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State of Utah
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Michael O. Leavitt
Governor
Ted Stewart
Executive Director
James W. Carter
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340
801-359-3940 (Fax)
801-538-5319 (TDD)

December 7, 1993

CERTIFIED RETURN RECEIPT
P 074 977 048

Mr. Richard Allison, Jr. P.E.
Project Supervisor
Amax Coal West, Inc.
165 South Union Blvd., Suite 1000
P.O. Box 280219
Lakewood, Colorado 80228-0219

CERTIFIED RETURN RECEIPT
P 074 977 049

Keith Seiber
VP & General Manager
Star Point Mine
P.O. Drawer PMC
Price, Utah 84501

Re: Ownership and Permit Status of Star Point Mine, ACT/007/006, and Castle Gate Mine, ACT/007/004, Folder #2, Carbon County, Utah

Rich

Dear Richard and Keith:

Newspaper and other media releases have discussed the merger of Cyprus and Amax. I am writing this letter to inquire how this merger may affect the permit status of the above-cited Utah mines. In formulating your response, I would appreciate an analysis of how the merger affects the ownership and control status of the respective permits as contemplated under R645-300-110 through 114. Also, please address how the new relationship between Cyprus and Amax affects each mine with respect to permit transfer requirements at R645-303-310 through 360.



Page 2

Richard Allison, Jr. P.E.

ACT/007/006

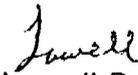
Keith Seiber

ACT/007/004

December 7, 1993

Please provide this information within 10 days of receipt of this letter. After review of this information, the Division of Oil, Gas and Mining will make a determination of how the merger affects the compliance status of the respective mines, and will notify you of this determination and (if required) of any resulting enforcement action.

Sincerely,



Lowell P. Braxton
Associate Director, Mining

jbe

cc: Ben Grimes
James Carter
Daron Haddock
Pam Grubaugh-Littig
Joe Helfrich

CASTAT.L

P 074 977 049

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

DOGMA SM ACT/007/006 FLDR #2

Sent to KEITH SEIBER	
Street and No. VP & GENL MGR	
P.O. State and ZIP Code P O DRAWER PMC	
STAR POINT MINE	
PRICE UT 84501	
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	\$ 2.29
Postmark or Date	

PS Form 3800, June 1985

P 074 977 048

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

DOGMA SM ACT/007/004 FLDR #2

Street and No. RICHARD H ALLISON JR PE	
PROJECT SUPERVISOR	
AMAX COAL WEST INC	
P.O. State and ZIP Code P O BOX 280219	
LAKEWOOD CO 80228-0219	
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	\$ 2.29
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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)		2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to: KEITH SEIBER VP & GENERAL MANAGER STAR POINT MINE P O DRAWER PMC PRICE UT 84501		4. Article Number P 074 977 049	
5. Signature - Addressee X <i>Keith Seiber</i>		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	
6. Signature - Agent X		Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
7. Date of Delivery DEC 10 1993		8. Addressee's Address (ONLY if requested and fee paid)	