

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

September 8, 2000

21986  
SWR OPERATING CO  
200 CRESCENT CT  
STE 1310  
DALLAS, TX 75201

**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:

SWR OPERATING CO  
200 CRESCENT CT. STE 1310  
DALLAS, TX 75201

2. Article Number (Copy from service label)

7000 0600 0026 1537 2261

PS Form 3811, July 1999

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 1537 2261

Postage	\$ .33	Postmark Here
Certified Fee	1.40	
Return Receipt Fee (Endorsement Required)	1.25	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>	

**Recipient's Name** (Please Print Clearly) (to be completed by mailer)  
**SWR OPERATING CO**  
 Street, Apt. No., or PO Box No.  
**200 CRESCENT CR. STE 1310**  
 City, State, ZIP+4  
**DALLAS, TX 75201**

PS Form 3800, February 2000 See Reverse for Instructions

OCD

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12733

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **SEP 12 2000**

C. Signature

X

*[Signature]*

☐ Agent  
☐ Addressee

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

Domestic Return Receipt

102595-00-M-0952