# Z 765 962 530



Receipt For Certified Mail
No Insurance Coverage Provided Do not use for International Mail (See Reverse)

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

## CERTIFIED - RETURN RECEIPT REQUESTED

Ralph Abbott 3013 N. 100 West Provo, Ut 84604

Aetna Casualty and Surety Company PO Box 52036 Phoenix, Az. 85072

Re: Palmer Well No. 1, located in Unit G, Section 17, Township 29 North, Range 13 West, San Juan County, New Mexico

### Gentlemen:

Enclosed are copies of the application for, and advertisement of, the Examiner Hearing to be held on Thursday, January 11, 1996, at 8:15 a.m. in the Oil Conservation Division Hearing Room, 2040 S. Pacheco, Santa Fe, New Mexico. Case 11450 concerns the above-captioned subject matter.

RAND CARROLI

Legal Counsel

RC/dr enclosure

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## Z 765 962 529



Receipt for Certified Mail
No Insurance Coverage Provided Do not use for International Mail (See Reverse)

|                                  | Sent to RALPH ABBOTT   |    |
|----------------------------------|--|----|
|                                  | Street and No. 100 WEST  |    |
|                                  | P.O., State and ZIP Code   |    |
|                                  | PROVO, UT 84604  |    |
|                                  | Postage  | \$ |
|                                  | Certified Fee  |    |
|                                  | Special Delivery Fee   |    |
| 13                               | Restricted Delivery Fee  |    |
| h 199                            | Return Receipt Showing to Whom & Date Delivered                  |    |
| PS Form <b>3800</b> , March 1993 | Return Receipt Showing to Whom,<br>Date, and Addressee's Address |    |
|                                  | TOTAL Postage<br>& Fees  | \$ |
|                                  | Postmark or Date   |    |

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

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RAND CARROLL

Legal Counsel

RC/dr enclosure

Sincerely

| 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:  | 4. Article Number   |  |  |
| RALPH ABBOTT<br>3013 N. 100 WEST<br>PROVO, UT 84604   | Z 765 962 529  Type of Service:  Registered Insured Cortified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee |  |  |
|   | or agent and DATE DELIVERED.  |  |  |
| 5. Signature — Address<br>X   | Addressee's Address (ONLY if requested and fee paid)  |  |  |
| 8. Signature - Agent A AMA  |   |  |  |
| 7. Dette of Delivery DEG 26 DEG   |   |  |  |
| PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT   |   |  |  |

| 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) |  |  |  |
|--|--|--|--|
| 3. Article Addressed to:  AETNA CASUALTY & SURETY CO.  PO BOX 52036  PHOENIX, AZ 85072   | 4. Article Number<br>Z 765 962 530   |  |  |
|  | Type of Service:  Registered Insured COD Express Mail Return Receipt for Merchandise |  |  |
|  | Always obtain signature of addressee or agent and DATE DELIVERED.                    |  |  |
| 5. Signature — Address<br>X  | 8: Addressee's Address (ONLY if requested and fee paid)                              |  |  |
| 8. Signature - Agent X   |  |  |  |
| 7. Date of Deliver DEC 26 1995   | <€   |  |  |
| PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT  |  |  |  |