PS Form 3811, July 1983 447-845	SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For addit onal fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. 1. Show to whom, date and address of delivery. 2. Restricted Elelivery.		
45	3. Article Addressed to: Rapid Company, Inc. P. O. Box 763 Hobbs, NM 88240		
	4. Type of Service: Article Number ☐ Registered [] Insured P 612 457 952 ☐ Certified [] COD ☐ Express Mail		
DOMESTIC RETURN BECEIPT	Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee X 6. Signature - Agent X Colored - Agent X Date of Delivery 8. Addressee's Address (ONLY if requested and fee paid)	PS Form 3811, July 1983 447-845	Put you reverse being a you the deliver availate for ser 1.
1013		٥,	Joh

PS Form 3811, July 1983 447-845	Put your address in the "RET reverse side. Failure to do this being returned to you. The revyou the name of the person delivery. For additional fees to available. Consult postmaster for service(s) requested. 1. Show to whom, date as 2. Restricted Delivery.	URN TO" space on the will prevent this card from turn receipt fee will provide alivered to and the date of he following services are for fees and check box(es) and address of delivery.
J45	3. Article Addressed to: Johnny Johnson P. O. Box 231 Midland, Texas	Insurance Company
	4. Type of Service:	Article Number
	☐ Registered ☐ Insured ☑ Cortified ☐ COD ☐ Express Mail	P 612 458 010
	Always obtain signature of ac DATE DELIVERED.	ddressee <u>or</u> agent and
DOM	5. Signature - Addressee X John Dausen	
DOMESTIC	6. Signature – Agent (A CA
	7. Date of Delivery	NOV
BETHAN BECFIRT	8. Addressee's Address (ONI	Y if requested and leg mid)

P 612 458 010 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOIL NOTERNATIONAL MAIL.

See Reverse)

3.51	Sent to Johnny Johnson Street and No. P. 0. 30x 231	[ns	Co.
- 18	P.O., State and ZIP Gode		1
S.G.P.O	Midland, Texas Postage	797(\$	12
) +	Certified Fee		
	Special Delively Fee		
	Restricted Delivery Fee		
	Return Reseipt Showing to whom and I ate Delivered		
1982	Return receipt showing to whom, Date, and Addless of Delivery		
Feb	TOTAL Postagle and Fees	\$	
PS Form 3800, Feb.	Postmark or Date		Applied That Laborator and the Control of the Contr
PS			

PS Form 3811, July 1983 447-845	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. 1. Show to whom, data and address of delivery.		
47-845	2. Restricted Delivery. 3. Article Addressed to: Rapid Company P. O. Box 1231 Lovington, New Mexico 88260		
	4. Type of Service: Article Number ☐ Registered ☐ Insured ☐ Certified ☐ COD P 612 458 009 ☐ Express Mail		
DOMESTIC RETURN RECFIRE	Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery 8. Addressee's Address (ONLY) 8. Addressee's Address (ONLY)		

P 612 458 009

RECEIPT FOR CERTIFIED MAIL

NU NSUBANCE LÉVERAGE PROLILEC NOT FOR INTERNACIONAL MA

See Reverse

* U.S.G.P.O. 1983-403.517	Sent to Rapid Company Steet and No Box 1231 P.C. State and Z.F. Dode Lovington, N.M. Postage Centred Fee Spenia: Deliver: Fee Restricted Deliver: Fee Restricted Deliver: Fee Restricted Deliver: Fee Restricted Deliver: Fee	88260 s
1982	Return receipt showing to whom Date, and Address of Delivery	
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PS Form 3800,	Posimars of Date	



STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION



1935 - 1989

October 29, 1985

POST OFFICE BCX 188
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 67501
1505) 827-5809

CERTIFIED - RETURN RECEIPT REQUESTED

Rapid Company
P. O. Box 1231
Lovington, New Mexico 88260

American Employers' Insurance Company Johnny Johnson Insurance P. O. Bcx 231 Midland, Texas 79702

Re: Punch Well No. 1, located in Unit J,
Ranger Lake Well No. 1, located in
Unit N, Ranger Lake Well No. 3,
located in Unit N, all in Section 11,
Texas Pacific AH State Well No. 1,
located in Unit F of Section 14,
Ranger Lake SWD Well No. 1, located
in Unit H of Section 15, all in Township 12 South, Range 34 East, Lea
County
Plugging Bond

Gentlemen:

Enclosed is a copy of the docket of the Examiner Hearing to be held on Wednesday, November 6, 1985, at 8 o'clock a.m. in the Oil Conservation Division Conference Room, State Land Office Building, Santa Fe, New Mexico. Case 8741 concerns the above captioned subject matter.

JEFF TAILSE General Counsel

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION

OCO EXHIBIT NO. 10

CASE NO. 87

JT/fd enc.

Mis case has been continued to Morember 21, 195