

0026

File ACT/015/015
#2

Consolidation Coal Company
Mid-Continent Region
12755 Olive Boulevard
St. Louis, Missouri 63141
(314) 275-2300

May 26, 1987

Mr. Lowell P. Braxton, Administrator
Mineral Resource Development and
Reclamation Program
Division of Oil, Gas & Mining
3 Triad Center - Suite 350
355 West North Temple
Salt Lake City, Utah 84180-1203

RECEIVED
JUN 08 1987

**DIVISION OF
OIL, GAS & MINING**

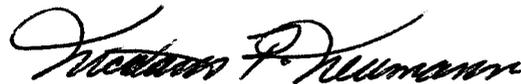
RE: Annual Report for 1986
Emery Deep Mine ACT/015/015

Dear Mr. Braxton:

As required by the Division, please find attached the 1986 Annual Report for the Emery Deep Mine.

Should you require any additional information on the above-referenced report, please feel free to contact me.

Sincerely,



Nicolaus P. Neumann, P.E.
Group Leader - Permits

NPN:vms

Attachments (3)

P 402 459 436

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED - NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to **MR. Nic Neuman**
Consolidation Coal Co.
 Street and No.
12755 Olive Blvd.
 P.O., State and ZIP Code
St. Louis MO 63141

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 Deliverer
 TOTAL Postage and Fees \$

ACT 10/15/015

PS Form 3800, Feb. 1982

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 additional 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 Delivery.

3. Article Addressed to: **Mr. Nic Neuman**
Consolidation Coal Co.
12755 Olive Blvd.
St. Louis MO 63141

4. Type of Service: Article Number
 Registered Insured
 Certified COD **P 402 459 436**
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 [Signature]

6. Signature - Agent
 [Signature]

7. Date of Delivery
11-30-01

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

ACT 10/15/015

DOMESTIC RETURN RECEIPT



STATE OF UTAH
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 3 TRIAD CENTER, SUITE 350
 SALT LAKE CITY, UTAH 84180-1203
 (Name of Sender)

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)

(City, State, and ZIP Code)

UNITED STATES POSTAL SERVICE OFFICIAL BUSINESS

SENDER INSTRUCTIONS
 Print your name, address, and ZIP Code in the space below.
 Complete items 1, 2, 3, and 4 on the reverse.
 Attach to front of article if space permits, otherwise affix to back of article.
 Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO



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 3 TRIAD CENTER, SUITE 350
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