CASE NO. <u>12811</u>	

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

September 8, 2000

3420
C O FULTON
PO BOX 1121
ARTESIA, NM 88211

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.

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Tim Gum
District Supervisor

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. 	A. Received by (Please Print Clearly) <i>Judy Fu Hor</i>	B. Date of Delivery 9-12-00
1. Article Addressed to: CFM OIL CO PO BOX 1176 ARTESIA NM 88211-1176	C. Signature <i>Judy Fu Hor</i>	
2. Article Number (Copy from service label) 7000 0600 0026 1537 1400	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, July 1999	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) <input type="checkbox"/> Yes
Domestic Return Receipt 102595-00-M-0952		

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. 	A. Received by (Please Print Clearly) <i>DON DAVIDS</i>	B. Date of Delivery 11-00
1. Article Addressed to: CO FULTON PO BOX 1121 ARTESIA NM 88211-1121	C. Signature <i>Don Davids</i>	
2. Article Number (Copy from service label) 7000 0600 0026 1537 1394	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, July 1999	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) <input type="checkbox"/> Yes
Domestic Return Receipt 102595-00-M-0952		