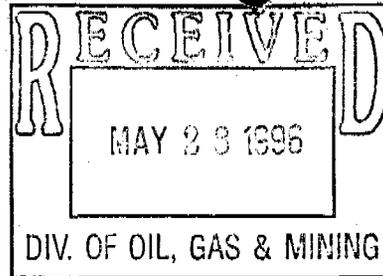


0002

**Mountain Coal Company**  
West Elk Mine  
Post Office Box 591  
Somerset, Colorado 81434  
Telephone 303 929-5015



May 19, 1996

Mr. Darron Haddock  
Permit Supervisor  
Utah Division of Oil, Gas and Mining  
355 West North Temple  
3 Triad Center, Suite 350  
Salt Lake City, Utah 84180-1203

Re: Request for Permit Renewal  
Mountain Coal Company  
Gordon Creek No. 3/6 Mines  
INA/007/017  
Carbon County, Utah

#2  
*[Handwritten signature]*

Dear Mr. Haddock:

Pursuant to R645-303-232, Mountain Coal Co. is herein submitting a request for renewal of the permit for the Gordon Creek No. 3/6 Mines. The permit will expire on 09/19/96.

Enclosed is a copy of the liability insurance policy, performance bond, and proposed newspaper notice. The notice will be run in the local paper once per week for four consecutive weeks, and proof of publication will be submitted to the Division as required by R645-300-121.100.

If you have any questions, or need any further information, please let me know.

Respectfully,

A handwritten signature in cursive script, appearing to read "Dan W. Guy".

Dan W. Guy,  
for Paige B. Beville

cc: Paige B. Beville, MCC  
Scot Anderson  
File

# LIABILITY INSURANCE

**BOND**

**AGORD.**

DATE (MM/DD/YY)  
12/11/95

**PRODUCER**  
Johnson & Higgins of California  
Casualty Department  
2029 Century Park East  
Los Angeles, CA 90067  
Tel: (310) 551-4667  
0859A-GL 500H

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**COMPANIES AFFORDING COVERAGE**

COMPANY A	INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
COMPANY B	
COMPANY C	
COMPANY D	

**INSURED**  
ATLANTIC RICHFIELD COMPANY, ITS  
SUBSIDIARIES AND SUBSIDIARIES  
THEREOF AS NOW OR HEREINAFTER  
CONSTITUTED  
515 SOUTH FLOWER STREET  
LOS ANGELES, CALIFORNIA 90071

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES/OPERATIONS <input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER <input checked="" type="checkbox"/> CONTRACTUAL <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> PERSONAL INJURY	ISL G1 432156-0	01-01-96	01-01-99	BODILY INJURY OCC	\$	N/A
					BODILY INJURY AGG	\$	N/A
					PROPERTY DAMAGE OCC	\$	N/A
					PROPERTY DAMAGE AGG	\$	N/A
					BI & PD COMBINED OCC	\$	500,000
					BI & PD COMBINED AGG	\$	*500,000
					PERSONAL INJURY AGG	\$	N/A
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE	\$	
					BODILY INJURY & PROPERTY DAMAGE COMBINED	\$	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
						\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<b>STATUTORY LIMITS</b>		
					EACH ACCIDENT	\$	
					DISEASE - POLICY LIMIT	\$	
					DISEASE - EACH EMPLOYEE	\$	
	<b>OTHER</b>						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS AND MAY HAVE DEDUCTIBLES OR RETENTIONS)

\*PRODUCTS COMPLETED OPERATIONS. NAMED INSURED INCLUDES MOUNTAIN COAL COMPANY AND ARCO COAL COMPANY.

INCLUDES \*XCU\* COVERAGE. \*GORDON CREEK #5 AND #6 MINES INA/007/017.

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING  
355 WEST NORTH TEMPLE  
3 TRIAD CENTER, SUITE 350  
SALT LAKE CITY, UTAH 84180-1203

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL BE OF NO VALIDATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE