



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON

Governor

Betty Rivera

Cabinet Secretary

November 14, 2002

Lori Wrotenbery

Director

Oil Conservation Division

Walter W. Anderson
P.O.Box 301
Caprock, NM 88213

American Employers' Insurance Company
One Beacon Street
Boston, MA 20108

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Case No. K925 : Application of the New Mexico Oil Conservation Division for an Order Requiring Walter W. Anderson to Properly Plug One (1) Well, Imposing Civil Penalties for Failure to Comply, Authorizing the Division to Plug Said Wells and Ordering a Forfeiture of Applicable Plugging Bond; Lea County, New Mexico

Dear Mr. Anderson:

You are hereby notified that the New Mexico Oil Conservation Division has filed the referenced Application, a copy of which is enclosed herewith, seeking an Order requiring you to properly plug and abandon One (1) well located in Lea County, New Mexico, specifically identified in said application.

A hearing on this application will take place before a Division hearing officer on Thursday, December 5, 2002, at 8:15 a.m., in the Division Hearing Room, First Floor, 1220 South St. Francis Drive in Santa Fe, New Mexico. At that hearing you will have an opportunity to show cause why an order should not be entered as requested in the Application.

You posted a surety bond, in the amount of \$5,000, No.A-R-71361-96 issued by American Employers' Insurance Company. That security will be forfeited if an order is entered as requested in the attached application and you fail to comply therewith.

Inquiries concerning this application may be directed to the undersigned in the Santa Fe office of the Division at (505)-476-3450.

Very truly yours,


David K. Brooks
Assistant General Counsel

ec: Chris Williams, District Supervisor

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

OFFICIAL USE

Postage \$	RECEIVED SANTA FE NOV 5 2002 OIL CONSERVATION DIVISION	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Sent To American Employers' Insurance Co.		
Street, Apt. No., or PO Box No. One Beacon Street		
City, State, ZIP+4 Boston, MA 20108		

PS Form 3800, January 2001 See Reverse for Instructions

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

OFFICIAL USE

Postage \$	RECEIVED SANTA FE NOV 5 2002 OIL CONSERVATION DIVISION	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Sent To Walter W Anderson		
Street, Apt. No., or PO Box No. PO Box 301		
City, State, ZIP+4 Caprock, NM 88213		

PS Form 3800, January 2001 See Reverse for Instructions

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:

American Employers' Insurance Co.
One Beacon Street
Boston, MA 20108

2. Article Number:
(Transfer from service label) 7001 2510 0001 5217 9023
PS Form 3811, August 2001 Domestic Return Receipt 102506-01-M-2508

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Alice Anderson	<input type="checkbox"/> Agent
B. Received by (Printed Name) Alice Anderson	<input type="checkbox"/> Addressee
C. Date of Delivery 11-27-02	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DEC 02 2002

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
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102506-01-M-2508

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Walter W. Anderson
PO Box 301
Caprock, NM 88213

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Gerald Garter	<input type="checkbox"/> Agent
B. Received by (Printed Name) Gerald Garter	<input type="checkbox"/> Addressee
C. Date of Delivery 11-27-02	
D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, enter delivery address below: One Beacon St One Beacon St Boston MA 02108	

RECEIVED
NOV 26 2002
OIL CONSERVATION DIVISION

2. Article Number
(Transfer from service label)

7001 2510 0001 5217 9160