

OCD 6

CASE NO. 12733

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

September 8, 2000

7673
EXXON MOBIL CORPORATION
PO BOX 4496
HOUSTON, TX 772104496

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 1537 1219

Postage	\$.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.98

Postmark
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)	
EXXON MOBIL CORP	
Street, Apt. No., or PO Box No.	
PO BOX 4496	
City, State, ZIP+4	
HOUSTON TX 77210-4496	
PS Form 3800, February 2000	See Reverse for Instructions

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

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:

EXXON MOBIL CORP
PO BOX 4496
HOUSTON TX 77210-4496

2. Article Number (Copy from service label)

700 0600 0026 1537 1219

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

GEE

SEP 11 2000

☐ Agent
☐ Addres

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes