



STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

GARREY CARRUTHERS
GOVERNOR

June 8, 1989

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87504
(505) 827-5800

CERTIFIED - RETURN
RECEIPT REQUESTED

Mr. Tom L. Ingram
P. O. Box 1757
Roswell, New Mexico 88201

Case 9713

Re: Gihon Well No. 1
G-31-13N-30E
Chappell "5" Well No. 1
E-5-12N-30E
San Miguel County, New Mexico


Dear Mr. Ingram:

A review of the above-referenced well files has indicated that this office has not received any further reports on your intentions to plug these wells for the past nine months. In lieu of the fact that this office has not received any correspondence from you regarding my letter of March 8, 1989, you are hereby requested to start plugging operations on both of these wells within the next 30 days.

Failure to do so will result in a forced plugging case before an Oil Conservation Division examiner hearing. We will then make demand upon your bonding company to properly plug and abandon these wells.

Should you have any questions pertaining to this matter, please contact me at this office.

Sincerely,


ROY E. JOHNSON,
Sr. Petroleum Geologist

REJ/dr

cc: American Employers Insurance
Robert V. Ely Insurance
Box 1912
Roswell, New Mexico 88201

P-106 675 295

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
Tom L. Ingram	
Street and No.	
Box 1757	
P.O. State and ZIP Code	
Roswell, New Mexico 88201	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Mr. Tom L. Ingram
P.O. Box 1757
Roswell, New Mexico 88201

4. Article Number
P-106 675 295

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COO
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Agent
X *Ed Blane*

6. Signature - Addressee
X *Ed Blane*

7. Date of Delivery
6-12-89

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

Fold at line over top of envelope to the right

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: American Employers' Ins. Co. Robert V. Ely Insurance P. O. Box 1913 Roswell, New Mexico 88201	4. Article Number)-106 675 017 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X 6. Signature - Agent X <i>[Signature]</i> 7. Date of Delivery 2-27-89	8. Addressee's Address (ONLY if requested and fee paid) 6867 700 82 PM PHOENIX, AZ

PS Form 3811 Mar 1988 * U.S.G.P.O. 1988-212-855 DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to	
Robert V. Ely Insurance	
Street and No.	
Box 1919	
P.O., State and ZIP Code	
Roswell, New Mexico 88201	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Fold at line over top of envelope to the right of the return address



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

GARREY CARRUTHERS
GOVERNOR

July 24, 1989

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87504
(505) 827-5800

CERTIFIED - RETURN
RECEIPT REQUESTED

Tom L. Ingram
P. O. Box 1757
Roswell, New Mexico 88201

American Employers' Insurance Company
Robert V. Ely Insurance
Box 1912
Roswell, New Mexico 88201

Re: Gihon Well No. 1, located
in Unit G of Section 31,
Township 13 North, Range
30 East, San Miguel County
Plugging Bond

Gentlemen:

Enclosed is a copy of the advertisement of the Examiner Hearing to be held on Wednesday, August 9, 1989, at 8:15 a.m. in the Oil Conservation Division Conference Room, State Land Office Building, Santa Fe, New Mexico. Case 9713 concerns the above-captioned subject matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert G. Stovall".

ROBERT G. STOVALL
General Counsel

RGS/fd
enc.