

NEW MEXICO OIL CONSERVATION DIVISION  
2040 SOUTH PACHECO  
SANTA FE, NM 87505

FEBRUARY 16, 1996

**Certified Mail**  
**Return Receipt Requested**

Walter J. Cambern dba Cambern & Associates Oil & Gas.  
Route 1, Box 501 A  
Amarillo, TX 79106

Sunwest Bank of Rio Arriba, N.A.  
PO Box 247  
Chama, NM 87520  
RE: Bond No. OCD-106

RE: OCD Case No. 11486

Application of the New Mexico Oil Conservation Division for a Show Cause Hearing requiring Walter J. Cambern dba Cambern & Associates Oil & Gas to appear and show cause why the Smith Well No. 1 located in Unit L of Sec.21, T31N, R3E, Rio Arriba, NM should not be plugged and abandoned

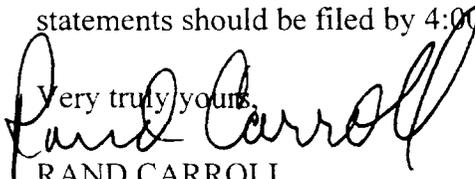
Dear Sir/Madam:

This letter is to advise you that the New Mexico Oil Conservation Division has filed the enclosed application seeking a Show Cause Hearing requiring Walter J. Cambern dba Cambern & Associates Oil & Gas to appear and show cause why it should not be ordered to plug and abandon the above-referenced well.

This application has been set for hearing before an Examiner of the Oil Conservation Division on March 7, 1996. You are not required to attend this hearing, but as an owner of an interest that may be affected by an order issued in this case, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90--- Enclosed) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



RAND CARROLL

ATTORNEY FOR THE NEW MEXICO OIL CONSERVATION DIVISION

Enclosures

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
OCD	EXHIBIT NO. 3
CASE NO.	11486

**ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT**

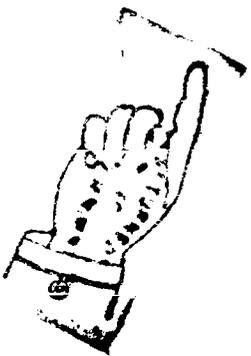
POST OFFICE DIVISION

**RECEIVED**

P 326 937 115

**RECEIVED**

**CERTIFIED - RETURN  
RECEIPT REQUESTED**



*WJ*  
*1/15/61*

WALTER J. CAMBERN  
DBA CAMBERN & ASSOCIATES OIL & GAS  
ROUTE 1, BOX 501 A  
AMARILLO, TX 79106

**NO SUCH STREET  
NUMBER**

Is your **RETURN ADDRESS** completed on the reverse side?

<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1 and/or 2 for additional services.</li> <li><input type="checkbox"/> Complete items 3, 4a, and 4b.</li> <li><input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you.</li> <li><input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li><input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li><input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
<p>3. Article Addressed to:</p> <p><b>WALTER J. CAMBERN DBA CAMBERN &amp; ASSOCIATES OIL &amp; GAS ROUTE 1, BOX 501 A AMARILLO, TX 79106</b></p>	<p>4a. Article Number</p> <p><b>P 326 937 115</b></p>	
	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>5. Received By: (Print Name)</p>	<p>7. Date of Delivery</p>	
<p>6. Signature: (Addressee or Agent)</p> <p><b>X</b></p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

PS Form 3811, December 1994

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First-Class Mail  
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Permit No. G-10

• Print your name, address, and ZIP Code in this box •

**LEGAL DIVISION  
OIL CONSERVATION DIVISION**  
2040 S. PACHECO  
SANTA FE, NEW MEXICO 87505

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**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**SUNWEST BANK OF RIO ARRIBA, N.A.  
PO BOX 247  
CHAMA, NM 87520**

4a. Article Number  
**P 236 937 116**

4b. Service Type  
 Registered                       Certified  
 Express Mail                       Insured  
 Return Receipt for Merchandise    COD

7. Date of Delivery  
**2-21-96**

5. Received By: (Print Name)  
**CANDIE MARTINEZ**

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
**X Candie Martinez**

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PS Form 3811, December 1994

Domestic Return Receipt

P 326 937 116

P 326 937 116

US Postal Service  
**Receipt for Certified Mail**

For Insurance Coverage Provided  
Do not use for International Mail (see reverse)  
Sent to

**SUNWEST BANK OF RIO ARRIBA  
PO BOX 247**

Post Office Name & ZIP Code  
**CHAMA, NM 87520**

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

US Postal Service  
**Receipt for Certified Mail**

For Insurance Coverage Provided  
Do not use for International Mail (see reverse)  
Sent to

**CAMBERN & ASSOCIATES OIL & GAS  
ROUTE 1, BOX 501 A  
AMARILLO, TX 79106**

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995