

OIL CONSERVATION COMMISSION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

**LEGAL DIVISION
PHONE 827-2741**

October 31, 1967

**CERTIFIED - RETURN
RECEIPT REQUESTED**

**Hartford Accident & Indemnity Company
Surety Claim Department
P. O. Box 2226
Santa Fe, New Mexico**

Attention: Mr. James H. Russell, Resident Agent

**Re: F. D. Myers Milbourn Well No. 1, Unit C,
Section 11, Township 6 North, Range 7 East,
Torrance County, New Mexico, \$5,000 One-Well
Plugging Bond No. 38222509**

**F. D. Myers Smith-Face Well No. 1, Unit L,
Section 12, Township 6 North, Range 7 East,
Torrance County, New Mexico, \$5,000 One-Well
Plugging Bond No. 3221853**

Gentlemen:

Mr. J. E. Kapteina, Engineer and Oil & Gas Inspector, District 4, Oil Conservation Commission, Santa Fe, New Mexico, has advised this office that the above-described wells have been abandoned for a considerable length of time and should be plugged in accordance with Commission Rules and Regulations on or before January 1, 1968.

As Hartford Accident & Indemnity Company, as surety, has an obligation under its bonds, the cooperation of the Hartford Accident & Indemnity Company in seeing that the

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above-described wells are plugged within the prescribed period will be greatly appreciated by the Commission.

Mr. Kapteina must be contacted for an appropriate plugging program for each well and be given an opportunity to witness the plugging of the wells.

Very truly yours,

GEORGE M. HATCH
Attorney

GMH/esr

cc: Mr. J. E. Kapteina
Engineer and Oil & Gas Inspector
District 4, Oil Conservation Commission
P. O. Box 2088
Santa Fe, New Mexico

Mrs. Mable Myers
4218 East 3rd Street
Long Beach, California

Hartford Accident & Indemnity Company
Surety Claim Department
690 Asylum Avenue
Hartford, Connecticut

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INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom and when delivered Show to whom, when, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*

CERTIFIED NO.

635782

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

NOV 1 1967

SHOW WHERE DELIVERED *(only if requested)*

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom and when delivered Show to whom, when, and address where delivered Deliver ONLY to addressee
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RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*

CERTIFIED NO.

635784

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

NOV 2 1967

SHOW WHERE DELIVERED *(only if requested)*

No. 635782

RECEIPT FOR CERTIFIED MAIL—20¢

SENT TO Hartford Accident & Indemnity Co. Surety Claim Department		POST MARK OR DATE
STREET AND NO. P. O. Box 2226 Santa Fe, New Mexico		
CITY, STATE, AND ZIP CODE Attn: Mr. James H. Russell Resident Agent		
If you want a return receipt, check which <input type="checkbox"/> 10¢ shows to whom and when delivered <input type="checkbox"/> 35¢ shows to whom, when, and address where delivered		If you want delivery only to addressee, check here <input type="checkbox"/> 50¢ fee
FEEs ADDITIONAL TO 20¢ FEE		

10-31-67

POD Form 3800 July 1963 **NO INSURANCE COVERAGE PROVIDED—** (See other side)
NOT FOR INTERNATIONAL MAIL
 LETTER 10-31-67 F. D. Myers Wells

No. 635784

RECEIPT FOR CERTIFIED MAIL—20¢

SENT TO Hartford Accident & Indemnity Co. Surety Claim Department		POST MARK OR DATE
STREET AND NO. 690 Asylum Avenue		
CITY, STATE, AND ZIP CODE Hartford, Connecticut		
If you want a return receipt, check which <input type="checkbox"/> 10¢ shows to whom and when delivered <input type="checkbox"/> 35¢ shows to whom, when, and address where delivered		If you want delivery only to addressee, check here <input type="checkbox"/> 50¢ fee
FEEs ADDITIONAL TO 20¢ FEE		

10-31-67

POD Form 3800 July 1963 **NO INSURANCE COVERAGE PROVIDED—** (See other side)
NOT FOR INTERNATIONAL MAIL
 Copy - Letter 10-31-67 F.D. Myers wells