



# NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON  
Governor  
Jennifer A. Salisbury  
Cabinet Secretary

Lori Wrotenbery  
Director  
Oil Conservation Division

## FINAL NOTICE

### CERTIFIED MAIL

DECEMBER 26, 2000

DAVID G. HAMMOND  
P.O. BOX 1538  
ARTESIA, NM 88211-1538

### RE: INACTIVE NON-COMPLIANCE WELLS

The Oil Conservation Division (OCD) currently is addressing all inactive non-compliance wells as a top priority statewide project. A mass mail out was made on May 11, 2000 requesting information from each operator that had inactive wells. A second mail out was made on September 8, directing each operator as part of this project to provide additional information based on how they had responded to the May 11, 2000 letter.

By copy of this letter, the OCD director is requested to schedule a "Show Cause Hearing" to allow you the opportunity to appear and to show way a shut in order, order to plug and abandon all inactive non-compliance wells and/or to call for the forfeiture of your statewide bond is not issued. If your bond is called you can no longer operate in the State of New Mexico.

The "Show Cause Hearing" will be stayed if : n aggressive plan being detailed and specific as to type of work and time frame to bring all non-compliance wells into compliance is received in this office within 30 days of receipt of this letter.

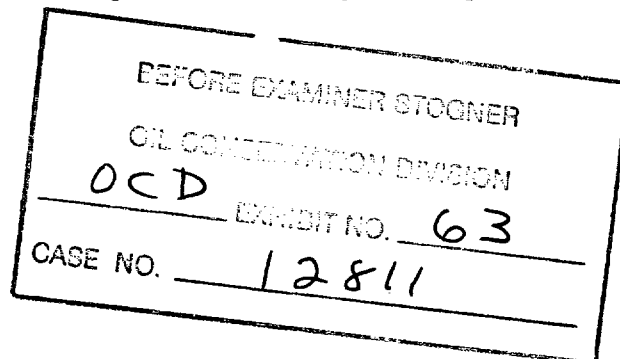
Attached is the latest (11/16/00) OCD list of inactive non-compliance wells for your company.

TIM W. GUM

*Tim W. Gum*

DISTRICT II SUPERVISOR  
OIL CONSERVATION DIVISION

XC: LORI WROTENBERY ---- DIRECTOR  
OCD ATTORNEY  
ATTACHMENT



API #	Type	Last Production/ Injection	Well Name and Number	ULSTR	FNS	FEW
30-015-02638	O	05-1998	EDDY BOA STATE #001	P-08-18S-28E	330S	990E
30-015-03464	O	05-1978	DENTON FEDERAL #001	D-27-18S-29E	330N	330W
30-015-03473	O	10-1990	SIVLEY JENNINGS FEDERAL #002	L-28-18S-29E	1980S	660W

PS Form 3800, February 2000 (Reverse)

**IMPORTANT: Save this receipt and present it when making an inquiry**

102595-99-M

For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".

For an additional fee, a duplicate receipt may be requested. To receive a fee waiver for delivery, PS Form 3811 must be attached to the mailpiece and a fee waiver for delivery, PS Form 3811 must be attached to the mailpiece.

**Certified Mail Provides:**

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- A mailing identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years
- INSURANCE COVERAGE IS PROVIDED with Certified Mail.
- For an additional fee, insured or Registered Mail may be combined with Certified Mail.
- NO additional fee is available for any class of international mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested".

If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <ul style="list-style-type: none"> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Received by (Please Print Clearly) <u>David G Hammond</u></p> <p>C. Signature <u>[Signature]</u></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <u>[Blank]</u></p>	<p>B. Date of Delivery <u>11-03-01</u></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>David G Hammond PO Box 1538 Artesia NM 88211-1538</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 0026 1537 0243</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	